|                | Connecticut Department   | t of Public H  | ealth           | D     | rinkin | σV    | Vater     | ·So  | ecti   | ion        |               |
|----------------|--|----------------|-----------------|-------|--------|-------|-----------|------|--------|------------|---------------|
|                | •  |                |                 |       |        | _     |           |      |        |            |               |
| PWS ID         |  | meoring and    | 0011            | _     |        |       |           | _    | /ner ] | Tyne Pr    | imary Source  |
| CT1340011      |  | TFM            |                 | Cia   |        |       | -         | 00   |        | Турс       | SW            |
|                |  |                | Residen         | tial  |        | _     | -         | ial  | -      | nhined     | Agricultural  |
| Local Addi Coo | (Where applicable)   | Connections    |                 | iciai |        | ciai  |           |      | COI    | IIDIIICU   | 7 Gilcaltarai |
| Towns Served   | : STAFFORD   |                | 301             |       | 00     |       |           |      |        |            |               |
|                |  | nitoring Requi | iromo           | nts   |        |       |           |      |        |            |               |
| Water Syster   | Address (where applicable)   Service   Connections   Service   Service   Connections   Service   Ser |                |                 |       |        |       |           |      |        |            |               |
| Chlorine Re    | sidual (1012)  |                |                 |       |        |       |           | 2 r  | outin  | ne (RT)    | per month     |
|                | •  | ^              | <b>Monitori</b> | ing F | Period | Colle |           |      |        |            | ance Status   |
| Select fro     | om Inventory of Active Sampling Points   | 1              | 0/1/19 -        | 10/   | 31/19  |       |           |      |        | Coi        | mplete        |
|                |  |                |                 |       |        |       |           |      |        |            | mplete        |
|                |  | 1              | 2/1/19 -        | 12/   | 31/19  |       |           |      |        | Coi        | mplete        |
|                |  |                |                 |       |        |       |           |      |        |            | mplete        |
|                |  |                | 2/1/20 -        | 2/2   | 9/20   |       |           |      |        | Coi        | 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   |       |           |      |        |            |               |
| Asbestos (1    | .094)  |                |                 |       |        |       | 1 rc      | outi | ne (F  | RT) per    | nine years    |
|                |  | /              | <b>Monitori</b> | ing F | Period | Colle | ection Pe | riod | 1      | Compli     | ance Status   |
| Select fro     | om Inventory of Active Sampling Points   |                |                 |       |        |       |           |      |        |            |               |
|                |  | 1              | L/1/21 -        | 12/3  | 31/29  |       |           |      |        |            |               |
|                |  |                |                 |       |        |       |           |      |        |            | •             |
|                |  |                |                 |       |        |       |           |      | 1      |            | ance Status   |
| 63 W MA        | AIN ST (3151)  |                |                 |       |        |       |           |      |        |            | mplete        |
|                |  |                |                 |       |        |       |           |      |        |            | mplete        |
|                |  |                |                 |       |        |       |           |      |        | Coi        | mplete        |
|                |  |                |                 |       | •      |       |           |      |        |            |               |
|                | (2222)   |                | 7/1/20 -        | 9/3   | 0/20   | - 8   |           |      | - •    | <b>1</b> 1 |               |
|                |  |                | A = 11          |       |        | C- "  |           |      |        |            | •             |
| , ,            |  |                |                 |       |        |       |           |      | 1      |            |               |
| FUKEST E       | :DGE CONDOS (3123)   |                |                 |       |        |       | -         |      |        |            |               |
|                |  |                |                 |       |        |       |           |      |        |            | •             |
|                |  |                |                 |       |        |       |           |      |        | COI        | пріесе        |
|                |  |                |                 |       | -      |       |           |      |        |            |               |
| Total Califa   | rm (2100)  |                | , , 1, 20 -     | · 3/3 | 0/20   | •     |           |      | A+:    | o (DT)     | nor mosth     |
|                | •  |                | /onitori        | ina F | Period | Colle |           |      |        |            | -             |
|                |  |                |                 |       |        | COIIE | ction Pe  | 1100 |        |            |               |
| Jeiett IIt     | on inventory of Active Sampling Follits  |                |                 |       |        |       |           |      |        |            | •             |
|                |  |                |                 |       |        |       |           |      |        |            |               |
|                |  |                |                 |       |        |       |           |      |        |            |               |
|                |  |                |                 |       |        |       |           |      |        |            |               |
|                |  |                | 2/1/20-         |       |        |       |           |      |        | COI        | Tipicte       |

3/1/20 - 3/31/20

| Connecticut Department of Pu                            | blic Health Drinki                | ng Water Se              | ction                   |
|---|-----------------------------------|--------------------------|-------------------------|
| Water Quality Monitorin                                 |                                   |                          |                         |
| PWS ID PWS Name   | <u> </u>                          |                          | ner Type Primary Source |
| CT1340011 CTWC - NORTHERN REG-STAFFORD SYSTEM           | Classificatio                     | 2,383                    | P SW                    |
| Local Address (where applicable)  Servi                 |                                   |                          | Combined Agricultural   |
|   | nections 931 68                   |                          | Combined Agricultural   |
| Towns Served: STAFFORD                                  | 551 00                            | 0                        |                         |
|   | g Requirements                    |                          |                         |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00) | <u> </u>                          |                          |                         |
| Total Coliform (3100)                                   | 000)                              | 2 roi                    | utine (RT) per month    |
| Sampling Point (Sampling Point ID)                      | Monitoring Period                 | Collection Period        | Compliance Status       |
| Sumpling Form (Sumpling Form 12)                        | 4/1/20 - 4/30/20                  | Concetion i criod        | compliance status       |
|   | 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                  |                          |                         |
| Lead And Copper (PBCU)                                  | -, -, - 5 5 5 5 7 2 5             | 10 routine               | (RT) per three years    |
| Sampling Point (Sampling Point ID)                      | Monitoring Period                 | Collection Period        | Compliance Status       |
| Select from Inventory of Active Sampling Points         | 1/1/19 - 12/31/21                 | 6/1-9/30                 | ,                       |
| , 1 5   | 1/1/22 - 12/31/24                 | 6/1-9/30                 |                         |
| Physical Parameters (PPS)                               | , , , , , , , , , , , , , , , , , |                          | utine (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                  |                          |                         |
| Water System Facility: STAFFORD TREATMENT PLANT ENTF    | RY POINT (WSF ID: 00700)          |                          |                         |
| Net Gross Alpha (4000)                                  |                                   | 1 routine                | (RT) per three years    |
| Sampling Point (Sampling Point ID)                      | <b>Monitoring Period</b>          | <b>Collection Period</b> | 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 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                 | <b>Collection Period</b> | Compliance Status       |
| ENTRY POINT (3)   | 1/1/17 - 12/31/19                 |                          | Complete                |

|                 | Connecticut Department of                | Public H     | lealth     | Dr    | inking     | g W    | 'ater    | Se    | ction        |               |
|-----------------|--|--------------|------------|-------|------------|--------|----------|-------|--------------|---------------|
|                 | Water Quality Monit                      | oring an     | d Com      | ıpli  | iance      | Sch    | edul     | e     |              |               |
| PWS ID          | PWS Name                                 |              |            | Class | sification | Pop    | ulation  | Owr   | ner Type P   | rimary Source |
| CT1340011       | CTWC - NORTHERN REG-STAFFORD SYSTEM      |              |            |       | С          | 2,     | ,383     |       | Р            | SW            |
| Local Address ( | where applicable)                        | Service      | Resident   | ial ( | Commerc    | ial I  | ndustria | al    | Combined     | Agricultural  |
|                 |  | Connections  | 931        |       | 68         |        | 6        |       |              |               |
| Towns Served:   | STAFFORD                                 |              |            |       |            |        |          |       |              |               |
|                 | Monito                                   | oring Requ   | ıiremer    | nts   |            |        |          |       |              |               |
| Water System    | Facility: STAFFORD TREATMENT PLANT       |              |            |       | 0700)      |        |          |       |              |               |
| Combined Ra     | adium-226/228 (4010)                     |              |            |       |            |        | 1 rou    | ıtine | (RT) per     | three years   |
| Sampling        | Point (Sampling Point ID)                |              | Monitorin  | ng Pe | eriod (    | Collec | tion Pei |       | · ·          | iance Status  |
|                 |  |              | 1/1/20 - 1 | 12/3: | 1/22       |        |          |       |              |               |
|                 |  |              | 1/1/23 - 1 | 12/3: | 1/25       |        |          |       |              |               |
| Inorganic Che   | emicals (IOCS)                           |              |            |       |            |        |          | 1 1   | routine (I   | RT) per year  |
| ~               | Point (Sampling Point ID)                |              | Monitorin  | ng Pe | eriod (    | Collec | tion Pei |       | <del>-</del> | iance Status  |
| ENTRY PO        | INT (3)                                  |              | 1/1/19 - 1 | 12/3: | 1/19       |        |          |       | Co           | mplete        |
|                 |  |              | 1/1/20 - 1 |       | -          |        |          |       |              | mplete        |
|                 |  |              | 1/1/21 - 1 | 12/3: | 1/21       |        |          |       |              | <u> </u>      |
| Nitrate And I   | Nitrite (NOX)                            |              |            |       |            |        |          | 1 1   | routine (I   | RT) per year  |
|                 | Point (Sampling Point ID)                |              | Monitorin  | ng Pe | eriod C    | Collec | tion Pei |       | <del>-</del> | iance Status  |
| ENTRY PO        |  |              | 1/1/19 - 1 |       |            |        |          |       |              | mplete        |
|                 | , · ·                                    |              | 1/1/20 - 1 | 12/3: | 1/20       |        |          |       | Co           | mplete        |
|                 |  |              | 1/1/21 - 1 |       | -          |        |          |       |              |               |
| Pesticides. H   | erbicides and PCBs - Phase II & V (SOCS) |              | , .        | •     | •          |        | 1 rou    | ıtine | (RT) per     | three years   |
| -               | Point (Sampling Point ID)                |              | Monitorin  | ng Pe | eriod (    | Collec | tion Pei |       |              | iance Status  |
| ENTRY PO        |  |              | 1/1/19 - 1 |       |            |        |          |       |              |               |
|                 |  |              | 1/1/22 - 1 |       | -          |        |          |       |              |               |
| Organic Cher    | micals (VOCS)                            |              | · ·        |       | ·          |        |          | 1     | routine (I   | RT) per year  |
| _               | Point (Sampling Point ID)                |              | Monitorin  | ng Pe | eriod C    | Collec | tion Pei |       | <del>-</del> | iance Status  |
| ENTRY PO        | INT (3)                                  |              | 1/1/19 - 1 | 12/3: | 1/19       |        |          |       | Co           | mplete        |
|                 |  |              | 1/1/20 - 1 |       |            |        |          |       |              | mplete        |
|                 |  |              | 1/1/21 - 1 | 12/3: | 1/21       |        |          |       |              |               |
| Water System    | Facility: STAFFORD RESERVOIR NO. 2 (     | WSF ID: 2078 | 3)         |       |            |        |          |       |              |               |
| Total Alkalini  | ity (1927)                               |              |            |       |            |        |          | 1 roı | utine (RT    | per month     |
|                 | Point (Sampling Point ID)                |              | Monitorin  | ng Pe | eriod C    | Collec | tion Pei |       | - '          | iance Status  |
| RESERVOI        | R NO. 2 (1)                              |              | 10/1/19 -  | 10/3  | 1/19       |        |          |       | Co           | mplete        |
|                 |  |              | 11/1/19 -  |       |            |        |          |       |              | mplete        |
|                 |  |              | 12/1/19 -  |       |            |        |          |       |              | mplete        |
|                 |  |              | 1/1/20 -   |       |            |        |          |       |              | mplete        |
|                 |  |              | 2/1/20 - 1 |       |            |        |          |       |              | mplete        |
|                 |  |              | 3/1/20 - 3 |       |            |        |          |       |              | -             |
|                 |  |              | 4/1/20 -   |       |            |        |          |       |              |               |
|                 |  |              | 5/1/20 - 1 |       |            |        |          |       |              |               |
|                 |  |              | 6/1/20 -   |       |            |        |          |       |              |               |
|                 |  |              | 7/1/20 -   |       |            |        |          |       |              |               |
| 1               |  |              | 8/1/20 -   |       |            |        |          |       |              |               |
|                 |  |              | 9/1/20 -   |       |            |        |          |       |              |               |
| Total Organic   | c Carbon (2920)                          |              |            |       |            |        |          | 1 roı | utine (RT    | per month     |
| _               | Point (Sampling Point ID)                |              | Monitorin  | ng Pe | eriod (    | Collec | tion Pei |       | - '          | iance Status  |

|                    | Connecticut Departmen                     | at of   | Dublic L               | Iool+h                               | D     | rinlrin        | ~ V   | Matar         | . C. | action       |               |
|--------------------|---|---------|------------------------|--------------------------------------|-------|----------------|-------|---------------|------|--------------|---------------|
|                    | Connecticut Departmen                     |         |                        |                                      |       |                | _     |               |      | ection       |               |
|                    | Water Quality M                           | onito   | oring an               | a Con                                | _     |                | _     |               | _    |              |               |
| PWS ID             | PWS Name                                  |         |                        |                                      | Clas  |                |       | •             | Ow   |              | rimary Source |
| CT1340011          | CTWC - NORTHERN REG-STAFFORD SY           |         |                        | 5                                    |       | С              |       | 2,383         |      | Р            | SW            |
| Local Address      | s (where applicable)                      |         | Service<br>Connections | Resider<br>931                       | itiai | Commerci<br>68 | ciai  | Industri<br>6 | ıaı  | Combined     | Agricultural  |
| Towns Served       | d: STAFFORD                               |         |                        |                                      |       |                |       |               |      |              |               |
|                    | M   | onito   | ring Requ              | ıireme                               | nts   |                |       |               |      |              |               |
| Water Syste        | m Facility: STAFFORD RESERVOIR NO         | D. 2 (V | VSF ID: 2078           | )                                    |       |                |       |               |      |              |               |
| <b>Total Organ</b> | nic Carbon (2920)                         |         |                        |                                      |       |                |       |               | 1 rc | outine (RT)  | per month     |
| Samplin            | g Point (Sampling Point ID)               |         |                        | Monitor                              | ing P | Period         | Colle | ection Pe     | riod | Compl        | iance Status  |
| RESERVO            | OIR NO. 2 (1)                             |         |                        | 10/1/19 -                            | - 10/ | 31/19          |       |               |      | Co           | mplete        |
|                    |   |         |                        | 11/1/19 -                            | - 11/ | 30/19          |       |               |      | Co           | mplete        |
|                    |   |         |                        | 12/1/19 -                            | - 12/ | 31/19          |       |               |      | Co           | mplete        |
|                    |   |         |                        | 1/1/20 -                             |       |                |       |               |      | Co           | mplete        |
|                    |   |         |                        | 2/1/20 -                             |       |                |       |               |      | Сс           | mplete        |
|                    |   |         |                        | 3/1/20                               |       |                |       |               |      |              |               |
|                    |   |         |                        | 4/1/20                               |       |                |       |               |      |              |               |
|                    |   |         |                        | 5/1/20                               |       |                |       |               |      |              |               |
|                    |   |         |                        | 6/1/20 - 6/30/20<br>7/1/20 - 7/31/20 |       |                |       |               |      |              |               |
|                    |   |         |                        |                                      |       | -              |       |               |      |              |               |
|                    |   |         |                        | 8/1/20                               |       |                |       |               |      |              |               |
| Table Calife       | (2420)                                    |         |                        | 9/1/20                               | - 9/3 | 0/20           |       |               | •    | · · · · (DT) |               |
| Total Colifo       | •   |         |                        | Monitor                              | ina D | ) original     | Calla |               |      |              | per quarter   |
| -                  | g Point (Sampling Point ID) DIR NO. 2 (1) |         |                        | <i>Monitor</i> 7/1/19 -              |       |                | Cone  | ection Pe     | rioa |              | mplete        |
| RESERVO            | JIK NO. 2 (1)                             |         |                        | 7/1/19 ·<br>10/1/19 ·                |       |                |       |               |      |              | mplete        |
|                    |   |         |                        | 1/1/20                               |       |                |       |               |      |              | mplete        |
|                    |   |         |                        | 4/1/20                               |       |                |       |               |      |              | присс         |
|                    |   |         |                        | 7/1/20                               |       |                |       |               |      |              |               |
| Surface Wa         | ter Inorganic Chemicals (RIOC)            |         |                        | 771720                               | 5/5   | 0,20           |       |               | 1    | routine (F   | RT) per year  |
|                    | g Point (Sampling Point ID)               |         |                        | Monitor                              | ina P | Period         | Colle | ection Pe     |      | =            | iance Status  |
|                    | DIR NO. 2 (1)                             |         |                        | 1/1/19 -                             |       |                |       |               |      |              | mplete        |
|                    | - ' '                                     |         |                        | 1/1/20 -                             |       |                |       |               |      |              | mplete        |
|                    |   |         |                        | 1/1/21 -                             |       |                |       |               |      |              |               |
| Surface Wa         | ter Color and Turbidity (RPPS)            |         |                        |                                      | •     | ·              |       | :             | l ro | utine (RT)   | per quarter   |
|                    | g Point (Sampling Point ID)               |         |                        | Monitor                              | ing P | Period         | Colle | ection Pe     |      |              | iance Status  |
| RESERVO            | OIR NO. 2 (1)                             |         |                        | 7/1/19                               | 9/3   | 0/19           |       |               |      | Co           | mplete        |
|                    |   |         |                        | 10/1/19                              | - 12/ | 31/19          |       |               |      | Co           | mplete        |
|                    |   |         |                        | 1/1/20                               | 3/3   | 1/20           |       |               |      | Cc           | mplete        |
|                    |   |         |                        | 4/1/20                               | 6/3   | 0/20           |       |               |      |              |               |
|                    |   | -       | -                      | 7/1/20 -                             | 9/3   | 0/20           |       | -             |      |              |               |
| Surface Wa         | ter Pesticides (RSOC)                     |         |                        |                                      |       |                |       |               | 1    | routine (F   | RT) per year  |
|                    | g Point (Sampling Point ID)               |         |                        | Monitor                              |       |                | Colle | ection Pe     | riod | Compl        | iance Status  |
|                    | AID NO. 2 (1)                             |         |                        | 1/1/10                               | 12/2  | 14/40          |       |               |      | ^            | malata        |

Water System Facility: STAFFORD WATER TREATMENT PLANT (WSF ID: 267)

1/1/19 - 12/31/19

1/1/20 - 12/31/20

1/1/21 - 12/31/21

Schedule Generation Date: 3/10/2020

RESERVOIR NO. 2 (1)

Complete

Complete

| Service   Connections   Service   Connections   Service   Connections   Service   Connections   Service   Connections   Service   Serv   | C                 | Conne             | cticut Department of                 | Public F    | <b>lealth</b> | Dr     | inking    | Water        | Sec   | ction       |              |
|--|-------------------|-------------------|--------------------------------------|-------------|---------------|--------|-----------|--------------|-------|-------------|--------------|
| PWS ID PWS Name Classification   Population   Owner Type   FTT340011   CTWC - NORTHERN REG-STAFFORD SYSTEM   C   2,383   P   C |                   |                   | •                                    |             |               |        | Ŭ         |              |       |             |              |
| CTI340011   CTWC - NORTHERN REG-STAFFORD SYSTEM   Connections   Service   Service   Connections   Service   Service   Connections   Service   Servic   | PWS ID P          |                   |                                      | <u> </u>    |               |        |           |              |       | er Type Pri | mary Source  |
| Monitoring Requirements   Monitoring Requirements  |                   |                   |                                      |             |               |        |           |              |       |             | SW           |
| Monitoring Requirements   Monitoring Requirements  | Local Address (wh | ere applio        | cable)                               | Service     | Residen       | tial ( | Commercia | l Industri   | al (  | Combined    | Agricultural |
| Monitoring Requirements   STAFFORD WATER TREATMENT PLANT (WSF ID: 267)   Total Organic Carbon (2920)   Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance   Compl   | •                 |                   |                                      | Connections | 931           |        | 68        | 6            |       |             | _            |
| Troutine (RT   Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance   Co   | Towns Served: STA | AFFORD            |                                      | II.         |               |        |           |              |       |             |              |
| Total Organic Carbon   (2920)   Monitoring Period   Collection Period   Compliance   Complianc   |                   |                   | Monito                               | oring Requ  | iireme        | nts    |           |              |       |             |              |
| Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance  | Water System Fa   | acility:          | STAFFORD WATER TREATMENT             | PLANT (WS   | F ID: 26      | 7)     |           |              |       |             |              |
| CFE - STAFFORD WTP (5)   | Total Organic Ca  | arbon (2          | 2920)                                |             |               |        |           |              | 1 rou | itine (RT)  | per month    |
| 11/1/19 - 11/30/19   Co  | Sampling Poi      | int (Samp         | ling Point ID)                       |             | Monitori      | ng Pe  | eriod Co  | llection Pe  | riod  | Complia     | ınce Status  |
| 12/1/19 - 12/31/19   | CFE - STAFFO      | RD WTP (          | (5)                                  |             | 10/1/19 -     | 10/3   | 1/19      |              |       | Cor         | nplete       |
| 1/1/20 - 1/31/20   Co  |                   |                   |                                      |             | 11/1/19 -     | 11/30  | 0/19      |              |       | Cor         | nplete       |
| 2/1/20 - 2/29/20   CC  |                   |                   |                                      |             | 12/1/19 -     | 12/3   | 1/19      |              |       | Cor         | nplete       |
| 3/1/20 - 3/31/20   |                   |                   |                                      |             | 1/1/20 -      | 1/31,  | /20       |              |       | Cor         | nplete       |
| 4/1/20 - 4/30/20   5/1/20 - 5/31/20   6/1/20 - 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     8/1/20 - 9/30/20      |                   |                   |                                      |             |               |        |           |              |       | Cor         | nplete       |
| S/1/20 - S/31/20   |                   |                   |                                      |             |               |        |           |              |       |             |              |
| 6/1/20 - 6/30/20 7/1/20 - 7/31/20 8/1/20 - 8/31/20 9/1/20 - 9/30/20  Monthly Water System Facility (WSF) Level Monitoring Requirements  Water System Facility: STAFFORD TREATMENT PLANT ENTRY POINT (WSFID: 00700)  Analyte Monitoring Requirement (Summary Type) Operating Limit Samples R PH Entry Point pH Monitoring (PHRD) Minimum: 6.4 PH Date of the price of Compliance History: Operating Limit Monitoring Period Compliance Status: Ompliance Status: Operating Limit Compliance Status: Operating Limit Compliance Status: Operating Limit Samples R 10/1/2019 - 10/31/2019 11/1/2020 - 1/31/2020 2/1/2020 - 2/29/2020  Analyte Monitoring Requirement (Summary Type) Operating Limit Samples R Phosphate (as PO4) Entry Point Phosphate Monitoring (PHOS) Minimum: 0.1 MG/L Start Date: 9/1/2003  Compliance History: Operating Limit Compliance Status: Operating Limit Status Status: Operating Limit Status  |                   |                   |                                      |             |               |        | •         |              |       |             |              |
| 7/1/20 - 7/31/20 8/1/20 - 8/31/20 9/1/20 - 9/30/20  Monthly Water System Facility (WSF) Level Monitoring Requirements  Water System Facility: STAFFORD TREATMENT PLANT ENTRY POINT (WSFID: 00700)  Analyte Monitoring Requirement (Summary Type) Operating Limit Samples R pH Entry Point pH Monitoring (PHRD) Minimum: 6.4 PH Day Start Date: 9/1/2003 Compliance History: Operating Limit Compliance Status: Monitoring Period Compliance Status: 10/1/2019 - 10/31/2019 11/1/2019 - 10/31/2019 11/1/2020 - 1/31/2020 2/1/2020 - 2/29/2020  Analyte Monitoring Requirement (Summary Type) Operating Limit Samples R Phosphate (as PO4) Entry Point Phosphate Monitoring (PHOS) Minimum: 0.1 MG/L Start Date: 9/1/2003 Compliance History: Operating Limit Compliance Status: Monitoring Period Compliance Status: Monitoring Period Compliance Status: Compliance Status: Operating Limit Compliance Status: Monitoring Period Pick Pick Pick Pick Pick Pick Pick Pick  |                   |                   |                                      |             |               |        |           |              |       |             |              |
| 8/1/20 - 8/31/20 9/1/20 - 9/30/20  Monthly Water System Facility (WSF) Level Monitoring Requirements  Water System Facility: STAFFORD TREATMENT PLANT ENTRY POINT (WSFID: 00700)  Analyte Monitoring Requirement (Summary Type) Operating Limit Samples R pH Entry Point pH Monitoring (PHRD) Minimum: 6.4 PH Day Start Date: 9/1/2003  Compliance History: Operating Limit Compliance Status: Monitoring Period Compliance Status: 0/1/2019 - 10/31/2019  10/1/2019 - 10/31/2019  11/1/2020 - 1/31/2020  2/1/2020 - 2/29/2020  Analyte Monitoring Requirement (Summary Type) Operating Limit Samples R Phosphate (as PO4) Entry Point Phosphate Monitoring (PHOS) Minimum: 0.1 MG/L  Start Date: 9/1/2003  Compliance History: Operating Limit Compliance Status: Monitoring Period Compliance Status: Compliance Monitoring Period Compliance Status: Compliance Status: Operating Limit Compliance Status: Compliance Status: Operating Limit Compliance Status: Monitoring Period Compliance Status: Compliance Status: Operating Limit Compliance Status: Operatin |                   |                   |                                      |             |               |        |           |              |       |             |              |
| Monthly Water System Facility (WSF) Level Monitoring Requirements  Water System Facility: STAFFORD TREATMENT PLANT ENTRY POINT (WSFID: 00700)  Analyte Monitoring Requirement (Summary Type) Operating Limit Samples R pH Entry Point pH Monitoring (PHRD) Minimum: 6.4 PH Da Start Date: 9/1/2003 Compliance History: Operating Limit Compliance Status: Operating Limit Samples R 10/1/2019 - 10/31/2019 11/1/2020 - 1/31/2019 11/1/2020 - 1/31/2019 11/1/2020 - 2/29/2020  Analyte Monitoring Requirement (Summary Type) Operating Limit Samples R Phosphate (as PO4) Entry Point Phosphate Monitoring (PHOS) Minimum: 0.1 MG/L Start Date: 9/1/2003 Compliance History: Operating Limit Compliance Status: Operating Limit Compliance St |                   |                   |                                      |             |               |        |           |              |       |             |              |
| Monthly Water System Facility (WSF) Level Monitoring Requirements  Water System Facility: STAFFORD TREATMENT PLANT ENTRY POINT (WSFID: 00700)  Analyte Monitoring Requirement (Summary Type) Operating Limit Samples R  pH Entry Point pH Monitoring (PHRD) Minimum: 6.4 PH Da  Start Date: 9/1/2003 Compliance History: Operating Limit Compliance Status: Compliance History: Operating Limit Compliance Status: Operating Limit Samples R  Analyte Monitoring Requirement (Summary Type) Operating Limit Samples R  Phosphate (as PO4) Entry Point Phosphate Monitoring (PHOS) Minimum: 0.1 MG/L  Start Date: 9/1/2003 Compliance History: Operating Limit Compliance Status: Monitoring Period Compliance Status: Compliance Status: Compliance Status: Operating Limit Compliance Status: Compliance Status: Operating Limit Compliance Status: Operati |                   |                   |                                      |             |               |        |           |              |       |             |              |
| Analyte Monitoring Requirement (Summary Type) Operating Limit Samples R pH Entry Point pH Monitoring (PHRD) Minimum: 6.4 PH Da Start Date: 9/1/2003 Compliance History: Operating Limit Compliance Status: Monitoring Period Compliance Status: Nonitoring Start Date: 9/1/2003 Compliance Status: Complia |                   |                   |                                      |             |               |        |           |              |       |             |              |
| Analyte Monitoring Requirement (Summary Type) Operating Limit Samples R pH Entry Point pH Monitoring (PHRD) Minimum: 6.4 PH Da Start Date: 9/1/2003 Compliance History: Monitoring Period Compliance Status: Monitoring Period 10/1/2019 - 10/31/2019 11/1/2019 - 11/30/2019 11/1/2019 - 12/31/2019 12/1/2019 - 12/31/2020 2/1/2020 - 2/29/2020 Analyte Monitoring Requirement (Summary Type) Operating Limit Samples R Phosphate (as PO4) Entry Point Phosphate Monitoring (PHOS) Minimum: 0.1 MG/L Start Date: 9/1/2003 Compliance History: Operating Limit Compliance Status: Monitoring Period Compliance Status: Operating Limit Compliance Status: Operating Lim |                   | Mon               | ithly Water System Facili            | ity (WSF) I | Level N       | /loni  | itoring   | Require      | men   | its         |              |
| PH Start Date: 9/1/2003 Compliance History: Operating Limit Compliance Status: Monitoring Period Compliance Status: 10/1/2019 - 10/31/2019  11/1/2019 - 10/31/2019  12/1/2019 - 12/31/2019  12/1/2020 - 1/31/2020  2/1/2020 - 2/29/2020  Analyte Monitoring Requirement (Summary Type) Operating Limit Samples R Phosphate (as PO4) Entry Point Phosphate Monitoring (PHOS) Minimum: 0.1 MG/L  Start Date: 9/1/2003 Compliance History: Operating Limit Compliance Status: Monitoring Period Compliance Status: Operating Limit Compliance Status: 10/1/2019 - 10/31/2019  | Water System Fa   | acility: <b>S</b> | TAFFORD TREATMENT PLANT              | ENTRY POIN  | Γ (WSFII      | D: 00  | 700)      |              |       |             |              |
| Start Date: 9/1/2003  Compliance History: Monitoring Period  10/1/2019 - 10/31/2019  11/1/2019 - 11/30/2019  12/1/2019 - 12/31/2019  12/1/2020 - 1/31/2020  2/1/2020 - 2/29/2020  Analyte Phosphate (as PO4) Start Date: 9/1/2003  Monitoring Requirement (Summary Type) Compliance History: Monitoring (PHOS) Minimum: 0.1 MG/L Compliance Status: Monitoring Period Compliance Status:  Monitoring Period Compliance Status: Compliance Statu | Analyte           |                   | <b>Monitoring Requirement (Summa</b> | ary Type)   | Ope           | rating | g Limit   |              | S     | Samples Re  | q/Month      |
| 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 Type) Operating Limit Samples R Phosphate (as PO4) Entry Point Phosphate Monitoring (PHOS) Minimum: 0.1 MG/L  Start Date: 9/1/2003  Compliance History: Operating Limit Monitoring Period Compliance Status: Compliance Status: 10/1/2019 - 10/31/2019   | рН                |                   | Entry Point pH Monitoring (PHRD)     | )           | Mini          | imum   | : 6.4 PH  |              |       | Dai         | У            |
| 10/1/2019 - 10/31/2019  11/1/2019 - 11/30/2019  12/1/2019 - 12/31/2019  1/1/2020 - 1/31/2020  2/1/2020 - 2/29/2020  Analyte Monitoring Requirement (Summary Type) Operating Limit Samples R Phosphate (as PO4) Entry Point Phosphate Monitoring (PHOS) Minimum: 0.1 MG/L  Start Date: 9/1/2003  Compliance History: Operating Limit Monitoring Period Compliance Status: Compliance Status: 10/1/2019 - 10/31/2019   | Start Date: 9/    | /1/2003           |                                      | Complia     | nce Histo     | ory:   | Оре       | erating Limi | it    | Monitori    | ng           |
| 11/1/2019 - 11/30/2019  12/1/2019 - 12/31/2019  1/1/2020 - 1/31/2020  2/1/2020 - 2/29/2020  Analyte Monitoring Requirement (Summary Type) Operating Limit Samples R Phosphate (as PO4) Entry Point Phosphate Monitoring (PHOS) Minimum: 0.1 MG/L  Start Date: 9/1/2003  Compliance History: Operating Limit Monitoring Period Compliance Status: Compliance Status: 10/1/2019 - 10/31/2019   |                   |                   |                                      |             |               |        |           | npliance St  | atus: | Complia     | nce Status:  |
| 12/1/2019 - 12/31/2019  1/1/2020 - 1/31/2020  2/1/2020 - 2/29/2020  Analyte Monitoring Requirement (Summary Type) Operating Limit Samples R Phosphate (as PO4) Entry Point Phosphate Monitoring (PHOS) Minimum: 0.1 MG/L  Start Date: 9/1/2003 Compliance History: Operating Limit Monitoring Period Compliance Status: Compliance Status: 10/1/2019 - 10/31/2019  |                   |                   |                                      |             |               |        |           |              |       |             |              |
| 1/1/2020 - 1/31/2020  2/1/2020 - 2/29/2020  Analyte Monitoring Requirement (Summary Type) Operating Limit Samples R Phosphate (as PO4) Entry Point Phosphate Monitoring (PHOS) Minimum: 0.1 MG/L  Start Date: 9/1/2003 Compliance History: Operating Limit Monitoring Period Compliance Status: Compliance Status: 10/1/2019 - 10/31/2019  |                   |                   |                                      |             | -             | -      |           |              |       |             |              |
| Analyte Monitoring Requirement (Summary Type) Operating Limit Samples R Phosphate (as PO4) Entry Point Phosphate Monitoring (PHOS) Minimum: 0.1 MG/L Start Date: 9/1/2003 Compliance History: Operating Limit Monitoring Period Compliance Status: Compliance Status: 10/1/2019 - 10/31/2019   |                   |                   |                                      |             |               |        | .9        |              |       |             |              |
| Analyte Monitoring Requirement (Summary Type) Operating Limit Samples Represent (as PO4) Entry Point Phosphate Monitoring (PHOS) Minimum: 0.1 MG/L  Start Date: 9/1/2003 Compliance History: Operating Limit Monitoring Period Compliance Status: 10/1/2019 - 10/31/2019   |                   |                   |                                      |             |               |        |           |              |       |             |              |
| Phosphate (as PO4) Entry Point Phosphate Monitoring (PHOS) Minimum: 0.1 MG/L  Start Date: 9/1/2003 Compliance History: Operating Limit Monitoring Period Compliance Status: Compliance Status: 10/1/2019 - 10/31/2019  |                   |                   |                                      |             |               |        |           |              |       |             |              |
| Start Date: 9/1/2003  Compliance History: Operating Limit Monitoring Period Compliance Status: Compliance Status: 10/1/2019 - 10/31/2019   |                   |                   |                                      |             |               | _      |           |              | S     | -           | q/Month      |
| Monitoring Period Compliance Status: Compliance Sta | •                 |                   | Entry Point Phosphate Monitoring     | •           |               |        |           |              |       | 2           |              |
| 10/1/2019 - 10/31/2019   | Start Date: 9/    | 1/2003            |                                      |             |               | -      |           | _            |       | Monitori    | _            |
|  |                   |                   |                                      |             |               |        |           | npliance St  | atus: | Compliai    | ice Status:  |
| 11/1/2019 - 11/30/2019   |                   |                   |                                      |             |               |        |           |              |       |             |              |
| 12/1/2010 12/21/2010   |                   |                   |                                      |             |               |        |           |              |       |             |              |
| 12/1/2019 - 12/31/2019<br>1/1/2020 - 1/31/2020   |                   |                   |                                      |             |               |        | .ฮ        |              |       |             |              |
| 2/1/2020 - 2/29/2020   |                   |                   |                                      |             |               |        |           |              |       |             |              |

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|                     | Conne                      | cticut Dep            | artment of      | Public H           | ealth D                      | rinki            | ng Wa             | ater Se            | ction       |              |
|---------------------|----------------------------|-----------------------|-----------------|--------------------|------------------------------|------------------|-------------------|--------------------|-------------|--------------|
|                     |                            | Water Qua             | ality Monit     | oring and          | l Comp                       | lianc            | e Sche            | edule              |             |              |
| PWS ID              | PWS Nam                    | e                     |                 |                    | Cla                          | ssificati        | on Popu           | ation Own          | er Type Pri | mary Source  |
| CT1340011           | CTWC - NO                  | ORTHERN REG-ST        | AFFORD SYSTEM   |                    |                              | С                | 2,3               | 83                 | Р           | SW           |
| Local Address (     | where appli                | cable)                |                 | Service            | Residential                  | Comm             | ercial In         | dustrial           | Combined    | Agricultural |
|                     |                            |                       |                 | Connections        | 931                          | 68               | 3                 | 6                  |             |              |
| Towns Served:       |                            |                       |                 |                    |                              |                  |                   |                    |             |              |
|                     | Facility:                  |                       | ER TREATMENT    |                    |                              |                  |                   |                    |             |              |
| Analyte             |                            |                       | uirement (Summa | ary Type)          | Operati                      | _                |                   | 9                  | Samples Re  | -            |
| Chlorine            |                            | Entry Point RDC       | (EPRD)          |                    | Minimu                       |                  | MG/L              |                    | Dail        | -            |
| Start Date:         | 8/1/2003                   |                       |                 |                    | nce History:                 |                  | Operatir          | _                  | Monitori    | _            |
|                     |                            |                       |                 |                    | ng Period                    | 010              | Complia           | nce Status:        | Complian    | ice Status:  |
|                     |                            |                       |                 |                    | 9 - 10/31/20<br>9 - 11/30/20 |                  |                   | Y                  |             |              |
|                     |                            |                       |                 |                    | 9 - 11/30/20<br>9 - 12/31/20 |                  |                   | Y                  |             |              |
|                     |                            |                       |                 |                    | - 1/31/2020<br>- 1/31/2020   |                  |                   | Y                  |             |              |
|                     |                            |                       |                 |                    | - 2/29/2020                  |                  |                   | 1                  |             |              |
| Analyte             |                            | Monitoring Rea        | uirement (Summa |                    | Operati                      |                  | +                 |                    | Samples Re  | n/Month      |
| Turbidity           |                            |                       | urbidity (MAXT) | yypc/              | Maximu                       | •                |                   |                    | 186         | -            |
| Start Date:         | 8/1/2003                   | G. <u>2</u>           | a. a.a., ( a)   | Complia            | nce History:                 |                  | Operatir          | a Limit            | Monitori    |              |
|                     | -, -,                      |                       |                 | -                  | ng Period                    |                  |                   | nce Status:        |             | ice Status:  |
|                     |                            |                       |                 |                    | 9 - 10/31/2                  | 019              |                   | Υ                  | -           |              |
|                     |                            |                       |                 | 11/1/201           | 9 - 11/30/2                  | 019              |                   | Υ                  |             |              |
|                     |                            |                       |                 | 12/1/201           | 9 - 12/31/2                  | 019              |                   | Υ                  |             |              |
|                     |                            |                       |                 | 1/1/2020           | - 1/31/202                   | 0                |                   | Υ                  |             |              |
|                     |                            |                       |                 | 2/1/2020           | - 2/29/202                   | 0                |                   |                    |             |              |
| Analyte             |                            | <b>Monitoring Req</b> | uirement (Summa | ary Type)          | Operati                      | ng Limit         | :                 | 9                  | Samples Re  | q/Month      |
| Turbidity           |                            | CFE 95% Turbidi       | ty (95PT)       |                    |                              | •                | imit: 0.3 I       | UTU                | 186         | 5            |
| Start Date:         | 8/1/2003                   |                       |                 | -                  | nce History:                 |                  | Operatir          | _                  | Monitori    | _            |
|                     |                            |                       |                 |                    | ng Period                    |                  | Complia           | nce Status:        | Complian    | ice Status:  |
|                     |                            |                       |                 |                    | 9 - 10/31/2                  |                  |                   | Υ                  |             |              |
|                     |                            |                       |                 |                    | 9 - 11/30/2                  |                  |                   | Y                  |             |              |
|                     |                            |                       |                 |                    | 9 - 12/31/2<br>- 1/31/202    |                  |                   | Y                  |             |              |
|                     |                            |                       |                 |                    | - 1/31/2020<br>- 2/29/2020   |                  |                   | Υ                  |             |              |
|                     |                            |                       | Other C         |                    |                              |                  |                   |                    |             |              |
|                     |                            | ••                    | Other Co        | ompliance          |                              |                  |                   | 41: :-             |             |              |
| Compliance Sch      |                            |                       |                 |                    |                              | Date             |                   | Achieved E         |             |              |
| WATERSHED SU        |                            |                       |                 |                    |                              | /2020<br>/2020   |                   | 2/27/202           | <u>2</u> U  |              |
| CROSS CONNEC        |                            |                       |                 |                    |                              | )/2020<br>)/2020 |                   |                    |             |              |
| SUBMIT CCR CE       |                            |                       |                 |                    |                              | /2020            |                   |                    |             |              |
| SODIVITI CCN CL     | III ICATIO                 |                       | System Facili   | ty and San         |                              |                  | wonto             | - N                |             |              |
| Mator               |                            | waters                | System Facili   | ty and San         | ipinig PC                    | או אוונ          |                   |                    |             |              |
| Water<br>System Wat | er System F                | acility               | Sampling Point  | Samplina Poin      | t                            |                  | Total<br>Coliform | Lead and<br>Copper |             | Stage        |
| Facility ID         | <b>- - - - - - - - - -</b> |                       | ID              | <b>Description</b> | -                            | Status           | Rule              |                    | Asbestos V  | NQP 2 DBPR   |
|                     | RIBUTION S                 | YSTEM                 | 3150            | TOWN HALL 1        | MAIN ST                      | A                | Υ                 |                    | Υ           |              |
|                     |                            |                       | 3151            | 63 W MAIN ST       | _                            | Α                | Υ                 |                    |             | Υ            |
|                     |                            |                       | 3152            | DKN DNT 22 W       | / STRD RD                    | Α                | Υ                 |                    |             |              |
|                     |                            |                       | 3153            | FOREST EDGE        | CONDOS                       | Α                | Υ                 |                    |             | Υ            |

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

| PWS ID           | PWS Name                            |             |         | Class   | sification | Population  | Owner Type | Primary Source  |
|------------------|-------------------------------------|-------------|---------|---------|------------|-------------|------------|-----------------|
| CT1340011        | CTWC - NORTHERN REG-STAFFORD SYSTEM |             |         |         | С          | 2,383       | Р          | SW              |
| Local Address (\ | vhere applicable)                   | Service     | Residen | ntial ( | Commercia  | al Industri | al Combine | ed Agricultural |
|                  |                                     | Connections | 931     |         | 68         | 6           |            |                 |

| Towns Served: STAFFORD                         |                            |                               | 1          | ,                         | ,                  |                |          |                 |
|--|----------------------------|-------------------------------|------------|---------------------------|--------------------|----------------|----------|-----------------|
| Wat  | ter System Facili          | ity and Sampling P            | oint In    | ventor                    | У                  |                |          |                 |
| Water System Water System Facility Facility ID |                            | Sampling Point Description    |            | Total<br>Coliform<br>Rule | Lead and<br>Copper | Asbestos       |          | Stage<br>2 DBPR |
|  | 31801                      | 44 TOLLAND AV APT 12          | Α          |                           | N                  |                |          |                 |
|  | 31802                      | 44 TOLLAND AV APT 7           | Α          |                           | N                  |                |          |                 |
|  | 31803                      | 50 FURNACE AV                 | Α          |                           | 3                  |                |          |                 |
|  | 31804                      | 58 FURNACE AV                 | Α          |                           | N                  |                |          |                 |
|  | 31805                      | 38 EDGEWOOD ST                | Α          |                           | 3                  |                |          |                 |
|  | 31806                      | 25 HIGH ST                    | Α          |                           | N                  |                |          |                 |
|  | 31807                      | 13 BELLROSE ST                | Α          |                           | 3                  |                |          |                 |
|  | 31808                      | 122 W MAIN UNIT G             | Α          |                           | 2                  |                |          |                 |
|  | 31809                      | 48 HIGH ST                    | Α          |                           | N                  |                |          |                 |
|  | 31810                      | 58 EDGEWOOD ST                | Α          |                           | 3                  |                |          |                 |
|  | 31811                      | LEAD COPPER SITE 11S          | Α          | Υ                         |                    |                |          |                 |
|  | 31812                      | 43 HIGH STREET                | Α          | Υ                         | 1                  |                |          |                 |
|  | 31813                      | 13 ARNOLD LN                  | Α          | Υ                         | 1                  |                |          |                 |
|  | 31814                      | 5 CLINTON ST                  | Α          | Υ                         | 1                  |                |          |                 |
|  | 31815                      | 51 FURNACE AVE                | Α          | Υ                         | 1                  |                |          |                 |
|  | 31816                      | 69 PROSPECT ST                | Α          | Υ                         | 1                  |                |          |                 |
|  | 31817                      | 3 TOPSY DR                    | Α          | Υ                         | 1                  |                |          |                 |
|  | 31818                      | 39 EDGEWOOD DR E              | Α          | Υ                         | 2                  |                |          |                 |
|  | 31819                      | 35 A EDGEWOOD ST              | Α          | Υ                         | 2                  |                |          |                 |
|  | 31820                      | 35B EDGEWOOD ST               | Α          | Υ                         | 2                  |                |          |                 |
|  | 31821                      | 35C EDGEWOOD ST               | Α          | Υ                         | 2                  |                |          |                 |
|  | 31822                      | 35D EDGEWOOD ST               | Α          | Υ                         | 2                  |                |          |                 |
|  | 31823                      | 35E EDGEWOOD ST               | Α          | Υ                         | 2                  |                |          |                 |
|  | 31824                      | 35F EDGEWOOD ST               | Α          | Υ                         | 2                  |                |          |                 |
|  | 31825                      | 39A EDGEWOOD ST               | Α          | Υ                         | 2                  |                |          |                 |
|  | 31826                      | 39C EDGEWOOD ST               | Α          | Υ                         | 2                  |                |          |                 |
|  | 31827                      | 39D EDGEWOOD ST               | Α          | Υ                         | 2                  |                |          |                 |
|  | 31828                      | 39F EDGEWOOD ST               | Α          | Υ                         | 2                  |                |          |                 |
|  | 31829                      | 39G EDGEWOOD ST               | Α          | Υ                         | 2                  |                |          |                 |
|  | 31830                      | 43A EDGEWOOD ST               | Α          | Υ                         | 2                  |                |          |                 |
|  | 31831                      | 43B EDGEWOOD ST               | Α          | Υ                         | 2                  |                |          |                 |
|  | 31832                      | 43C EDGEWOOD ST               | Α          | Υ                         | 2                  |                |          |                 |
|  | 31833                      | 69-C1 FURNACE AVE             | Α          | Υ                         | 2                  |                |          |                 |
|  | 31834                      | 69-C2 FURNACE AVE             | Α          | Υ                         | 2                  |                |          |                 |
|  | 31835                      | 69-C4 FURNACE AVE             | Α          | Υ                         | 2                  |                |          |                 |
|  | 31836                      | 69-C5 FURNACE AVE             | Α          | Υ                         | 2                  |                |          |                 |
|  | 31837                      | 83-W2 FURNACE AVE             | Α          | Υ                         | 2                  |                |          |                 |
|  | 31838                      | 83-W3 FURNACE AVE             | Α          | Υ                         | 2                  |                |          |                 |
|  | 31839                      | 83-W4 FURNACE AVE             | Α          | Υ                         | 2                  |                |          |                 |
| NOTF: This information has been provided to he | In owners and operators of | nublic water systems maintain | compliance | with drinki               | a water ava        | litu manitarir | a roquir | omonts          |

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  | sification | Population  | Owner Type | Primary Source  |
|------------------|-------------------------------------|-------------|---------|-------|------------|-------------|------------|-----------------|
| CT1340011        | CTWC - NORTHERN REG-STAFFORD SYSTEM |             |         |       | С          | 2,383       | Р          | SW              |
| Local Address (v | where applicable)                   | Service     | Residen | ntial | Commerci   | al Industri | al Combine | ed Agricultural |
|                  |                                     | Connections | 931     |       | 68         | 6           |            |                 |

| Towns Served: STAFFORD                         |                            |                              | '            | ,                         | "                  |               |           |                 |
|--|----------------------------|------------------------------|--------------|---------------------------|--------------------|---------------|-----------|-----------------|
| Wat  | ter System Facili          | ity and Sampling             | Point In     | ventor                    | У                  |               |           |                 |
| Water System Water System Facility Facility ID | -                          | Sampling Point Description   |              | Total<br>Coliform<br>Rule | Lead and<br>Copper | Asbestos      |           | Stage<br>2 DBPR |
|  | 31840                      | 83-W5 FURNACE AVE            | А            | Υ                         | 2                  |               |           |                 |
|  | 31841                      | 83-W6 FURNACE AVE            | Α            | Υ                         | 2                  |               |           |                 |
|  | 31842                      | 83-W7 FURNACE AVE            | Α            | Υ                         | 2                  |               |           |                 |
|  | 31843                      | 87-E1 FURNACE AVE            | Α            | Υ                         | 2                  |               |           |                 |
|  | 31844                      | 87-E3 FURNACE AVE            | Α            | Υ                         | 2                  |               |           |                 |
|  | 31845                      | 122A W MAIN ST               | Α            | Υ                         | 2                  |               |           |                 |
|  | 31846                      | 122B W MAIN ST               | Α            | Υ                         | 2                  |               |           |                 |
|  | 31847                      | 122C W MAIN ST               | Α            | Υ                         | 2                  |               |           |                 |
|  | 31848                      | 122D W MAIN ST               | Α            | Υ                         | 2                  |               |           |                 |
|  | 31849                      | 122E W MAIN ST               | Α            | Υ                         | 2                  |               |           |                 |
|  | 31850                      | 122F W MAIN ST               | Α            | Υ                         | 2                  |               |           |                 |
|  | 31851                      | 122H W MAIN ST               | Α            | Υ                         | 2                  |               |           |                 |
|  | 31852                      | 122I W MAIN ST               | Α            | Υ                         | 2                  |               |           |                 |
|  | 31853                      | 122J W MAIN ST               | Α            | Υ                         | 2                  |               |           |                 |
|  | 31854                      | 122K W MAIN ST               | Α            | Υ                         | 2                  |               |           |                 |
|  | 31855                      | 122L W MAIN ST               | Α            | Υ                         | 2                  |               |           |                 |
|  | 31856                      | 122M W MAIN ST               | Α            | Υ                         | 2                  |               |           |                 |
|  | 31857                      | 122N W MAIN ST               | Α            | Υ                         | 2                  |               |           |                 |
|  | 31858                      | 5 BELLROSE ST                | Α            | Υ                         | 3                  |               |           |                 |
|  | 31859                      | 15 BRENDAN ST                | Α            | Υ                         | 3                  |               |           |                 |
|  | 31860                      | 23 BRENDAN ST                | Α            | Υ                         | 2                  |               |           |                 |
|  | 31861                      | 25 BRENDAN ST                | Α            | Υ                         | 3                  |               |           |                 |
|  | 31862                      | 27 BRENDAN ST                | Α            | Υ                         | 3                  |               |           |                 |
|  | 31863                      | 29 BRENDAN ST                | Α            | Υ                         | 3                  |               |           |                 |
|  | 31864                      | 30 BRENDAN ST                | Α            | Υ                         | 3                  |               |           |                 |
|  | 31865                      | 32 BRENDAN ST                | Α            | Υ                         | 3                  |               |           |                 |
|  | 31866                      | 10 BUCKLEY HWY               | Α            | Υ                         | 3                  |               |           |                 |
|  | 31867                      | 12 BUCKLEY HWY               | Α            | Υ                         | 3                  |               |           |                 |
|  | 31868                      | 14 BUCKLEY HWY               | Α            | Υ                         | 3                  |               |           |                 |
|  | 31869                      | 14 CLINTON ST                | Α            | Υ                         | 3                  |               |           |                 |
|  | 31870                      | 5 CURTIS ST                  | Α            | Υ                         | 3                  |               |           |                 |
|  | 31871                      | 11 CURTIS ST                 | Α            | Υ                         | 3                  |               |           |                 |
|  | 31872                      | 6 DENNIS LN                  | Α            | Υ                         | 3                  |               |           |                 |
|  | 31873                      | 55 FURNAVE AVE               | Α            | Υ                         | 3                  |               |           |                 |
|  | 31874                      | 2 GEORGE ST                  | Α            | Υ                         | 3                  |               |           |                 |
|  | 31875                      | 4 GEORGE ST                  | Α            | Υ                         | 3                  |               |           |                 |
|  | 31876                      | 5 GEORGE ST                  | Α            | Υ                         | 3                  |               |           |                 |
|  | 31877                      | 6 GEORGE ST                  | Α            | Υ                         | 3                  |               |           |                 |
|  | 31878                      | 8 GEORGE ST                  | Α            | Υ                         | 3                  |               |           |                 |
| NOTF: This information has been provided to he | In owners and operators of | nublic water systems maintai | n compliance | with drinki               | a water ava        | itu monitorir | na roquir | amants          |

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                            |             |         | Class   | sification | Population  | Owner Type | Primary Source  |
|------------------|-------------------------------------|-------------|---------|---------|------------|-------------|------------|-----------------|
| CT1340011        | CTWC - NORTHERN REG-STAFFORD SYSTEM |             |         |         | С          | 2,383       | Р          | SW              |
| Local Address (\ | vhere applicable)                   | Service     | Residen | ntial ( | Commercia  | al Industri | al Combine | ed Agricultural |
|                  |                                     | Connections | 931     |         | 68         | 6           |            |                 |

Towns Served: STAFFORD

|                 | waters                                  | ysteili raciii | ty and Sampling P    | OIIIC III | iventoi           | У                  |          |     |       |
|-----------------|---|----------------|----------------------|-----------|-------------------|--------------------|----------|-----|-------|
| Water<br>System | Water System Facility                   |                | Sampling Point       |           | Total<br>Coliform | Lead and<br>Copper |          |     | Stage |
| acility IE      | )                                       | ID             | Description          | Status    | Rule              |                    | Asbestos | WQP | 2 DBF |
|                 |   | 31879          | 9 GEORGE ST          | Α         | Υ                 | 3                  |          |     |       |
|                 |   | 31880          | 87 GRANT AVE         | Α         | Y                 | 3                  |          |     |       |
|                 |   | 31881          | 89 GRANT AVE         | Α         | Y                 | 3                  |          |     |       |
|                 |   | 31882          | 91 GRANT AVE         | Α         | Υ                 | 3                  |          |     |       |
|                 |   | 31883          | 93 GRANT AVE         | Α         | Υ                 | 3                  |          |     |       |
|                 |   | 31884          | 7 GREEN ST           | Α         | Υ                 | 3                  |          |     |       |
|                 |   | 31885          | 15 HOWLAND AVE       | Α         | Υ                 | 3                  |          |     |       |
|                 |   | 31886          | 7 MATTESEN LN        | Α         | Υ                 | 3                  |          |     |       |
|                 |   | 31887          | 11 MOUNTAIN RD       | Α         | Υ                 | 3                  |          |     |       |
|                 |   | 31888          | 6 OAK ST             | Α         | Υ                 | 3                  |          |     |       |
|                 |   | 31889          | 5 ORCHARD ST         | Α         | Υ                 | 3                  |          |     |       |
|                 |   | 31890          | 12 PARKESS ST        | Α         | Υ                 | 3                  |          |     |       |
|                 |   | 31891          | 18 PARKESS ST        | Α         | Υ                 | 3                  |          |     |       |
|                 |   | 31892          | 64 PROSPECT ST       | Α         | Υ                 | 3                  |          |     |       |
|                 |   | 31893          | 2 QUINN ST           | Α         | Υ                 | 3                  |          |     |       |
|                 |   | 31894          | 7 QUINN ST           | Α         | Υ                 | 3                  |          |     |       |
|                 |   | 31895          | 5 SUMMER ST          | Α         | Υ                 | 3                  |          |     |       |
|                 |   | 31896          | 6 SUMMER ST          | Α         | Υ                 | 3                  |          |     |       |
|                 |   | 31897          | 5 W END ST           | Α         | Υ                 | 3                  |          |     |       |
|                 |   | 31898          | 18 W END ST          | Α         | Υ                 | 3                  |          |     |       |
|                 |   | 31899          | 7 W STAFFORD RD      | Α         | Υ                 | 3                  |          |     |       |
|                 |   | 31900          | 51 WEST ST           | Α         | Υ                 | 3                  |          |     |       |
|                 |   | 31901          | 46 WILLINGTON AVE    | Α         | Υ                 | 3                  |          |     |       |
|                 |   | 31902          | 64 WILLINGTON AVE    | Α         | Υ                 | 3                  |          |     |       |
|                 |   | 31903          | 78 WILLINGTON AVE    | Α         | Υ                 | 3                  |          |     |       |
|                 |   | 31904          | 82 WILLINGTON AVE    | Α         | Υ                 | 3                  |          |     |       |
|                 |   | 4              | DISTRIBUTION SYSTEM  | Α         | Υ                 |                    |          |     |       |
|                 |   | DOWNSTREAM     | WITHIN 5 SERVICE CON | Α         |                   |                    |          |     |       |
|                 |   | UPSTREAM       | WITHIN 5 SERVICE CON | Α         |                   |                    |          |     |       |
| 00700           | STAFFORD TREATMENT PLANT<br>ENTRY POINT | 3              | ENTRY POINT          | А         |                   |                    |          |     |       |
| 2078            | STAFFORD RESERVOIR NO. 2                | 1              | RESERVOIR NO. 2      | Α         |                   |                    |          |     |       |
| 2079            | STAFFORD RESERVOIR NO. 3                | 1              | RESERVOIR            | Α         |                   |                    |          |     |       |
| 2080            | STAFFORD RESERVOIR NO. 4                | 1              | RESERVOIR            | Α         |                   |                    |          |     |       |
| 267             | STAFFORD WATER TREATMENT PLANT          | 3              | EP - STAFFORD WTP    | А         |                   |                    |          |     |       |
|                 |   | 5              | CFE - STAFFORD WTP   | Α         |                   |                    |          |     |       |
| 30086           | RESERVOIR 2                             |                |                      |           |                   |                    |          |     |       |

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 Dep                            | artment of          | Public H    | lealth D      | )rinki:   | ng V    | <i>N</i> ater : | Section      |                |
|-------------|--|---------------------|-------------|---------------|-----------|---------|-----------------|--------------|----------------|
|             | <b>↑</b>                                   | ality Monit         |             |               |           | _       |                 |              |                |
| PWS ID      | PWS Name                                   | uncy Monie          | or mg am    |               |           |         |                 |              | rimary Source  |
| CT134001    |  | AFFORD SYSTEM       |             |               | C         | )II I C | 2,383           | P P          | SW             |
|             | ress (where applicable)                    | 7 0.1.2 0.10.12.11. | Service     | Residentia    |           | ercial  | Industrial      |              | _              |
|             |  |                     | Connections | 931           | 68        |         | 6               |              | - B. consenses |
| Towns Se    | rved: STAFFORD                             |                     |             |               |           |         |                 |              |                |
|             | Water 9                                    | System Facili       | ity and Sar | mpling P      | oint In   | vent    | tory            |              |                |
| Water       |  |                     |             |               |           | Tota    | l Lead a        | nd           |                |
| System      | Water System Facility                      | Sampling Point      |             | nt            |           | Colifo  |                 |              | Stage          |
| Facility IE |  | ID                  | Description |               | Status    | Rule    | e Rule T        | ier Asbestos | WQP 2 DBPR     |
| 51847       | ISABELLA COURT PRESSURE<br>TANK 1          |                     |             |               |           |         |                 |              |                |
| 51849       | ISABELLA COURT PRESSURE<br>TANK 2          |                     |             |               |           |         |                 |              |                |
| 51851       | ISABELLA COURT PUMP STATION                |                     |             |               |           |         |                 |              |                |
| 52795       | ELLEN STREET STANDPIPE                     |                     |             |               |           |         |                 |              |                |
| 52797       | FOREST EDGE PUMP STATION                   |                     |             |               |           |         |                 |              |                |
| 52799       | LOW LIFT PUMP STATION                      |                     |             |               |           |         |                 |              |                |
| 52801       | HIGH LIFT PUMP STATION                     |                     |             |               |           |         |                 |              |                |
| 54514       | STAFFORD RESERVOIR #2<br>SEASONAL AERATION |                     |             |               |           |         |                 |              |                |
| 54526       | STAFFORD SPRINGS WTP<br>CLEARWELL 1        |                     |             |               |           |         |                 |              |                |
| 54528       | STAFFORD SPRINGS WTP<br>CLEARWELL 2        |                     |             |               |           |         |                 |              |                |
|             |  | Certified           | Operator    | Informat      | tion      |         |                 |              |                |
| Water Sy    | stem Facility: <b>DISTRIBUTION</b>         | SYSTEM (WSF II      | D: 00600)   |               |           |         |                 |              |                |
| _           | lassification: CLASS 1 DISTRIBUTIO         | N SYSTEM            |             |               |           |         |                 |              | Certification  |
| Operator    | Name                                       | Operator Typ        | e Co        | ertification( | s)        |         |                 |              | Expiration     |
| GREEN, II   | I, CLIFFORD                                | CHIEF OPERATO       | DR DI       | STRIBUTION    | I SYSTEM  | OPER    | ATOR - CLA      | SS III       | 3/31/2023      |
| LABIANCA    | A, MICHAEL                                 | ASSIGNED OPER       | RATOR W     | ATER TREAT    | TMENT PL  | ANT C   | PERATOR -       | - CLASS II   | 6/30/2021      |
|             |  |                     | DI          | STRIBUTION    | I SYSTEM  | OPER    | ATOR - CLA      | SS III       | 6/30/2021      |
| WATERHO     | OUSE, KEITH B.                             | ASSIGNED OPER       | RATOR DI    | STRIBUTION    | SYSTEM    | OPER    | ATOR - CLA      | SS III       | 9/30/2020      |
| Water Sy    | ystem Facility: STAFFORD WAT               | TER TREATMENT       | r PLANT (WS | F ID: 267)    |           |         |                 |              |                |
| Facility Cl | lassification: CLASS 3 TREATMENT           | PLANT               |             |               |           |         |                 |              | Certification  |
| Operator    | Name                                       | Operator Typ        | e Co        | ertification( | s)        |         |                 |              | Expiration     |
| BAMFORT     | ΓΗ, RONALD S.                              | CHIEF OPERATO       | DR W        | ATER TREAT    | TMENT PL  | ANT C   | PERATOR         | - CLASS IV   | 6/30/2022      |
| BELL, JR.,  | ROBERT M.                                  | ASSIGNED OPER       | RATOR W     | ATER TREAT    | TMENT PL  | ANT C   | PERATOR         | - CLASS IV   | 12/31/2021     |
|             |  |                     | DI          | STRIBUTION    | I SYSTEM  | OPER    | ATOR - CLA      | SS III       | 12/31/2022     |
| LABIANCA    | A, MICHAEL                                 | ASSIGNED OPER       | RATOR W     | ATER TREAT    | TMENT PL  | ANT C   | PERATOR         | - CLASS II   | 6/30/2021      |
|             |  |                     | DI          | STRIBUTION    | I SYSTEM  | OPER    | ATOR - CLA      | SS III       | 6/30/2021      |
| WETZLER,    | , DALE G.                                  | ASSIGNED OPER       | RATOR W     | ATER TREAT    | TMENT PL  | ANT C   | PERATOR         | - CLASS IV   | 3/31/2020      |
| Water Sy    | stem Facility: STAFFORD RESI               | ERVOIR #2 SEAS      | ONAL AERAT  | ION (WSF      | ID: 5451  | .4)     |                 |              |                |
| Facility Cl | lassification:                             |                     |             |               |           |         |                 |              | Certification  |
| Operator    | Name                                       | Operator Typ        | e Co        | ertification( | s)        |         |                 |              | Expiration     |
| LABIANCA    | A, MICHAEL                                 | ASSIGNED OPER       | RATOR W     | ATER TREAT    | TMENT PL  | ANT C   | PERATOR -       | - CLASS II   | 6/30/2021      |
|             |  |                     | 5.1         | CTDIDLITION   | LCVCTE* 4 | 0055    | ATOD C: 4       | CC III       | 6/20/2021      |

**DISTRIBUTION SYSTEM OPERATOR - CLASS III** 

6/30/2021

|   | Connecticut     | Department of       | Public F     | Iealth    | ı D   | rinking     | g Water     | Sec    | ction     |                |
|---|-----------------|---------------------|--------------|-----------|-------|-------------|-------------|--------|-----------|----------------|
|   | Wate            | r Quality Monite    | oring an     | d Con     | np)   | liance S    | Schedul     | le     |           |                |
| PWS ID                                  | PWS Name        |                     |              |           | Cla   | ssification | Population  | Own    | er Type   | Primary Source |
| CT1340011                               | CTWC - NORTHERN | REG-STAFFORD SYSTEM |              |           |       | С           | 2,383       |        | Р         | SW             |
| Local Address (where applicable)        |                 |                     | Service      | Resider   | ntial | Commercia   | al Industri | al (   | Combine   | d Agricultural |
|   |                 |                     |              | ons 931 6 |       | 68          | 6           |        |           |                |
| Towns Served                            | l: STAFFORD     |                     |              |           |       |             | ·           |        |           | ·              |
|   |                 | Con                 | tact Infori  | matior    | 1     |             |             |        |           |                |
| Name                                    |                 | Or                  | ganization   |           |       |             |             |        | Job Title | !              |
| Mr. Craig J. P                          | atla            | Co                  | nnecticut Wa | ter Comp  | any   |             | Vp, Servic  | e Deli | very      |                |
| Mailing Address Line One Mailing Addres |                 |                     | Line Two     |           |       |             | City        |        | State     | Zip Code       |
| 93 West Mair                            | n Street        |                     |              |           |       | Clinton     |             |        | CT        | 06413          |

| 860-664-6140        |               |         |           |        |              | 800-391-1924    | cpatla@  | ctwater.com     | ctwater.com |          |  |  |  |
|---------------------|---------------|---------|-----------|--------|--------------|-----------------|----------|-----------------|-------------|----------|--|--|--|
| Contact Role(s): Le | egal Contact  |         | ·         |        |              |                 |          |                 |             |          |  |  |  |
| Name                |               |         |           | 0      | rganization  |                 |          |                 | Job Title   |          |  |  |  |
| Mr. David Connors   |               |         |           | Co     | onnecticut \ | Nater Company   |          | Director, Servi | ce De       |          |  |  |  |
| Mailing Address Lin | e One         |         | Mailing A | Addres | s Line Two   |                 |          | City            | State       | Zip Code |  |  |  |
| 93 West Main St     |               |         |           |        |              |                 | Clinton  |                 | CT          | 06413    |  |  |  |
| Business Phone      | Extension     | Fax     |           | Mobi   | ile Phone    | Emergency Phone | Email Ac | ldress          |             |          |  |  |  |
| 860-664-6141        |               |         |           |        |              | 860-227-4902    | dconnor  | s@ctwater.com   | 1           |          |  |  |  |
| Contact Bolo(s): A  | dministrativa | Contact |           |        |              |                 |          |                 |             |          |  |  |  |

Emergency Phone Email Address

**Mobile Phone** 

Contact Role(s): Administrative Contact

Extension

#### Please note the following:

**Business Phone** 

- 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.

Fax

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  |  |  |  |  |
| CT1340032     | T1340032 JOHNSON MEMORIAL HOSPITAL, INC C 250 P GW             |         |         |                |             |             |            |                 |  |  |  |  |
| Local Address | (where applicable)   | Service | Residen | ntial Commerci |             | al Industri | al Combine | ed Agricultural |  |  |  |  |

| 201 CHESTNUT HILL ROAD                            | Connections | 8             |        |                          |                       |
|---|-------------|---------------|--------|--------------------------|-----------------------|
| Towns Served: STAFFORD                            |             |               |        |                          | ·                     |
| Monit   | oring Requ  | irements      | ;      |                          |                       |
| Water System Facility: DISTRIBUTION SYSTEM (WSF I | D: 00600)   |               |        |                          |                       |
| Chlorine Residual (1012)                          |             |               |        | 1 ro                     | utine (RT) per month  |
| Sampling Point (Sampling Point ID)                |             | Monitoring F  | Period | <b>Collection Period</b> | 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 - 1/3  | 1/20   |                          | Complete              |
|   |             | 2/1/20 - 2/2  | 9/20   |                          | Complete              |
|   |             | 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   |                          |                       |
| Asbestos (1094)                                   |             |               |        | 1 routin                 | e (RT) per nine years |
| Sampling Point (Sampling Point ID)                |             | Monitoring F  | Period | Collection Period        | Compliance Status     |
| Select from Inventory of Active Sampling Points   |             | 1/1/14 - 12/3 | 31/22  |                          |                       |
| Total Coliform (3100)                             |             |               |        | 1 ro                     | utine (RT) per month  |
| Sampling Point (Sampling Point ID)                |             | Monitoring F  | 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 - 1/3  | 1/20   |                          | Complete              |
|   |             | 2/1/20 - 2/2  | 9/20   |                          | Complete              |
|   |             | 3/1/20 - 3/3  | 1/20   |                          |                       |
|   |             | 4/1/20 - 4/3  | 0/20   |                          |                       |
|   |             | 5/1/20 - 5/3  |        |                          |                       |
|   |             | 6/1/20 - 6/3  | 0/20   |                          |                       |
|   |             | 7/1/20 - 7/3  | 1/20   |                          |                       |
|   |             | 8/1/20 - 8/3  |        |                          |                       |
|   |             | 9/1/20 - 9/3  | 0/20   |                          |                       |
| Disinfectant Byproducts - TTHM & HAA5 (DBP)       |             |               |        | 1                        | routine (RT) per year |
| Sampling Point (Sampling Point ID)                |             | Monitoring F  |        | Collection Period        | Compliance Status     |
| 1ST FLOOR KITCHEN OB (JMH01)                      |             | 1/1/19 - 12/3 |        | 9/1-9/30                 | Complete              |
|   |             | 1/1/20 - 12/3 |        | 9/1-9/30                 |                       |
|   |             | 1/1/21 - 12/3 | 31/21  | 9/1-9/30                 |                       |
| Lead And Copper (PBCU)                            |             |               |        |                          | (RT) per three years  |
| Sampling Point (Sampling Point ID)                |             | Monitoring F  |        | Collection Period        | Compliance Status     |
| Select from Inventory of Active Sampling Points   |             | 1/1/19 - 12/3 |        | 6/1-9/30                 |                       |
|   |             | 1/1/22 - 12/3 | 31/24  | 6/1-9/30                 |                       |

|               | Connecticut Department Water Quality Mo |                |           |          | _       |              |      | ection       |              |
|---------------|---|----------------|-----------|----------|---------|--------------|------|--------------|--------------|
|               |   | intornig an    | u Con     |          |         |              | _    |              |              |
| PWS ID        | PWS Name                                |                |           |          |         |              | Ow   |              | imary Source |
| CT1340032     | JOHNSON MEMORIAL HOSPITAL, INC          | <u> </u>       |           | C        |         | 250          |      | Р            | GW           |
|               | (where applicable)                      | Service        | Residen   | tial Cor | mmercia | al Industr   | ial  | Combined     | Agricultural |
| 201 CHESTNUT  |   | Connections    | 8         |          |         |              |      |              |              |
| Towns Served: |   |                |           |          |         |              |      |              |              |
|               | Mo                                      | nitoring Requ  | uireme    | nts      |         |              |      |              |              |
| Water Systen  | n Facility: DISTRIBUTION SYSTEM (W      | /SF ID: 00600) |           |          |         |              |      |              |              |
| Physical Para | ameters (PPS)                           |                |           |          |         |              | 1 rc | outine (RT)  | per month    |
| _             | Point (Sampling Point ID)               |                | Monitori  | ng Perio | od Co   | ollection Pe |      |              | ance Status  |
| Select fro    | m Inventory of Active Sampling Points   |                | 10/1/19 - | 10/31/1  | 19      |              |      | Co           | mplete       |
|               |   |                | 11/1/19 - | 11/30/1  | 19      |              |      | Co           | mplete       |
|               |   |                | 12/1/19 - | 12/31/1  | 19      |              |      | Co           | mplete       |
|               |   |                | 1/1/20 -  | 1/31/20  | )       |              |      | Co           | mplete       |
|               |   |                | 2/1/20 -  | 2/29/20  | )       |              |      | Co           | mplete       |
|               |   |                | 3/1/20 -  | 3/31/20  | )       |              |      |              |              |
|               |   |                | 4/1/20 -  | 4/30/20  | )       |              |      |              |              |
|               |   |                | 5/1/20 -  | 5/31/20  | )       |              |      |              |              |
|               |   |                | 6/1/20 -  | 6/30/20  | )       |              |      |              |              |
|               |   |                | 7/1/20 -  | 7/31/20  | )       |              |      |              |              |
|               |   |                | 8/1/20 -  | 8/31/20  | )       |              |      |              |              |
|               |   |                | 9/1/20 -  | 9/30/20  | )       |              |      |              |              |
| Water Systen  | n Facility: ENTRY POINT (WSF ID: 007    | 700)           |           |          |         |              |      |              |              |
| Net Gross Al  | pha (4000)                              |                |           |          |         |              | 1 ro | utine (RT) բ | er quarter   |
| Sampling      | Point (Sampling Point ID)               |                | Monitori  | ng Perio | od Co   | ollection Pe | riod | Compli       | ance Status  |
| ENTRY PC      | DINT (3)                                |                | 7/1/19 -  | 9/30/19  | 9       |              |      | Co           | mplete       |
|               |   |                | 10/1/19 - | 12/31/1  | 19      |              |      | Co           | mplete       |
|               |   |                | 1/1/20 -  | 3/31/20  | )       |              |      | Co           | mplete       |
|               |   |                | 4/1/20 -  | 6/30/20  | )       |              |      |              |              |
|               |   |                | 7/1/20 -  | 9/30/20  | )       |              |      |              |              |
| Uranium (40   | 006)                                    |                |           |          |         | :            | 1 ro | utine (RT) բ | er quarter   |
| Sampling      | Point (Sampling Point ID)               |                | Monitori  | ng Perio | od Co   | ollection Pe | riod | Compli       | ance Status  |
| ENTRY PC      | DINT (3)                                |                | 7/1/19 -  | 9/30/19  | 9       |              |      | Co           | mplete       |
|               |   |                | 10/1/19 - | 12/31/1  | 19      |              |      | Co           | mplete       |
|               |   |                | 1/1/20 -  | 3/31/20  | )       |              |      | Co           | mplete       |
|               |   |                | 4/1/20 -  | 6/30/20  | )       |              |      |              |              |
|               |   |                | 7/1/20 -  | 9/30/20  | )       |              |      |              | _            |
| Combined R    | adium-226/228 (4010)                    |                |           |          |         | :            | 1 ro | utine (RT) բ | er quarter   |
| Sampling      | Point (Sampling Point ID)               |                | Monitori  | ng Perio | od Co   | ollection Pe | riod | Compli       | ance Status  |
| ENTRY PC      | DINT (3)                                |                | 7/1/19 -  | 9/30/19  | 9       |              |      | Co           | mplete       |
|               |   |                | 10/1/19 - | 12/31/1  | 19      |              |      | Co           | mplete       |
|               |   |                | 1/1/20 -  | 3/31/20  | )       |              |      | Co           | mplete       |
|               |   |                | 4/1/20 -  | 6/30/20  | )       |              |      |              |              |
|               |   |                | 7/1/20 -  | 9/30/20  | )       |              |      |              |              |
| Inorganic Ch  | emicals (IOCS)                          |                |           |          |         | 1 ro         | utin | e (RT) per t | hree years   |
| Sampling      | Point (Sampling Point ID)               |                | Monitori  | ng Perio | od Co   | ollection Pe | riod | Compli       | ance Status  |
| ENTRY PC      | DINT (3)                                |                | 1/1/19 -  |          |         |              |      |              |              |
|               |   |                | 1/1/22    | 42/24/2  |         |              |      |              |              |

1/1/22 - 12/31/24

| Connecticut Department of                             |             |           |       | •           |        |           |      | ection       |              |
|---|-------------|-----------|-------|-------------|--------|-----------|------|--------------|--------------|
| Water Quality Monit                                   | oring an    | d Con     | npl   | liance      | Sch    | edul      | e    |              |              |
| PWS ID PWS Name                                       |             |           | Cla   | ssification | Pop    | ulation   | Ow   | ner Type Pr  | imary Source |
| CT1340032 JOHNSON MEMORIAL HOSPITAL, INC              |             |           |       | С           | 1      | 250       |      | Р            | GW           |
| Local Address (where applicable)                      | Service     | Residen   | tial  | Commerc     | ial I  | Industria | al   | Combined     | Agricultural |
| 201 CHESTNUT HILL ROAD                                | Connections | 8         |       |             |        |           |      |              |              |
| Towns Served: STAFFORD                                |             |           |       |             |        |           |      |              |              |
| Monito  | oring Requ  | uireme    | nts   | ;           |        |           |      |              |              |
| Water System Facility: ENTRY POINT (WSF ID: 00700)    |             |           |       |             |        |           |      |              |              |
| Nitrate And Nitrite (NOX)                             |             |           |       |             |        |           | 1    | routine (R   | T) per year  |
| Sampling Point (Sampling Point ID)                    |             | Monitori  | ing F | Period (    | Collec | tion Per  |      | <del>-</del> | ance Status  |
| ENTRY POINT (3)                                       |             | 1/1/19 -  |       |             |        |           |      |              | mplete       |
|   |             | 1/1/20 -  |       |             |        |           |      |              |              |
|   |             | 1/1/21 -  |       |             |        |           |      |              |              |
| Pesticides, Herbicides and PCBs - Phase II & V (SOCS) |             |           |       | · •         |        |           | 1    | L (RT) per t | hree years   |
| Sampling Point (Sampling Point ID)                    |             | Monitori  | ing F | Period (    | Collec | tion Per  |      |              | ance Status  |
| ENTRY POINT (3)                                       |             | 1/1/17 -  |       |             | 1/:    | 1-12/31   |      |              | /aiver       |
| Pesticides, Herbicides and PCBs - Phase II & V (SOCS) |             |           |       |             | -      |           |      | e (RT) per t | hree years   |
| Sampling Point (Sampling Point ID)                    |             | Monitori  | ing F | Period (    | Collec | tion Pe   |      |              | ance Status  |
| ENTRY POINT (3)                                       |             | 1/1/20 -  | 12/3  | 31/22       |        |           |      |              |              |
|   |             | 1/1/23 -  | 12/3  | 31/25       |        |           |      |              |              |
| Organic Chemicals (VOCS)                              |             |           |       |             |        | 1 rou     | tin  | e (RT) per t | hree years   |
| Sampling Point (Sampling Point ID)                    |             | Monitori  | ing F | Period (    | Collec | tion Pe   |      |              | ance Status  |
| ENTRY POINT (3)                                       |             | 1/1/17 -  | 12/3  | 31/19       |        |           |      | Co           | mplete       |
|   |             | 1/1/20 -  | 12/3  | 31/22       |        |           |      |              |              |
|   |             | 1/1/23 -  | 12/3  | 31/25       |        |           |      |              |              |
| Water System Facility: WELL 5 (WSF ID: 1471)          |             |           |       |             |        |           |      |              |              |
| E. Coli (3014)  |             |           |       |             |        | :         | 1 rc | outine (RT)  | per month    |
| Sampling Point (Sampling Point ID)                    |             | Monitori  | ing F | Period (    | Collec | tion Per  |      |              | ance Status  |
| WELL 5 (2)  |             | 10/1/19 - | 10/   | 31/19       |        |           |      | Co           | mplete       |
|   |             | 11/1/19 - | 11/   | 30/19       |        |           |      | Co           | mplete       |
|   |             | 12/1/19 - | 12/   | 31/19       |        |           |      | Co           | mplete       |
|   |             | 1/1/20 -  | 1/3   | 1/20        |        |           |      | Co           | mplete       |
|   |             | 2/1/20 -  | 2/2   | 9/20        |        |           |      | Co           | 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        |        |           |      |              |              |
| Water System Facility: WELL 8 (WSF ID: 1472)          |             |           |       |             |        |           |      |              |              |
| E. Coli (3014)  |             |           |       |             |        | :         | 1 rc | outine (RT)  | per month    |
| Sampling Point (Sampling Point ID)                    |             | Monitori  | ing F | Period (    | Collec | tion Pe   |      |              | ance Status  |
| WELL 8 (2)  |             | 10/1/19 - | 10/   | 31/19       |        |           |      | Co           | mplete       |
|   |             | 11/1/19 - | 11/   | 30/19       |        |           |      | Co           | mplete       |
|   |             | 12/1/19 - | 12/   | 31/19       |        |           |      | Co           | mplete       |
|   |             | 1/1/20 -  | 1/3   | 1/20        |        |           |      | Co           | mplete       |
|   |             | 0 /4 /00  | 2/2   | 0 /00       |        | -         |      |              |              |

2/1/20 - 2/29/20

Schedule Generation Date: 3/10/2020

Complete

|               | Connecticut Departmen             | t of Public H | lealth    | D     | rinking     | Water S       | Sect    | ion     |              |
|---------------|-----------------------------------|---------------|-----------|-------|-------------|---------------|---------|---------|--------------|
|               | Water Quality Mo                  | nitoring an   | d Con     | npl   | liance S    | chedule       | 9       |         |              |
| PWS ID        | PWS Name                          |               |           | Cla   | ssification | Population C  | Owner ' | Type Pr | imary Source |
| CT1340032     | JOHNSON MEMORIAL HOSPITAL, INC    |               |           |       | С           | 250           | Р       |         | GW           |
| Local Address | (where applicable)                | Service       | Residen   | itial | Commercia   | l Industrial  | Cor     | mbined  | Agricultura  |
| 201 CHESTNU   | T HILL ROAD                       | Connections   | 8         |       |             |               |         |         |              |
| Towns Served: | : STAFFORD                        |               |           |       |             |               |         |         |              |
|               | Mo                                | nitoring Requ | ıireme    | nts   | ;           |               |         |         |              |
| Water Syster  | m Facility: WELL 8 (WSF ID: 1472) |               |           |       |             |               |         |         |              |
| E. Coli (301  | 4)                                |               |           |       |             | 1             | routir  | ne (RT) | per month    |
| Sampling      | g Point (Sampling Point ID)       |               | Monitor   | ing F | Period Co   | llection Peri | od      | Compli  | ance Status  |
| 1             |                                   |               | 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        |               |         |         |              |
| Water Syster  | m Facility: WELL 7 (WSF ID: 1473) |               |           |       |             |               |         |         |              |
| E. Coli (301  | 4)                                |               |           |       |             | 1             | routir  | ne (RT) | per month    |
| Sampling      | g Point (Sampling Point ID)       |               | Monitor   | ing F | Period Co   | llection Peri | od      | Compli  | ance Status  |
| WELL 7 (2)    |                                   |               | 10/1/19 - | - 10/ | 31/19       |               |         | Со      | mplete       |
|               |                                   |               | 11/1/19 - | - 11/ | 30/19       |               |         | Со      | mplete       |
|               |                                   |               | 12/1/19 - | - 12/ | 31/19       |               |         | Со      | mplete       |
|               |                                   |               | 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 -  |       |             |               |         |         |              |
|               |                                   |               | 9/1/20 -  |       |             |               |         |         |              |
| Water Syster  | m Facility: WELL 6 (WSF ID: 1474) |               |           |       |             |               |         |         |              |
| E. Coli (301  | 4)                                |               |           |       |             | 1             | routir  | ne (RT) | per month    |
| Sampling      | g Point (Sampling Point ID)       |               | Monitor   | ing F | Period Co   | llection Peri | od      | Compli  | ance Status  |
| WELL 6 (2     | 2)                                |               | 10/1/19 - | - 10/ | 31/19       |               |         | Со      | mplete       |
|               |                                   | :             | 11/1/19 - | - 11/ | 30/19       |               |         | Со      | mplete       |
|               |                                   | <u> </u>      | 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 -  |       |             |               |         |         |              |
|               |                                   |               | 0/1/20    |       |             |               |         |         |              |

9/1/20 - 9/30/20

|                       | Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule |         |         |       |                       |             |            |                |  |  |  |
|-----------------------|---|---------|---------|-------|-----------------------|-------------|------------|----------------|--|--|--|
|                       |   |         |         |       |                       |             |            |                |  |  |  |
| PWS ID PWS Name       |   |         |         | Clas  | Classification Popula |             | Owner Type | Primary Source |  |  |  |
| CT1340032             | JOHNSON MEMORIAL HOSPITAL, INC  |         |         |       | С                     | 250         | Р          | GW             |  |  |  |
| Local Address (w      | here applicable)  | Service | Residen | itial | Commerci              | al Industri | al Combine | d Agricultural |  |  |  |
| 201 CHESTNUT H        | Connections   | 8       |         |       |                       |             |            |                |  |  |  |
| owns Served: STAFFORD |   |         |         |       |                       |             |            |                |  |  |  |

| IVIO                        | ntnly water system Facility (WSF) Le            | vei ivionitori         | ng kequireme      | nts                  |
|-----------------------------|---|------------------------|-------------------|----------------------|
| Water System Facility:      | ENTRY POINT (WSFID: 00700)                      |                        |                   |                      |
| Analyte                     | Monitoring Requirement (Summary Type)           | <b>Operating Limit</b> |                   | Samples Req/Month    |
| Chlorine                    | Entry Point Chlorine Residual Monitoring (CHLR) | Minimum: 0.2 I         | MG/L              | Daily                |
| <b>Start Date:</b> 7/1/2003 | Complianc                                       | <b>Operating Limit</b> | Monitoring        |                      |
|                             | Monitoring                                      | g 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              |                   |                      |

| Other Com                                | pliance Schedules |               |
|--|-------------------|---------------|
| Compliance Schedule Activity             | Due Date          | Achieved Date |
| CROSS CONNECTION SURVEY REPORT           | 3/1/2019          |               |
| DISTRIBUTION SYSTEM MATERIALS EVALUATION | 8/31/2019         |               |
| ADDRESS CONTAMINATION                    | 12/5/2019         |               |
| CROSS CONNECTION SURVEY REPORT           | 3/1/2020          |               |
| SUBMIT CCR TO THE DEPARTMENT             | 7/1/2020          |               |
| SUBMIT CCR CERTIFICATION FORM            | 8/9/2020          |               |

|                                | Water System Facility and Sampling Point Inventory |                      |                            |          |                           |   |          |     |                 |  |  |
|--------------------------------|--|----------------------|----------------------------|----------|---------------------------|---|----------|-----|-----------------|--|--|
| Water<br>System<br>Facility ID | Water System Facility                              | Sampling Point<br>ID | Sampling Point Description | Status   | Total<br>Coliform<br>Rule |   | Asbestos | WQP | Stage<br>2 DBPR |  |  |
| 00500                          | RAW ENTRY POINT                                    | 2                    | RAW ENTRY POINT            | Α        |                           |   |          |     |                 |  |  |
| 00600                          | DISTRIBUTION SYSTEM                                | 4                    | DISTRIBUTION SYSTEM        | Α        | Υ                         |   |          |     |                 |  |  |
|                                |  | DOWNSTREAM           | WITHIN 5 SERVICE CON       | Α        |                           |   |          |     |                 |  |  |
|                                |  | JMH01                | 1ST FLOOR KITCHEN OB       | Α        |                           | 2 |          |     | Υ               |  |  |
|                                |  | JMH02                | 2 ND FLOOR PANTRY          | Α        |                           | 3 |          |     |                 |  |  |
|                                |  | JMH03                | 3 RD FLOOR PANTRY          | Р        |                           | 3 |          |     |                 |  |  |
|                                |  | JMH04                | PUMP HOUSE                 | Р        | Υ                         |   |          |     |                 |  |  |
|                                |  | JMH09                | GND FLOOR MAIN KIT         | Р        | Υ                         | 3 |          |     |                 |  |  |
|                                |  | JMH10                | BOILER ROOM                | Р        |                           |   |          |     |                 |  |  |
|                                |  | UPSTREAM             | WITHIN 5 SERVICE CON       | Α        |                           |   |          |     |                 |  |  |
| 00700                          | ENTRY POINT  | 3                    | ENTRY POINT                | Α        |                           |   |          |     |                 |  |  |
| 1471                           | WELL 5   | 2                    | WELL 5                     | Α        |                           |   |          |     |                 |  |  |
| 1472                           | WELL 8   | 2                    | WELL 8                     | Α        |                           |   |          |     |                 |  |  |
| 1473                           | WELL 7   | 2                    | WELL 7                     | Α        |                           |   |          |     |                 |  |  |
| 1474                           | WELL 6   | 2                    | WELL 6                     | Α        |                           |   |          |     |                 |  |  |
| 335                            | JMH TREATMENT PLANT                                | ·                    | ·                          | <u> </u> | <u> </u>                  | · | <u> </u> |     |                 |  |  |
| 53695                          | STORAGE TANK                                       |                      |                            |          |                           |   |          |     |                 |  |  |
| 60816                          | PUMP STATION                                       |                      |                            |          |                           |   |          |     |                 |  |  |

|                       | Wa                     | ter Qua      | lity Mon     | itoring a    | and Cor       | npli    | ance S    | Schedu     | lle    |           |                 |
|-----------------------|------------------------|--------------|--------------|--------------|---------------|---------|-----------|------------|--------|-----------|-----------------|
| PWS ID                | PWS Name               |              |              |              |               | Class   | ification | Populatio  | n Ov   | wner Type | Primary Source  |
| CT1340032             | JOHNSON MEM            | ORIAL HOSP   | ITAL, INC    |              |               |         | С         | 250        |        | Р         | GW              |
| Local Address (w      | here applicable)       |              |              | Service      | Resider       | ntial C | ommerci   | ial Indust | rial   | Combine   | ed Agricultural |
| 201 CHESTNUT H        | IILL ROAD              |              |              | Connectio    | ons 8         |         |           |            |        |           |                 |
| Towns Served: S       | TAFFORD                |              |              |              | "             |         |           | "          |        |           | 1               |
|                       |                        |              | Certifie     | d Operato    | or Inforn     | natio   | n         |            |        |           |                 |
| Water System          | Facility: <b>JMH 1</b> | REATMENT     | ΓPLANT (W    | SF ID: 335)  |               |         |           |            |        |           |                 |
| Facility Classifica   | ation: CLASS 1 TF      | REATMENT P   | LANT         |              |               |         |           |            |        |           | Certification   |
| <b>Operator Name</b>  |                        |              | Operator T   | уре          | Certification | on(s)   |           |            |        |           | Expiration      |
| LAFRAMBOISE, P        | AUL F.                 |              | CHIEF OPERA  | TOR          | DISTRIBUT     | ION SY  | STEM OP   | ERATOR - ( | CLAS   | SI        | 9/30/2021       |
|                       |                        |              |              |              | WATER TR      | EATME   | NT PLAN   | T OPERATO  | )R - ( | CLASS II  | 9/30/2021       |
|                       |                        |              | Co           | ontact Info  | ormation      | 1       |           |            |        |           |                 |
| Name                  |                        |              |              | Organization |               |         |           |            |        | Job Title | 2               |
| Johnson Memor         | ial Hospital, Inc      |              |              |              |               |         |           |            |        |           |                 |
| Mailing Address       | Line One               |              | Mailing Addr | ess Line Two |               |         |           | City       |        | State     | Zip Code        |
| <b>Emergency Cont</b> | act                    |              |              |              |               |         | Emerg     | ency Conta | ct     | СТ        | 06000           |
| Business Phon         | e Extension            | Fax          | Mo           | bile Phone   | Emergence     | y Phon  | e Email / | Address    |        |           |                 |
| 860-684-4251          |                        |              |              |              |               |         |           |            |        |           |                 |
| Contact Role(s):      | Owner                  |              |              |              |               |         |           |            |        |           |                 |
| Name                  |                        |              |              | Organization |               |         |           |            |        | Job Title | 2               |
| Mr. Stuart E Ros      | enberg                 |              |              | Johnson Men  | norial Hospi  | tal Inc |           | Presider   | t/Ce   | 90        |                 |
| Mailing Address       | Line One               |              | Mailing Addr | ess Line Two |               |         |           | City       |        | State     | Zip Code        |
| 201 Chestnut Hil      | l Rd                   |              |              |              |               |         | Staffor   | d Springs  |        | СТ        | 06076           |
| Business Phon         | e Extension            | Fax          | Mo           | obile Phone  | Emergenc      | y Phon  | e Email A | Address    |        |           |                 |
| 860-684-4251          | 8102                   |              |              |              |               |         |           |            |        |           |                 |
| Contact Role(s):      | Administrative         | Contact, Leg | al Contact   |              |               |         |           |            |        |           |                 |

Connecticut Department of Public Health Drinking Water Section

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   | lealth    | D     | rinkin      | g Wate     | er S  | Section     |          |            |
|---------------------|--|---------------|-----------|-------|-------------|------------|-------|-------------|----------|------------|
|                     | Water Quality Mo                       | nitoring an   | d Con     | npl   | liance      | Sched      | ule   |             |          |            |
| PWS ID              | PWS Name                               |               |           | _     | ssification | 1          |       | wner Type   | Prim     | ary Source |
| CT1341303           | STAFFORD HOLLOW WATER ASSOCIATION      | ON            |           |       | С           | 429        |       | Р           |          | GW         |
| Local Address       | (where applicable)                     | Service       | Residen   | itial | Commerc     | ial Indus  | trial | Combine     | ed A     | gricultura |
|                     |  | Connections   | 9         |       | 4           | 1          |       |             |          |            |
| Towns Served        | : STAFFORD                             | -             |           |       |             |            |       |             |          |            |
|                     | Mo                                     | nitoring Requ | uireme    | nts   | ;           |            |       |             |          |            |
| Water Syste         | m Facility: DISTRIBUTION SYSTEM (W     | SF ID: 00600) |           |       |             |            |       |             |          |            |
| Asbestos (1         | 1094)                                  |               |           |       |             | 1          | rout  | tine (RT) p | er ni    | ine years  |
| Sampling            | g Point (Sampling Point ID)            |               | Monitori  | ing F | Period (    | Collection | Perio | d Com       | plian    | ce Status  |
| Select fro          | om Inventory of Active Sampling Points |               | 1/1/18 -  | 12/3  | 31/26       |            |       |             |          |            |
| <b>Total Colifo</b> | rm (3100)                              |               |           |       |             |            | 1 r   | outine (R1  | ) pe     | r quarter  |
| Sampling            | g Point (Sampling Point ID)            |               | Monitori  | ing F | Period (    | Collection | Perio | d Com       | plian    | ce Status  |
| Select fro          | om Inventory of Active Sampling Points |               | 7/1/19 -  | 9/3   | 0/19        |            |       |             | Comp     | lete       |
|                     |  |               | 10/1/19 - | - 12/ | 31/19       |            |       |             | Comp     | lete       |
|                     |  |               | 1/1/20 -  | - 3/3 | 1/20        |            |       |             | Comp     | olete      |
|                     |  |               | 4/1/20 -  | - 6/3 | 0/20        |            |       |             |          |            |
|                     |  |               | 7/1/20 -  | 9/3   | 0/20        |            |       |             |          |            |
| Lead And Co         | opper (PBCU)                           |               |           |       |             | 5 ı        | outi  | ne (RT) pe  | r thr    | ee years   |
| Sampling            | g Point (Sampling Point ID)            |               | Monitori  | ing F | Period (    | Collection | Perio | d Com       | plian    | ce Status  |
| Select fro          | om Inventory of Active Sampling Points |               | 1/1/17 -  | 12/3  | 31/19       | 6/1-9/     | 30    | ı           | Comp     | lete       |
|                     |  |               | 1/1/20 -  | 12/3  | 31/22       | 6/1-9/     | 30    |             |          |            |
|                     |  |               | 1/1/23 -  | 12/3  | 31/25       | 6/1-9/     | 30    |             |          |            |
| Physical Par        | rameters (PPS)                         |               |           |       |             |            | 1 r   | outine (R1  | r) pe    | r quarter  |
| Sampling            | g Point (Sampling Point ID)            |               | Monitori  | ing F | Period (    | Collection | Perio | d Com       | plian    | ce Status  |
| Select fro          | om Inventory of Active Sampling Points |               | 7/1/19 -  | 9/3   | 0/19        |            |       |             | Comp     | lete       |
|                     |  |               | 10/1/19 - | - 12/ | 31/19       |            |       |             | Comp     | lete       |
|                     |  |               | 1/1/20 -  | - 3/3 | 1/20        |            |       |             | Comp     | olete      |
|                     |  |               | 4/1/20 -  | - 6/3 | 0/20        |            |       |             |          |            |
|                     |  |               | 7/1/20 -  | 9/3   | 0/20        |            |       |             |          |            |
| Water Syste         | m Facility: ENTRY POINT (WSF ID: 007   | <b>'00</b> )  |           |       |             |            |       |             |          |            |
| Net Gross A         | lpha (4000)                            |               |           |       |             | 1 1        | outi  | ne (RT) pe  | er thr   | ee years   |
| Sampling            | g Point (Sampling Point ID)            |               | Monitori  | ing F | Period (    | Collection |       |             |          | ce Status  |
| ENTRY P             | OINT (3)                               |               | 1/1/17 -  | 12/3  | 31/19       |            |       |             | Comp     | lete       |
|                     |  |               | 1/1/20 -  | 12/3  | 31/22       |            |       |             |          |            |
|                     |  |               | 1/1/23 -  | 12/3  | 31/25       |            |       |             |          |            |
| Uranium (4          | 1006)                                  |               |           |       |             | 1 1        | outi  | ne (RT) pe  | er thr   | ee years   |
| _                   | g Point (Sampling Point ID)            |               | Monitori  | ing F | Period (    | Collection |       |             |          | ce Status  |
| ENTRY P             | OINT (3)                               |               | 1/1/17 -  |       |             |            |       |             | Comp     |            |
|                     |  |               | 1/1/20 -  |       | -           |            |       |             | <u> </u> |            |
|                     |  |               | 1/1/23 -  | 12/3  | 31/25       |            |       |             |          |            |
| Combined F          | Radium-226/228 (4010)                  |               |           |       |             | 1 1        | outi  | ne (RT) pe  | er thr   | ee years   |
|                     | g Point (Sampling Point ID)            |               | Monitori  | ing F | Period (    | Collection |       |             |          | ce Status  |
| ENTRY P             |  |               | 1/1/17 -  |       |             |            |       |             | Comp     | olete      |
|                     |  |               | 1/1/20 -  | 12/3  | 31/22       |            |       |             |          |            |
|                     |  |               | 1/1/23 -  |       |             |            |       |             |          |            |
| Inorganic Cl        | hemicals (IOCS)                        |               |           | -     |             | 1 1        | outi  | ne (RT) pe  | er thr   | ree years  |
| 6 "                 | 0 1 1 (6 11 0 1 1 10)                  |               |           |       |             |            |       | , ,         |          |            |

**Monitoring Period** 

**Collection Period** 

Schedule Generation Date: 3/10/2020

Sampling Point (Sampling Point ID)

**Compliance Status** 

|                 | Conne                   | ecticut Department of            |                                       |            |       |            | _    |             |       | tion     |                |
|-----------------|-------------------------|----------------------------------|---------------------------------------|------------|-------|------------|------|-------------|-------|----------|----------------|
|                 |                         | Water Quality Monito             | oring and                             | d Com      |       |            |      |             |       |          |                |
| PWS ID          | PWS Nam                 | e                                |                                       |            | Clas  | sification | Pc   | -           | Owne  | r Type F | Primary Source |
| CT1341303       |                         | D HOLLOW WATER ASSOCIATION       |                                       |            |       | С          |      | 429         | F     |          | GW             |
| Local Address ( | where appli             |                                  | Service                               | Residen    | tial  | Commerc    | cial | Industria   | I Co  | ombined  | l Agricultural |
|                 |                         |                                  | Connections                           | 9          |       | 4          |      | 1           |       |          |                |
| Towns Served:   | STAFFORD                |                                  |                                       |            |       |            |      |             |       |          |                |
|                 |                         | Monito                           | ring Requ                             | iireme     | nts   |            |      |             |       |          |                |
| Water System    | Facility:               | ENTRY POINT (WSF ID: 00700)      |                                       |            |       |            |      |             |       |          |                |
| Inorganic Che   | emicals (I              | OCS)                             |                                       |            |       |            |      | 1 rout      | ine ( | RT) per  | three years    |
| Sampling        | Point (Sam <sub>i</sub> | pling Point ID)                  |                                       | Monitori   | ng P  | eriod      | Coll | ection Peri | od    | Compl    | iance Status   |
| ENTRY PO        | INT (3)                 |                                  |                                       | 1/1/18 -   | 12/3  | 1/20       |      |             |       | Co       | omplete        |
|                 |                         |                                  |                                       | 1/1/21 -   | 12/3  | 1/23       |      |             |       |          |                |
| Nitrate And N   | Nitrite (NO             | OX)                              |                                       |            |       |            |      |             | 1 ro  | utine (  | RT) per year   |
| Sampling        | Point (Sam <sub>l</sub> | pling Point ID)                  |                                       | Monitori   | ng P  | eriod      | Coll | ection Peri | od    | Compl    | iance Status   |
| ENTRY PO        | INT (3)                 |                                  |                                       | 1/1/19 -   | 12/3  | 1/19       |      |             |       | Co       | omplete        |
|                 |                         |                                  |                                       | 1/1/20 -   | 12/3  | 1/20       |      |             |       |          |                |
|                 |                         |                                  |                                       | 1/1/21 -   | 12/3  | 1/21       |      |             |       |          |                |
| Pesticides, Ho  | erbicides a             | and PCBs-Phase II (SOC2)         |                                       |            |       |            |      | 1 rout      | ine ( | RT) per  | three years    |
| Sampling        | Point (Sam <sub>l</sub> | pling Point ID)                  |                                       | Monitori   | ng P  | eriod      | Coll | ection Peri | od    | Compl    | iance Status   |
| ENTRY PO        | INT (3)                 |                                  |                                       | 1/1/17 -   |       | -          |      |             |       | Co       | omplete        |
|                 |                         |                                  |                                       | 1/1/20 -   | 12/3  | 1/22       |      |             |       |          |                |
|                 |                         |                                  |                                       | 1/1/23 -   | 12/3  | 1/25       |      |             |       |          |                |
| -               |                         | and PCBs-Phase V (SOC5)          |                                       |            |       |            |      |             | -     |          | three years    |
|                 |                         | pling Point ID)                  |                                       | Monitori   |       |            | Coll | ection Peri | od    |          | iance Status   |
| ENTRY PO        | INT (3)                 |                                  |                                       | 1/1/17 -   |       | -          |      |             |       | C        | omplete        |
|                 |                         |                                  |                                       | 1/1/20 -   |       |            |      |             |       |          |                |
|                 |                         |                                  |                                       | 1/1/23 -   | 12/3  | 1/25       |      |             |       |          |                |
| Organic Chen    | -                       | •                                |                                       |            |       |            |      |             |       | _        | RT) per year   |
|                 |                         | pling Point ID)                  |                                       | Monitori   |       |            | Coll | ection Peri | od    |          | iance Status   |
| ENTRY PO        | INT (3)                 |                                  |                                       | 1/1/19 -   |       |            |      |             |       |          | omplete        |
|                 |                         |                                  |                                       | 1/1/20 -   |       | -          |      |             |       | Co       | omplete        |
|                 |                         |                                  |                                       | 1/1/21 -   |       |            |      |             |       |          |                |
|                 | Mor                     | nthly Water System Facili        | ty (WSF) I                            | Level N    | /lon  | nitoring   | g R  | equiren     | nent  | ts       |                |
| Water System    | Facility:               | STAFFORD HOLLOW TREATMEN         | T PLANT (W                            | SFID: 48   | 2)    |            |      |             |       |          |                |
| Analyte         |                         | Monitoring Requirement (Summa    | ry Type)                              | Ope        | ratin | g Limit    |      |             | Sa    | mples F  | eq/Month       |
| рН              |                         | Entry Point pH Monitoring (PHRD) |                                       | Mini       | mun   | n: 6.8 PH  |      |             |       |          | 4              |
| Start Date:     | 9/1/2007                |                                  | Complia                               | nce Histo  | ory:  | 0          | per  | ating Limit |       | Monito   | ring           |
|                 |                         |                                  | Monitor                               | ing Perio  | d     | C          | omp  | oliance Sta | tus:  | Compli   | ance Status:   |
|                 |                         |                                  | 10/1/20                               | 19 - 10/3  | 1/20  | 19         |      |             |       |          |                |
|                 |                         |                                  |                                       | 19 - 11/30 |       |            |      |             |       |          |                |
|                 |                         |                                  |                                       | 19 - 12/3  | -     |            |      |             |       |          |                |
|                 |                         |                                  |                                       | 0 - 1/31/2 |       |            |      |             |       |          |                |
|                 |                         |                                  | 2/1/202                               | 0 - 2/29/2 | 2020  |            |      |             |       |          |                |
|                 |                         | Other Co                         | mpliance                              | Sched      | lule  | es .       |      |             |       |          |                |
| Compliance Sch  | hedule Activ            | vity                             |                                       |            | Due I | Date       |      | Achiev      | ed Do | ite      |                |
| DISTRIBUTION S  | SYSTEM MA               | ATERIALS EVALUATION              |                                       | 8          | /31/  | 2019       |      |             |       |          |                |
| CROSS CONNEC    | CTION SURV              | YEY REPORT                       |                                       | 3          | 3/1/2 | 2020       |      |             |       |          |                |
|                 | ·                       |                                  | · · · · · · · · · · · · · · · · · · · |            |       |            |      | ·           |       |          |                |

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

| PWS ID           | PWS Name                          |             |         | Classi  | ification | Population  | Owner Type | Primary Source  |
|------------------|-----------------------------------|-------------|---------|---------|-----------|-------------|------------|-----------------|
| CT1341303        | STAFFORD HOLLOW WATER ASSOCIATION |             |         |         | С         | 429         | Р          | GW              |
| Local Address (v | where applicable)                 | Service     | Residen | ntial C | Commercia | al Industri | al Combine | ed Agricultural |
|                  |                                   | Connections | 9       |         | 4         | 1           |            |                 |

Towns Served: STAFFORD

| Other                         | Compliance Schedules |               |  |
|-------------------------------|----------------------|---------------|--|
| Compliance Schedule Activity  | Due Date             | Achieved Date |  |
| SUBMIT CCR TO THE DEPARTMENT  | 6/30/2020            |               |  |
| SUBMIT CCR CERTIFICATION FORM | 8/9/2020             |               |  |

| Water      |                                    |                |                      |        | Total    | Lead and  |   |       |       |
|------------|------------------------------------|----------------|----------------------|--------|----------|-----------|---|-------|-------|
| System     | Water System Facility              | Sampling Point | Sampling Point       |        | Coliform | Copper    |   |       | Stage |
| acility IE | )                                  | ID             | Description          | Status | Rule     | Rule Tier | Asbestos                                      | WQP 2 | DBP   |
| 00600      | DISTRIBUTION SYSTEM                | 4              | GENERIC DISTRIBUTION | Α      | Υ        |           |   |       |       |
|            |                                    | DOWNSTREAM     | WITHIN 5 SERVICE CON | Α      |          |           | Asbestos  Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |       |       |
|            |                                    | SHWA001        | MILLPOND RAW         | Α      | Υ        | N         | Υ   |       |       |
|            |                                    | SHWA002        | MILLPOND KIT SINK    | Α      | Υ        | N         | Υ   |       |       |
|            |                                    | SHWA003        | MILLPOND BATHROOM    | Α      | Υ        | N         | Υ   |       |       |
|            |                                    | SHWA004        | POST OFFICE 216 EAST | Α      | Υ        | N         | Υ   |       |       |
|            |                                    | SHWA005        | HAIRDRESSER 216 EAST | Α      | Υ        | N         | Υ   |       |       |
|            |                                    | SHWA006        | TYCO                 | Α      | Υ        | N         | Υ   |       |       |
|            |                                    | SHWA007        | TOWN BUILDING        | Α      | Υ        | N         | Υ   |       |       |
|            |                                    | SHWA008        | TOWN GARAGE          | Α      | Υ        | N         | Υ   |       |       |
|            |                                    | SHWA009        | 163 ORCUTTVILLE      | Α      | Υ        | N         |   |       |       |
|            |                                    | SHWA010        | 277 ORCUTTVILLE      | Α      | Υ        | N         | Υ   |       |       |
|            |                                    | SHWA011        | 265 ORCUTTVILLE      | Α      | Υ        | N         | Υ   |       |       |
|            |                                    | SHWA012        | 266 ORCUTTVILLE      | Α      | Υ        | N         | Υ   |       |       |
|            |                                    | SHWA013        | 268 ORCUTTVILLE      | Α      | Υ        | N         | Υ   |       |       |
|            |                                    | SHWA014        | 267 ORCUTTVILLE      | Α      | Υ        | N         | Υ   |       |       |
|            |                                    | SHWA015        | 212 ORCUTTVILLE      | Α      | Υ        | N         | Υ   |       |       |
|            |                                    | SHWA016        | 262 ORCUTTVILLE      | Α      | Υ        | N         | Υ   |       |       |
|            |                                    | SHWA017        | 263 ORCUTTVILLE      | Α      | Υ        | N         | Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y         |       |       |
|            |                                    | UPSTREAM       | WITHIN 5 SERVICE CON | Α      |          |           |   |       |       |
| 00700      | ENTRY POINT                        | 3              | ENTRY POINT          | Α      |          |           |   |       |       |
| 45234      | PRESSURE STORAGE                   |                |                      |        |          |           |   |       |       |
| 482        | STAFFORD HOLLOW<br>TREATMENT PLANT |                |                      |        |          |           |   |       |       |
| 50787      | WELL 2                             | 2              | WELL 1A              | Α      |          |           |   |       |       |
| 50789      | BLADDER TANKS                      |                |                      |        |          |           |   |       |       |
| 50791      | BACKWASH STORAGE                   |                |                      |        |          |           |   |       |       |
| 50793      | CONTACT TANK                       |                |                      |        |          |           |   |       |       |

### **Certified Operator Information**

Water System Facility: STAFFORD HOLLOW TREATMENT PLANT (WSF ID: 482)

| •   |                | •   |                   |
|---|----------------|---|-------------------|
| Facility Classification: CLASS 2 TREATMEN | IT PLANT       |   | Certification     |
| Operator Name                             | Operator Type  | Certification(s)                          | <b>Expiration</b> |
| NIGRO, JR., VICTOR N.                     | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2021         |

|                     | Wa                     | ter Qua    | lity Mo    | onito    | ring a     | nd Con        | nplia    | ince So   | chedule      |           |                |
|---------------------|------------------------|------------|------------|----------|------------|---------------|----------|-----------|--------------|-----------|----------------|
| PWS ID              | PWS Name               |            |            |          |            |               | _        |           |              |           | Primary Source |
| CT1341303           | STAFFORD HOLL          | OW WATER   | ASSOCIAT   | ION      |            |               |          | С         | 429          | Р         | GW             |
| Local Address (w    | here applicable)       |            |            | 9        | Service    | Resider       | ntial Co | ommercial | Industrial   | Combine   | d Agricultural |
|                     |                        |            |            | (        | Connection | ns 9          |          | 4         | 1            |           |                |
| Towns Served: S     | TAFFORD                |            |            |          |            | "             |          |           |              |           |                |
|                     |                        |            | Certif     | fied C   | perato     | r Inforn      | natio    | n         |              |           |                |
| Water System        | Facility: <b>STAFF</b> | ORD HOLL   | OW TREA    | TMENT    | ΓPLANT (   | WSF ID: 4     | 182)     |           |              |           |                |
| Facility Classifice | ation: CLASS 2 TF      | REATMENT P | LANT       |          |            |               |          |           |              |           | Certification  |
| Operator Name       |                        |            | Operato    | or Type  |            | Certification | on(s)    |           |              |           | Expiration     |
|                     |                        |            |            |          |            | DISTRIBUT     | ION SYS  | STEM OPER | RATOR - CLAS | SS III    | 6/30/2020      |
| NIGRO, SCOTT A      |                        |            | ASSIGNED   | OPERA    | TOR        | DISTRIBUT     | ION SYS  | STEM OPER | RATOR - CLAS | SS I      | 6/30/2022      |
|                     |                        |            |            |          |            | WATER TR      | EATME    | NT PLANT  | OPERATOR -   | CLASS II  | 6/30/2020      |
|                     |                        |            |            | Conta    | act Info   | rmatior       | 1        |           |              |           |                |
| Name                |                        |            |            | Org      | anization  |               |          |           |              | Job Title |                |
| Mr. Todd B. Sch     | ull                    |            |            | Ttm      | Printed Ci | rcuit Group   | o, Inc   |           | Cfo          |           |                |
| Mailing Address     | Line One               |            | Mailing Ad | ddress L | ine Two    |               |          |           | City         | State     | Zip Code       |
| 1665 Scenic Ave     | nue                    |            | Suite 250  |          |            |               |          | Costa Mo  | esa          | CA        | 92626          |
| Business Phon       | e Extension            | Fax        |            | Mobile   | Phone      | Emergency     | y Phone  | Email Ad  | ldress       |           |                |
| 714-327-3000        | )                      |            |            |          |            |               |          |           |              |           |                |
| Contact Role(s):    | Legal Contact, (       | Owner      |            |          |            |               |          |           |              |           |                |
| Name                |                        |            |            | Org      | anization  |               |          |           |              | Job Title |                |
| Mr. Brian Santo     | s                      |            |            | Ttm      | Technolog  | gies          |          |           | Eh&S Mana    | ger       |                |
| Mailing Address     | Line One               |            | Mailing Ad | ddress L | ine Two    |               |          |           | City         | State     | Zip Code       |
| 4 Old Monson Ro     | oad                    |            |            |          |            |               |          | Stafford  |              | СТ        | 06076          |
| Business Phon       | e Extension            | Fax        |            | Mobile   | Phone      | Emergency     | y Phone  | Email Ad  | dress        |           |                |
| 860-315-0911        |                        | 860-684-0  | 0714       |          |            | 413-813       | -9707    | brian.sar | ntos@ttmted  | ch.com    |                |
| Contact Role(s):    | Administrative         | Contact    |            |          |            |               |          |           |              |           |                |
|                     |                        |            |            |          |            |               |          |           |              |           |                |

Connecticut Department of Public Health Drinking Water Section

#### 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