	Motor Onaliter M	anitaring and Campli	anco Cabadula	
PWS ID	PWS Name	onitoring and Complia		ner Type Primary Sourc
CT1470011	CTWC - SDC WATER	Classi	C 216	P GW
	where applicable)	Service Residential C		Combined Agricultura
ocal Address (where applicable)	Connections 54	offinicidal madstral	combined Agricultura
Γowns Served:	VOLUNTOWN	34		
owns serveu.		onitoring Requirements		
Nater System	n Facility: DISTRIBUTION SYSTEM (<u> </u>		
Chlorine Resi	idual (1012)		1 roi	utine (RT) per month
Sampling	Point (Sampling Point ID)	Monitoring Per	riod Collection Period	Compliance Status
Select from	m Inventory of Active Sampling Points	10/1/19 - 10/31	L/19	Complete
		11/1/19 - 11/30)/19	Complete
		12/1/19 - 12/31	l/19	Complete
		1/1/20 - 1/31/	['] 20	Complete
		2/1/20 - 2/29/	′20	Complete
		3/1/20 - 3/31/	′20	
		4/1/20 - 4/30/	′20	
		5/1/20 - 5/31/	′20	
		6/1/20 - 6/30/	′20	
		7/1/20 - 7/31/	′20	
		8/1/20 - 8/31/	′20	
		9/1/20 - 9/30/	′20	
Asbestos (10	•			e (RT) per nine years
	Point (Sampling Point ID)	Monitoring Per		Compliance Status
	m Inventory of Active Sampling Points	1/1/13 - 12/31		Complete
Total Colifori				utine (RT) per month
	Point (Sampling Point ID)	Monitoring Per		Compliance Status
Select from	m Inventory of Active Sampling Points	10/1/19 - 10/31		Complete
		11/1/19 - 11/30		Complete
		12/1/19 - 12/31		Complete
		1/1/20 - 1/31/		Complete
		2/1/20 - 2/29/		Complete
		3/1/20 - 3/31/ 4/1/20 - 4/30/		
		5/1/20 - 5/31/		
		6/1/20 - 6/30/		
		7/1/20 - 7/31/		
		8/1/20 - 8/31/		
		9/1/20 - 9/30/		
Disinfectant	Byproducts - TTHM & HAA5 (DBP)	3, 1, 23 3, 30,		routine (RT) per year
	Point (Sampling Point ID)	Monitoring Per		Compliance Status
	ALLEY DR (1550)	1/1/19 - 12/31		Complete
	(,	1/1/20 - 12/31,		
		1/1/21 - 12/31		
Lead And Co	pper (PBCU)	, , , , , , , , , , , , , , , , , , , ,		routine (RT) per year
	Point (Sampling Point ID)	Monitoring Per		Compliance Status
				•
	m Inventory of Active Sampling Points	1/1/19 - 12/31,	/19 6/1-9/30	Complete

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

1/1/20 - 12/31/20

6/1-9/30

Connecticut Department of Pul	blic Health Drinki	ng Water Se	ction
Water Quality Monitorin			
PWS ID PWS Name	<u> </u>		er Type Primary Source
CT1470011 CTWC - SDC WATER	C	216	P GW
Local Address (where applicable) Servi			Combined Agricultural
	nections 54	0.0.0.	7.8
Towns Served: VOLUNTOWN			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	-		
Lead And Copper (PBCU)	,	5.1	routine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
our pring to the (company to the L)	1/1/21 - 12/31/21	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: ENTRY POINT (WSF ID: 00700)			
Net Gross Alpha (4000)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 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)			(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	4	(DT)
Inorganic Chemicals (IOCS)	Manifester Deutsch		(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/19 - 12/31/21		
Nitrata And Nitrita (NOV)	1/1/22 - 12/31/24		equations (DT)
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)	Monitoring Period	1 I Collection Period	routine (RT) per year Compliance Status
ENTRY POINT (3)	1/1/19 - 12/31/19	Conection Period	Complete
LIVINI FOIIVI (3)	1/1/13 - 12/31/19		complete

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Schedule Generation Date: 3/10/2020

Conne	ecticut Department of	Public F	lealth	Dı	rinkir	ıg V	Water	· Se	ction	
Gomie	Water Quality Monit					_			CCIOII	
PWS ID PWS Nam				_					ner Type	Primary Source
CT1470011 CTWC - SI	OC WATER				С		216		Р	GW
Local Address (where appli	icable)	Service	Residen	tial	Comme	rcial	Industri	al	Combine	d Agricultural
		Connections	54							
Towns Served: VOLUNTOV	VN		I							
	Monito	oring Requ	iireme	nts						
Water System Facility:	ENTRY POINT (WSF ID: 00700)									
Nitrate And Nitrite (NO	OX)							1 1	routine (RT) per year
Sampling Point (Sam	pling Point ID)		Monitori	ng P	eriod	Coll	ection Pe	riod	Comp	liance Status
			1/1/20 -	12/3	1/20				C	Complete
			1/1/21 -	12/3	31/21					
Pesticides, Herbicides a	and PCBs - Phase II & V (SOCS)						1 rou	utine	(RT) pe	r three years
Sampling Point (Sam	pling Point ID)		Monitori	ng P	eriod	Coll	ection Pe	riod	Comp	liance Status
ENTRY POINT (3)			1/1/17 -	12/3	1/19				C	Complete
			1/1/20 -	12/3	31/22					
			1/1/23 -	12/3	31/25					
Organic Chemicals (VO	CS)						1 rou	utine	(RT) pe	r three years
Sampling Point (Sam	pling Point ID)		Monitori	ng P	eriod	Coll	ection Pe	riod	Comp	liance Status
ENTRY POINT (3)			1/1/17 -	12/3	1/19				C	Complete
			1/1/20 -	12/3	31/22					
			1/1/23 -	12/3	1/25					
Mor	nthly Water System Facili	ity (WSF) I	Level N	/lor	nitorin	g R	equire	mei	nts	
Water System Facility: I	ENTRY POINT (WSFID: 00700)									
Analyte	Monitoring Requirement (Summa	ary Type)	Ope	ratir	ng Limit				Samples	Req/Month
рН	Entry Point pH Monitoring (PHRD))	Mini	mur	n: 7.0 PI	Н			D	aily
Start Date: 7/1/2003		Complia	nce Histo	ory:		Oper	ating Lim	it	Monit	oring
		Monitor	ing Perio	d			oliance St		Compl	iance Status:
		10/1/20	19 - 10/3	1/20	19					
		11/1/20	19 - 11/30	0/20	19					
		12/1/20	19 - 12/3:	1/20	19					
		1/1/202	0 - 1/31/2	2020	1					
		2/1/202	0 - 2/29/2	2020						
Water System Facility: 9	SDC PUMPHOUSE (WSFID: 370)									
Analyte	Monitoring Requirement (Summa	ary Type)	Ope	ratir	ng Limit				Samples	Req/Month
Chlorine	Entry Point RDC (EPRD)		Mini	mur	n: 0.40 I	MG/L			Cont	inuous
Start Date: 11/1/2012		Complia	nce Histo	ory:		Oper	ating Lim	it	Monit	oring
			ing Perio			Comp	oliance St	atus:	Compl	iance Status:
			19 - 10/3				Y			
			19 - 11/30				Υ			
			19 - 12/3:				Υ			
			0 - 1/31/2				Υ			
			0 - 2/29/2							
	Other Co	ompliance	Sched	lule	es					
Compliance Schedule Activ	vity		I	Due	Date		Achie	eved	Date	
SUBMIT LEAD CONSUMER	NOTICE CERTIFICATE		9	/28/	/2011					
	PROVAL OF OCCT				/2011					

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

Schedule Generation Date: 3/10/2020 Page 3

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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1470011	CTWC - SDC WATER				С	216	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
		Connections	54					

Towns Served: VOLUNTOWN

Other Compliance Schedules										
Compliance Schedule Activity	Due Date	Achieved Date								
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	9/28/2012									
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019									
CROSS CONNECTION SURVEY REPORT	3/1/2020									
SUBMIT CCR TO THE DEPARTMENT	6/30/2020									
SUBMIT CCR CERTIFICATION FORM	8/9/2020									

Public Notification Requirements											
	Compliance Notice <u>Public Notification</u> <u>PN Certification</u>										
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
pH M&R Violation	1/1/11 - 1/31/11	3	9/7/2013		9/17/2013						

ρπ ινιακ ν	TOTALIOTT	1/1/	11 - 1/31/11 3	9/1/20	112	3	7/1//2013		
	Wate	er System Facili	ity and Sampling P	oint Ir	ventor	у			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	1550	SPL STA VALLEY DR	Α	Υ				Υ
		1552	LAKESIDE TERRACE SDC	Α	Υ				
		1580	15 TANGLEWOOD	I					
		1581	22 TANGLEWOOD	Α	Υ	N			
		1582	30 TANGLEWOOD	Α	Υ	3			
		1583	45 TANGLEWOOD	Α		3			
		1584	39 VALLEY RD	Α		1			
		1585	23 VALLEY RD	Α		1			
		1586	35 VALLEY	Α	Υ	N			
		1587	68 VALLEY	Α	Υ				
		1588	54 VALLEY	Α	Υ				
		1589	46 VALLEY	Α	Υ	N			
		1590	38 VALLEY	Α	Υ	1			
		1591	17 VALLEY	Α	Υ				
		4	GENERIC DISTRIBUTION	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		SDC1592	50 TANGLEWOOD LN	Α	Υ	1			
		SDC1593	52 TANGLEWOOD LN	Α	Υ	1			
		SDC1594	11 VALLEY DR	Α	Υ	1			
		SDC1595	30 VALLEY DR	Α	Υ	1			
		SDC1596	31 VALLEY DR	Α	Υ	1			
		SDC1597	2 TANGLEWOOD LN	Α	Υ	3			
		SDC1598	6 TANGLEWOOD LN	Α	Υ	3			
		SDC1599	9 TANGLEWOOD LN	Α	Υ	3			
		SDC1600	11 TANGLEWOOD LN	Α	Υ	3			
		SDC1601	14 TANGLEWOOD LN	Α	Υ	3			
		SDC1602	19 TANGLEWOOD LN	Α	Υ	3			
						-			

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

Schedule Generation Date: 3/10/2020 Page 4

	Connecticut De	epartment of	Public	Health	Drinki	ing W	ater Se	ction	
	Water 0	uality Monit	oring a	nd Com	plianc	e Sch	edule		
PWS ID	PWS Name	,0101110						er Type P	rimary Source
CT147001					С		16	P	GW
	ress (where applicable)		Service	Resident				Combined	
			Connectio						- Greenen
Towns Ser	rved: VOLUNTOWN								
	Wate	r System Facili	ity and S	ampling	Point Ir	vento	ry		
Water						Total	Lead and		
System	Water System Facility	Sampling Point				Coliform	Copper		Stage
Facility ID)	ID	Description	1	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
		SDC1603	20 TANGLE	WOOD LN	Α	Υ	3		
		SDC1604	21 TANGLE	WOOD LN	Α	Υ	3		
		SDC1605	28 TANGLE	WOOD LN	Α	Υ	3		
		SDC1606	34 TANGLE	WOOD LN	Α	Υ	3		
		SDC1607	35 TANGLE	WOOD LN	Α	Υ	3		
		SDC1608	38 TANGLE	WOOD LN	Α	Υ	3		
		SDC1609	39 TANGLE	WOOD LN	Α	Υ	3		
		SDC1610	40 TANGLE	WOOD LN	Α	Υ	3		
		SDC1611	41 TANGLE	WOOD LN	Α	Υ	3		
		SDC1612	44 TANGLE	WOOD LN	Α	Υ	3		
		SDC1613	46 TANGLE	WOOD LN	Α	Υ	3		
		SDC1614	47 TANGLE		Α	Υ	3		
		SDC1615	27 VALLEY		Α	Y	N		
		UPSTREAM		SERVICE CON		•	.,		
00700	ENTRY POINT	3	ENTRY POI		A				
370	SDC PUMPHOUSE								
47761	COMBINED RAW WATER	9	COMBINED	RAW WATE	R A				
50126	ATMOSPHERIC TANK								
50128	BLADDER TANKS								
52086	PUMP STATION								
536	WELL #2	2	WELL #2		А				
537	WELL #1	2	WELL#1		A				
		Certified	Operato	r Informa	ation				
Water Sy	stem Facility: DISTRIBUTIO								
	assification: DISTRIBUTION SYS	-	•						Certification
Operator	•	Operator Type	e	Certification	n(s)				Expiration
KEARNEY,	THOMAS	CHIEF OPERATO)R	DISTRIBUTIO	ON SYSTEM	OPERAT	OR - CLASS I		12/31/2020
				WATER TREA	ATMENT P	LANT OPE	RATOR - CL	ASS II	3/31/2023
Water Sy	stem Facility: SDC PUMPHO	DUSE (WSF ID: 370	0)						
Facility Cl	assification: CLASS 1 TREATME	NT PLANT							Certification
Operator	Name	Operator Type	e	Certification	n(s)				Expiration
WILCOX, N	MELISSA	CHIEF OPERATO	DR	WATER TREA	ATMENT P	LANT OPE	RATOR - CL	ASS I	9/30/2022

WATER TREATMENT PLANT OPERATOR - CLASS II

3/31/2023

Schedule Generation Date: 3/10/2020 Page 5

	Connectic	ut Depa	rtment	of Public	He	alth	Drii	nking	Water	Section	1	
Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name						Classif	ication	Population	Owner Type	Pri	mary Source
CT1470011	CTWC - SDC WA				(2	216	Р		GW		
Local Address (where applicable)				Service	R	esident	ial Co	mmerci	al Industri	al Combir	ed	Agricultural
		Connectio	ns	54								
Towns Served: VOLUNTOWN												
Contact Information												
Name				Organization						Job Tit	le	
Mr. Craig J. Patla				Connecticut Water Company					Vp, Servic	e Delivery		
Mailing Address	ine One		Mailing Addr	ess Line Two	ess Line Two				State		Zip Code	
93 West Main Sti	eet							Clinton		СТ		06413
Business Phone	Extension	Fax	Mo	obile Phone	Eme	rgency	Phone	Email A	Address	,		
860-664-6140					80	0-391-1	1924	cpatla@	gctwater.co	m		
Contact Role(s):	Legal Contact		·					•				
Name				Organization						Job Tit	le	
Mr. David Connors				Connecticut Water Company			Director, Service De					
Mailing Address Line One Mailing Addr				ess Line Two	ss Line Two				City			Zip Code
93 West Main St								Clinton		СТ		06413

Contact Role(s): Administrative Contact

Extension

Please note the following:

Business Phone

860-664-6141

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

Mobile Phone

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.

Emergency Phone Email Address

dconnors@ctwater.com

860-227-4902

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 Departmen	it of Public Heal	th Drinkin	g Water S	Section				
	Water Quality Mo	onitoring and C	ompliance	Schedule					
PWS ID	PWS Name				Owner Type Prima	ry Sourc			
T1479021	VOLUNTOWN HOUSING AUTHORITY		С	42	L (GW			
ocal Address (v	where applicable)	Service Resi	dential Commerc	cial Industrial	Combined Ag	gricultur			
39 MAIN STRE	ET	Connections	4						
owns Served: \	VOLUNTOWN								
	Mo	onitoring Requirer	nents						
Vater System	Facility: DISTRIBUTION SYSTEM (V	WSF ID: 00600)							
Asbestos (10	94)			1 rou	tine (RT) per nin	ne year			
Sampling I	Point (Sampling Point ID)	Moni	itoring Period	Collection Perio	od Compliance	e Status			
Select from	n Inventory of Active Sampling Points	1/1/2	11 - 12/31/19		Comple	ete			
		1/1/2	20 - 12/31/28						
Total Coliforn	n (3100)			1	routine (RT) per	mont			
Sampling I	Point (Sampling Point ID)	Moni	itoring Period (Collection Perio	od Compliance	e Status			
Select from	n Inventory of Active Sampling Points		19 - 10/31/19		Comple	ete			
			19 - 11/30/19		Comple				
			19 - 12/31/19		Comple				
			20 - 1/31/20		Comple				
		2/1/	20 - 2/29/20		Comple	ete			
		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						
Lead And Cop	per (PBCU)				5 routine (RT) p	-			
Sampling I	Point (Sampling Point ID)	Moni	itoring Period (Collection Perio	od Compliance Statu				
Select from	n Inventory of Active Sampling Points	1/1/2	19 - 12/31/19	6/1-9/30	Comple	Complete			
		1/1/2	20 - 12/31/20	6/1-9/30					
		1/1/2	21 - 12/31/21	6/1-9/30					
Physical Para	meters (PPS)			1	routine (RT) per	r mont			
Sampling I	Point (Sampling Point ID)	Moni	itoring Period (Collection Perio	od Compliance	e Statu			
Select from	n Inventory of Active Sampling Points		19 - 10/31/19		Comple	ete			
		11/1/	19 - 11/30/19		Comple	ete			
		12/1/	19 - 12/31/19		Comple	ete			
		1/1/	20 - 1/31/20		Comple	ete			
		2/1/	20 - 2/29/20		Comple	ete			
		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						
		0/1/	20 - 8/31/20						
		8/1/	20 - 6/31/20						

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Monitoring Period

1 routine (RT) per three years

Compliance Status

Page 7

Collection Period

Schedule Generation Date: 3/10/2020

Inorganic Chemicals (IOCS)

Sampling Point (Sampling Point ID)

Connecticut Der	artment	of Public F	lealth	Drink	ing M	/ater	Se	ction	
A		itoring an							
	anty Mon	iitoi iiig aii	u Con					an Truna Du	:
PWS ID PWS Name CT1479021 VOLUNTOWN HOUSING A	LITUODITY				ion Pop	42	Own	I I I I I I I I I I I I I I I I I I I	imary Source
	UTHORITY	Service	Residen	C tial Camp	nercial	42 Industria	. I	Combined	Agricultural
Local Address (where applicable) 239 MAIN STREET		Connections	4	tiai Comin	ierciai	IIIuustiia	11 '	Combined	Agricultural
Towns Served: VOLUNTOWN			-						
	Mon	itoring Requ	ıireme	nts					
Water System Facility: ENTRY POINT				1163					
Inorganic Chemicals (IOCS)		· - ,				1 rou	tine	(RT) per t	hree years
Sampling Point (Sampling Point ID)			Monitori	ng Period	Collec	ction Per			ance Status
ENTRY POINT (3)				12/31/19					mplete
				12/31/22					•
				12/31/25					
Nitrate And Nitrite (NOX)							1 r	routine (R	T) per year
Sampling Point (Sampling Point ID)			Monitori	ng Period	Colle	ction Per	riod	Compli	ance Status
ENTRY POINT (3)			1/1/19 -	12/31/19				Cor	mplete
			1/1/20 -	12/31/20					
			1/1/21 -	12/31/21					
Radionuclides - Gross Alpha, Combine	d Radium & U	Jranium (RADA	=						nine years
Sampling Point (Sampling Point ID)				ng Period	Colle	ction Per	riod	Compli	ance Status
ENTRY POINT (3)			1/1/14 -	12/31/22					
Pesticides, Herbicides and PCBs - Phas	se II & V (SOC	=							hree years
Sampling Point (Sampling Point ID)				ng Period	Collec	ction Per	riod		ance Status
ENTRY POINT (3)				12/31/19				Cor	mplete
				12/31/22					
0			1/1/23 -	12/31/25				/ D:	-\
Organic Chemicals (VOCS)			Manitari	na Dovind	Calla	stion Don		=	T) per year
Sampling Point (Sampling Point ID)				ng Period	Collec	ction Per	ioa		ance Status
ENTRY POINT (3)				12/31/19 12/31/20				Cor	mplete
				12/31/20					
	041	. C l'							
	Other	Compliance				- 11		_	
Compliance Schedule Activity				Due Date		Achiev	ved L	Date	
DISTRIBUTION SYSTEM MATERIALS EVALUA	ATION			/31/2019					
SUBMIT CCR TO THE DEPARTMENT				/30/2020					
SUBMIT CCR CERTIFICATION FORM				8/9/2020					
CROSS CONNECTION EXEMPTION		1.0		3/1/2022					
	System Fac	cility and Sa	mpling	Point I					
Water System Water System Facility	Sampling Po	int Sampling Poi	int		Total Coliforn	Lead o n Copp			Ctaac
Facility ID	Jumping Pol ID	Description	***	Status	D. J.			Asbestos	Stage WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N	<u>Status</u> A					· · ·
2.555 2.525551512	B1-1B	APT 1 BATH		A	Υ	N			
	B1-1K	APT 1 KITCHE	.N	A	Y	N			
	B1-2B	APT 2 BATH		A	Y	N			
	B1-2K	APT 2 KITCHE	:N	Α	Υ	N			
	B1-3B	APT 3 BATH		Α	Υ	N			
I control of the cont									

APT 2 KITCHEN 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.

B1-3K

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Schedule Generation Date: 3/10/2020 Page 8

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
CT1479021	VOLUNTOWN HOUSING AUTHORITY				C 42		L	GW
Local Address (where applicable)		Service	Residen	tial Commerci		al Industri	al Combine	ed Agricultural
239 ΜΔΙΝΙ STRF	Connections	Δ						

	ed: VOLUNTOWN	or System Easili	ty and Sampling D	oint la	wente	۹۱/			
	wat	er System Facili	ty and Sampling P	oint ir		-			
Water System \ acility ID	Water System Facility	Sampling Point ID	Sampling Point Description	C	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage DRP
.cincy iD		B1-4B	APT 4 BATH	Status A	Y	N	AJNESTUS	## QF Z	יטטר.
		B1-4B B1-4K	APT 4 KITCHEN	A	Υ	N N			
		B2-10B	APT 4 KITCHEN APT 10 BATH	A	Y	N			
		B2-10K	APT 10 KITCHEN	A	Y	N			
		B2-10R B2-11B	APT 11 BATH	A	Y	N			
		B2-11K	APT 11 KITCHEN	A	Y	N			
		B2-12B	APT 12 BATH	A	Υ	N			
		B2-12K	APT 12 KITCHEN	Α	Y	N			
		B2-5B	APT 5 BATH	Α	Y	N			
		B2-5K	APT 5 KITCHEN	Α	Υ	N			
		B2-6B	APT 6 BATH	Α	Y	N			
		B2-6K	APT 6 KITCHEN	Α	Y	N			
		B2-7B	APT 7 BATH	Α	Y	N			
		B2-7K	APT 7 KITCHEN	Α	Y	N			
		B2-8B	APT 8 BATH	Α	Υ	N			
		B2-8K	APT 8 KITCHEN	Α	Υ	N			
		B2-9B	APT 9 BATH	Α	Υ	N			
		B2-9K	APT 9 KITCHEN	Α	Υ	N			
		B3-13B	APT 13 BATH	Α	Υ	N			
		B3-13K	APT 13 KITCHEN	Α	Υ	N			
		B3-14B	APT 14 BATH	Α	Υ	N			
		B3-14K	APT 14 KITCHEN	Α	Υ	N			
		B3-15B	APT 15 BATH	Α	Υ	N			
		B3-15K	APT 15 KITCHEN	Α	Υ	N			
		B3-16B	APT 16 BATH	Α	Υ	N			
		B3-16K	APT 16 KITCHEN	Α	Υ	N			
		B3-17B	APT 17 BATH	Α	Υ	N			
		B3-17K	APT 17 KITCHEN	Α	Υ	N			
		B3-18B	APT 18 BATH	Α	Υ	N			
		B3-18K	APT 18 KITCHEN	Α	Υ	N			
		B3-19B	APT 19 BATH	Α	Υ	N			
		B3-19K	APT 19 KITCHEN	Α	Υ	N			
		B3-20B	APT 20 BATH	Α	Υ	N			
		B3-20K	APT 20 KITCHEN	Α	Υ	N			
		B4-1	UTILITY ROOM	Α	Υ	N			
		B4-2	COM BUILDING KITCHEN	Α	Υ	N			
		B4-3	COM BUILDING MNS SIN	Α	Υ	N			
		B4-4	COM BUILDING WNS SIN	Α	Υ	N			
			WITHIN 5 SERVICE CON	Α					

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

		Wa	ter Qual	lity Monit	toring an	d Com	ıplia	nce S	chedul	le			
PWS ID PWS Name						Classifi	ication F	opulation	Owner Type	Primary Source			
CT147902	:1 \	OLUNTOWN H	OUSING AUT	HORITY			(2	42	L	GW		
Local Address (where applicable)				Service	Resident	ial Co	mmercia	l Industri	al Combine	ed Agricultural			
239 MAIN STREET				Connections	4								
Towns Ser	rved: VC	LUNTOWN											
			Water Sy	stem Facil	ity and Sa	mpling	Poin	t Inver	ntory				
Water							Total Lead and						
System	Water	System Facility	9	Sampling Point		Sampling Point			Coliform Copper				
Facility ID			ID	Description			tus Ru	os WQP 2 DBPF					
				UPSTREAM	WITHIN 5 SE	RVICE CON	l A	4					
00700	ENTRY	POINT		3	ENTRY POIN	Т	A	4					
54751	WELL 1	-		2	WELL 1		A	A					
55464	BLADD 451C)	ER TANK (AMTR	OL WX										
55569	TREAT	MENT PLANT											
				Certified	Operator	Inform	ation	1					
Water Sy	stem F	acility: TREAT	MENT PLA										
		ion: CLASS 1 TF		•	•						Certification		
Operator	Name			Operator Typ	oe (Certificatio	-						
LAPORTE, SCOTT CHIEF OPER				CHIEF OPERATO	OR V	VATER TRE	3/31/2022						
				Cor	ntact Infor	mation							
Name				0)rganization					Job Titl	<u> </u>		
Ms. Wendy Vachon				V	oluntown Hou								
				Mailing Address Line Two					City	State	Zip Code		
239 Main	St							Volunto	wn	СТ	06384		
Business	s Phone	Extension	Fax	Mob	ile Phone E	mergency	Phone	Email A	ddress				
860-37	6-5169					860-376-	5169	vha147(@sbcglobal	l.net			
Contact R	ole(s):	Administrative	Contact, Leg	al Contact, Ow	ner								
Name	'			0	rganization					Job Titl	e		
Voluntow	n Housi	ng Authority											
Mailing Address Line One Mailing Addres				ss Line Two	City				State	Zip Code			
Emergency Contact					Em			ncy Contac	06000				
Business	s Phone	Extension	Fax	Mob	ile Phone E	mergency	Phone	Email Ad	ddress				
860-37	6-5169												
Contact R	ole(s):	Owner											
Please no	te the fo	ollowing:					-						

Connecticut Department of Public Health Drinking Water Section

- 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