

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | |
|----------------------------------|------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0780122 | MOUNT HOPE MONTESSORI SCHOOL | NTNC | 88 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 48 BASSETTS BRIDGE ROAD | | | 1 | | | | |
| Towns Served: MANSFIELD | | | | | | | |

Monitoring Requirements

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

| | | | | | |
|--|--------------------------|---------------------------------------|--------------------------|--|--|
| Asbestos (1094) | | 1 routine (RT) per nine years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 1/1/11 - 12/31/19 | | | | |
| Total Coliform (3100) | | 1 routine (RT) per quarter | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |
| Lead And Copper (PBCU) | | 5 routine (RT) per three years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 1/1/14 - 12/31/16 | 6/1-9/30 | Complete | | |
| | 1/1/17 - 12/31/19 | 6/1-9/30 | | | |
| | 1/1/20 - 12/31/22 | 6/1-9/30 | | | |
| Physical Parameters (PPS) | | 1 routine (RT) per quarter | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |
| Physical Parameters (PPX) | | 1 routine (RT) per quarter | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| Water System Facility: ENTRY POINT (WSF ID: 00700) | | | | | |
| Inorganic Chemicals (IOCS) | | 1 routine (RT) per three years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| ENTRY POINT (3) | 1/1/14 - 12/31/16 | | Complete | | |
| | 1/1/17 - 12/31/19 | | | | |
| | 1/1/20 - 12/31/22 | | | | |
| Nitrate And Nitrite (NOX) | | 1 routine (RT) per year | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| ENTRY POINT (3) | 1/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 12/31/17 | | | | |
| | 1/1/18 - 12/31/18 | | | | |
| Pesticides, Herbicides and PCBs - Phase II & V (SOCS) | | 1 (RT) per three years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| ENTRY POINT (3) | 1/1/14 - 12/31/16 | 1/1-12/31 | Waiver | | |
| Pesticides, Herbicides and PCBs - Phase II & V (SOCS) | | 1 routine (RT) per three years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |

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

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|----------------------------------|-------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0780122 | MOUNT HOPE MONTESSORI SCHOOL | NTNC | 88 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 48 BASSETTS BRIDGE ROAD | | | 1 | | | | |
| Towns Served: MANSFIELD | | | | | | | |

Monitoring Requirements

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

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

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

Organic Chemicals (VOCS) 1 routine (RT) per three years

| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|------------------------------------|-------------------|-------------------|-------------------|
| ENTRY POINT (3) | 1/1/14 - 12/31/16 | | Complete |
| | 1/1/17 - 12/31/19 | | |
| | 1/1/20 - 12/31/22 | | |

Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|------------------------------|----------|---------------|
| CROSS CONNECTION EXEMPTION | 3/1/2018 | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|----------------------|---------------------|---------------------------|----------|--------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | MW003 | KITCHEN SINK | A | Y | | | |
| | | MW003-S | KITCHEN SINK | A | Y | 1 | | Y |
| | | MW004-DB | DOWNSTAIRS BATHROOM | A | Y | 1 | | |
| | | MW005-FCB | FRONT CHILD'S BATHRO | A | Y | 1 | | |
| | | MW006-S | REAR CLASSROOM SINK | A | Y | 1 | | |
| | | MW027-AB | ADULT BATHROOM | A | Y | 1 | | |
| | | MW027-DCH | DOWNSTAIRS CHILD | A | Y | 1 | | |
| | | MW027-DCL | DOWNSTAIRS CLASS | A | Y | 1 | | Y |
| | | MW027-R | RESOURCE ROOM | A | Y | 1 | | |
| | | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 10371 | WELL | 2 | WELL | A | | | | |

Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

| Operator Name | Operator Type | Certification(s) | Certification Expiration |
|----------------------|-------------------|---|--------------------------|
| LAFRAMBOISE, PAUL F. | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II | 9/30/2018 |
| | | DISTRIBUTION SYSTEM OPERATOR - CLASS I | 9/30/2018 |
| LAFRAMBOISE, JEFFREY | ASSIGNED OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I | 12/31/2017 |
| | | WATER TREATMENT PLANT OPERATOR - CLASS I | 3/31/2018 |

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

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

| | | | | | | | |
|----------------------------------|-------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0780122 | MOUNT HOPE MONTESSORI SCHOOL | NTNC | 88 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 48 BASSETTS BRIDGE ROAD | | | 1 | | | | |
| Towns Served: MANSFIELD | | | | | | | |

Contact Information

| | | | | | | | | | |
|--|-----------|-----|--------------------------------|-----------------|---------------------------|------------------|--|-------|----------|
| Name | | | Organization | | | Job Title | | | |
| Mr. Avery Lenhart | | | Mount Hope Montessori School I | | | Director | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| P.O. Box 267 | | | | | | Mansfield Center | | CT | 06250 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | | |
| 860-423-1070 | | | | | mthopemontessori@snet.net | | | | |
| Contact Role(s): Administrative Contact, Legal Contact, Owner | | | | | | | | | |

Please note the following:

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

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | |
|----------------------------------|------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0780752 | MANSFIELD PROFESSIONAL PARK | NTNC | 100 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 11, 22, 28, & 34 EAST PARK ROAD | | | 4 | | | | |
| Towns Served: MANSFIELD | | | | | | | |

Monitoring Requirements

| | | | | | | | |
|---|--------------------------|---------------------------------------|--------------------------|--|--|--|--|
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) | | | | | | | |
| Asbestos (1094) | | 1 routine (RT) per nine years | | | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | | | |
| Select from Inventory of Active Sampling Points | 1/1/11 - 12/31/19 | | | | | | |
| Total Coliform (3100) | | 1 routine (RT) per quarter | | | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | | | |
| Select from Inventory of Active Sampling Points | 7/1/16 - 9/30/16 | | Complete | | | | |
| | 10/1/16 - 12/31/16 | | Complete | | | | |
| | 1/1/17 - 3/31/17 | | | | | | |
| | 4/1/17 - 6/30/17 | | | | | | |
| | 7/1/17 - 9/30/17 | | | | | | |
| Lead And Copper (PBCU) | | 5 routine (RT) per three years | | | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | | | |
| Select from Inventory of Active Sampling Points | 1/1/14 - 12/31/16 | 6/1-9/30 | Complete | | | | |
| | 1/1/17 - 12/31/19 | 6/1-9/30 | | | | | |
| | 1/1/20 - 12/31/22 | 6/1-9/30 | | | | | |
| Physical Parameters (PPS) | | 1 routine (RT) per quarter | | | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | | | |
| Select from Inventory of Active Sampling Points | 1/1/17 - 3/31/17 | | | | | | |
| | 4/1/17 - 6/30/17 | | | | | | |
| | 7/1/17 - 9/30/17 | | | | | | |
| Physical Parameters (PPX) | | 1 routine (RT) per quarter | | | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | | | |
| Select from Inventory of Active Sampling Points | 7/1/16 - 9/30/16 | | Complete | | | | |
| | 10/1/16 - 12/31/16 | | Complete | | | | |
| Water System Facility: ENTRY POINT (WSF ID: 00700) | | | | | | | |
| Inorganic Chemicals (IOCS) | | 1 routine (RT) per three years | | | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | | | |
| ENTRY POINT (3) | 1/1/14 - 12/31/16 | | Complete | | | | |
| | 1/1/17 - 12/31/19 | | | | | | |
| | 1/1/20 - 12/31/22 | | | | | | |
| Nitrate And Nitrite (NOX) | | 1 routine (RT) per year | | | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | | | |
| ENTRY POINT (3) | 1/1/16 - 12/31/16 | | Complete | | | | |
| | 1/1/17 - 12/31/17 | | | | | | |
| | 1/1/18 - 12/31/18 | | | | | | |
| Pesticides, Herbicides and PCBs-Phase II (SOC2) | | 1 routine (RT) per three years | | | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | | | |
| ENTRY POINT (3) | 1/1/14 - 12/31/16 | | Complete | | | | |
| | 1/1/17 - 12/31/19 | | | | | | |
| | 1/1/20 - 12/31/22 | | | | | | |

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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | |
|----------------------------------|------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0780752 | MANSFIELD PROFESSIONAL PARK | NTNC | 100 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 11, 22, 28, & 34 EAST PARK ROAD | | | 4 | | | | |
| Towns Served: MANSFIELD | | | | | | | |

Monitoring Requirements

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

| Pesticides, Herbicides and PCBs-Phase V (SOC5) | 1 routine (RT) per three years | | |
|--|--------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/14 - 12/31/16 | | Complete |
| | 1/1/17 - 12/31/19 | | |
| | 1/1/20 - 12/31/22 | | |

| Organic Chemicals (VOCS) | 1 routine (RT) per three years | | |
|---|--------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/14 - 12/31/16 | | Complete |
| | 1/1/17 - 12/31/19 | | |
| | 1/1/20 - 12/31/22 | | |

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| CROSS CONNECTION EXEMPTION | 3/1/2021 | |

Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|---------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | MPP001 | B1 DS LADIES ROOM | A | Y | 2 | | |
| | | MPP002 | B1 DS MENS ROOM | A | Y | 1 | | |
| | | MPP003 | B1 US LADIES ROOM | A | Y | 2 | | |
| | | MPP004 | B1 US MENS ROOM | A | Y | 2 | | |
| | | MPP005A | B1 HANDICAP BATH RM | A | Y | | | |
| | | MPP006 | B1 OUTSIDE FAUCET | A | Y | | | |
| | | MPP007 | B2 LADIES ROOM | A | | 2 | | |
| | | MPP008 | | A | Y | 2 | | |
| | | MPP009 | B3 DS LADIES ROOM | A | Y | 2 | | |
| | | MPP010 | B3 DS MENS ROOM | A | Y | 2 | | |
| | | MPP011 | BE US LADIES ROOM | A | Y | 2 | | |
| | | MPP012 | B3 US MENS ROOM | A | Y | 2 | | |
| | | MPP013 A | B3 US UNISEX BR | A | Y | | | |
| | | MPP014 A | B3 DS UNISEX BR | A | Y | | | |
| | | MPP015 A | B3 HANDICAP BR | A | Y | | | |
| | | MPP016 | B3 OUTSIDE FAUCET | A | Y | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 10372 | WELL | 2 | WELL | A | | | | |

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

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|----------------------------------|------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0780752 | MANSFIELD PROFESSIONAL PARK | NTNC | 100 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 11, 22, 28, & 34 EAST PARK ROAD | | | 4 | | | | |
| Towns Served: MANSFIELD | | | | | | | |

Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

| Operator Name | Operator Type | Certification(s) | Certification Expiration |
|-------------------|----------------|---|--------------------------|
| FALLON, IRVING W. | CHIEF OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS III | 6/30/2019 |
| | | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2019 |

Contact Information

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

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

| | | | | | | | |
|------------------------------|-----------|--------------|--------------------------|-----------------|---------------|-------|----------|
| Name | | Organization | | | Job Title | | |
| Mr. Michael M. Taylor | | M P Park LLC | | | Owner | | |
| Mailing Address Line One | | | Mailing Address Line Two | | City | State | Zip Code |
| 12 Stonemill Road | | | | | Storrs | CT | 06268 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 860-429-8891 | | | | | | | |

Contact Role(s): **Owner**

Please note the following:

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

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | |
|------------------------------------|-----------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0781192 | PERKINS CORNER | NTNC | 45 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 10 HIGGINS HWY (JCT RT 31 & RT 32) | | | 1 | | | | |

Towns Served: MANSFIELD

Monitoring Requirements

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

| | | | | | |
|---|--------------------------|---------------------------------------|--------------------------|--|--|
| Asbestos (1094) | | 1 routine (RT) per nine years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 1/1/11 - 12/31/19 | | | | |
| Total Coliform (3100) | | 1 routine (RT) per quarter | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |
| Lead And Copper (PBCU) | | 5 routine (RT) per year | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 1/1/16 - 12/31/16 | 6/1-9/30 | Complete | | |
| | 1/1/17 - 12/31/17 | 6/1-9/30 | | | |
| | 1/1/18 - 12/31/18 | 6/1-9/30 | | | |
| Physical Parameters (PPS) | | 1 routine (RT) per quarter | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |
| Physical Parameters (PPX) | | 1 routine (RT) per quarter | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| Water System Facility: ENTRY POINT (WSF ID: 00700) | | | | | |
| Inorganic Chemicals (IOCS) | | 1 routine (RT) per three years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| ENTRY POINT (3) | 1/1/14 - 12/31/16 | | | | |
| | 1/1/17 - 12/31/19 | | | | |
| | 1/1/20 - 12/31/22 | | | | |
| Nitrate And Nitrite (NOX) | | 1 routine (RT) per year | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| ENTRY POINT (3) | 1/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 12/31/17 | | | | |
| | 1/1/18 - 12/31/18 | | | | |
| Pesticides, Herbicides and PCBs-Phase II (SOC2) | | 1 routine (RT) per three years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| ENTRY POINT (3) | 1/1/14 - 12/31/16 | | Complete | | |
| | 1/1/17 - 12/31/19 | | | | |
| | 1/1/20 - 12/31/22 | | | | |

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

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

| | | | | | | | |
|------------------------------------|-----------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0781192 | PERKINS CORNER | NTNC | 45 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 10 HIGGINS HWY (JCT RT 31 & RT 32) | | | 1 | | | | |
| Towns Served: MANSFIELD | | | | | | | |

Monitoring Requirements

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

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

| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|------------------------------------|-------------------|-------------------|-------------------|
| ENTRY POINT (3) | 1/1/14 - 12/31/16 | | |
| | 1/1/17 - 12/31/19 | | |
| | 1/1/20 - 12/31/22 | | |

Organic Chemicals (VOCS) 1 routine (RT) per three years

| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|------------------------------------|-------------------|-------------------|-------------------|
| ENTRY POINT (3) | 1/1/14 - 12/31/16 | | Complete |
| | 1/1/17 - 12/31/19 | | |
| | 1/1/20 - 12/31/22 | | |

Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|---|------------|---------------|
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 12/29/2012 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 12/29/2013 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 12/29/2014 | |
| CROSS CONNECTION EXEMPTION | 3/1/2015 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 12/29/2015 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 12/29/2016 | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Total Coliform Status | Lead and Copper Rule | Copper Rule Tier | Stage 2 Asbestos | DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|-----------------------|----------------------|------------------|------------------|------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | PBR001 | SUITE 8 LAV | A | Y | 1 | | |
| | | PBR002 | SUITE 8 BATHROOM | A | Y | 1 | | |
| | | PBR003 | SUITE 8 KITCHENETTE | A | Y | 1 | | |
| | | PBR004 | SUITE 9 KITCHENETTE | A | Y | 1 | | |
| | | PBR005 | SUITE 9 LAV | A | Y | 1 | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 10373 | WELL | 2 | WELL | A | | | | |
| 54641 | BLADDER TANK | | | | | | | |

Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

| Operator Name | Operator Type | Certification(s) | Certification Expiration |
|----------------|----------------|---|--------------------------|
| RICH, PETER W. | CHIEF OPERATOR | SMALL WATER SYSTEM OPERATOR CONDITIONAL | 12/31/2019 |

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

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

| | | | | | | | |
|------------------------------------|-----------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0781192 | PERKINS CORNER | NTNC | 45 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 10 HIGGINS HWY (JCT RT 31 & RT 32) | | | 1 | | | | |

Towns Served: MANSFIELD

Contact Information

| | | | | | | |
|--------------------------|-----------|--------------------------|--------------|-----------------|-----------------------|----------|
| Name | | Organization | | Job Title | | |
| Mr. Peter W. Rich | | Perkins Corner | | | | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State | Zip Code |
| 42 Fern Road | | | | Storrs | CT | 06268 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | |
| 860-423-6335 | | | | | prich6735@charter.net | |

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

Please note the following:

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

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | |
|----------------------------------|----------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0781202 | MANSFIELD SHOPPING CENTER | NTNC | 30 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 591 MIDDLE TURNPIKE | | | 9 | | | | |

Towns Served: MANSFIELD

Monitoring Requirements

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

| | | | | | |
|---|--------------------------|---------------------------------------|--------------------------|--|--|
| Asbestos (1094) | | 1 routine (RT) per nine years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 1/1/11 - 12/31/19 | | | | |
| Total Coliform (3100) | | 1 routine (RT) per quarter | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 3/31/17 | | Complete | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |
| Lead And Copper (PBCU) | | 5 routine (RT) per six months | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 7/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 12/31/17 | | | | |
| Physical Parameters (PPS) | | 1 routine (RT) per quarter | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 1/1/17 - 3/31/17 | | Complete | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |
| Physical Parameters (PPX) | | 1 routine (RT) per quarter | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| Water System Facility: ENTRY POINT (WSF ID: 00700) | | | | | |
| Di(2-Ethylhexyl) - Phthalate (2039) | | 1 routine (RT) per quarter | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| ENTRY POINT (3) | 10/1/16 - 12/31/16 | | | | |
| | 1/1/17 - 3/31/17 | | Complete | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |
| Inorganic Chemicals (IOCS) | | 1 routine (RT) per three years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| ENTRY POINT (3) | 1/1/14 - 12/31/16 | | Complete | | |
| | 1/1/17 - 12/31/19 | | | | |
| | 1/1/20 - 12/31/22 | | | | |
| Nitrate And Nitrite (NOX) | | 1 routine (RT) per year | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| ENTRY POINT (3) | 1/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 12/31/17 | | | | |

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

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

| | | | | | | | |
|----------------------------------|----------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0781202 | MANSFIELD SHOPPING CENTER | NTNC | 30 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 591 MIDDLE TURNPIKE | | | 9 | | | | |

Towns Served: MANSFIELD

Monitoring Requirements

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

| Nitrate And Nitrite (NOX) | 1 routine (RT) per year | | |
|--|---------------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| | 1/1/18 - 12/31/18 | | |
| Pesticides, Herbicides and PCBs-Phase II (SOC2) | 1 routine (RT) per three years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/14 - 12/31/16 | | Complete |
| | 1/1/17 - 12/31/19 | | |
| | 1/1/20 - 12/31/22 | | |
| Pesticides, Herbicides and PCBs-Phase V (SOC5) | 1 routine (RT) per three years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/14 - 12/31/16 | | Complete |
| | 1/1/14 - 9/30/16 | 1/1-9/30 | Complete |
| | 1/1/17 - 12/31/19 | | |
| | 1/1/20 - 12/31/22 | | |
| Organic Chemicals (VOCS) | 1 routine (RT) per three years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/14 - 12/31/16 | | Complete |
| | 1/1/17 - 12/31/19 | | |
| | 1/1/20 - 12/31/22 | | |

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| CROSS CONNECTION SURVEY REPORT | 3/1/2018 | |

Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|---------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | CM001 | GROCERY STORE | A | Y | | | |
| | | CM002 | OPTOMETRIST SINK | A | Y | | | |
| | | CM003 | RESTAURANT SINK | A | Y | | | |
| | | CM004 | PACKAGE STORE SINK | A | Y | | | |
| | | CM005 | DENTIST | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 10374 | WELL | 2 | WELL | A | | | | |
| 54818 | BLADDER TANK | | | | | | | |

Certified Operator Information

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

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

| | | | | | | | |
|----------------------------------|----------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0781202 | MANSFIELD SHOPPING CENTER | NTNC | 30 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 591 MIDDLE TURNPIKE | | | 9 | | | | |
| Towns Served: MANSFIELD | | | | | | | |

Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

| Operator Name | Operator Type | Certification(s) | Certification Expiration |
|-----------------------|-------------------|---|--------------------------|
| NIGRO, JR., VICTOR N. | CHIEF OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS III | 6/30/2017 |
| | | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2018 |
| NIGRO, SCOTT A. | ASSIGNED OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I | 6/30/2019 |
| | | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2017 |

Contact Information

| | | | | | | |
|-----------------------------------|-----------|--------------------------|--------------|-----------------|---------------|----------|
| Name | | Organization | | | Job Title | |
| Cornerstone Mansfield, LLC | | | | | | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State | Zip Code |
| 231 Farmington Avenue | | | | Farmington | CT | 06032 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | |
| | | | | | | |

Contact Role(s): **Owner**

| | | | | | | |
|------------------------------|-----------|---------------------------|--------------|-----------------|-------------------|----------|
| Name | | Organization | | | Job Title | |
| Mr. William A. Krason | | Cornerstone Property Inc. | | | Property Manager | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State | Zip Code |
| 731 Farmington Avenue | | | | Farmington | CT | 06032 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | |
| 860-674-8007 | 204 | 860-678-1098 | | 860-713-1899 | wkrason@cp-ct.com | |

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

Please note the following:

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

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | |
|----------------------------------|---------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0781212 | GOODWIN ELEMENTARY SCHOOL | NTNC | 340 | L | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 321 HUNTING LODGE ROAD | | | 1 | | | | |
| Towns Served: MANSFIELD | | | | | | | |

Monitoring Requirements

| | | | | | | | |
|--|--|--------------------------|---------------------------------------|--------------------------|--|--------------------------|--|
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) | | | | | | | |
| Asbestos (1094) | | | 1 routine (RT) per nine years | | | | |
| <i>Sampling Point (Sampling Point ID)</i> | | <i>Monitoring Period</i> | | <i>Collection Period</i> | | <i>Compliance Status</i> | |
| Select from Inventory of Active Sampling Points | | 1/1/11 - 12/31/19 | | | | | |
| Total Coliform (3100) | | | 1 routine (RT) per quarter | | | | |
| <i>Sampling Point (Sampling Point ID)</i> | | <i>Monitoring Period</i> | | <i>Collection Period</i> | | <i>Compliance Status</i> | |
| Select from Inventory of Active Sampling Points | | 7/1/16 - 9/30/16 | | | | Complete | |
| | | 10/1/16 - 12/31/16 | | | | Complete | |
| | | 1/1/17 - 3/31/17 | | | | Complete | |
| | | 4/1/17 - 6/30/17 | | | | | |
| | | 7/1/17 - 9/30/17 | | | | | |
| Lead And Copper (PBCU) | | | 5 routine (RT) per three years | | | | |
| <i>Sampling Point (Sampling Point ID)</i> | | <i>Monitoring Period</i> | | <i>Collection Period</i> | | <i>Compliance Status</i> | |
| Select from Inventory of Active Sampling Points | | 1/1/16 - 12/31/18 | | 6/1-9/30 | | | |
| | | 1/1/19 - 12/31/21 | | 6/1-9/30 | | | |
| Physical Parameters (PPS) | | | 1 routine (RT) per quarter | | | | |
| <i>Sampling Point (Sampling Point ID)</i> | | <i>Monitoring Period</i> | | <i>Collection Period</i> | | <i>Compliance Status</i> | |
| Select from Inventory of Active Sampling Points | | 1/1/17 - 3/31/17 | | | | Complete | |
| | | 4/1/17 - 6/30/17 | | | | | |
| | | 7/1/17 - 9/30/17 | | | | | |
| Physical Parameters (PPX) | | | 1 routine (RT) per quarter | | | | |
| <i>Sampling Point (Sampling Point ID)</i> | | <i>Monitoring Period</i> | | <i>Collection Period</i> | | <i>Compliance Status</i> | |
| Select from Inventory of Active Sampling Points | | 7/1/16 - 9/30/16 | | | | Complete | |
| | | 10/1/16 - 12/31/16 | | | | Complete | |
| Water System Facility: ENTRY POINT - WELLS #1 & #4 (WSF ID: 00701) | | | | | | | |
| Inorganic Chemicals (IOCS) | | | 1 routine (RT) per three years | | | | |
| <i>Sampling Point (Sampling Point ID)</i> | | <i>Monitoring Period</i> | | <i>Collection Period</i> | | <i>Compliance Status</i> | |
| EP - WELLS 1 & 4 (3) | | 1/1/14 - 12/31/16 | | | | Complete | |
| | | 1/1/17 - 12/31/19 | | | | | |
| | | 1/1/20 - 12/31/22 | | | | | |
| Nitrate And Nitrite (NOX) | | | 1 routine (RT) per year | | | | |
| <i>Sampling Point (Sampling Point ID)</i> | | <i>Monitoring Period</i> | | <i>Collection Period</i> | | <i>Compliance Status</i> | |
| EP - WELLS 1 & 4 (3) | | 1/1/16 - 12/31/16 | | | | Complete | |
| | | 1/1/17 - 12/31/17 | | | | Complete | |
| | | 1/1/18 - 12/31/18 | | | | | |
| Pesticides, Herbicides and PCBs - Phase II & V (SOCS) | | | 1 (RT) per three years | | | | |
| <i>Sampling Point (Sampling Point ID)</i> | | <i>Monitoring Period</i> | | <i>Collection Period</i> | | <i>Compliance Status</i> | |
| EP - WELLS 1 & 4 (3) | | 1/1/14 - 12/31/16 | | 1/1-12/31 | | Waiver | |
| Pesticides, Herbicides and PCBs - Phase II & V (SOCS) | | | 1 routine (RT) per three years | | | | |
| <i>Sampling Point (Sampling Point ID)</i> | | <i>Monitoring Period</i> | | <i>Collection Period</i> | | <i>Compliance Status</i> | |
| EP - WELLS 1 & 4 (3) | | 1/1/17 - 12/31/19 | | | | | |

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

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

| | | | | | | | |
|----------------------------------|----------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0781212 | GOODWIN ELEMENTARY SCHOOL | NTNC | 340 | L | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 321 HUNTING LODGE ROAD | | | 1 | | | | |

Towns Served: MANSFIELD

Monitoring Requirements

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

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

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

Organic Chemicals (VOCS) 1 routine (RT) per three years

| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|------------------------------------|-------------------|-------------------|-------------------|
| EP - WELLS 1 & 4 (3) | 1/1/17 - 12/31/19 | | |
| | 1/1/20 - 12/31/22 | | |

Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|---|------------|---------------|
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 12/29/2010 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 12/29/2011 | |
| CROSS CONNECTION SURVEY REPORT | 3/1/2018 | |

Public Notification Requirements

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

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage 2 DBPR |
|--------------------------|-----------------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|--------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | 4-1 | KIT SINK UNDER PAPER | A | Y | | | |
| | | 4-2 | ROOM 21 SINK (00600) | A | Y | | | |
| | | 4-3 | ROOM 13-2ND SINK (00 | A | Y | | | |
| | | 4-4 | ROOM 10 SINK (00600) | A | Y | | | |
| | | 4-5 | OFFICE WORK ROOM SIN | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00701 | ENTRY POINT - WELLS #1 & #4 | 3 | EP - WELLS 1 & 4 | A | | | | |
| 10375 | WELL #1 | 2 | WELL #1 | A | | | | |
| 53663 | WELL #4 | 2 | WELL #4 | A | | | | |
| 53665 | ATMOSPHERIC TANK | | | | | | | |
| 53667 | PUMP STATION | | | | | | | |
| 53669 | BLADDER TANKS | | | | | | | |

Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

| Operator Name | Operator Type | Certification(s) | Certification Expiration |
|-----------------|----------------|---|--------------------------|
| KEARNEY, THOMAS | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II | 3/31/2017 |

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

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

| | | | | | |
|------------------|----------------------------------|----------------|------------|------------|----------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
| CT0781212 | GOODWIN ELEMENTARY SCHOOL | NTNC | 340 | L | GW |

| | | | | | | |
|----------------------------------|---------------------|-------------|------------|------------|----------|--------------|
| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 321 HUNTING LODGE ROAD | | 1 | | | | |

Towns Served: MANSFIELD

Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

| Operator Name | Operator Type | Certification(s) | Certification Expiration |
|---------------|-------------------|--|--------------------------|
| | | DISTRIBUTION SYSTEM OPERATOR - CLASS I | 12/31/2017 |
| PALAZZI, PAUL | ASSIGNED OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS I | 6/30/2019 |
| CORSON, ALLEN | ASSIGNED OPERATOR | SMALL WATER SYSTEM OPERATOR | 6/30/2018 |

Contact Information

| | | | | | | |
|--------------------------|-----------|----------------------------------|--------------|-----------------|---------------|----------|
| Name | | Organization | | | Job Title | |
| Mr. Mathew W Hart | | Town of Mansfield | | | Town Manager | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State | Zip Code |
| 4 South Eagleville Rd | | Audrey P Beck Municipal Building | | Mansfield | CT | 06268 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | |
| | | | | | | |

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

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

Contact Role(s): **Owner**

| | | | | | | |
|----------------------------|-----------|--------------------------|--------------|-----------------|---------------------------|----------|
| Name | | Organization | | | Job Title | |
| Mr. Bill J. Trietch | | Town of Mansfield | | | Deputy Dir. Facility | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State | Zip Code |
| 4 South Eagleville Road | | | | Mansfield | CT | 06268 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | |
| 860-429-3326 | | 860-487-4443 | | 860-234-1854 | TrietchWJ@mansfieldct.org | |

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

Please note the following:

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

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

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

End of schedule

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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | |
|----------------------------------|-------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0781233 | SOUTHEAST SCHOOL | NTNC | 311 | L | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 134 WARRENVILLE ROAD | | | 1 | | | | |

Towns Served: MANSFIELD

Monitoring Requirements

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

| | | | | | |
|---|--------------------------|---------------------------------------|--------------------------|--|--|
| Asbestos (1094) | | 1 routine (RT) per nine years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 1/1/11 - 12/31/19 | | | | |
| Total Coliform (3100) | | 1 routine (RT) per quarter | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 3/31/17 | | Complete | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |
| Lead And Copper (PBCU) | | 5 routine (RT) per three years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 1/1/16 - 12/31/18 | 6/1-9/30 | | | |
| | 1/1/19 - 12/31/21 | 6/1-9/30 | | | |
| Physical Parameters (PPS) | | 1 routine (RT) per quarter | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 1/1/17 - 3/31/17 | | Complete | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |
| Physical Parameters (PPX) | | 1 routine (RT) per quarter | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| Water System Facility: ENTRY POINT - WELLS 2 & 3 (WSF ID: 00701) | | | | | |
| Inorganic Chemicals (IOCS) | | 1 routine (RT) per three years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| EP - WELLS 2 & 3 (3) | 1/1/14 - 12/31/16 | | Complete | | |
| | 1/1/17 - 12/31/19 | | | | |
| | 1/1/20 - 12/31/22 | | | | |
| Nitrate And Nitrite (NOX) | | 1 routine (RT) per year | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| EP - WELLS 2 & 3 (3) | 1/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 12/31/17 | | Complete | | |
| | 1/1/18 - 12/31/18 | | | | |
| Pesticides, Herbicides and PCBs - Phase II & V (SOCS) | | 1 (RT) per three years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| EP - WELLS 2 & 3 (3) | 1/1/14 - 12/31/16 | 1/1-12/31 | Waiver | | |
| Pesticides, Herbicides and PCBs - Phase II & V (SOCS) | | 1 routine (RT) per three years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| EP - WELLS 2 & 3 (3) | 1/1/17 - 12/31/19 | | | | |

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

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

| | | | | | | | |
|----------------------------------|-------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0781233 | SOUTHEAST SCHOOL | NTNC | 311 | L | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 134 WARRENVILLE ROAD | | | 1 | | | | |
| Towns Served: MANSFIELD | | | | | | | |

Monitoring Requirements

| | | | | | | | |
|---|--|--------------------------|--|---------------------------------------|--|--------------------------|--|
| Water System Facility: ENTRY POINT - WELLS 2 & 3 (WSF ID: 00701) | | | | | | | |
| Pesticides, Herbicides and PCBs - Phase II & V (SOCS) | | | | 1 routine (RT) per three years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | | <i>Monitoring Period</i> | | <i>Collection Period</i> | | <i>Compliance Status</i> | |
| | | 1/1/20 - 12/31/22 | | | | | |
| Organic Chemicals (VOCS) | | | | 1 routine (RT) per quarter | | | |
| <i>Sampling Point (Sampling Point ID)</i> | | <i>Monitoring Period</i> | | <i>Collection Period</i> | | <i>Compliance Status</i> | |
| EP - WELLS 2 & 3 (3) | | 7/1/16 - 9/30/16 | | | | Complete | |
| | | 10/1/16 - 12/31/16 | | | | Complete | |
| | | 1/1/17 - 3/31/17 | | | | Complete | |
| | | 4/1/17 - 6/30/17 | | | | | |
| | | 7/1/17 - 9/30/17 | | | | | |

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|---|-----------------|----------------------|
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 12/29/2010 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 12/29/2011 | |
| CROSS CONNECTION SURVEY REPORT | 3/1/2018 | |

Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform</i> | | <i>Lead and Copper</i> | | <i>Stage 2</i> | |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|-----------------------|----------|------------------------|-----------------|----------------|--|
| | | | | | <i>Rule</i> | <i>Y</i> | <i>Rule Tier</i> | <i>Asbestos</i> | <i>DBPR</i> | |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | | | |
| | | 4-1 | Boy s Room | A | Y | | | | | |
| | | 4-2 | Girl s Room | A | Y | | | | | |
| | | 4-3 | Room #18 | A | Y | | | | | |
| | | 4-4 | Teacher s Lounge | A | Y | | | | | |
| | | 4-5 | Kitchen Hand Sink | A | Y | | | | | |
| | | | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | | | |
| 00701 | ENTRY POINT - WELLS 2 & 3 | 3 | EP - WELLS 2 & 3 | A | | | | | | |
| 53310 | WELL 2 | 2 | WELL 2 | A | | | | | | |
| 53312 | WELL 3 | 2 | WELL 3 | A | | | | | | |
| 53314 | ATMOSPHERIC TANK | | | | | | | | | |
| 53316 | PUMP STATION | | | | | | | | | |
| 53318 | BLADDER TANK | | | | | | | | | |

Certified Operator Information

| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) | | | |
|---|----------------------|---|---------------------------------|
| Facility Classification: SMALL WATER SYSTEM | | | |
| <i>Operator Name</i> | <i>Operator Type</i> | <i>Certification(s)</i> | <i>Certification Expiration</i> |
| KEARNEY, THOMAS | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II | 3/31/2017 |
| | | DISTRIBUTION SYSTEM OPERATOR - CLASS I | 12/31/2017 |

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

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

| | | | | | |
|------------------|-------------------------|----------------|------------|------------|----------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
| CT0781233 | SOUTHEAST SCHOOL | NTNC | 311 | L | GW |

| | | | | | | |
|----------------------------------|---------------------|-------------|------------|------------|----------|--------------|
| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 134 WARRENVILLE ROAD | 1 | | | | | |

Towns Served: MANSFIELD

Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

| Operator Name | Operator Type | Certification(s) | Certification Expiration |
|---------------|-------------------|--|--------------------------|
| PALAZZI, PAUL | ASSIGNED OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS I | 6/30/2019 |
| CORSON, ALLEN | ASSIGNED OPERATOR | SMALL WATER SYSTEM OPERATOR | 6/30/2018 |

Contact Information

| | | | | | | |
|----------------------------|-----------|--------------------------|--------------------------|-----------------|-------------------|----------------|
| Name | | Organization | | | Job Title | |
| Mr. Gordon Schimmel | | Mansfield Public Schools | | | Superintendent | |
| Mailing Address Line One | | | Mailing Address Line Two | | City | State Zip Code |
| 4 South Eagleville Road | | | | | Storrs | CT 06268-2222 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | |
| 860-429-3350 | | 860-429-3379 | | | schimmel@neca.com | |

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

| | | | | | | |
|--------------------------|-----------|-------------------|----------------------------------|-----------------|---------------|----------------|
| Name | | Organization | | | Job Title | |
| Mr. Mathew W Hart | | Town of Mansfield | | | Town Manager | |
| Mailing Address Line One | | | Mailing Address Line Two | | City | State Zip Code |
| 4 South Eagleville Rd | | | Audrey P Beck Municipal Building | | Mansfield | CT 06268 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | |
| | | | | | | |

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

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

Contact Role(s): **Owner**

| | | | | | | |
|----------------------------|-----------|-------------------|--------------------------|-----------------|---------------------------|----------------|
| Name | | Organization | | | Job Title | |
| Mr. Bill J. Trietch | | Town of Mansfield | | | Deputy Dir. Facility | |
| Mailing Address Line One | | | Mailing Address Line Two | | City | State Zip Code |
| 4 South Eagleville Road | | | | | Mansfield | CT 06268 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | |
| 860-429-3326 | | 860-487-4443 | | 860-234-1854 | TrietchWJ@mansfieldct.org | |

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

Please note the following:

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

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

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

End of schedule

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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | |
|----------------------------------|--------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0781243 | MANSFIELD MIDDLE SCHOOL | NTNC | 715 | L | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 205 SPRING HILL ROAD | | | 1 | | | | |

Towns Served: MANSFIELD

Monitoring Requirements

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

| | | | | | |
|---|--------------------------|--|--------------------------|--|--|
| Asbestos (1094) | | 1 routine (RT) per nine years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 1/1/11 - 12/31/19 | | | | |
| Total Coliform (3100) | | 1 routine (RT) per quarter | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 3/31/17 | | Complete | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |
| Lead And Copper (PBCU) | | 10 routine (RT) per three years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 1/1/16 - 12/31/18 | 6/1-9/30 | | | |
| | 1/1/19 - 12/31/21 | 6/1-9/30 | | | |
| Physical Parameters (PPS) | | 1 routine (RT) per quarter | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 1/1/17 - 3/31/17 | | Complete | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |
| Physical Parameters (PPX) | | 1 routine (RT) per quarter | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| Water System Facility: ENTRY POINT (WSF ID: 00701) | | | | | |
| Nitrate (1040) | | 1 routine (RT) per quarter | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| EP - 1, 3, 4 (3) | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 3/31/17 | | Complete | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |
| Nitrite (1041) | | 1 routine (RT) per year | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| EP - 1, 3, 4 (3) | 1/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 12/31/17 | | Complete | | |
| | 1/1/18 - 12/31/18 | | | | |
| Inorganic Chemicals (IOCS) | | 1 routine (RT) per three years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| EP - 1, 3, 4 (3) | 1/1/14 - 12/31/16 | | Complete | | |
| | 1/1/17 - 12/31/19 | | | | |

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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | |
|----------------------------------|--------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0781243 | MANSFIELD MIDDLE SCHOOL | NTNC | 715 | L | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 205 SPRING HILL ROAD | | | 1 | | | | |
| Towns Served: MANSFIELD | | | | | | | |

Monitoring Requirements

| | | | | | | | |
|--|--|--------------------------|--|---------------------------------------|--|--------------------------|--|
| Water System Facility: ENTRY POINT (WSF ID: 00701) | | | | | | | |
| Inorganic Chemicals (IOCS) | | | | 1 routine (RT) per three years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | | <i>Monitoring Period</i> | | <i>Collection Period</i> | | <i>Compliance Status</i> | |
| | | 1/1/20 - 12/31/22 | | | | | |
| Pesticides, Herbicides and PCBs - Phase II & V (SOCS) | | | | 1 (RT) per three years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | | <i>Monitoring Period</i> | | <i>Collection Period</i> | | <i>Compliance Status</i> | |
| EP - 1, 3, 4 (3) | | 1/1/14 - 12/31/16 | | 1/1-12/31 | | Waiver | |
| Pesticides, Herbicides and PCBs - Phase II & V (SOCS) | | | | 1 routine (RT) per three years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | | <i>Monitoring Period</i> | | <i>Collection Period</i> | | <i>Compliance Status</i> | |
| EP - 1, 3, 4 (3) | | 1/1/17 - 12/31/19 | | | | | |
| | | 1/1/20 - 12/31/22 | | | | | |
| Organic Chemicals (VOCS) | | | | 1 routine (RT) per three years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | | <i>Monitoring Period</i> | | <i>Collection Period</i> | | <i>Compliance Status</i> | |
| EP - 1, 3, 4 (3) | | 1/1/17 - 12/31/19 | | | | | |
| | | 1/1/20 - 12/31/22 | | | | | |

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| CROSS CONNECTION SURVEY REPORT | 3/1/2018 | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Total Coliform Status | Lead and Copper Rule | Copper Tier | Asbestos | Stage 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|-----------------------|----------------------|-------------|----------|--------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | MMS03 | LADIES ROOM SINK 2F | A | Y | 2 | | |
| | | MMS04 | MEN'S ROOM SINK 2F | A | Y | 2 | | |
| | | MMS120 | LIBRARY WORKROOM OFC | A | Y | 2 | | |
| | | MMS121 | MENS ROOM SINK OFC | A | Y | 2 | | |
| | | MMS122 | WOMENS ROOM SINK OFC | A | Y | 2 | | |
| | | MMS14 | CLASSROOM SINK 208 | A | Y | 2 | | |
| | | MMS34 | LAB SINK 1F | A | Y | 2 | | |
| | | MMS35 | LAB SINK 1F | A | Y | 2 | | |
| | | MMS36 | LAB SINK 1F | A | Y | 2 | | |
| | | MMS57 | PREP SINK | A | Y | 2 | | |
| | | MMS62 | KITCHEN HAND WASH SI | A | Y | 2 | | |
| | | MMS64 | POT WASH SINK | A | Y | 2 | | |
| | | MMS96 | BATHROOM SINK 3F | A | Y | 2 | | |
| | | MMS97 | BATHROOM SINK 3F | A | Y | 2 | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |

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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | |
|----------------------------------|--------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0781243 | MANSFIELD MIDDLE SCHOOL | NTNC | 715 | L | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 205 SPRING HILL ROAD | | | 1 | | | | |
| Towns Served: MANSFIELD | | | | | | | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|--------------|
| 00701 | ENTRY POINT | 3 | EP - 1, 3, 4 | A | | | | |
| 10377 | WELL | 2 | WELL | A | | | | |
| 53984 | WELL 3 | 2 | WELL 3 | A | | | | |
| 53986 | WELL 4 | 2 | WELL 4 | A | | | | |
| 53989 | ATMOSPHERIC TANK | | | | | | | |
| 53991 | PRESSURE TANK | | | | | | | |
| 53993 | PUMP STATION | | | | | | | |

Certified Operator Information

| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) | | | |
|---|-------------------|---|--------------------------|
| Facility Classification: SMALL WATER SYSTEM | | | |
| Operator Name | Operator Type | Certification(s) | Certification Expiration |
| KEARNEY, THOMAS | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II DISTRIBUTION SYSTEM OPERATOR - CLASS I | 3/31/2017 12/31/2017 |
| PALAZZI, PAUL | ASSIGNED OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS I | 6/30/2019 |
| CORSON, ALLEN | ASSIGNED OPERATOR | SMALL WATER SYSTEM OPERATOR | 6/30/2018 |

Contact Information

| | | | | | | | | |
|----------------------------|-----------|--------------------------|--------------------------|-----------------|-------------------|--------|-------|------------|
| Name | | Organization | | | Job Title | | | |
| Mr. Gordon Schimmel | | Mansfield Public Schools | | | Superintendent | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 4 South Eagleville Road | | | | | | Storrs | CT | 06268-2222 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-429-3350 | | 860-429-3379 | | | schimmel@neca.com | | | |

| | | | | | | | | |
|---------------------------------------|-----------|--------------------------|--------------------------|-----------------|---------------------------|------------------|-------|----------|
| Contact Role(s): Legal Contact | | | | | | | | |
| Name | | Organization | | | Job Title | | | |
| Mr. Frederick A. Baruzzi | | Mansfield Public Schools | | | Superintendent | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 4 South Eagleville Road | | | | | | Storrs Mansfield | CT | 06268 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-429-3350 | | 860-429-3379 | | 860-429-3350 | baruzzifa@mansfieldct.org | | | |

| | | | | | | | | |
|--|-----------|-------------------|--------------------------|-----------------|---------------------------|-----------|-------|----------|
| Contact Role(s): Owner | | | | | | | | |
| Name | | Organization | | | Job Title | | | |
| Mr. Bill J. Trietch | | Town of Mansfield | | | Deputy Dir. Facility | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 4 South Eagleville Road | | | | | | Mansfield | CT | 06268 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-429-3326 | | 860-487-4443 | | 860-234-1854 | TrietchWJ@mansfieldct.org | | | |
| Contact Role(s): Administrative Contact | | | | | | | | |

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

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

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
|----------------------------------|-------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| CT0781243 | MANSFIELD MIDDLE SCHOOL | NTNC | 715 | L | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 205 SPRING HILL ROAD | | | 1 | | | | |

Towns Served: MANSFIELD

Please note the following:

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

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | |
|----------------------------------|-------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0781253 | ANNIE E. VINTON SCHOOL | NTNC | 313 | L | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 306 STAFFORD ROAD | | | 1 | | | | |
| Towns Served: MANSFIELD | | | | | | | |

Monitoring Requirements

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

| | | | | | |
|---|--------------------------|---------------------------------------|--------------------------|--|--|
| Asbestos (1094) | | 1 routine (RT) per nine years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 1/1/11 - 12/31/19 | | | | |
| Total Coliform (3100) | | 1 routine (RT) per quarter | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 3/31/17 | | Complete | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |
| Lead And Copper (PBCU) | | 5 routine (RT) per three years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 1/1/16 - 12/31/18 | 6/1-9/30 | | | |
| | 1/1/19 - 12/31/21 | 6/1-9/30 | | | |
| Physical Parameters (PPS) | | 1 routine (RT) per quarter | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 1/1/17 - 3/31/17 | | Complete | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |
| Physical Parameters (PPX) | | 1 routine (RT) per quarter | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| Water System Facility: ENTRY POINT - WELLS 2 & 4 (WSF ID: 00701) | | | | | |
| Inorganic Chemicals (IOCS) | | 1 routine (RT) per three years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| EP - WELLS 2 & 4 (3) | 1/1/14 - 12/31/16 | | Complete | | |
| | 1/1/17 - 12/31/19 | | | | |
| | 1/1/20 - 12/31/22 | | | | |
| Nitrate And Nitrite (NOX) | | 1 routine (RT) per year | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| EP - WELLS 2 & 4 (3) | 1/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 12/31/17 | | | | |
| | 1/1/18 - 12/31/18 | | | | |
| Pesticides, Herbicides and PCBs - Phase II & V (SOCS) | | 1 routine (RT) per three years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| EP - WELLS 2 & 4 (3) | 1/1/14 - 12/31/16 | | Complete | | |
| | 1/1/17 - 12/31/19 | | | | |
| | 1/1/20 - 12/31/22 | | | | |

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

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

| | | | | | | | |
|----------------------------------|-------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0781253 | ANNIE E. VINTON SCHOOL | NTNC | 313 | L | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 306 STAFFORD ROAD | | | 1 | | | | |
| Towns Served: MANSFIELD | | | | | | | |

Monitoring Requirements

| | | | |
|---|--------------------------|--------------------------|---------------------------------------|
| Water System Facility: ENTRY POINT - WELLS 2 & 4 (WSF ID: 00701) | | | |
| Organic Chemicals (VOCS) | | | 1 routine (RT) per three years |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| EP - WELLS 2 & 4 (3) | 1/1/17 - 12/31/19 | | |
| | 1/1/20 - 12/31/22 | | |

Other Compliance Schedules

| | | |
|-------------------------------------|-----------------|----------------------|
| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
| CROSS CONNECTION SURVEY REPORT | 3/1/2018 | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage 2 DBPR |
|--------------------------|---------------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|--------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | 4-1 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | 4-2 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | 4-3 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | 4-4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | 4-5 | Girl s Restroom | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00701 | ENTRY POINT - WELLS 2 & 4 | 3 | EP - WELLS 2 & 4 | A | | | | |
| 48152 | WELL #2 | 2 | WELL #2 | A | | | | |
| 53655 | WELL #4 | 2 | WELL #4 | A | | | | |
| 53657 | ATMOSPHERIC STORAGE TANK | | | | | | | |
| 53659 | BLADDER TANKS | | | | | | | |
| 53671 | PUMP STATION | | | | | | | |

Certified Operator Information

| | | | |
|---|----------------------|---|---------------------------------|
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) | | | |
| Facility Classification: SMALL WATER SYSTEM | | | |
| <i>Operator Name</i> | <i>Operator Type</i> | <i>Certification(s)</i> | <i>Certification Expiration</i> |
| KEARNEY, THOMAS | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II DISTRIBUTION SYSTEM OPERATOR - CLASS I | 3/31/2017 12/31/2017 |
| PALAZZI, PAUL | ASSIGNED OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS I | 6/30/2019 |
| CORSON, ALLEN | ASSIGNED OPERATOR | SMALL WATER SYSTEM OPERATOR | 6/30/2018 |

Contact Information

| | | | | | | | |
|--|-----------|--------------|--------------------------|-----------------|---------------|-------|----------|
| Name | | Organization | | | Job Title | | |
| Town of Mansfield School System | | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | City | State | Zip Code |
| 4 So Eagleville Rd | | | | | Mansfield | CT | 06268 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |

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

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

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
|------------------|-------------------------------|----------------|------------|------------|----------------|
| CT0781253 | ANNIE E. VINTON SCHOOL | NTNC | 313 | L | GW |

| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
|----------------------------------|---------------------|-------------|------------|------------|----------|--------------|
| 306 STAFFORD ROAD | | 1 | | | | |

| | | | | | |
|-------------------------|-----------|-----|--------------|-----------------|---------------|
| Towns Served: MANSFIELD | | | | | |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| | | | | | |

Contact Role(s): **Owner**

| Name | Organization | Job Title |
|---------------------------------|--------------------------|----------------|
| Mr. Frederick A. Baruzzi | Mansfield Public Schools | Superintendent |

| Mailing Address Line One | Mailing Address Line Two | City | State | Zip Code |
|--------------------------|--------------------------|------------------|-------|----------|
| 4 South Eagleville Road | | Storrs Mansfield | CT | 06268 |

| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
|----------------|-----------|--------------|--------------|-----------------|---------------------------|
| 860-429-3350 | | 860-429-3379 | | 860-429-3350 | baruzzifa@mansfieldct.org |

Contact Role(s): **Owner**

| Name | Organization | Job Title |
|----------------------------|-------------------|----------------------|
| Mr. Bill J. Trietch | Town of Mansfield | Deputy Dir. Facility |

| Mailing Address Line One | Mailing Address Line Two | City | State | Zip Code |
|--------------------------|--------------------------|-----------|-------|----------|
| 4 South Eagleville Road | | Mansfield | CT | 06268 |

| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
|----------------|-----------|--------------|--------------|-----------------|---------------------------|
| 860-429-3326 | | 860-487-4443 | | 860-234-1854 | TrietchWJ@mansfieldct.org |

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

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

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | |
|----------------------------------|------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0781263 | OAK GROVE MONTESSORI SCHOOL | NTNC | 77 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 132 PLEASANT VALLEY | | | 1 | | | | |

Towns Served: MANSFIELD

Monitoring Requirements

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

| | | | | | |
|---|--------------------------|---------------------------------------|--------------------------|--|--|
| Asbestos (1094) | | 1 routine (RT) per nine years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 1/1/11 - 12/31/19 | | | | |
| Total Coliform (3100) | | 1 routine (RT) per quarter | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |
| Lead And Copper (PBCU) | | 5 routine (RT) per year | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 1/1/16 - 12/31/16 | 6/1-9/30 | Complete | | |
| | 1/1/17 - 12/31/17 | 6/1-9/30 | | | |
| | 1/1/18 - 12/31/18 | 6/1-9/30 | | | |
| Physical Parameters (PPS) | | 1 routine (RT) per quarter | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 1/1/17 - 3/31/17 | | | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |
| Physical Parameters (PPX) | | 1 routine (RT) per quarter | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| Water System Facility: ENTRY POINT (WSF ID: 00700) | | | | | |
| Inorganic Chemicals (IOCS) | | 1 routine (RT) per three years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| ENTRY POINT (3) | 1/1/14 - 12/31/16 | | Complete | | |
| | 1/1/17 - 12/31/19 | | | | |
| | 1/1/20 - 12/31/22 | | | | |
| Nitrate And Nitrite (NOX) | | 1 routine (RT) per year | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| ENTRY POINT (3) | 1/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 12/31/17 | | | | |
| | 1/1/18 - 12/31/18 | | | | |
| Pesticides, Herbicides and PCBs-Phase II (SOC2) | | 1 routine (RT) per three years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| ENTRY POINT (3) | 1/1/14 - 12/31/16 | | Complete | | |
| | 1/1/17 - 12/31/19 | | | | |
| | 1/1/20 - 12/31/22 | | | | |

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

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

| | | | | | | | |
|----------------------------------|------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0781263 | OAK GROVE MONTESSORI SCHOOL | NTNC | 77 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 132 PLEASANT VALLEY | | | 1 | | | | |
| Towns Served: MANSFIELD | | | | | | | |

Monitoring Requirements

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

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

| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|------------------------------------|-------------------|-------------------|-------------------|
| ENTRY POINT (3) | 1/1/14 - 12/31/16 | | Complete |
| | 1/1/17 - 12/31/19 | | |
| | 1/1/20 - 12/31/22 | | |

Organic Chemicals (VOCS) 1 routine (RT) per three years

| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|------------------------------------|-------------------|-------------------|-------------------|
| ENTRY POINT (3) | 1/1/14 - 12/31/16 | | Complete |
| | 1/1/17 - 12/31/19 | | |
| | 1/1/20 - 12/31/22 | | |

Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|------------------------------|----------|---------------|
| CROSS CONNECTION EXEMPTION | 3/1/2019 | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage 2 DBPR |
|--------------------------|-----------------------|----------------------|----------------------------|--------|---------------------|---------------------------|----------|--------------|
| 00600 | DISTRIBUTION SYSTEM | 1 | NURSES SINK | P | Y | 2 | | |
| | | 2 | DRINKING FOUNTAIN | P | Y | 2 | | |
| | | 3 | KITCHEN | P | Y | 2 | | |
| | | 4 | SINK 3-6 | A | Y | 2 | Y | |
| | | 5 | STAFF BATHROOM | P | Y | 2 | | |
| | | 6 | BOYS BATHROOM | P | Y | 2 | | |
| | | 7 | GIRLS BATHROOM | P | Y | 2 | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 10379 | WELL | 2 | WELL | A | | | | |

Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

| Operator Name | Operator Type | Certification(s) | Certification Expiration |
|---------------|----------------|-----------------------------|--------------------------|
| STAVENS, JOEL | CHIEF OPERATOR | SMALL WATER SYSTEM OPERATOR | 6/30/2017 |

Contact Information

| | | | | | | | |
|--------------------------|-----------|-----------------------------|--------------|-----------------|---------------|-------|----------|
| Name | | Organization | | | Job Title | | |
| Ms. Karen Drazen | | Oak Grove Montessori School | | | Director | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | State | Zip Code |
| 132 Pleasant Valley Road | | | | | Mansfield | CT | 06250 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |

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

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

| | | | | | | | | |
|---|------------------------------------|---------------------|-----------------------------|-----------------|----------------|----------------------|--------------|----------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | | |
| CT0781263 | OAK GROVE MONTESSORI SCHOOL | NTNC | 77 | P | GW | | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural | |
| 132 PLEASANT VALLEY | | | 1 | | | | | |
| Towns Served: MANSFIELD | | | | | | | | |
| 860-456-1031 | | 860-456-2907 | | | | | | |
| Contact Role(s): Administrative Contact, Legal Contact | | | | | | | | |
| Name | | | Organization | | | Job Title | | |
| Ms. Cindy Henry | | | Oak Grove Montessori School | | | Administrative Assis | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 132 Pleasant Valley Road | | | | | | Mansfield | CT | 06250 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-456-1031 | | 860-456-2907 | | | | | | |
| Contact Role(s): Legal Contact | | | | | | | | |
| Please note the following: | | | | | | | | |
| 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. | | | | | | | | |
| 2. If a Collection Period is specified, all water quality samples must be collected during the specified period. | | | | | | | | |
| 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule. | | | | | | | | |

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | |
|----------------------------------|--|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0787023 | COMMUNITY CHILDRENS CENTER INC. | NTNC | 52 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 797 MANSFIELD CITY ROAD | | | | 1 | | | |
| Towns Served: MANSFIELD | | | | | | | |

Monitoring Requirements

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

| | | | | | |
|---|--------------------------|---------------------------------------|--------------------------|--|--|
| Asbestos (1094) | | 1 routine (RT) per nine years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| DISTRIBUTION SYSTEM (4) | 1/1/14 - 12/31/22 | | | | |
| Total Coliform (3100) | | 1 routine (RT) per quarter | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 3/31/17 | | Complete | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |
| Lead And Copper (PBCU) | | 5 routine (RT) per three years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 1/1/14 - 12/31/16 | 6/1-9/30 | Complete | | |
| | 1/1/17 - 12/31/19 | 6/1-9/30 | | | |
| | 1/1/20 - 12/31/22 | 6/1-9/30 | | | |
| Physical Parameters (PPS) | | 1 routine (RT) per quarter | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 1/1/17 - 3/31/17 | | Complete | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |
| Physical Parameters (PPX) | | 1 routine (RT) per quarter | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| Water System Facility: ENTRY POINT (WSF ID: 00700) | | | | | |
| Di(2-Ethylhexyl) - Phthalate (2039) | | 1 routine (RT) per quarter | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| ENTRY POINT (3) | 7/1/16 - 9/30/16 | | Complete | | |
| | 10/1/16 - 12/31/16 | | Complete | | |
| | 1/1/17 - 3/31/17 | | Complete | | |
| | 4/1/17 - 6/30/17 | | | | |
| | 7/1/17 - 9/30/17 | | | | |
| Inorganic Chemicals (IOCS) | | 1 routine (RT) per three years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| ENTRY POINT (3) | 1/1/14 - 12/31/16 | | Complete | | |
| | 1/1/17 - 12/31/19 | | | | |
| | 1/1/20 - 12/31/22 | | | | |
| Nitrate And Nitrite (NOX) | | 1 routine (RT) per year | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| ENTRY POINT (3) | 1/1/16 - 12/31/16 | | Complete | | |

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

| | | | | | | | |
|----------------------------------|--|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0787023 | COMMUNITY CHILDRENS CENTER INC. | NTNC | 52 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 797 MANSFIELD CITY ROAD | | | | 1 | | | |

Towns Served: MANSFIELD

Monitoring Requirements

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

Nitrate And Nitrite (NOX) **1 routine (RT) per year**

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| | 1/1/17 - 12/31/17 | | |
| | 1/1/18 - 12/31/18 | | |

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

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| ENTRY POINT (3) | 1/1/14 - 12/31/16 | | Complete |
| | 1/1/14 - 6/30/16 | 1/1-6/30 | Complete |
| | 1/1/17 - 12/31/19 | | |
| | 1/1/20 - 12/31/22 | | |

Organic Chemicals (VOCS) **1 routine (RT) per three years**

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| ENTRY POINT (3) | 1/1/15 - 12/31/17 | | Complete |
| | 1/1/18 - 12/31/20 | | |

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| RESPOND TO SANITARY SURVEY | 4/20/2005 | |
| CROSS CONNECTION EXEMPTION | 3/1/2020 | |

Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|---------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | CCC001 | TODDLER ROOM FRONT | A | Y | N | | |
| | | CCC002 | KITCHEN SINK | A | Y | N | | |
| | | CCC003 | STAFF BATH | A | Y | N | | |
| | | CCC004 | PRESCHOOL SINK | A | Y | N | | |
| | | CCC005 | BACK TODDLER LEFT | A | Y | N | | |
| | | CCC006 | BACK TODDLER RIGHT | A | Y | N | | |
| | | CCC007 | PRESCHOOL BATH | A | Y | N | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 48709 | WELL #1 | 2 | WELL #1 | A | | | | |
| 48711 | BLADDER TANK | | | | | | | |

Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

| <i>Operator Name</i> | <i>Operator Type</i> | <i>Certification(s)</i> | <i>Certification Expiration</i> |
|----------------------|----------------------|-------------------------|---------------------------------|
| | | | |

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

| | | | | | | | |
|----------------------------------|--|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0787023 | COMMUNITY CHILDRENS CENTER INC. | NTNC | 52 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 797 MANSFIELD CITY ROAD | | | | 1 | | | |
| Towns Served: MANSFIELD | | | | | | | |

Certified Operator Information

| | | | |
|---|----------------------|---|---------------------------------|
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) | | | |
| Facility Classification: SMALL WATER SYSTEM | | | |
| Operator Name | Operator Type | Certification(s) | Certification Expiration |
| NIGRO, JR., VICTOR N. | CHIEF OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS III | 6/30/2017 |
| | | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2018 |
| NIGRO, SCOTT A. | ASSIGNED OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I | 6/30/2019 |
| | | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2017 |

Contact Information

| | | | | | | | |
|----------------------------|-----------|----------------------------|--------------------------|-----------------|-----------------------------|-------|----------|
| Name | | Organization | | | Job Title | | |
| Ms. Zhou Shengli | | Community Childrens Center | | | President/Chair | | |
| Mailing Address Line One | | | Mailing Address Line Two | | City | State | Zip Code |
| 371 Fairfield Rd Unit 2157 | | | | | Storrs | CT | 06268 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 860-456-7171 | | | | | comm.childrens.ctr@snet.net | | |

| | | | | | | | |
|--|-----------|--------------|--------------------------|-----------------|---------------------------|-------|----------|
| Contact Role(s): Legal Contact, Owner | | | | | | | |
| Name | | Organization | | | Job Title | | |
| Community Childrens Center Inc | | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | City | State | Zip Code |
| 797 Mansfield City Rd P. O. Box 108 | | | | | Mansfield | CT | 06268 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 860-456-7171 | | | | | comm.childrens.ctrnet.net | | |

| | | | | | | | |
|--|-----------|--------------------------------|--------------------------|-----------------|-----------------|-------|----------|
| Contact Role(s): Legal Contact, Owner | | | | | | | |
| Name | | Organization | | | Job Title | | |
| Ms. Katherine Vallo | | Community Childrens Center Inc | | | President/Chair | | |
| Mailing Address Line One | | | Mailing Address Line Two | | City | State | Zip Code |
| 72 Tolland Green | | | | | Tolland | CT | 06268 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 860-456-7171 | | | | | | | |

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

Please note the following:

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

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

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

End of schedule

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