

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0999043	TILCON CONNECTICUT INC. - NORTH BRANFORD	NTNC	38	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
ROUTE 22 & 80			1				
Towns Served: NORTH BRANFORD							

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 (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				Complete	
		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

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Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
ROUTE 22 & 80			1				
Towns Served: NORTH BRANFORD							

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 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		Complete
	1/1/18 - 12/31/18		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2015	
CROSS CONNECTION SURVEY REPORT	3/1/2017	

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				
		MW001	SHOP MENS ROOM	A	Y	2	Y	
		MW002	SHOP WOMANS ROOM	A	Y	2		
		MW003	LUBE AREA SINK	A	Y	2		
		MW004	FAUCET #1	A	Y	2		
		MW005	FAUCET #2	A	Y	2		
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10481	WELL #1	2	WELL	A				
50190	PRESSURE 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>
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

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Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
ROUTE 22 & 80			1				

Towns Served: NORTH BRANFORD

Contact Information

Name			Organization			Job Title			
Ms. Deborah Janes			Tilcon Connecticut Inc.			Qc/Qa Coordinator			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
1 Forest Road						North Branford		CT	06471-0067
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-484-1411		203-484-1426							

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

Name			Organization			Job Title			
Mr. Thomas W. Drennen			Tilcon Connecticut, Inc.			Cfo And Secretary			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
642 Black Rock Avenue						New Britain		CT	06052
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				

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		
CT0990713	5 ARDSLEY AVENUE	NTNC	40	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
5 ARDSLEY AVENUE			2				
Towns Served: NORTH BRANFORD							

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	1/1/15 - 12/31/17	6/1-9/30			
	1/1/18 - 12/31/20	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 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				

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5 ARDSLEY AVENUE			2				
Towns Served: NORTH BRANFORD							

Monitoring Requirements

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

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			
	1/1/18 - 12/31/20			

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2011	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2014	

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			
		AP-01	DR. OFFICE SINK #1	A	Y	2		
		AP-02	DR. OFFICE SINK #2	A	Y	2		
		AP-03	DAYCARE KITCHEN	A	Y	2	Y	
		AP-04	DAYCARE BOYS LAV	A	Y	2		
		AP-05	DAYCARE GIRLS LAV	A	Y	2		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10774	WELL 1	2	WELL 1	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
ROWLEY, BRENDAN	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2019
		WATER TREATMENT PLANT OPERATOR - CLASS II	12/31/2019

Contact Information

Name			Organization			Job Title			
Mr. Mario Simoni			Alm Realty Group			Member			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
199 White Birch Road						East Hampton		CT	06424
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-267-7335				860-267-1106					
Contact Role(s):		Legal Contact							

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CT0990713	5 ARDSLEY AVENUE	NTNC	40	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
5 ARDSLEY AVENUE		2						
Towns Served: NORTH BRANFORD								
Name			Organization			Job Title		
Ms. Lisa Simoni			5 Ardsley Ave, LLC			Property Manager		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
199 White Birch Road						East Hampton	CT	06424
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-267-7335		860-267-7867			lisam9876@yahoo.com			
Contact Role(s): Administrative Contact								

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