

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

| | | | | | | | |
|----------------------------------|--|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT1080011 | AQUARION WATER CO OF CT-HAWKSTONE SYSTEM | C | 172 | P | SWP | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | 43 | | | | |

Towns Served: OXFORD, SEYMOUR

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 | 1/1/14 - 12/31/22 | | | |
| Total Coliform (3100) | | 1 routine (RT) per month | | |
| <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 | 8/1/16 - 8/31/16 | | Complete | |
| | 9/1/16 - 9/30/16 | | Complete | |
| | 10/1/16 - 10/31/16 | | Complete | |
| | 11/1/16 - 11/30/16 | | Complete | |
| | 12/1/16 - 12/31/16 | | Complete | |
| | 1/1/17 - 1/31/17 | | | |
| | 2/1/17 - 2/28/17 | | | |
| | 3/1/17 - 3/31/17 | | | |
| | 4/1/17 - 4/30/17 | | | |
| | 5/1/17 - 5/31/17 | | | |
| | 6/1/17 - 6/30/17 | | | |
| | 7/1/17 - 7/31/17 | | | |
| | 8/1/17 - 8/31/17 | | | |
| Disinfectant Byproducts - TTHM & HAA5 (DBP) | | 1 routine (RT) per year | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | |
| HAWKSTONE SS 2008 (02916) | 1/1/16 - 12/31/16 | 8/1-8/31 | Complete | |
| | 1/1/17 - 12/31/17 | 8/1-8/31 | | |
| | 1/1/18 - 12/31/18 | 8/1-8/31 | | |
| 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 month | | |
| <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 - 1/31/17 | | | |
| | 2/1/17 - 2/28/17 | | | |
| | 3/1/17 - 3/31/17 | | | |
| | 4/1/17 - 4/30/17 | | | |
| | 5/1/17 - 5/31/17 | | | |
| | 6/1/17 - 6/30/17 | | | |
| | 7/1/17 - 7/31/17 | | | |
| | 8/1/17 - 8/31/17 | | | |
| Physical Parameters (PPX) | | 1 routine (RT) per month | | |
| <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 | 8/1/16 - 8/31/16 | | Complete | |

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

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

| | | | | | | | |
|----------------------------------|--|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT1080011 | AQUARION WATER CO OF CT-HAWKSTONE SYSTEM | C | 172 | P | SWP | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | 43 | | | | |

Towns Served: OXFORD, SEYMOUR

Monitoring Requirements

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

| Physical Parameters (PPX) | 1 routine (RT) per month | | |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| | 9/1/16 - 9/30/16 | | Complete |
| | 10/1/16 - 10/31/16 | | Complete |
| | 11/1/16 - 11/30/16 | | Complete |
| | 12/1/16 - 12/31/16 | | Complete |

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| CROSS CONNECTION SURVEY REPORT | 3/1/2016 | |
| SUBMIT CCR TO THE DEPARTMENT | 6/30/2017 | |
| SUBMIT CCR CERTIFICATION FORM | 8/9/2017 | |

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 | 02914 | HAWKSTONE SS | A | Y | | | |
| | | 02915 | BIRMINGHAM MP | A | Y | | | |
| | | 02916 | HAWKSTONE SS 2008 | A | | | | Y |
| | | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | PB5696 | 22 PALMER LN OXFD | A | | | 3 | |
| | | PB5697 | 10 PALMER LN OXFORD | A | | | 3 | |
| | | PB5698 | 15 PALMER LN OXFORD | A | | | 3 | |
| | | PB5699 | 12 HAWKSTONE TE OXFD | A | | | 3 | |
| | | PB5700 | 3 HAWKSTONE TE OXFD | A | | | 3 | |
| | | PB6225 | 21 PALMER LN OXFD | A | | | 3 | |
| | | PB6226 | 8 HAWKSTONE TE OXFD | A | | | 3 | |
| | | PB6316 | 3 PALMER LANE | A | Y | | 1 | |
| | | PB6964 | 6 HAWKSONTE TERR | A | Y | | 3 | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |

45895 INTERCONNECTION - REGIONAL WATER AUTH

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> |
|----------------------|----------------------|---|---------------------------------|
| TORRES, JR., MIGUEL | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS IV | 12/31/2019 |
| | | DISTRIBUTION SYSTEM OPERATOR - CLASS III | 12/31/2017 |
| LEONE, GARY J. | ASSIGNED OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS III | 12/31/2018 |

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 | | |
| CT1080011 | AQUARION WATER CO OF CT-HAWKSTONE SYSTEM | C | 172 | P | SWP | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | 43 | | | | |

Towns Served: OXFORD, SEYMOUR

Contact Information

| | | | | | | | |
|--------------------------|-----------|--------------------------|--------------|-----------------|--------------------------|-------|----------|
| Name | | Organization | | | Job Title | | |
| Mr. John P. Walsh | | Aquarion Water Company | | | Vice President | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | State | Zip Code |
| 600 Lindley Street | | | | | Bridgeport | CT | 06606 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 203-337-5852 | | 203-337-5839 | | 781-413-6175 | jwalsh@aquarionwater.com | | |

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

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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 | | |
| CT1085061 | OXFORD TOWN CENTER SYSTEM | C | 700 | P | GWP | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| ROUTE 67 | | | 150 | 80 | | | |
| Towns Served: OXFORD | | | | | | | |

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 | 1/1/08 - 12/31/16 | | Complete |
| | 1/1/17 - 12/31/25 | | |
| Total Coliform (3100) | 1 routine (RT) per month | | |
| <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 | 8/1/16 - 8/31/16 | | Complete |
| | 9/1/16 - 9/30/16 | | Complete |
| | 10/1/16 - 10/31/16 | | Complete |
| | 11/1/16 - 11/30/16 | | Complete |
| | 12/1/16 - 12/31/16 | | Complete |
| | 1/1/17 - 1/31/17 | | |
| | 2/1/17 - 2/28/17 | | |
| | 3/1/17 - 3/31/17 | | |
| | 4/1/17 - 4/30/17 | | |
| | 5/1/17 - 5/31/17 | | |
| | 6/1/17 - 6/30/17 | | |
| | 7/1/17 - 7/31/17 | | |
| | 8/1/17 - 8/31/17 | | |
| 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 | | |
| | 1/1/17 - 6/30/17 | | |
| | 7/1/17 - 12/31/17 | | |
| Physical Parameters (PPS) | 1 routine (RT) per month | | |
| <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 - 1/31/17 | | |
| | 2/1/17 - 2/28/17 | | |
| | 3/1/17 - 3/31/17 | | |
| | 4/1/17 - 4/30/17 | | |
| | 5/1/17 - 5/31/17 | | |
| | 6/1/17 - 6/30/17 | | |
| | 7/1/17 - 7/31/17 | | |
| | 8/1/17 - 8/31/17 | | |
| Physical Parameters (PPX) | 1 routine (RT) per month | | |
| <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 | 8/1/16 - 8/31/16 | | Complete |
| | 9/1/16 - 9/30/16 | | Complete |
| | 10/1/16 - 10/31/16 | | Complete |
| | 11/1/16 - 11/30/16 | | Complete |

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

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

| | | | | | | | |
|----------------------------------|----------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT1085061 | OXFORD TOWN CENTER SYSTEM | C | 700 | P | GWP | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| ROUTE 67 | | | 150 | 80 | | | |
| Towns Served: OXFORD | | | | | | | |

Monitoring Requirements

| | | | |
|---|--------------------------|--------------------------|---------------------------------|
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) | | | |
| Physical Parameters (PPX) | | | 1 routine (RT) per month |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| | 12/1/16 - 12/31/16 | | Complete |

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| SAMPLING SITE PLAN | 7/8/2016 | |
| SUBMIT CCR TO THE DEPARTMENT | 6/30/2017 | |
| SUBMIT CCR CERTIFICATION FORM | 8/9/2017 | |

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 | | | | |
| 60122 | INTERCONNECTION - HERITAGE WATER CO. | | | | | | | |

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> |
| OPERATOR ASSIGNMENT REQUIRE | | | |

Contact Information

| | | | | | | | |
|--------------------------|-----------|------------------------|--------------------------|-----------------|--------------------------|-------|----------|
| Name | | Organization | | | Job Title | | |
| Mr. John P. Walsh | | Aquarion Water Company | | | Vice President | | |
| Mailing Address Line One | | | Mailing Address Line Two | | City | State | Zip Code |
| 600 Lindley Street | | | | | Bridgeport | CT | 06606 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 203-337-5852 | | 203-337-5839 | | 781-413-6175 | jwalsh@aquarionwater.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