

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1230092	SCOTLAND ELEMENTARY SCHOOL	NTNC	200	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
68 BROOK ROAD			1				

Towns Served: SCOTLAND

### Monitoring Requirements

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

<b>Asbestos (1094)</b>		<b>1 routine (RT) per nine years</b>			
<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				
<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>			
<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				
<b>Lead And Copper (PBCU)</b>		<b>5 routine (RT) per three years</b>			
<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			
<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>			
<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				
<b>Physical Parameters (PPX)</b>		<b>1 routine (RT) per quarter</b>			
<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 & 2 (WSF ID: 00701)					
<b>Inorganic Chemicals (IOCS)</b>		<b>1 routine (RT) per three years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
EP- WELL 2 (3)	1/1/14 - 12/31/16		Complete		
	1/1/17 - 12/31/19				
	1/1/20 - 12/31/22				
<b>Nitrate And Nitrite (NOX)</b>		<b>1 routine (RT) per year</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
EP- WELL 2 (3)	1/1/16 - 12/31/16		Complete		
	1/1/17 - 12/31/17				
	1/1/18 - 12/31/18				
<b>Pesticides, Herbicides and PCBs - Phase II &amp; V (SOCS)</b>		<b>1 (RT) per three years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
EP- WELL 2 (3)	1/1/14 - 12/31/16	1/1-12/31	Waiver		
<b>Pesticides, Herbicides and PCBs - Phase II &amp; V (SOCS)</b>		<b>1 routine (RT) per three years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
EP- WELL 2 (3)	1/1/17 - 12/31/19				

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68 BROOK ROAD			1				
Towns Served: SCOTLAND							

## Monitoring Requirements

<b>Water System Facility: ENTRY POINT- WELLS 1 &amp; 2 (WSF ID: 00701)</b>							
<b>Pesticides, Herbicides and PCBs - Phase II &amp; V (SOCS)</b>				<b>1 routine (RT) per three years</b>			
<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					
<b>Organic Chemicals (VOCS)</b>				<b>1 routine (RT) per year</b>			
<i>Sampling Point (Sampling Point ID)</i>		<i>Monitoring Period</i>		<i>Collection Period</i>		<i>Compliance Status</i>	
EP- WELL 2 (3)		1/1/16 - 12/31/16				Complete	
		1/1/17 - 12/31/17					
		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	12/29/2011	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2012	
CROSS CONNECTION SURVEY REPORT	3/1/2016	

## 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	001	GYM KITCHEN SINK	P	Y	2		
		002	TEACHER LOUNGE	P	Y	2		
		003	KINDERGARTEN	P	Y	2		
		004	BOILER ROOM (WELL)	P	Y	2		
		005	BOILER RM (TANK)	P	Y	2		
		4	DISTRIBUTION SYSTEM	A	Y			
		4-3	Room #7	A	Y			
		4-5	Room #2	A	Y			
				DOWNSTREAM	WITHIN 5 SERVICE CON	A		
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00701	ENTRY POINT- WELLS 1 & 2	3	EP- WELL 2	A				
10573	WELL #1	2	WELL #1	A				
55353	WELL #2	2	WELL #2	A				
55355	TREATMENT PLANT	3	ENTRY POINT	A				
55357	ATMOSPHERIC TANK							
55359	PUMP STATION							

## Certified Operator Information

<b>Water System Facility: TREATMENT PLANT (WSF ID: 55355)</b>			
<b>Facility Classification: CLASS 1 TREATMENT PLANT</b>			
<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

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## Certified Operator Information

Water System Facility: <b>TREATMENT PLANT (WSF ID: 55355)</b>			
Facility Classification: CLASS 1 TREATMENT PLANT			
<b>Operator Name</b>	<b>Operator Type</b>	<b>Certification(s)</b>	<b>Certification Expiration</b>
LAFRAMBOISE, JEFFREY	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2017
		WATER TREATMENT PLANT OPERATOR - CLASS I	3/31/2018

## Contact Information

Name		Organization			Job Title		
<b>Dr. Francis Baran</b>		Scotland Elementary School			Superintendent		
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
68 Brook Road			PO Box 97		Scotland	CT	06264
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-423-0064		860-423-0390			fbaran@scotlandes.org		

Contact Role(s): <b>Administrative Contact</b>							
Name		Organization			Job Title		
<b>Scotland</b>							
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		

Contact Role(s): <b>Owner</b>							
Name		Organization			Job Title		
<b>Mr. Daniel D. Syme</b>		Town of Scotland			First Selectman		
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
9 Devotion Road			P.O. Box 288		Scotland	CT	06264
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-456-7797		860-456-3666			Scotlandselect1@yahoo.com		

Contact Role(s): <b>Legal Contact</b>							
<b>Please note the following:</b>							
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**