

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |                                 |                     |             |            |                |          |              |
|----------------------------------|---------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                           | PWS Name                        | Classification      | Population  | Owner Type | Primary Source |          |              |
| <b>CT1420012</b>                 | <b>MISS MERRY MAC'S DAYCARE</b> | NTNC                | 64          | P          | GW             |          |              |
| Local Address (where applicable) |                                 | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 479 MERROW ROAD, ROUTE 195       |                                 |                     | 1           |            |                |          |              |

Towns Served: TOLLAND

### 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 six months</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 - 12/31/16        |                                       | Complete                 |  |  |
|  | 1/1/17 - 6/30/17         |                                       |                          |  |  |
|  | 7/1/17 - 12/31/17        |                                       |                          |  |  |
| <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: <b>ENTRY POINT (WSF ID: 00700)</b>        |                          |                                       |                          |  |  |
| <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> |  |  |
| ENTRY POINT (3)  | 1/1/15 - 12/31/17        |                                       |                          |  |  |
|  | 1/1/18 - 12/31/20        |                                       |                          |  |  |
| <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> |  |  |
| ENTRY POINT (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 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> |  |  |
| 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 |          |              |
| <b>CT1420012</b>                 | <b>MISS MERRY MAC'S DAYCARE</b> | NTNC                | 64          | P          | GW             |          |              |
| Local Address (where applicable) |                                 | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 479 MERROW ROAD, ROUTE 195       |                                 |                     | 1           |            |                |          |              |
| Towns Served: TOLLAND            |                                 |                     |             |            |                |          |              |

## Monitoring Requirements

|   |                          |                          |                                       |
|---|--------------------------|--------------------------|---------------------------------------|
| Water System Facility: <b>ENTRY POINT (WSF ID: 00700)</b> |                          |                          |                                       |
| <b>Organic Chemicals (VOCS)</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>              |
| ENTRY POINT (3)   | 1/1/16 - 12/31/18        |                          |                                       |
|   | 1/1/19 - 12/31/21        |                          |                                       |

## Public Notification Requirements

| Violation/Situation               | Compliance Period | Notice Tier | Public Notification |           | PN Certification |          |
|-----------------------------------|-------------------|-------------|---------------------|-----------|------------------|----------|
|                                   |                   |             | Required            | Performed | Due to DPH       | Received |
| Total Coliform M&R Violation      | 7/1/15 - 9/30/15  | 2           | 2/28/2016           |           | 3/9/2016         |          |
| Physical Parameters M&R Violation | 7/1/15 - 9/30/15  | 3           | 1/28/2017           |           | 2/7/2017         |          |

## 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      |                     |                           |          |              |
|                          |                       |                   | UPSTREAM WITHIN 5 SERVICE CON   | A      |                     |                           |          |              |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                     | A      |                     |                           |          |              |
| 10624                    | WELL 1                | 2                 | WELL 1                          | A      |                     |                           |          |              |
| 56926                    | BLADDER TANK          |                   |                                 |        |                     |                           |          |              |

## Certified Operator Information

| Water System Facility: <b>DISTRIBUTION SYSTEM (WSF ID: 00600)</b> |                |   |                          |
|---|----------------|---|--------------------------|
| Facility Classification: SMALL WATER SYSTEM                       |                |   |                          |
| Operator Name   | Operator Type  | Certification(s)                          | Certification Expiration |
| FALLON, IRVING W.   | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2019                |
|   |                | DISTRIBUTION SYSTEM OPERATOR - CLASS III  | 6/30/2019                |

## Contact Information

|                           |           |   |                          |                 |                         |         |       |          |
|---------------------------|-----------|---|--------------------------|-----------------|-------------------------|---------|-------|----------|
| Name                      |           | Organization  |                          |                 | Job Title               |         |       |          |
| <b>Ms. Marie B. Sauve</b> |           |   |                          |                 | Owner                   |         |       |          |
| Mailing Address Line One  |           |   | Mailing Address Line Two |                 |                         | City    | State | Zip Code |
| 479 Merrow Road           |           |   |                          |                 |                         | Tolland | CT    | 06084    |
| Business Phone            | Extension | Fax   | Mobile Phone             | Emergency Phone | Email Address           |         |       |          |
| 860-978-4571              |           |   |                          | 860-870-0070    | missmerrymacs@gmail.com |         |       |          |
| Contact Role(s):          |           | <b>Administrative Contact, Legal Contact, Owner</b> |                          |                 |                         |         |       |          |

*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 |           |              |          |
| <b>CT1420012</b>                 | <b>MISS MERRY MAC'S DAYCARE</b> | NTNC                | 64                       | P               | GW             |           |              |          |
| Local Address (where applicable) |                                 | Service Connections | Residential              | Commercial      | Industrial     | Combined  | Agricultural |          |
| 479 MERROW ROAD, ROUTE 195       |                                 |                     | 1                        |                 |                |           |              |          |
| Towns Served: TOLLAND            |                                 |                     |                          |                 |                |           |              |          |
| Name                             |                                 |                     | Organization             |                 |                | Job Title |              |          |
| <b>Mr. Ted M. Sauve</b>          |                                 |                     |                          |                 |                |           |              |          |
| Mailing Address Line One         |                                 |                     | Mailing Address Line Two |                 |                | City      | State        | Zip Code |
| 479 Merrow Road                  |                                 |                     |                          |                 |                | Tolland   | CT           | 06084    |
| Business Phone                   | Extension                       | Fax                 | Mobile Phone             | Emergency Phone | Email Address  |           |              |          |
| 860-978-4571                     |                                 |                     |                          | 860-870-0070    |                |           |              |          |
| Contact Role(s): <b>Owner</b>    |                                 |                     |                          |                 |                |           |              |          |

**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 |          |              |
| CT1429043                        | FIRST BAPTIST CHURCH OF TOLLAND | NTNC                | 80          | P          | GW             |          |              |
| Local Address (where applicable) |                                 | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 75 CIDER MILL ROAD               |                                 |                     | 1           |            |                |          |              |
| Towns Served: TOLLAND            |                                 |                     |             |            |                |          |              |

### 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                  | 1/1/14 - 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                              |                          |  |  |
| <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: <b>ENTRY POINT (WSF ID: 00700)</b>        |                          |                                       |                          |  |  |
| <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> |  |  |
| ENTRY POINT (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> |  |  |
| ENTRY POINT (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> |  |  |
| ENTRY POINT (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> |  |  |

*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 |          |              |
| CT1429043                        | FIRST BAPTIST CHURCH OF TOLLAND | NTNC                | 80          | P          | GW             |          |              |
| Local Address (where applicable) |                                 | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 75 CIDER MILL ROAD               |                                 |                     | 1           |            |                |          |              |
| Towns Served: TOLLAND            |                                 |                     |             |            |                |          |              |

### Monitoring Requirements

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

|  |                          |                          |                                       |
|--|--------------------------|--------------------------|---------------------------------------|
| <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>              |
| ENTRY POINT (3)  | 1/1/17 - 12/31/19        |                          |                                       |
|  | 1/1/20 - 12/31/22        |                          |                                       |

|   |                          |                          |                                       |
|---|--------------------------|--------------------------|---------------------------------------|
| <b>Organic Chemicals (VOCS)</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>              |
| ENTRY POINT (3)                           | 1/1/15 - 12/31/17        |                          |                                       |
|   | 1/1/18 - 12/31/20        |                          |                                       |

### Other Compliance Schedules

|   |                 |                      |
|---|-----------------|----------------------|
| <i>Compliance Schedule Activity</i>     | <i>Due Date</i> | <i>Achieved Date</i> |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 12/29/2016      |                      |
| 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      |                     |                           |          |              |
|                          |                       | MW001-H           | MENS RESTROOM HALL         | A      | Y                   | N                         | Y        |              |
|                          |                       | MW002-H           | WOMENS RESTROOM HALL       | A      | Y                   | N                         |          |              |
|                          |                       | MW003             | KITCHEN                    | A      | Y                   |                           |          |              |
|                          |                       | MW003-LS          | KITCHEN LEFT SINK          | A      | Y                   | N                         |          |              |
|                          |                       | MW004-AP          | SINK ACROSS PASTORS        | A      | Y                   | N                         |          |              |
|                          |                       | MW017-131         | BATHROOM 131               | A      | Y                   | N                         |          |              |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |              |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |              |
| 10628                    | WELL #1               | 2                 | WELL #1                    | A      |                     |                           |          |              |
| 1528                     | TREATMENT PLANT       |                   |                            |        |                     |                           |          |              |

### Certified Operator Information

**Water System Facility: TREATMENT PLANT (WSF ID: 1528)**

**Facility Classification:** CLASS 1 TREATMENT PLANT

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

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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 |          |              |
| <b>CT1429043</b>                 | <b>FIRST BAPTIST CHURCH OF TOLLAND</b> | NTNC                | 80          | P          | GW             |          |              |
| Local Address (where applicable) |  | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 75 CIDER MILL ROAD               |  |                     | 1           |            |                |          |              |
| Towns Served: TOLLAND            |  |                     |             |            |                |          |              |

## Contact Information

|                          |           |                           |              |                 |                     |  |       |          |
|--------------------------|-----------|---------------------------|--------------|-----------------|---------------------|--|-------|----------|
| Name                     |           | Organization              |              |                 | Job Title           |  |       |          |
| <b>Mr. Jay Burns</b>     |           | Baptist Fellowship Church |              |                 | Chairman of Deacons |  |       |          |
| Mailing Address Line One |           | Mailing Address Line Two  |              |                 | City                |  | State | Zip Code |
| 175 Cider Mill Road      |           | P.O. Box 184              |              |                 | Tolland             |  | CT    | 06084    |
| Business Phone           | Extension | Fax                       | Mobile Phone | Emergency Phone | Email Address       |  |       |          |
| 860-871-0592             |           |                           |              |                 |                     |  |       |          |

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

|                          |           |                                |              |                 |               |  |       |          |
|--------------------------|-----------|--------------------------------|--------------|-----------------|---------------|--|-------|----------|
| Name                     |           | Organization                   |              |                 | Job Title     |  |       |          |
| <b>Pastor Jeff Roman</b> |           | First Baptist Church of Tollan |              |                 | Pastor        |  |       |          |
| Mailing Address Line One |           | Mailing Address Line Two       |              |                 | City          |  | State | Zip Code |
| 175 Cider Mill Road      |           |                                |              |                 | Tolland       |  | CT    | 06084    |
| Business Phone           | Extension | Fax                            | Mobile Phone | Emergency Phone | Email Address |  |       |          |
| 860-871-8192             |           | 860-871-8192                   |              |                 |               |  |       |          |

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 |          |              |
| CT1429133                        | U.S. DEPARTMENT OF AGRICULTURE - TOLLAND | NTNC                | 36          | F          | GW             |          |              |
| Local Address (where applicable) |  | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 344 MERROW ROAD                  |  |                     |             | 1          |                |          |              |
| Towns Served: TOLLAND            |  |                     |             |            |                |          |              |

### Monitoring Requirements

|   |                          |                                       |                          |  |
|---|--------------------------|---------------------------------------|--------------------------|--|
| Water System Facility: <b>DISTRIBUTION SYSTEM (WSF ID: 00600)</b> |                          |                                       |                          |  |
| <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                   | 1/1/15 - 12/31/23        |                                       |                          |  |
| <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         |                                       | Complete                 |  |
|   | 4/1/17 - 6/30/17         |                                       |                          |  |
|   | 7/1/17 - 9/30/17         |                                       |                          |  |
| <b>Lead And Copper (PBCU)</b>                                     |                          | <b>5 routine (RT) per six months</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 - 12/31/16        |                                       | Complete                 |  |
|   | 1/1/17 - 6/30/17         |                                       |                          |  |
|   | 7/1/17 - 12/31/17        |                                       |                          |  |
| <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: <b>ENTRY POINT (WSF ID: 00700)</b>         |                          |                                       |                          |  |
| <b>Arsenic (1005)</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> |  |
| 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         |                                       |                          |  |
| <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> |  |
| ENTRY POINT (3)   | 1/1/14 - 12/31/16        |                                       | Complete                 |  |
|   | 1/1/17 - 12/31/19        |                                       | Complete                 |  |
|   | 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> |  |
| ENTRY POINT (3)   | 1/1/16 - 12/31/16        |                                       | 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 |          |              |
| <b>CT1429133</b>                 | <b>U.S. DEPARTMENT OF AGRICULTURE - TOLLAND</b> | NTNC                | 36          | F          | GW             |          |              |
| Local Address (where applicable) |   | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 344 MERROW ROAD                  |   |                     |             | 1          |                |          |              |

Towns Served: TOLLAND

## Monitoring Requirements

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

| <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> |
|  | 1/1/17 - 12/31/17                 |                          |                          |
|  | 1/1/18 - 12/31/18                 |                          |                          |
| <b>Pesticides, Herbicides and PCBs-Phase II (SOC2)</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> |
| 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                  |                          |                          |
| <b>Pesticides, Herbicides and PCBs-Phase V (SOC5)</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> |
| 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                  |                          |                          |
| <b>Organic Chemicals (VOCS)</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> |
| 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                  |                          |                          |

## Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| CROSS CONNECTION SURVEY REPORT      | 3/1/2017        |                      |

## 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 Tier | Stage 2 Asbestos DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|-----------------------|---------------------------|-----------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION               | A                     |                           |                       |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A                     |                           |                       |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A                     |                           |                       |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A                     |                           |                       |
| 4539                     | WELL 1                | 2                 | WELL 1                     | A                     |                           |                       |
| 57614                    | BLADDER TANK          |                   |                            |                       |                           |                       |
| 57616                    | TREATMENT PLANT       |                   |                            |                       |                           |                       |

**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 |          |              |
| CT1429133                        | U.S. DEPARTMENT OF AGRICULTURE - TOLLAND | NTNC                | 36          | F          | GW             |          |              |
| Local Address (where applicable) |  | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 344 MERROW ROAD                  |  |                     |             | 1          |                |          |              |
| Towns Served: TOLLAND            |  |                     |             |            |                |          |              |

## Certified Operator Information

Water System Facility: **TREATMENT PLANT (WSF ID: 57616)**

Facility Classification: CLASS 1 TREATMENT PLANT

| 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 | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2017                |
|                       |                   | DISTRIBUTION SYSTEM OPERATOR - CLASS I    | 6/30/2019                |

## Contact Information

|  |           |                          |              |                 |                               |          |
|--|-----------|--------------------------|--------------|-----------------|-------------------------------|----------|
| Name   |           | Organization             |              |                 | Job Title                     |          |
| Mr. John D. Summers  |           | Merrow Properties        |              |                 |                               |          |
| Mailing Address Line One   |           | Mailing Address Line Two |              | City            | State                         | Zip Code |
| 51 Lawler Road   |           |                          |              | Tolland         | CT                            | 06084    |
| Business Phone   | Extension | Fax                      | Mobile Phone | Emergency Phone | Email Address                 |          |
| 860-871-8402   |           | 860-871-1192             |              | 860-212-1297    | jsummers@merrowproperties.com |          |
| Contact Role(s): <b>Administrative Contact, Legal Contact, Owner</b> |           |                          |              |                 |                               |          |

**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 |          |              |
| CT1429163                          | STATE POLICE BARRACKS TROOP C | NTNC                | 70          | S          | GW             |          |              |
| Local Address (where applicable)   |                               | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 1320 TOLLAND STAGE ROAD (ROUTE 74) |                               |                     | 1           |            |                |          |              |
| Towns Served: TOLLAND              |                               |                     |             |            |                |          |              |

### 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 year</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           | 1/1/16 - 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                              |                          |  |  |
| <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                 |  |  |
| <b>Water System Facility: ENTRY POINT (WSF ID: 00700)</b> |                          |                                       |                          |  |  |
| <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> |  |  |
| ENTRY POINT (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> |  |  |
| ENTRY POINT (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 (SOC2)</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> |  |  |
| 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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# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

|                                    |                                      |                     |             |            |                |          |              |
|------------------------------------|--------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID                             | PWS Name                             | Classification      | Population  | Owner Type | Primary Source |          |              |
| <b>CT1429163</b>                   | <b>STATE POLICE BARRACKS TROOP C</b> | NTNC                | 70          | S          | GW             |          |              |
| Local Address (where applicable)   |                                      | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 1320 TOLLAND STAGE ROAD (ROUTE 74) |                                      |                     | 1           |            |                |          |              |
| Towns Served: TOLLAND              |                                      |                     |             |            |                |          |              |

## 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 year**

| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|------------------------------------|-------------------|-------------------|-------------------|
| ENTRY POINT (3)                    | 1/1/16 - 12/31/16 |                   | Complete          |
|                                    | 1/1/17 - 12/31/17 |                   |                   |
|                                    | 1/1/18 - 12/31/18 |                   |                   |

## Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **ENTRY POINT (WSFID: 00700)**

| Analyte                     | Monitoring Requirement (Summary Type) | Operating Limit            | Samples Req/Month                    |
|-----------------------------|---------------------------------------|----------------------------|--------------------------------------|
| pH                          | Entry Point pH Monitoring (PHRD)      | Minimum: 7.0 PH            | 4                                    |
| <b>Start Date:</b> 5/1/2003 |                                       | <b>Compliance History:</b> | <b>Monitoring Compliance Status:</b> |
|                             |                                       | <b>Monitoring Period</b>   | <b>Compliance Status:</b>            |
|                             |                                       | 8/1/2016 - 8/31/2016       | N                                    |
|                             |                                       | 9/1/2016 - 9/30/2016       | N                                    |
|                             |                                       | 10/1/2016 - 10/31/2016     | N                                    |
|                             |                                       | 11/1/2016 - 11/30/2016     | N                                    |
|                             |                                       | 12/1/2016 - 12/31/2016     |                                      |
|                             |                                       | 1/1/2017 - 1/31/2017       |                                      |

## Other Compliance Schedules

| Compliance Schedule Activity   | Due Date | Achieved Date |
|--------------------------------|----------|---------------|
| 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                   |                           |          |              |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |              |
|                          |                       | TRC001            | KIT SINK 1ST FLR           | P      | Y                   | 2                         |          |              |
|                          |                       | TRC002            | 1ST FLOOR RESTRM           | P      | Y                   | 2                         |          |              |
|                          |                       | TRC003            | M SGT RSTRM SINK           | P      | Y                   | 2                         |          |              |
|                          |                       | TRC004            | CI UNIT RSTRM SINK         | P      | Y                   | 2                         |          |              |
|                          |                       | TRC005            | GARAGE SINK                | P      | Y                   | 2                         |          |              |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |              |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |              |
| 10630                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |              |

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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 |          |              |
| <b>CT1429163</b>                   | <b>STATE POLICE BARRACKS TROOP C</b> | NTNC                | 70          | S          | GW             |          |              |
| Local Address (where applicable)   |                                      | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 1320 TOLLAND STAGE ROAD (ROUTE 74) |                                      |                     | 1           |            |                |          |              |
| Towns Served: TOLLAND              |                                      |                     |             |            |                |          |              |

## 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 Tier | Stage 2 Asbestos DBPR |
|--------------------------|---------------------------|-------------------|----------------------------|-----------------------|---------------------------|-----------------------|
| 1529                     | TROOP C TREATMENT STATION |                   |                            |                       |                           |                       |
| 57727                    | ATMOSPHERIC STORAGE TANK  |                   |                            |                       |                           |                       |
| 57729                    | HYDROPNEUMATIC TANK       |                   |                            |                       |                           |                       |
| 57731                    | BOOSTER PUMPS             |                   |                            |                       |                           |                       |

## Certified Operator Information

| <b>Water System Facility: TROOP C TREATMENT STATION (WSF ID: 1529)</b> |                   |   |                          |
|--|-------------------|---|--------------------------|
| <b>Facility Classification:</b> CLASS 2 TREATMENT PLANT                |                   |   |                          |
| 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 | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2017                |
|  |                   | DISTRIBUTION SYSTEM OPERATOR - CLASS I    | 6/30/2019                |

## Contact Information

|  |           |                                |              |                 |                        |          |
|--|-----------|--------------------------------|--------------|-----------------|------------------------|----------|
| Name   |           | Organization                   |              |                 | Job Title              |          |
| <b>Mr. Robert Cody</b>                         |           | CT Dept of Emergency Services  |              |                 |                        |          |
| Mailing Address Line One                       |           | Mailing Address Line Two       |              | City            | State                  | Zip Code |
| 1111 Country Club Road                         |           |                                |              | Middletown      | CT                     | 06457    |
| Business Phone                                 | Extension | Fax                            | Mobile Phone | Emergency Phone | Email Address          |          |
| 860-685-8935                                   |           | 860-685-8475                   |              | 860-250-7676    | Robert.Cody@ct.gov     |          |
| <b>Contact Role(s): Administrative Contact</b> |           |                                |              |                 |                        |          |
| Name   |           | Organization                   |              |                 | Job Title              |          |
| <b>Mr. Henri Alexandre</b>                     |           | CT Dept. of Emergency Services |              |                 | Legal Affairs Unit     |          |
| Mailing Address Line One                       |           | Mailing Address Line Two       |              | City            | State                  | Zip Code |
| 1111 Country Club Road                         |           |                                |              | Middletown      | CT                     | 06457    |
| Business Phone                                 | Extension | Fax                            | Mobile Phone | Emergency Phone | Email Address          |          |
| 860-685-8150                                   |           | 860-685-8354                   |              |                 | HENRI.ALEXANDRE@CT.GOV |          |
| <b>Contact Role(s): Legal Contact</b>          |           |                                |              |                 |                        |          |

**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 |          |              |
| CT1429183                        | TOLLAND PROFESSIONAL CENTER | NTNC                | 26          | P          | GW             |          |              |
| Local Address (where applicable) |                             | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 111-117 HARTFORD TURNPIKE        |                             |                     | 1           |            |                |          |              |
| Towns Served: TOLLAND            |                             |                     |             |            |                |          |              |

### 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        |                                       | Complete                 |  |  |
| <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 year</b>        |                          |  |  |
| <i>Sampling Point (Sampling Point ID)</i>                        | <i>Monitoring Period</i> | <i>Collection Period</i>              | <i>Compliance Status</i> |  |  |
| DISTRIBUTION SYSTEM (4)  | 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                              |                          |  |  |
| <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                 |  |  |
| <b>Water System Facility: ENTRY POINT (WSF ID: 00700)</b>        |                          |                                       |                          |  |  |
| <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> |  |  |
| ENTRY POINT (3)  | 1/1/15 - 12/31/17        |                                       |                          |  |  |
|  | 1/1/18 - 12/31/20        |                                       |                          |  |  |
| <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> |  |  |
| ENTRY POINT (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 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> |  |  |
| 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 |          |              |
| <b>CT1429183</b>                 | <b>TOLLAND PROFESSIONAL CENTER</b> | NTNC                | 26          | P          | GW             |          |              |
| Local Address (where applicable) |                                    | Service Connections | Residential | Commercial | Industrial     | Combined | Agricultural |
| 111-117 HARTFORD TURNPIKE        |                                    |                     | 1           |            |                |          |              |
| Towns Served: TOLLAND            |                                    |                     |             |            |                |          |              |

## Monitoring Requirements

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

| 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        |                          |                          |
|   | 1/1/18 - 12/31/18        |                          |                          |

## Other Compliance Schedules

| <i>Compliance Schedule Activity</i>     | <i>Due Date</i> | <i>Achieved Date</i> |
|---|-----------------|----------------------|
| RESPOND TO SANITARY SURVEY              | 9/9/2011        |                      |
| CROSS CONNECTION EXEMPTION              | 3/1/2012        |                      |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 12/29/2012      |                      |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 12/29/2013      |                      |

## 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             |                            |                                  |                 |                     |
|                                 |                              | UPSTREAM                 | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                     |
| 00700                           | ENTRY POINT                  | 3                        | ENTRY POINT                       | A             |                            |                                  |                 |                     |
| 10914                           | WELL #1                      | 2                        | WELL #1                           | A             |                            |                                  |                 |                     |

## 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> |
|----------------------|----------------------|---|---------------------------------|
| FALLON, IRVING W.    | CHIEF OPERATOR       | WATER TREATMENT PLANT OPERATOR - CLASS II<br>DISTRIBUTION SYSTEM OPERATOR - CLASS III | 6/30/2019<br>6/30/2019          |

## Contact Information

|  |           |                          |              |                 |               |       |          |
|--|-----------|--------------------------|--------------|-----------------|---------------|-------|----------|
| Name   |           | Organization             |              |                 | Job Title     |       |          |
| <b>Ms. Marilyn Toback Reveley</b>            |           |                          |              |                 | Owner         |       |          |
| Mailing Address Line One                     |           | Mailing Address Line Two |              |                 | City          | State | Zip Code |
| 117 Hartford Turnpike                        |           |                          |              |                 | Tolland       | CT    | 06084    |
| Business Phone                               | Extension | Fax                      | Mobile Phone | Emergency Phone | Email Address |       |          |
| 860-872-7952                                 |           |                          |              |                 |               |       |          |
| Contact Role(s): <b>Legal Contact, Owner</b> |           |                          |              |                 |               |       |          |

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## 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 |          |
| 111-117 HARTFORD TURNPIKE  |                                    |                     | 1                           |                 |                    |           |              |          |
| Towns Served: TOLLAND  |                                    |                     |                             |                 |                    |           |              |          |
| Name   |                                    |                     | Organization                |                 |                    | Job Title |              |          |
| Mr. William G. Reveley   |                                    |                     | Tolland Professional Center |                 |                    | Owner     |              |          |
| Mailing Address Line One   |                                    |                     | Mailing Address Line Two    |                 |                    | City      | State        | Zip Code |
| 117 Hartford Turnpike  |                                    |                     |                             |                 |                    | Tolland   | CT           | 06084    |
| Business Phone   | Extension                          | Fax                 | Mobile Phone                | Emergency Phone | Email Address      |           |              |          |
| 860-872-0686   |                                    | 860-870-7991        |                             | 860-644-3317    | wgreveley@snet.net |           |              |          |
| Contact Role(s): <b>Administrative Contact, Legal Contact, Owner</b> |                                    |                     |                             |                 |                    |           |              |          |

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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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**End of schedule**