

# 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>CT0360012</b>	<b>VALLEY REGIONAL HIGH SCHOOL</b>	NTNC	565	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
256 KELSEY HILL ROAD			1				
Towns Served: DEEP RIVER							

### 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	1/1/20 - 12/31/28				
<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	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25		Complete		
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				
<b>Lead And Copper (PBCU)</b>		<b>20 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	1/1/25 - 6/30/25		Complete		
	7/1/25 - 12/31/25				
<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	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25		Complete		
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				
<b>Water Quality Parameters (WQPD)</b>		<b>2 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	1/1/23 - 12/31/23	6/1-9/30	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)	1/1/23 - 12/31/25				
	1/1/26 - 12/31/28				
<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)	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25		Complete		
	1/1/26 - 12/31/26				
<b>Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (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)	1/1/23 - 12/31/25				
	1/1/26 - 12/31/28				
<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)	1/1/25 - 12/31/27				

*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		
CT0360012	VALLEY REGIONAL HIGH SCHOOL	NTNC	565	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
256 KELSEY HILL ROAD			1				
Towns Served: DEEP RIVER							

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	9/28/2025	
CCTS 5: PWS OCCT INSTALLATION	2/13/2026	
CROSS CONNECTION SURVEY REPORT	3/1/2026	

### 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 WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
		VR001	KITCHEN COOK SINK	A	Y	2	Y	Y
		VR002	LAVATORY SINK 100	I	Y	2		
		VR003	LAVATORY SINK OFFICE	I	Y	2		
		VR004	LAVATORY SINK 400	I	Y	2		
		VR005	LAVATORY SINK FAC	I	Y	2		
		VR006	LAVATORY SINK 500	I	Y	2		
		VR007	TECH ED	A	Y	2		Y
		VR008	FACULTY LOUNGE	A	Y	2		Y
		VR009	CHORUS ROOM	A	Y	2		Y
		VR010	HOME EC E	A	Y	2		Y
		VR011	HOME EC W	A	Y	2		Y
		VR012	OFFICE COFFEE SINK	A	Y	2	Y	Y
		VR013	802 WOOD SHOP	A	Y	2		Y
		VR014	801 ART	A	Y	2		Y
		VR016	214 SCIENCE	A	Y	2		Y
		VR017	PE TRAINING	A	Y	2		Y
		VR018	AL A CARTE	A	Y	2		Y
		VR019	NURSE OFFICE	A	Y	2		Y
		VR020	CUSTODIAL X OFFICE	A	Y	2		Y
		VR021	202 SCIENCE	A	Y	2		Y
		VR022	415 SPEC NEEDS	A	Y	2		Y
		VR023	310 LIBRARY	A	Y	2		Y
		VR024	407 HOME EC N	A	Y	2		Y
		VR026	702 BAND	A	Y	2		Y
		VR028	DRAMA	A	Y	2		Y
		VR029	LIBRARY OFFICE	A	Y	2		Y
00700	ENTRY POINT	3	ENTRY POINT	A				
10176	WELL 1	2	WELL 1	A				
51753	WELL 2	2	WELL 2	A				
51757	ATMOSPHERIC TANK							

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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>CT0360012</b>	<b>VALLEY REGIONAL HIGH SCHOOL</b>	NTNC	565	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
256 KELSEY HILL ROAD			1				
Towns Served: DEEP RIVER							

## 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 WQP 2 DBPR
51760	HYDROPNEUMATIC TANK							
51761	PUMP STATION							
62817	GAC TREATMENT							

## Certified Operator Information

Water System Facility: **GAC TREATMENT (WSF ID: 62817)**

Facility Classification: CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
COSSETTE, EVAN J	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS IV	6/30/2027
		DISTRIBUTION SYSTEM OPERATOR IN TRAINING	6/30/2027
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	9/30/2027

## Contact Information

Name			Organization			Job Title			
<b>Mr. Bob Grissom</b>			Region 4 Schools			Finance Director			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
1 Winthrop Road						Deep River		CT	06417
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-526-2417	1462			860-661-6150	rgrissom@reg4.k12.ct.us				

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

Name			Organization			Job Title			
<b>Mr. Fred Gerber</b>			Regional School District #4			Facilities Director			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
1 Winthrop Road						Deep River		CT	06417
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-526-2417	1512		475-321-3312		fgerber@reg4.k12.ct.us				

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

**Please note the following:**

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

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

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

***End of schedule***

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0360022	JOHN WINTHROP JUNIOR HIGH SCHOOL	NTNC	400	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1 WINTHROP ROAD			1				
Towns Served: DEEP RIVER							

### 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	1/1/20 - 12/31/28				
<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	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25		Complete		
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				
<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	1/1/24 - 12/31/26	6/1-9/30			
	1/1/27 - 12/31/29	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	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25		Complete		
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				
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)	1/1/23 - 12/31/25				
	1/1/26 - 12/31/28				
<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)	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25		Complete		
	1/1/26 - 12/31/26				
<b>Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (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)	1/1/23 - 12/31/25				
	1/1/26 - 12/31/28				
<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)	1/1/25 - 12/31/27				

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2026	

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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>CT0360022</b>	<b>JOHN WINTHROP JUNIOR HIGH SCHOOL</b>	NTNC	400	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1 WINTHROP ROAD			1				
Towns Served: DEEP RIVER							

### 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 WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		JW001	KITCHEN SINK 712	A	Y	2	Y	
		JW002	LAVATORY SINK 700	A	Y	2		
		JW003	LAVATORY SINK 200	A	Y	2		
		JW004	LAVATORY SINK 122	A	Y	2		
		JW005	LAVATORY SINK 100	A	Y	2		
		JW006	WELL HEAD	A		2		
		JW007	OFFICE SINK	A	Y	2		
		JW008	FACULTY WORK ROOM	A	Y	2		
		JW009	HOME EC ROOM	A	Y	2		
		JW010	PROJECT LEARN ROOM	A	Y	2		
		JW011	FACULTY LOUNGE	A	Y	2		
		JW012	TEAM ROOM	A	Y	2		
		JW013	ADMIN BLDG KITCHEN	A	Y	2		
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10177	WELL 1	2	WELL 1	A				
51815	WELL 2	2	WELL 2	A				
51819	ATMOSPHERIC TANK							
51822	HYDROPNEUMATIC TANK							
51823	PUMP STATION							

### Certified Operator Information

<b>Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)</b>			
<b>Facility Classification:</b> SMALL WATER SYSTEM			
<b>Operator Name</b>	<b>Operator Type</b>	<b>Certification(s)</b>	<b>Certification Expiration</b>
COSSETTE, EVAN J	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS IV	6/30/2027
		DISTRIBUTION SYSTEM OPERATOR IN TRAINING	6/30/2027
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	9/30/2027

### Contact Information

Name			Organization			Job Title			
Mr. Bob Grissom			Region 4 Schools			Finance Director			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
1 Winthrop Road						Deep River		CT	06417
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-526-2417	1462			860-661-6150	rgrissom@reg4.k12.ct.us				
Contact Role(s): <b>Legal Contact</b>									

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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>CT0360022</b>	<b>JOHN WINTHROP JUNIOR HIGH SCHOOL</b>	NTNC	400	L	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
1 WINTHROP ROAD			1					
Towns Served: DEEP RIVER								
Name			Organization			Job Title		
<b>Mr. Fred Gerber</b>			Regional School District #4			Facilities Director		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
1 Winthrop Road						Deep River	CT	06417
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-526-2417	1512		475-321-3312		fgerber@reg4.k12.ct.us			
Contact Role(s): <b>Administrative 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		
<b>CT0363023</b>	<b>INCARNATION CENTER, INC</b>	NTNC	42	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
253 BUSHY HILL ROAD			18				

Towns Served: DEEP RIVER

### 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	1/1/24 - 12/31/32				
<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	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25		Complete		
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				
<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	1/1/24 - 12/31/24	6/1-9/30	Complete		
	1/1/25 - 12/31/25	6/1-9/30			
	1/1/26 - 12/31/26	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	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25		Complete		
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				
<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)	1/1/24 - 12/31/26				
	1/1/27 - 12/31/29				
<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)	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25		Complete		
	1/1/26 - 12/31/26				
<b>Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (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)	1/1/23 - 12/31/25				
	1/1/26 - 12/31/28				
<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>		
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25		Complete		
	1/1/26 - 12/31/26				

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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>CT0363023</b>	<b>INCARNATION CENTER, INC</b>	NTNC	42	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
253 BUSHY HILL ROAD			18				
Towns Served: DEEP RIVER							

## 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> 6/1/2008	<b>Compliance History:</b>	<b>Operating Limit</b>	<b>Monitoring</b>
	<b>Monitoring Period</b>	<b>Compliance Status:</b>	<b>Compliance Status:</b>
	2/1/2025 - 2/28/2025		
	3/1/2025 - 3/31/2025		
	4/1/2025 - 4/30/2025		
	5/1/2025 - 5/31/2025		
	6/1/2025 - 6/30/2025		

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2026	

## 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 WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		IC01	MAIN OFFICE KIT	A	Y	3	Y	
		IC02	ACTVTY CTR BOYS LEFT	A	Y	3	Y	
		IC03	LODGE DINING ROOM	A	Y	3		
		IC04	NATURES PLG KIT	A	Y	3		
		IC05	NATURES PLG SOBR RT	A	Y	3		
		IC06	GIBNEY DNG HALL KIT	A	Y	3	Y	
		IC07	LAKESIDE BLDG N BR	A	Y			
		IC08	BROOKS BLDG SVC SINK	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22782	WELL 2	2	WELL 2	A				
22783	WELL 4	2	WELL 4	A				
54868	TREATMENT PLANT							
54870	ATMOSPHERIC TANKS							
54874	PUMP STATION							
58479	WELL 1	2	WELL 1	A				

## Certified Operator Information

Water System Facility: **TREATMENT PLANT (WSF ID: 54868)**

Facility Classification: CLASS 2 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
SEHL, ROBERT	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	3/31/2026

*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>CT0363023</b>	<b>INCARNATION CENTER, INC</b>	NTNC	42	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
253 BUSHY HILL ROAD			18				
Towns Served: DEEP RIVER							

## Certified Operator Information

Water System Facility: **TREATMENT PLANT (WSF ID: 54868)**

Facility Classification: CLASS 2 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	3/31/2028
SIMA, III, JOHN F.	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2026
		DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2026

## Contact Information

Name			Organization			Job Title			
<b>Dr. Nancy Pilon</b>			Incarnation Center			Executive Director			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
PO Box 577						Ivoryton		CT	06442
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-767-0848		860-767-8432		860-304-9156	npilon@incarnationcenter.org				

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

Name			Organization			Job Title			
<b>Incarnation Center Inc</b>									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
P. O. Box 577			253 Bushy Hill Rd			Ivoryton		CT	06442
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				

Contact Role(s): **Owner**

Name			Organization			Job Title			
<b>Reverend John Douglas Ousley</b>			Incarnation Center Inc			Director			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
209 Madison Ave						New York		NY	10016
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				

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

**Please note the following:**

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

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

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

**End of schedule**