

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1100112	AQUARION-NORTH MOUNTAIN	NTNC	370	L	SWP
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
201 NORTH MOUNTAIN ROAD PLAINVILLE				3	
Towns Served: PLAINVILLE					

Monitoring Requirements

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

Asbestos (1094)

1 routine (RT) per nine years

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
DISTRIBUTION (4)	1/1/17 - 12/31/25		Complete
	1/1/26 - 12/31/34		

Total Coliform (3100)

1 routine (RT) per quarter

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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		

Lead And Copper (PBCU)

5 routine (RT) per year

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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	

Physical Parameters (PPS)

1 routine (RT) per quarter

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2025	

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	07236	NORTH MOUNTAIN INTER	A	Y			
		07237	HHC ROOM 1108	A	Y	N		
		07238	HHC ROOM 1116	A		N		
		07239	HHC ROOM 1544	A	Y	N		
		07240	HHC ROOM 1616	A	Y	N		
		07241	HHC ROOM B109	A	Y	N		
		4	DISTRIBUTION	A	Y			
	DOWNSTREAM		DISTRIBUTION	A	Y			
		HHC1108	HHC ROOM 1108	A	Y			
		HHC1116	HHC ROOM 1116	A	Y			
		HHC1544	HHC ROOM 1544	A	Y			

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Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
201 NORTH MOUNTAIN ROAD PLAINVILLE						3		
Towns Served: PLAINVILLE								

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
		HHC1616	HHC ROOM 1616	A	Y			
		HHCB109	HHC ROOM B109	A	Y			
		NMPS1108	NMPS-ROOM 1108	A	Y	N		
		NMPS1116	NMPS-ROOM 1116	A	Y	N		
		NMPS1544	NMPS-ROOM 1544	A	Y	N		
		NMPS1616	NMPS ROOM 1616	A	Y	N		
		NMPSB109	NMPS-ROOM B109	A	Y	N		
		UPSTREAM	DISTRIBUTION	A	Y			

60462 INTERCONNECTON - CT0890011

Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration
HAVEL, DOUGLAS G.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2027
		WATER TREATMENT PLANT OPERATOR - CLASS III	6/30/2027
HELMING, TRAVIS	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS III	9/30/2025
		DISTRIBUTION SYSTEM OPERATOR - CLASS III	9/30/2025
FARRELLY, MARC	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2027
		WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2027
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	8/26/2024
HOGE, TYLER N	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2027

Contact Information

Name				Organization		Job Title		
Mr. Robert J. Ulrich				Aquarion Water Company of Ct		Vp-Supply & Utility		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
505 Huntington St.						Shelton	CT	06484
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address	
203-926-4320			203-929-5297			203-395-3205	rulrich@aquarionwater.com	

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

Please note the following:

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 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

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.