

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1250011	SHARON WATER & SEWER COMMISSION	C	803	L	SW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
147 CALKINSTOWN ROAD			317	71	3		
Towns Served: SHARON							

### Monitoring Requirements

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

<b>Chlorine Residual (1012)</b>		<b>1 routine (RT) per month</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	12/1/24 - 12/31/24		Complete		
	1/1/25 - 1/31/25		Complete		
	2/1/25 - 2/28/25		Complete		
	3/1/25 - 3/31/25		Complete		
<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	1/1/21 - 12/31/29				
<b>Total Haloacetic Acids (2456)</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>		
7 OLD SHARON RD (SSWC20)	10/1/24 - 12/31/24	11/1-11/30	Complete		
	1/1/25 - 3/31/25	2/1-2/28	Complete		
	4/1/25 - 6/30/25	5/1-5/31			
	7/1/25 - 9/30/25	8/1-8/31			
	10/1/25 - 12/31/25	11/1-11/30			
<b>Total Trihalomethanes (2950)</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>		
1 HERRICK ROAD (SSWC01)	10/1/24 - 12/31/24	11/1-11/30	Complete		
	1/1/25 - 3/31/25	2/1-2/28	Complete		
	4/1/25 - 6/30/25	5/1-5/31			
	7/1/25 - 9/30/25	8/1-8/31			
	10/1/25 - 12/31/25	11/1-11/30			
<b>Total Coliform (3100)</b>		<b>1 routine (RT) per month</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	12/1/24 - 12/31/24		Complete		
	1/1/25 - 1/31/25		Complete		
	2/1/25 - 2/28/25		Complete		
	3/1/25 - 3/31/25		Complete		
	4/1/25 - 4/30/25				
	5/1/25 - 5/31/25				
	6/1/25 - 6/30/25				
	7/1/25 - 7/31/25				
	8/1/25 - 8/31/25				
	9/1/25 - 9/30/25				
	10/1/25 - 10/31/25				
	11/1/25 - 11/30/25				
<b>Lead And Copper (PBCU)</b>		<b>10 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			

*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.*

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147 CALKINSTOWN ROAD			317	71	3		
Towns Served: SHARON							

### Monitoring Requirements

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

<b>Lead And Copper (PBCU)</b>		<b>10 routine (RT) per three years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
	1/1/27 - 12/31/29	6/1-9/30			
<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per month</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	12/1/24 - 12/31/24		Complete		
	1/1/25 - 1/31/25		Complete		
	2/1/25 - 2/28/25		Complete		
	3/1/25 - 3/31/25		Complete		
	4/1/25 - 4/30/25				
	5/1/25 - 5/31/25				
	6/1/25 - 6/30/25				
	7/1/25 - 7/31/25				
	8/1/25 - 8/31/25				
	9/1/25 - 9/30/25				
	10/1/25 - 10/31/25				
	11/1/25 - 11/30/25				

**Water System Facility: SHARON WATER TREATMENT PLANT-ENTRY POINT (WSF ID: 00700)**

<b>Net Gross Alpha (4000)</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-WTPLANT (3)	1/1/23 - 12/31/25				
	1/1/26 - 12/31/28				
<b>Uranium (4006)</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-WTPLANT (3)	1/1/23 - 12/31/25				
	1/1/26 - 12/31/28				
<b>Combined Radium-226/228 (4010)</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-WTPLANT (3)	1/1/23 - 12/31/25				
	1/1/26 - 12/31/28				
<b>Inorganic Chemicals (IOCS)</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-WTPLANT (3)	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25				
	1/1/26 - 12/31/26				
<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-WTPLANT (3)	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25				
	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>CT1250011</b>	<b>SHARON WATER &amp; SEWER COMMISSION</b>	C	803	L	SW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
147 CALKINSTOWN ROAD			317	71	3		

Towns Served: SHARON

## Monitoring Requirements

**Water System Facility: SHARON WATER TREATMENT PLANT-ENTRY POINT (WSF ID: 00700)**

<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-WTPLANT (3)	1/1/23 - 12/31/25				
	1/1/26 - 12/31/28				
<b>Pesticides, Herbicides and PCBs-Phase V (SOC5)</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-WTPLANT (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-WTPLANT (3)	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25				
	1/1/26 - 12/31/26				

**Water System Facility: BEARDSLEY POND RESERVOIR (WSF ID: 2203)**

<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>		
BEARDSLEY POND RES (1)	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25				
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				
<b>Surface Water Inorganic Chemicals (RIOCI)</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>		
BEARDSLEY POND RES (1)	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25				
	1/1/26 - 12/31/26				
<b>Surface Water Color and Turbidity (RPPS)</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>		
BEARDSLEY POND RES (1)	10/1/24 - 12/31/24		Complete		
	1/1/25 - 3/31/25		Complete		
	4/1/25 - 6/30/25				
	7/1/25 - 9/30/25				
	10/1/25 - 12/31/25				
<b>Surface Water Pesticides (RSOC)</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>		
BEARDSLEY POND RES (1)	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25				
	1/1/26 - 12/31/26				

**Water System Facility: CALKINSTOWN RESERVOIR (WSF ID: 2204)**

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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>CT1250011</b>	<b>SHARON WATER &amp; SEWER COMMISSION</b>	C	803	L	SW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
147 CALKINSTOWN ROAD			317	71	3		
Towns Served: SHARON							

## Monitoring Requirements

**Water System Facility:** CALKINSTOWN RESERVOIR (WSF ID: 2204)

<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>
CALKINSTOWN RES (1)	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

<b>Surface Water Inorganic Chemicals (RIOCI)</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>
CALKINSTOWN RES (1)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		
	1/1/26 - 12/31/26		

<b>Surface Water Color and Turbidity (RPPS)</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>
CALKINSTOWN RES (1)	10/1/24 - 12/31/24		Complete
	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

<b>Surface Water Pesticides (RSOC)</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>
CALKINSTOWN RES (1)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		
	1/1/26 - 12/31/26		

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

**Water System Facility:** SHARON WATER TREATMENT PLANT-ENTRY POINT (WSFID: 00700)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
pH	Entry Point pH Monitoring (PHRD)	Minimum: 6.4 PH	Daily
<b>Start Date:</b> 1/1/2004		<b>Compliance History:</b>	<b>Operating Limit</b>
		<b>Monitoring Period</b>	<b>Compliance Status:</b>
		12/1/2024 - 12/31/2024	
		1/1/2025 - 1/31/2025	
		2/1/2025 - 2/28/2025	
		3/1/2025 - 3/31/2025	
		4/1/2025 - 4/30/2025	

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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>CT1250011</b>	<b>SHARON WATER &amp; SEWER COMMISSION</b>	C	803	L	SW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
147 CALKINSTOWN ROAD			317	71	3		

Towns Served: SHARON

## Water System Facility: SHARON WATER TREATMENT PLANT (WSFID: 249)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Chlorine	Entry Point RDC (EPRD)	Minimum: 0.2 MG/L	Daily
<b>Start Date:</b> 1/1/2004			
	<b>Compliance History:</b>	<b>Operating Limit</b>	<b>Monitoring</b>
	<b>Monitoring Period</b>	<b>Compliance Status:</b>	<b>Compliance Status:</b>
	12/1/2024 - 12/31/2024	Y	
	1/1/2025 - 1/31/2025	Y	
	2/1/2025 - 2/28/2025	Y	
	3/1/2025 - 3/31/2025	Y	
	4/1/2025 - 4/30/2025		
<b>Analyte</b>	<b>Monitoring Requirement (Summary Type)</b>	<b>Operating Limit</b>	<b>Samples Req/Month</b>
Turbidity	CFE Maximum Turbidity (MAXT)	Maximum: 1 NTU	186
<b>Start Date:</b> 1/1/2004			
	<b>Compliance History:</b>	<b>Operating Limit</b>	<b>Monitoring</b>
	<b>Monitoring Period</b>	<b>Compliance Status:</b>	<b>Compliance Status:</b>
	12/1/2024 - 12/31/2024	Y	
	1/1/2025 - 1/31/2025	Y	
	2/1/2025 - 2/28/2025	Y	
	3/1/2025 - 3/31/2025	Y	
	4/1/2025 - 4/30/2025		
<b>Analyte</b>	<b>Monitoring Requirement (Summary Type)</b>	<b>Operating Limit</b>	<b>Samples Req/Month</b>
Turbidity	CFE 95% Turbidity (95PT)	95% Turbidity Limit: 0.3 NTU	186
<b>Start Date:</b> 1/1/2005			
	<b>Compliance History:</b>	<b>Operating Limit</b>	<b>Monitoring</b>
	<b>Monitoring Period</b>	<b>Compliance Status:</b>	<b>Compliance Status:</b>
	12/1/2024 - 12/31/2024	Y	
	1/1/2025 - 1/31/2025	Y	
	2/1/2025 - 2/28/2025	Y	
	3/1/2025 - 3/31/2025	Y	
	4/1/2025 - 4/30/2025		

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
WATERSHED SURVEY REPORT	3/1/2013	
WATERSHED SURVEY REPORT	3/1/2014	
WATERSHED SURVEY REPORT	3/1/2018	
CROSS CONNECTION SURVEY REPORT	3/1/2019	
WATERSHED SURVEY REPORT	3/1/2019	
WATERSHED SURVEY REPORT	3/1/2020	
CROSS CONNECTION SURVEY REPORT	3/1/2020	
CROSS CONNECTION SURVEY REPORT	3/1/2021	
WATERSHED SURVEY REPORT	3/1/2021	
CROSS CONNECTION SURVEY REPORT	3/1/2022	
WATERSHED SURVEY REPORT	3/1/2022	
WATERSHED SURVEY REPORT	3/1/2023	

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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		
CT1250011	SHARON WATER & SEWER COMMISSION	C	803	L	SW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
147 CALKINSTOWN ROAD			317	71	3		
Towns Served: SHARON							

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2023	
CROSS CONNECTION SURVEY REPORT	3/1/2024	
WATERSHED SURVEY REPORT	3/1/2024	
COMPLETE INITIAL LSL INVENTORY	10/16/2024	
WATERSHED SURVEY REPORT	3/1/2025	
CROSS CONNECTION SURVEY REPORT	3/1/2025	
SUBMIT CCR TO THE DEPARTMENT	6/30/2025	
SUBMIT CCR CERTIFICATION FORM	8/9/2025	
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				
		SSWC01	1 HERRICK ROAD	A	Y		Y	
		SSWC02	FIRE HOUSE	P	Y			
		SSWC03	WKZE	P	Y			
		SSWC04	AUTOSPORTS	P	Y			
		SSWC05	10 HIDDEN LANE	P	Y			
		SSWC06	SHARON HOSPITAL	P	Y			
		SSWC07	N/W ORTHOPEDIC	P	Y			
		SSWC08	18 GREAT ELM	P			3	
		SSWC09	28 GREAT ELM	P			3	
		SSWC10	20 KING HILL	P			3	
		SSWC11	42 NEW STREET	P			3	
		SSWC12	119 MAIN STREET	P			3	
		SSWC13	96 CORNWALL BRIDGE	P			3	
		SSWC14	70 HILLTOP	P			3	
		SSWC15	56 GAY STREET	P			3	
		SSWC16	3 SOUTH MAIN ST	P			3	
		SSWC17	62 UPPER MAIN STREET	P			3	
		SSWC18	WHITFORD ROAD BLDG	P				
SSWC19	7 WEEDS DAM RD	P		Y				
SSWC20	7 OLD SHARON RD	A				Y		
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	SHARON WATER TREATMENT PLANT-ENTRY POINT	3	ENTRY POINT-WTPLANT	A				
2203	BEARDSLEY POND RESERVOIR	1	BEARDSLEY POND RES	A				
2204	CALKINSTOWN RESERVOIR	1	CALKINSTOWN RES	A				

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<b>CT1250011</b>	<b>SHARON WATER &amp; SEWER COMMISSION</b>	C	803	L	SW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
147 CALKINSTOWN ROAD			317	71	3		
Towns Served: SHARON							

## 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
249	SHARON WATER TREATMENT PLANT	3	EP - SHARON WTP	A				
		5	CFE - SHARON TP	A				
30080	CALKINSTOWN RESERVOIR INTAKE							
30081	BEARDSLEY RESERVOIR INTAKE							
37189	CLEARWELL							
37191	CALKINSTOWN STANDPIPE							
51864	WHITFORD RD PUMP STATION							
54328	BEARDSLEY RAW WATER TANK							

## Certified Operator Information

<b>Water System Facility: SHARON WATER TREATMENT PLANT (WSF ID: 249)</b>			
<b>Facility Classification:</b> CLASS 3 TREATMENT PLANT			
Operator Name	Operator Type	Certification(s)	Certification Expiration
SWEENEY, MARK	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS IV DISTRIBUTION SYSTEM OPERATOR - CLASS II	12/31/2026 6/30/2025

## Contact Information

Name		Organization			Job Title		
<b>Mr. Jacob Fricker</b>		Sharon Water And Sewer Commiss			Chairman		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
124 Lambert Road					Sharon	CT	06069
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
			203-257-3185		EL3LSJF@gmail.com		

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

**Please note the following:**

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

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT1250021</b>	<b>SHARON RIDGE APARTMENTS</b>	C	62	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
12 SHARON RIDGE RD			20				
Towns Served: SHARON							

### Monitoring Requirements

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

<b>Chlorine Residual (1012)</b>		<b>1 routine (RT) per month</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	12/1/24 - 12/31/24		Complete		
	1/1/25 - 1/31/25		Complete		
	2/1/25 - 2/28/25		Complete		
	3/1/25 - 3/31/25		Complete		
<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	1/1/22 - 12/31/30		Complete		
<b>Total Coliform (3100)</b>		<b>1 routine (RT) per month</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	12/1/24 - 12/31/24		Complete		
	1/1/25 - 1/31/25		Complete		
	2/1/25 - 2/28/25		Complete		
	3/1/25 - 3/31/25		Complete		
	4/1/25 - 4/30/25		Complete		
	5/1/25 - 5/31/25		Complete		
	6/1/25 - 6/30/25		Complete		
	7/1/25 - 7/31/25		Complete		
	8/1/25 - 8/31/25		Complete		
	9/1/25 - 9/30/25		Complete		
	10/1/25 - 10/31/25		Complete		
	11/1/25 - 11/30/25		Complete		
<b>Disinfectant Byproducts - TTHM &amp; HAA5 (DBP)</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>		
OFFICE BATH SINK (SRA-01)	10/1/24 - 12/31/24	10/1-10/31	Complete		
	1/1/25 - 3/31/25	1/1-1/31	Complete		
	4/1/25 - 6/30/25	4/1-4/30	Complete		
	7/1/25 - 9/30/25	7/1-7/31	Complete		
	10/1/25 - 12/31/25	10/1-10/31	Complete		
<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	1/1/22 - 12/31/24	6/1-9/30	Complete		
	1/1/25 - 12/31/27	6/1-9/30	Complete		
<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per month</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	12/1/24 - 12/31/24		Complete		
	1/1/25 - 1/31/25		Complete		
	2/1/25 - 2/28/25		Complete		
	3/1/25 - 3/31/25		Complete		

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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>CT1250021</b>	<b>SHARON RIDGE APARTMENTS</b>	C	62	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
12 SHARON RIDGE RD			20				
Towns Served: SHARON							

## Monitoring Requirements

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

<b>Physical Parameters (PPS)</b>	<b>1 routine (RT) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	4/1/25 - 4/30/25		
	5/1/25 - 5/31/25		
	6/1/25 - 6/30/25		
	7/1/25 - 7/31/25		
	8/1/25 - 8/31/25		
	9/1/25 - 9/30/25		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		

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

<b>Net Gross Alpha (4000)</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>Uranium (4006)</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>Combined Radium-226/228 (4010)</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>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		Complete
	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		
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

  

<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)	1/1/23 - 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		
	1/1/25 - 12/31/25		

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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		
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Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
12 SHARON RIDGE RD			20				
Towns Served: SHARON							

## Monitoring Requirements

Water System Facility: <b>ENTRY POINT (WSF ID: 00700)</b>			
<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>
	1/1/26 - 12/31/26		

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

Water System Facility: <b>ENTRY POINT (WSFID: 00700)</b>			
<b>Analyte</b>	<b>Monitoring Requirement (Summary Type)</b>	<b>Operating Limit</b>	<b>Samples Req/Month</b>
Chlorine	Entry Point RDC (EPRD)	Minimum: 0.25 MG/L	Continuous
Start Date: 6/1/2012		<b>Compliance History:</b>	<b>Monitoring Compliance Status:</b>
	<b>Monitoring Period</b>	<b>Operating Limit Compliance Status:</b>	
	12/1/2024 - 12/31/2024	Y	
	1/1/2025 - 1/31/2025	Y	
	2/1/2025 - 2/28/2025	Y	
	3/1/2025 - 3/31/2025	Y	
	4/1/2025 - 4/30/2025		

## Other Compliance Schedules

<b>Compliance Schedule Activity</b>	<b>Due Date</b>	<b>Achieved Date</b>
SUBMIT CCR TO THE DEPARTMENT	6/30/2025	4/4/2025
SUBMIT CCR CERTIFICATION FORM	8/9/2025	
CROSS CONNECTION SURVEY REPORT	3/1/2030	

## 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				
		SRA-01	OFFICE BATH SINK	A	Y			Y
		SRA-02	6B KITCHEN SINK	A	Y	2	Y	
		SRA-03	8D KITHCEN SINK	A	Y	2	Y	
		SRA-04	10B KITCHEN SINK	A	Y	2	Y	
		SRA-05	12D KITCHEN SINK	A	Y	2	Y	
		SRA-06	14B KITCHEN SINK	A	Y	2	Y	
UPSTREAM	WITHIN 5 SERVICE CON	A						
00700	ENTRY POINT	3	ENTRY POINT	A				
19	WELL 2	2	WELL 2	A				
1915	WELL 3	2	WELL 3	A				
36522	TREATMENT PLANT							
45406	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>CT1250021</b>	<b>SHARON RIDGE APARTMENTS</b>	<b>C</b>	<b>62</b>	<b>P</b>	<b>GW</b>		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
12 SHARON RIDGE RD			20				
Towns Served: SHARON							

## Certified Operator Information

Water System Facility: **TREATMENT PLANT (WSF ID: 36522)**

Facility Classification: CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
KILBOURN, ERIC M.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2025
		WATER TREATMENT PLANT OPERATOR - CLASS II	12/31/2025
KILBOURN, JORDAN H	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2026
		DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2027

## Contact Information

Name		Organization			Job Title	
<b>Sharon Ridge Apartments</b>						
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
Emergency Contact				Emergency Contact	CT	06000
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-485-2725						

Contact Role(s): **Owner**

Name		Organization			Job Title	
<b>Ms. Tammy Broderick</b>		CT Real Estate Management LLC.			Site Manager	
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
12-E Sharon Ridge Road				Sharon	CT	06069
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
203-233-5941					tbroderick@ctrealestatemanagement.com	

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

**Please note the following:**

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

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

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

**End of schedule**