

# 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	Agricultural
201 NORTH MOUNTAIN ROAD PLAINVILLE					3		
Towns Served: PLAINVILLE							

## 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>		
DISTRIBUTION (4)	1/1/17 - 12/31/25		Complete		
	1/1/26 - 12/31/34				
<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	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>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	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				

## Other Compliance Schedules

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

## 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 WQP 2 DBPR</i>
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			

*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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## 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
		HHC1116	HHC ROOM 1116	A	Y			
		HHC1544	HHC ROOM 1544	A	Y			
		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: <b>DISTRIBUTION SYSTEM (WSF ID: 00600)</b>			
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

## Contact Information

Name		Organization			Job Title	
<b>Mr. Robert J. Ulrich</b>		Aquarion Water Company of Ct			Vp-Supply & Utility	
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
Aquarion Water Company of Ct		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:**

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**

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