



OH1200112 BROOKSIDE VILLAGE MHP PWS

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                 |                             |   |                                |
|-----------------|-----------------------------|---|--------------------------------|
| <b>Sampling</b> | Facility ID: <b>1253211</b> | Facility Name: <b>BROOKSIDE VILLAGE MHP</b> |                                |
| <b>Location</b> | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>        | Facility Class: <b>CLASS 1</b> |

THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

| Chemicals                                 | Monitoring Requirements                             |
|---|---|
| INORGANICS                                | Not Required  |
| NITRITE - 1041                            | Not Required  |
| NITRATE - 1040                            | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |
| RADIOLOGICALS                             | Not Required  |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required  |
| VOLATILE ORGANIC CHEMICALS (VOC)          | Not Required  |



OH1200112 BROOKSIDE VILLAGE MHP PWS

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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DISTRIBUTION MONITORING SCHEDULE

Table with 4 columns: Sampling Location, Facility ID, Facility Name, Facility Class. Values: DS1, DS000, BROOKSIDE VILLAGE MHP DISTRIBUTION, CLASS 1

Chemicals Monitoring Requirements

LEAD - 1030 AND COPPER - 1022 Not Required

TOTAL COLIFORM (TCR) - 3100 1 Sample(s) Required between 1/1/2013 and 1/31/2013 ... 12/1/2013 and 12/31/2013

TOTAL CHLORINE - 1000 1 Sample(s) Required between 1/1/2013 and 1/31/2013 ... 12/1/2013 and 12/31/2013

Samples should be collected at the same time and place as the Total Coliform samples.

Table with 4 columns: Sampling Location, Facility ID, Facility Name, Facility Class. Values: DS1, DS201, BROOKSIDE VILLAGE MHP DISTRIBUTION, CLASS 1

Chemicals Monitoring Requirements

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 7/1/2013 and 9/30/2013

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950



OH1200212 BROOKWOOD MHP PWS

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                          |                             |                                      |                                |
|--------------------------|-----------------------------|--------------------------------------|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>1253212</b> | Facility Name: <b>BROOKWOOD MHP</b>  | Facility Class: <b>CLASS 1</b> |
|                          | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b> |                                |

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| Chemicals                                 | Monitoring Requirements  |
|---|--|
| ARSENIC - 1005                            | 1 Sample(s) Required between 1/1/2013 and 3/31/2013<br>1 Sample(s) Required between 4/1/2013 and 6/30/2013<br>1 Sample(s) Required between 7/1/2013 and 9/30/2013<br>1 Sample(s) Required between 10/1/2013 and 12/31/2013 |
| INORGANICS                                | Not Required   |
| NITRITE - 1041                            | Not Required   |
| NITRATE - 1040                            | 1 Sample(s) Required between 1/1/2013 and 3/31/2013<br>1 Sample(s) Required between 4/1/2013 and 6/30/2013<br>1 Sample(s) Required between 7/1/2013 and 9/30/2013<br>1 Sample(s) Required between 10/1/2013 and 12/31/2013 |
| RADIOLOGICALS                             | Not Required   |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required   |
| VOLATILE ORGANIC CHEMICALS (VOC)          | Not Required   |



OH1200212 BROOKWOOD MHP PWS

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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DISTRIBUTION MONITORING SCHEDULE

Sampling Facility ID: DS1 Facility Name: BROOKWOOD MHP DISTRIBUTION
Location SMP ID: DS000

Chemicals Monitoring Requirements

LEAD - 1030 AND COPPER - 1022 5 Sample(s) Required between 6/1/2013 and 9/30/2013

Lead Consumer Notice needs issued to sampling participants within thirty days of receipt of results and verification submitted to Ohio EPA within ninety days from the end of the monitoring period. Submit Form 5105 with appendix to Ohio EPA within ten days from the end of the monitoring period. Forms are available online at: http://epa.ohio.gov/ddagw/reporting.aspx

TOTAL COLIFORM (TCR) - 3100 1 Sample(s) Required between 1/1/2013 and 1/31/2013
1 Sample(s) Required between 2/1/2013 and 2/28/2013
1 Sample(s) Required between 3/1/2013 and 3/31/2013
1 Sample(s) Required between 4/1/2013 and 4/30/2013
1 Sample(s) Required between 5/1/2013 and 5/31/2013
1 Sample(s) Required between 6/1/2013 and 6/30/2013
1 Sample(s) Required between 7/1/2013 and 7/31/2013
1 Sample(s) Required between 8/1/2013 and 8/31/2013
1 Sample(s) Required between 9/1/2013 and 9/30/2013
1 Sample(s) Required between 10/1/2013 and 10/31/2013
1 Sample(s) Required between 11/1/2013 and 11/30/2013
1 Sample(s) Required between 12/1/2013 and 12/31/2013

TOTAL CHLORINE - 1000 1 Sample(s) Required between 1/1/2013 and 1/31/2013
1 Sample(s) Required between 2/1/2013 and 2/28/2013
1 Sample(s) Required between 3/1/2013 and 3/31/2013
1 Sample(s) Required between 4/1/2013 and 4/30/2013
1 Sample(s) Required between 5/1/2013 and 5/31/2013
1 Sample(s) Required between 6/1/2013 and 6/30/2013
1 Sample(s) Required between 7/1/2013 and 7/31/2013
1 Sample(s) Required between 8/1/2013 and 8/31/2013
1 Sample(s) Required between 9/1/2013 and 9/30/2013
1 Sample(s) Required between 10/1/2013 and 10/31/2013
1 Sample(s) Required between 11/1/2013 and 11/30/2013
1 Sample(s) Required between 12/1/2013 and 12/31/2013

Samples should be collected at the same time and place as the Total Coliform samples.

Sampling Facility ID: DS1 Facility Name: BROOKWOOD MHP DISTRIBUTION
Location SMP ID: DS201 ADDRESS NOT KNOWN

Chemicals Monitoring Requirements

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 7/1/2013 and 9/30/2013

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950



**OH1200312 CATAWBA VILLAGE PWS**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                          |                             |                                       |                                |
|--------------------------|-----------------------------|---------------------------------------|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>1253213</b> | Facility Name: <b>CATAWBA VILLAGE</b> | Facility Class: <b>CLASS 1</b> |
|                          | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>  |                                |

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013**

| <b>Chemicals</b>                          | <b>Monitoring Requirements</b>   |
|---|--|
| ARSENIC - 1005                            | 1 Sample(s) Required between 1/1/2013 and 3/31/2013<br>1 Sample(s) Required between 4/1/2013 and 6/30/2013<br>1 Sample(s) Required between 7/1/2013 and 9/30/2013<br>1 Sample(s) Required between 10/1/2013 and 12/31/2013 |
| INORGANICS                                | Not Required   |
| NITRITE - 1041                            | Not Required   |
| NITRATE - 1040                            | 1 Sample(s) Required between 1/1/2013 and 5/31/2013  |
| RADIOLOGICALS                             | Not Required   |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required   |
| VOLATILE ORGANIC CHEMICALS (VOC)          | Not Required   |



OH1200312 CATAWBA VILLAGE PWS

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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DISTRIBUTION MONITORING SCHEDULE

|                          |   |  |                                |
|--------------------------|---|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS000</b> | Facility Name: <b>CATAWBA, VILLAGE OF DISTRIBUTION</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

Chemicals Monitoring Requirements

LEAD - 1030 AND COPPER - 1022 Not Required

ASBESTOS - 1094 Not Required

TOTAL COLIFORM (TCR) - 3100

1 Sample(s) Required between 1/1/2013 and 1/31/2013

1 Sample(s) Required between 2/1/2013 and 2/28/2013

1 Sample(s) Required between 3/1/2013 and 3/31/2013

1 Sample(s) Required between 4/1/2013 and 4/30/2013

1 Sample(s) Required between 5/1/2013 and 5/31/2013

1 Sample(s) Required between 6/1/2013 and 6/30/2013

1 Sample(s) Required between 7/1/2013 and 7/31/2013

1 Sample(s) Required between 8/1/2013 and 8/31/2013

1 Sample(s) Required between 9/1/2013 and 9/30/2013

1 Sample(s) Required between 10/1/2013 and 10/31/2013

1 Sample(s) Required between 11/1/2013 and 11/30/2013

1 Sample(s) Required between 12/1/2013 and 12/31/2013

TOTAL CHLORINE - 1000

1 Sample(s) Required between 1/1/2013 and 1/31/2013

1 Sample(s) Required between 2/1/2013 and 2/28/2013

1 Sample(s) Required between 3/1/2013 and 3/31/2013

1 Sample(s) Required between 4/1/2013 and 4/30/2013

1 Sample(s) Required between 5/1/2013 and 5/31/2013

1 Sample(s) Required between 6/1/2013 and 6/30/2013

1 Sample(s) Required between 7/1/2013 and 7/31/2013

1 Sample(s) Required between 8/1/2013 and 8/31/2013

1 Sample(s) Required between 9/1/2013 and 9/30/2013

1 Sample(s) Required between 10/1/2013 and 10/31/2013

1 Sample(s) Required between 11/1/2013 and 11/30/2013

1 Sample(s) Required between 12/1/2013 and 12/31/2013

Samples should be collected at the same time and place as the Total Coliform samples.

|                          |   |  |                                |
|--------------------------|---|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS201</b> | Facility Name: <b>CATAWBA, VILLAGE OF DISTRIBUTION</b><br><b>ADDRESS NOT KNOWN</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

Chemicals Monitoring Requirements

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 7/1/2013 and 9/30/2013

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950



OH1200412 CHATEAU ESTATES LTD.

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                          |                             |   |                                |
|--------------------------|-----------------------------|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>1253214</b> | Facility Name: <b>CHATEAU ESTATES MHP</b> | Facility Class: <b>CLASS 1</b> |
|                          | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>      |                                |

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| Chemicals                                 | Monitoring Requirements  |
|---|--|
| ARSENIC - 1005                            | 1 Sample(s) Required between 1/1/2013 and 3/31/2013<br>1 Sample(s) Required between 4/1/2013 and 6/30/2013<br>1 Sample(s) Required between 7/1/2013 and 9/30/2013<br>1 Sample(s) Required between 10/1/2013 and 12/31/2013 |
| INORGANICS                                | Not Required   |
| NITRITE - 1041                            | Not Required   |
| NITRATE - 1040                            | 1 Sample(s) Required between 1/1/2013 and 5/31/2013  |
| RADIOLOGICALS                             | Not Required   |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required   |
| VOLATILE ORGANIC CHEMICALS (VOC)          | Not Required   |



OH1200412 CHATEAU ESTATES LTD.

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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DISTRIBUTION MONITORING SCHEDULE

Table with 4 columns: Sampling Location, Facility ID, Facility Name, Facility Class. Values: DS1, CHATEAU ESTATES LTD. DISTRIBUTION, CLASS 1, DS000.

Chemicals Monitoring Requirements

LEAD - 1030 AND COPPER - 1022 5 Sample(s) Required between 6/1/2013 and 9/30/2013

Lead Consumer Notice needs issued to sampling participants within thirty days of receipt of results and verification submitted to Ohio EPA within ninety days from the end of the monitoring period. Submit Form 5105 with appendix to Ohio EPA within ten days from the end of the monitoring period. Forms are available online at: http://epa.ohio.gov/ddagw/reporting.aspx

TOTAL COLIFORM (TCR) - 3100 1 Sample(s) Required between 1/1/2013 and 1/31/2013
1 Sample(s) Required between 2/1/2013 and 2/28/2013
1 Sample(s) Required between 3/1/2013 and 3/31/2013
1 Sample(s) Required between 4/1/2013 and 4/30/2013
1 Sample(s) Required between 5/1/2013 and 5/31/2013
1 Sample(s) Required between 6/1/2013 and 6/30/2013
1 Sample(s) Required between 7/1/2013 and 7/31/2013
1 Sample(s) Required between 8/1/2013 and 8/31/2013
1 Sample(s) Required between 9/1/2013 and 9/30/2013
1 Sample(s) Required between 10/1/2013 and 10/31/2013
1 Sample(s) Required between 11/1/2013 and 11/30/2013
1 Sample(s) Required between 12/1/2013 and 12/31/2013

TOTAL CHLORINE - 1000 1 Sample(s) Required between 1/1/2013 and 1/31/2013
1 Sample(s) Required between 2/1/2013 and 2/28/2013
1 Sample(s) Required between 3/1/2013 and 3/31/2013
1 Sample(s) Required between 4/1/2013 and 4/30/2013
1 Sample(s) Required between 5/1/2013 and 5/31/2013
1 Sample(s) Required between 6/1/2013 and 6/30/2013
1 Sample(s) Required between 7/1/2013 and 7/31/2013
1 Sample(s) Required between 8/1/2013 and 8/31/2013
1 Sample(s) Required between 9/1/2013 and 9/30/2013
1 Sample(s) Required between 10/1/2013 and 10/31/2013
1 Sample(s) Required between 11/1/2013 and 11/30/2013
1 Sample(s) Required between 12/1/2013 and 12/31/2013

Samples should be collected at the same time and place as the Total Coliform samples.

Table with 4 columns: Sampling Location, Facility ID, Facility Name, Facility Class. Values: DS1, CHATEAU ESTATES LTD. DISTRIBUTION, CLASS 1, DS201, ADDRESS NOT KNOWN.

Chemicals Monitoring Requirements

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 7/1/2013 and 9/30/2013

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950



OH1200412 CHATEAU ESTATES LTD.

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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DISTRIBUTION MONITORING SCHEDULE

|                          |                         |   |                                |
|--------------------------|-------------------------|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b> | Facility Name: <b>CHATEAU ESTATES LTD. DISTRIBUTION</b> | Facility Class: <b>CLASS 1</b> |
|                          | SMP ID: <b>DS202</b>    | <b>ADDRESS NOT KNOWN</b>                                |                                |

| Chemicals | Monitoring Requirements |
|-----------|-------------------------|
|-----------|-------------------------|

|                         |   |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2013 and 9/30/2013 |
|-------------------------|---|

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950



OH1200603 CLARK COUNTY GREEN MEADOWS 1 PWS

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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DISTRIBUTION MONITORING SCHEDULE

Sampling Location Facility ID: DS1 SMP ID: DS000 Facility Name: CLARK CO, GREEN MEADOWS1 DISTRIBUTIO Facility Class: CLASS 1

Chemicals Monitoring Requirements

LEAD - 1030 AND COPPER - 1022 Not Required

TOTAL COLIFORM (TCR) - 3100 2 Sample(s) Required between 1/1/2013 and 1/31/2013 2 Sample(s) Required between 2/1/2013 and 2/28/2013 2 Sample(s) Required between 3/1/2013 and 3/31/2013 2 Sample(s) Required between 4/1/2013 and 4/30/2013 2 Sample(s) Required between 5/1/2013 and 5/31/2013 2 Sample(s) Required between 6/1/2013 and 6/30/2013 2 Sample(s) Required between 7/1/2013 and 7/31/2013 2 Sample(s) Required between 8/1/2013 and 8/31/2013 2 Sample(s) Required between 9/1/2013 and 9/30/2013 2 Sample(s) Required between 10/1/2013 and 10/31/2013 2 Sample(s) Required between 11/1/2013 and 11/30/2013 2 Sample(s) Required between 12/1/2013 and 12/31/2013

TOTAL CHLORINE - 1000 2 Sample(s) Required between 1/1/2013 and 1/31/2013 2 Sample(s) Required between 2/1/2013 and 2/28/2013 2 Sample(s) Required between 3/1/2013 and 3/31/2013 2 Sample(s) Required between 4/1/2013 and 4/30/2013 2 Sample(s) Required between 5/1/2013 and 5/31/2013 2 Sample(s) Required between 6/1/2013 and 6/30/2013 2 Sample(s) Required between 7/1/2013 and 7/31/2013 2 Sample(s) Required between 8/1/2013 and 8/31/2013 2 Sample(s) Required between 9/1/2013 and 9/30/2013 2 Sample(s) Required between 10/1/2013 and 10/31/2013 2 Sample(s) Required between 11/1/2013 and 11/30/2013 2 Sample(s) Required between 12/1/2013 and 12/31/2013

Samples should be collected at the same time and place as the Total Coliform samples.

Sampling Location Facility ID: DS1 SMP ID: DS201 Facility Name: CLARK CO, GREEN MEADOWS1 DISTRIBUTIO Facility Class: CLASS 1 6875 DAYTON-SPRINGFIELD ROAD

Chemicals Monitoring Requirements

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 7/1/2013 and 9/30/2013

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950



**OH1200603 CLARK COUNTY GREEN MEADOWS 1 PWS**

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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**DISTRIBUTION MONITORING SCHEDULE**

|                          |                         |  |                                |
|--------------------------|-------------------------|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b> | Facility Name: <b>CLARK CO, GREEN MEADOWS1 DISTRIBUTIO</b> | Facility Class: <b>CLASS 1</b> |
|                          | SMP ID: <b>DS202</b>    | <b>ADDRESS NOT KNOWN</b>                                   |                                |

**Chemicals**

**Monitoring Requirements**

DISINFECTION BYPRODUCTS

1 Sample(s) Required between 7/1/2013 and 9/30/2013

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950



OH1200703 CLARK COUNTY GREEN MEADOWS 2 PWS

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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DISTRIBUTION MONITORING SCHEDULE

|                          |   |  |                                |
|--------------------------|---|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS000</b> | Facility Name: <b>CLARK CO, GREEN MEADOWS2 DISTRIBUTIO</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

| Chemicals | Monitoring Requirements |
|-----------|-------------------------|
|-----------|-------------------------|

|                               |              |
|-------------------------------|--------------|
| LEAD - 1030 AND COPPER - 1022 | Not Required |
|-------------------------------|--------------|

|                         |   |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 2 Sample(s) Required between 7/1/2013 and 9/30/2013 |
|-------------------------|---|

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950

|                             |   |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 2 Sample(s) Required between 1/1/2013 and 1/31/2013   |
|                             | 2 Sample(s) Required between 2/1/2013 and 2/28/2013   |
|                             | 2 Sample(s) Required between 3/1/2013 and 3/31/2013   |
|                             | 2 Sample(s) Required between 4/1/2013 and 4/30/2013   |
|                             | 2 Sample(s) Required between 5/1/2013 and 5/31/2013   |
|                             | 2 Sample(s) Required between 6/1/2013 and 6/30/2013   |
|                             | 2 Sample(s) Required between 7/1/2013 and 7/31/2013   |
|                             | 2 Sample(s) Required between 8/1/2013 and 8/31/2013   |
|                             | 2 Sample(s) Required between 9/1/2013 and 9/30/2013   |
|                             | 2 Sample(s) Required between 10/1/2013 and 10/31/2013 |
|                             | 2 Sample(s) Required between 11/1/2013 and 11/30/2013 |
|                             | 2 Sample(s) Required between 12/1/2013 and 12/31/2013 |

|                       |   |
|-----------------------|---|
| TOTAL CHLORINE - 1000 | 2 Sample(s) Required between 1/1/2013 and 1/31/2013   |
|                       | 2 Sample(s) Required between 2/1/2013 and 2/28/2013   |
|                       | 2 Sample(s) Required between 3/1/2013 and 3/31/2013   |
|                       | 2 Sample(s) Required between 4/1/2013 and 4/30/2013   |
|                       | 2 Sample(s) Required between 5/1/2013 and 5/31/2013   |
|                       | 2 Sample(s) Required between 6/1/2013 and 6/30/2013   |
|                       | 2 Sample(s) Required between 7/1/2013 and 7/31/2013   |
|                       | 2 Sample(s) Required between 8/1/2013 and 8/31/2013   |
|                       | 2 Sample(s) Required between 9/1/2013 and 9/30/2013   |
|                       | 2 Sample(s) Required between 10/1/2013 and 10/31/2013 |
|                       | 2 Sample(s) Required between 11/1/2013 and 11/30/2013 |
|                       | 2 Sample(s) Required between 12/1/2013 and 12/31/2013 |

Samples should be collected at the same time and place as the Total Coliform samples.



**OH1200903 CLARK COUNTY MAPLEWOOD PWS**

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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**DISTRIBUTION MONITORING SCHEDULE**

|                          |   |  |                                |
|--------------------------|---|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS000</b> | Facility Name: <b>CLARK CO, MAPLEWOOD DISTRIBUTION</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

| Chemicals | Monitoring Requirements |
|-----------|-------------------------|
|-----------|-------------------------|

|                               |              |
|-------------------------------|--------------|
| LEAD - 1030 AND COPPER - 1022 | Not Required |
|-------------------------------|--------------|

|                             |   |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 1/31/2013   |
|                             | 1 Sample(s) Required between 2/1/2013 and 2/28/2013   |
|                             | 1 Sample(s) Required between 3/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 4/30/2013   |
|                             | 1 Sample(s) Required between 5/1/2013 and 5/31/2013   |
|                             | 1 Sample(s) Required between 6/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 7/31/2013   |
|                             | 1 Sample(s) Required between 8/1/2013 and 8/31/2013   |
|                             | 1 Sample(s) Required between 9/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 10/31/2013 |
|                             | 1 Sample(s) Required between 11/1/2013 and 11/30/2013 |
|                             | 1 Sample(s) Required between 12/1/2013 and 12/31/2013 |

|                       |   |
|-----------------------|---|
| TOTAL CHLORINE - 1000 | 1 Sample(s) Required between 1/1/2013 and 1/31/2013   |
|                       | 1 Sample(s) Required between 2/1/2013 and 2/28/2013   |
|                       | 1 Sample(s) Required between 3/1/2013 and 3/31/2013   |
|                       | 1 Sample(s) Required between 4/1/2013 and 4/30/2013   |
|                       | 1 Sample(s) Required between 5/1/2013 and 5/31/2013   |
|                       | 1 Sample(s) Required between 6/1/2013 and 6/30/2013   |
|                       | 1 Sample(s) Required between 7/1/2013 and 7/31/2013   |
|                       | 1 Sample(s) Required between 8/1/2013 and 8/31/2013   |
|                       | 1 Sample(s) Required between 9/1/2013 and 9/30/2013   |
|                       | 1 Sample(s) Required between 10/1/2013 and 10/31/2013 |
|                       | 1 Sample(s) Required between 11/1/2013 and 11/30/2013 |
|                       | 1 Sample(s) Required between 12/1/2013 and 12/31/2013 |

*Samples should be collected at the same time and place as the Total Coliform samples.*

|                          |   |  |                                |
|--------------------------|---|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS201</b> | Facility Name: <b>CLARK CO, MAPLEWOOD DISTRIBUTION</b><br><b>ADDRESS NOT KNOWN</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

| Chemicals | Monitoring Requirements |
|-----------|-------------------------|
|-----------|-------------------------|

|                         |   |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2013 and 9/30/2013 |
|-------------------------|---|

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950



**OH1201003 CLARK COUNTY NORTHRIDGE 1 PWS**

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013**

**DISTRIBUTION MONITORING SCHEDULE**

|                          |   |   |                                |
|--------------------------|---|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS000</b> | Facility Name: <b>CLARK CO, NORTHRIDGE 1 DISTRIBUTION</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

| Chemicals                     | Monitoring Requirements  |
|-------------------------------|--|
| LEAD - 1030 AND COPPER - 1022 | Not Required   |
| ASBESTOS - 1094               | Not Required   |
| TOTAL COLIFORM (TCR) - 3100   | 10 Sample(s) Required between 1/1/2013 and 1/31/2013<br>10 Sample(s) Required between 2/1/2013 and 2/28/2013<br>10 Sample(s) Required between 3/1/2013 and 3/31/2013<br>10 Sample(s) Required between 4/1/2013 and 4/30/2013<br>10 Sample(s) Required between 5/1/2013 and 5/31/2013<br>10 Sample(s) Required between 6/1/2013 and 6/30/2013<br>10 Sample(s) Required between 7/1/2013 and 7/31/2013<br>10 Sample(s) Required between 8/1/2013 and 8/31/2013<br>10 Sample(s) Required between 9/1/2013 and 9/30/2013<br>10 Sample(s) Required between 10/1/2013 and 10/31/2013<br>10 Sample(s) Required between 11/1/2013 and 11/30/2013<br>10 Sample(s) Required between 12/1/2013 and 12/31/2013 |
| TOTAL CHLORINE - 1000         | 10 Sample(s) Required between 1/1/2013 and 1/31/2013<br>10 Sample(s) Required between 2/1/2013 and 2/28/2013<br>10 Sample(s) Required between 3/1/2013 and 3/31/2013<br>10 Sample(s) Required between 4/1/2013 and 4/30/2013<br>10 Sample(s) Required between 5/1/2013 and 5/31/2013<br>10 Sample(s) Required between 6/1/2013 and 6/30/2013<br>10 Sample(s) Required between 7/1/2013 and 7/31/2013<br>10 Sample(s) Required between 8/1/2013 and 8/31/2013<br>10 Sample(s) Required between 9/1/2013 and 9/30/2013<br>10 Sample(s) Required between 10/1/2013 and 10/31/2013<br>10 Sample(s) Required between 11/1/2013 and 11/30/2013<br>10 Sample(s) Required between 12/1/2013 and 12/31/2013 |

*Samples should be collected at the same time and place as the Total Coliform samples.*

|                          |   |   |                                |
|--------------------------|---|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS201</b> | Facility Name: <b>CLARK CO, NORTHRIDGE 1 DISTRIBUTION</b><br><b>4100 MIDDLE URBANA ROAD</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

| Chemicals               | Monitoring Requirements                             |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2013 and 9/30/2013 |

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950



**OH1201003 CLARK COUNTY NORTHRIDGE 1 PWS**

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013**

**DISTRIBUTION MONITORING SCHEDULE**

|                          |                         |   |                                |
|--------------------------|-------------------------|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b> | Facility Name: <b>CLARK CO, NORTHRIDGE 1 DISTRIBUTION</b> | Facility Class: <b>CLASS 1</b> |
|                          | SMP ID: <b>DS202</b>    | <b>1616 MOOREFIELD ROAD</b>                               |                                |

| <b>Chemicals</b> | <b>Monitoring Requirements</b> |
|------------------|--------------------------------|
|------------------|--------------------------------|

|                         |   |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2013 and 9/30/2013 |
|-------------------------|---|

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950



OH1201112 CLARK COUNTY PARK LAYNE PWS

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                          |                             |   |                                |
|--------------------------|-----------------------------|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>1253219</b> | Facility Name: <b>CLARK CO PARK LAYNE</b> | Facility Class: <b>CLASS 1</b> |
|                          | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>      |                                |

THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

| Chemicals                                 | Monitoring Requirements                             |
|---|---|
| INORGANICS                                | Not Required  |
| NITRITE - 1041                            | Not Required  |
| NITRATE - 1040                            | 1 Sample(s) Required between 1/1/2013 and 3/31/2013 |
| RADIOLOGICALS                             | Not Required  |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required  |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 3 | Not Required  |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 4 | Not Required  |
| VOLATILE ORGANIC CHEMICALS (VOC)          | Not Required  |



OH1201112 CLARK COUNTY PARK LAYNE PWS

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

DISTRIBUTION MONITORING SCHEDULE

|                          |   |   |                                |
|--------------------------|---|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS000</b> | Facility Name: <b>CLARK CO, PARK LAYNE DISTRIBUTION</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

| Chemicals | Monitoring Requirements |
|-----------|-------------------------|
|-----------|-------------------------|

|                               |              |
|-------------------------------|--------------|
| LEAD - 1030 AND COPPER - 1022 | Not Required |
|-------------------------------|--------------|

|                 |              |
|-----------------|--------------|
| ASBESTOS - 1094 | Not Required |
|-----------------|--------------|

|                             |   |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 7 Sample(s) Required between 1/1/2013 and 1/31/2013   |
|                             | 7 Sample(s) Required between 2/1/2013 and 2/28/2013   |
|                             | 7 Sample(s) Required between 3/1/2013 and 3/31/2013   |
|                             | 7 Sample(s) Required between 4/1/2013 and 4/30/2013   |
|                             | 7 Sample(s) Required between 5/1/2013 and 5/31/2013   |
|                             | 7 Sample(s) Required between 6/1/2013 and 6/30/2013   |
|                             | 7 Sample(s) Required between 7/1/2013 and 7/31/2013   |
|                             | 7 Sample(s) Required between 8/1/2013 and 8/31/2013   |
|                             | 7 Sample(s) Required between 9/1/2013 and 9/30/2013   |
|                             | 7 Sample(s) Required between 10/1/2013 and 10/31/2013 |
|                             | 7 Sample(s) Required between 11/1/2013 and 11/30/2013 |
|                             | 7 Sample(s) Required between 12/1/2013 and 12/31/2013 |

|                       |   |
|-----------------------|---|
| TOTAL CHLORINE - 1000 | 7 Sample(s) Required between 1/1/2013 and 1/31/2013   |
|                       | 7 Sample(s) Required between 2/1/2013 and 2/28/2013   |
|                       | 7 Sample(s) Required between 3/1/2013 and 3/31/2013   |
|                       | 7 Sample(s) Required between 4/1/2013 and 4/30/2013   |
|                       | 7 Sample(s) Required between 5/1/2013 and 5/31/2013   |
|                       | 7 Sample(s) Required between 6/1/2013 and 6/30/2013   |
|                       | 7 Sample(s) Required between 7/1/2013 and 7/31/2013   |
|                       | 7 Sample(s) Required between 8/1/2013 and 8/31/2013   |
|                       | 7 Sample(s) Required between 9/1/2013 and 9/30/2013   |
|                       | 7 Sample(s) Required between 10/1/2013 and 10/31/2013 |
|                       | 7 Sample(s) Required between 11/1/2013 and 11/30/2013 |
|                       | 7 Sample(s) Required between 12/1/2013 and 12/31/2013 |

Samples should be collected at the same time and place as the Total Coliform samples.

|                          |   |  |                                |
|--------------------------|---|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS201</b> | Facility Name: <b>CLARK CO, PARK LAYNE DISTRIBUTION</b><br><b>1449 STYER DRIVE</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

| Chemicals | Monitoring Requirements |
|-----------|-------------------------|
|-----------|-------------------------|

|                         |   |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2013 and 9/30/2013 |
|-------------------------|---|

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950



**OH1201112 CLARK COUNTY PARK LAYNE PWS**

System Type: Community

Operating Period: 1/1 to 12/31

*Groundwater Rule Substantial Treatment System*

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013**

**DISTRIBUTION MONITORING SCHEDULE**

|                          |   |  |                                |
|--------------------------|---|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS202</b> | Facility Name: <b>CLARK CO, PARK LAYNE DISTRIBUTION</b><br><b>8007 STATE ROUTE 235</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 7/1/2013 and 9/30/2013

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950



**OH1201203 CLARK COUNTY ROCKWAY PWS**

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013**

**DISTRIBUTION MONITORING SCHEDULE**

|                          |   |  |                                |
|--------------------------|---|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS000</b> | Facility Name: <b>CLARK CO, ROCKWAY DISTRIBUTION</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

| Chemicals | Monitoring Requirements |
|-----------|-------------------------|
|-----------|-------------------------|

|                               |              |
|-------------------------------|--------------|
| LEAD - 1030 AND COPPER - 1022 | Not Required |
|-------------------------------|--------------|

|                             |   |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 1/31/2013   |
|                             | 1 Sample(s) Required between 2/1/2013 and 2/28/2013   |
|                             | 1 Sample(s) Required between 3/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 4/30/2013   |
|                             | 1 Sample(s) Required between 5/1/2013 and 5/31/2013   |
|                             | 1 Sample(s) Required between 6/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 7/31/2013   |
|                             | 1 Sample(s) Required between 8/1/2013 and 8/31/2013   |
|                             | 1 Sample(s) Required between 9/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 10/31/2013 |
|                             | 1 Sample(s) Required between 11/1/2013 and 11/30/2013 |
|                             | 1 Sample(s) Required between 12/1/2013 and 12/31/2013 |

|                       |   |
|-----------------------|---|
| TOTAL CHLORINE - 1000 | 1 Sample(s) Required between 1/1/2013 and 1/31/2013   |
|                       | 1 Sample(s) Required between 2/1/2013 and 2/28/2013   |
|                       | 1 Sample(s) Required between 3/1/2013 and 3/31/2013   |
|                       | 1 Sample(s) Required between 4/1/2013 and 4/30/2013   |
|                       | 1 Sample(s) Required between 5/1/2013 and 5/31/2013   |
|                       | 1 Sample(s) Required between 6/1/2013 and 6/30/2013   |
|                       | 1 Sample(s) Required between 7/1/2013 and 7/31/2013   |
|                       | 1 Sample(s) Required between 8/1/2013 and 8/31/2013   |
|                       | 1 Sample(s) Required between 9/1/2013 and 9/30/2013   |
|                       | 1 Sample(s) Required between 10/1/2013 and 10/31/2013 |
|                       | 1 Sample(s) Required between 11/1/2013 and 11/30/2013 |
|                       | 1 Sample(s) Required between 12/1/2013 and 12/31/2013 |

*Samples should be collected at the same time and place as the Total Coliform samples.*

|                          |   |  |                                |
|--------------------------|---|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS201</b> | Facility Name: <b>CLARK CO, ROCKWAY DISTRIBUTION</b><br><b>ADDRESS NOT KNOWN</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

| Chemicals | Monitoring Requirements |
|-----------|-------------------------|
|-----------|-------------------------|

|                         |   |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2013 and 9/30/2013 |
|-------------------------|---|

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950



OH1201412 COUNTRY HAVEN MHP PWS

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                          |                             |   |                                |
|--------------------------|-----------------------------|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>1253222</b> | Facility Name: <b>COUNTRY HAVEN MHP</b> | Facility Class: <b>CLASS 1</b> |
|                          | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>    |                                |

THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

| Chemicals                                 | Monitoring Requirements  |
|---|--|
| ARSENIC - 1005                            | 1 Sample(s) Required between 1/1/2013 and 3/31/2013<br>1 Sample(s) Required between 4/1/2013 and 6/30/2013<br>1 Sample(s) Required between 7/1/2013 and 9/30/2013<br>1 Sample(s) Required between 10/1/2013 and 12/31/2013 |
| INORGANICS                                | Not Required   |
| NITRITE - 1041                            | Not Required   |
| NITRATE - 1040                            | 1 Sample(s) Required between 1/1/2013 and 5/31/2013  |
| RADIOLOGICALS                             | Not Required   |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required   |
| VOLATILE ORGANIC CHEMICALS (VOC)          | Not Required   |



OH1201412 COUNTRY HAVEN MHP PWS

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

DISTRIBUTION MONITORING SCHEDULE

Table with 2 columns: Sampling Location, Facility ID: DS1, Facility Name: COUNTRY HAVEN MOBILE HOM DISTRIBUTIC, SMP ID: DS000

Chemicals Monitoring Requirements

LEAD - 1030 AND COPPER - 1022 Not Required

TOTAL COLIFORM (TCR) - 3100 1 Sample(s) Required between 1/1/2013 and 1/31/2013 ... 12/1/2013 and 12/31/2013

TOTAL CHLORINE - 1000 1 Sample(s) Required between 1/1/2013 and 1/31/2013 ... 12/1/2013 and 12/31/2013

Samples should be collected at the same time and place as the Total Coliform samples.

Table with 2 columns: Sampling Location, Facility ID: DS1, Facility Name: COUNTRY HAVEN MOBILE HOM DISTRIBUTIC, SMP ID: DS201, ADDRESS NOT KNOWN

Chemicals Monitoring Requirements

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 7/1/2013 and 9/30/2013

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950



**OH1201512 LA HACIENDA APARTMENTS**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                 |                             |  |
|-----------------|-----------------------------|--|
| <b>Sampling</b> | Facility ID: <b>1253223</b> | Facility Name: <b>LA HACIENDA APARTMENTS</b> |
| <b>Location</b> | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>         |
|                 |                             | Facility Class: <b>CLASS 1</b>               |

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013**

| <b>Chemicals</b>                          | <b>Monitoring Requirements</b>   |
|---|--|
| ARSENIC - 1005                            | 1 Sample(s) Required between 1/1/2013 and 3/31/2013<br>1 Sample(s) Required between 4/1/2013 and 6/30/2013<br>1 Sample(s) Required between 7/1/2013 and 9/30/2013<br>1 Sample(s) Required between 10/1/2013 and 12/31/2013 |
| INORGANICS                                | Not Required   |
| NITRITE - 1041                            | Not Required   |
| NITRATE - 1040                            | 1 Sample(s) Required between 1/1/2013 and 3/31/2013<br>1 Sample(s) Required between 4/1/2013 and 6/30/2013<br>1 Sample(s) Required between 7/1/2013 and 9/30/2013<br>1 Sample(s) Required between 10/1/2013 and 12/31/2013 |
| RADIOLOGICALS                             | Not Required   |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required   |
| VOLATILE ORGANIC CHEMICALS (VOC)          | Not Required   |



OH1201512 LA HACIENDA APARTMENTS

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

DISTRIBUTION MONITORING SCHEDULE

Table with 4 columns: Sampling Location, Facility ID, Facility Name, Facility Class. Values: DS1, COUNTRYSIDE APARTMENTS DISTRIBUTION, CLASS 1, DS000.

Chemicals Monitoring Requirements

LEAD - 1030 AND COPPER - 1022 Not Required

TOTAL COLIFORM (TCR) - 3100 1 Sample(s) Required between 1/1/2013 and 1/31/2013 ... 12/1/2013 and 12/31/2013

TOTAL CHLORINE - 1000 1 Sample(s) Required between 1/1/2013 and 1/31/2013 ... 12/1/2013 and 12/31/2013

Samples should be collected at the same time and place as the Total Coliform samples.

Table with 4 columns: Sampling Location, Facility ID, Facility Name, Facility Class. Values: DS1, COUNTRYSIDE APARTMENTS DISTRIBUTION, CLASS 1, DS201, ADDRESS NOT KNOWN.

Chemicals Monitoring Requirements

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 7/1/2013 and 9/30/2013

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950



OH1201712 EDGEWOOD MOBILE HOME PARK

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                 |                             |                                      |                                |
|-----------------|-----------------------------|--------------------------------------|--------------------------------|
| <b>Sampling</b> | Facility ID: <b>1253225</b> | Facility Name: <b>EDGEWOOD MHP</b>   |                                |
| <b>Location</b> | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b> | Facility Class: <b>CLASS A</b> |

THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

| Chemicals                                 | Monitoring Requirements                             |
|---|---|
| INORGANICS                                | Not Required  |
| NITRITE - 1041                            | Not Required  |
| NITRATE - 1040                            | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |
| RADIOLOGICALS                             | Not Required  |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required  |
| VOLATILE ORGANIC CHEMICALS (VOC)          | Not Required  |



OH1201712 EDGEWOOD MOBILE HOME PARK

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

DISTRIBUTION MONITORING SCHEDULE

|                          |                         |  |
|--------------------------|-------------------------|--|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b> | Facility Name: <b>EDGEWOOD MOBILE HOME PK. DISTRIBUTIC</b> |
|                          | SMP ID: <b>DS000</b>    |  |

| Chemicals | Monitoring Requirements |
|-----------|-------------------------|
|-----------|-------------------------|

|                               |              |
|-------------------------------|--------------|
| LEAD - 1030 AND COPPER - 1022 | Not Required |
|-------------------------------|--------------|

|                             |   |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 1/31/2013   |
|                             | 1 Sample(s) Required between 2/1/2013 and 2/28/2013   |
|                             | 1 Sample(s) Required between 3/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 4/30/2013   |
|                             | 1 Sample(s) Required between 5/1/2013 and 5/31/2013   |
|                             | 1 Sample(s) Required between 6/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 7/31/2013   |
|                             | 1 Sample(s) Required between 8/1/2013 and 8/31/2013   |
|                             | 1 Sample(s) Required between 9/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 10/31/2013 |
|                             | 1 Sample(s) Required between 11/1/2013 and 11/30/2013 |
|                             | 1 Sample(s) Required between 12/1/2013 and 12/31/2013 |

|                       |   |
|-----------------------|---|
| TOTAL CHLORINE - 1000 | 1 Sample(s) Required between 1/1/2013 and 1/31/2013   |
|                       | 1 Sample(s) Required between 2/1/2013 and 2/28/2013   |
|                       | 1 Sample(s) Required between 3/1/2013 and 3/31/2013   |
|                       | 1 Sample(s) Required between 4/1/2013 and 4/30/2013   |
|                       | 1 Sample(s) Required between 5/1/2013 and 5/31/2013   |
|                       | 1 Sample(s) Required between 6/1/2013 and 6/30/2013   |
|                       | 1 Sample(s) Required between 7/1/2013 and 7/31/2013   |
|                       | 1 Sample(s) Required between 8/1/2013 and 8/31/2013   |
|                       | 1 Sample(s) Required between 9/1/2013 and 9/30/2013   |
|                       | 1 Sample(s) Required between 10/1/2013 and 10/31/2013 |
|                       | 1 Sample(s) Required between 11/1/2013 and 11/30/2013 |
|                       | 1 Sample(s) Required between 12/1/2013 and 12/31/2013 |

Samples should be collected at the same time and place as the Total Coliform samples.

|                          |                         |  |
|--------------------------|-------------------------|--|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b> | Facility Name: <b>EDGEWOOD MOBILE HOME PK. DISTRIBUTIC</b> |
|                          | SMP ID: <b>DS201</b>    | <b>ADDRESS NOT KNOWN</b>                                   |

| Chemicals | Monitoring Requirements |
|-----------|-------------------------|
|-----------|-------------------------|

|                         |   |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2013 and 9/30/2013 |
|-------------------------|---|

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950



OH1201812 ENON, VILLAGE OF PWS

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                 |                             |   |
|-----------------|-----------------------------|---|
| <b>Sampling</b> | Facility ID: <b>1253226</b> | Facility Name: <b>ENON WATER DEPARTMENT</b> |
| <b>Location</b> | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>        |
|                 |                             | Facility Class: <b>CLASS 1</b>              |

THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

| Chemicals                                 | Monitoring Requirements  |
|---|--|
| INORGANICS                                | Not Required   |
| NITRITE - 1041                            | Not Required   |
| NITRATE - 1040                            | 1 Sample(s) Required between 1/1/2013 and 3/31/2013  |
| RADIOLOGICALS                             | Not Required   |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required   |
| VOLATILE ORGANIC CHEMICALS (VOC)          | 1 Sample(s) Required between 1/1/2013 and 3/31/2013<br>1 Sample(s) Required between 4/1/2013 and 6/30/2013<br>1 Sample(s) Required between 7/1/2013 and 9/30/2013<br>1 Sample(s) Required between 10/1/2013 and 12/31/2013 |



OH1201812 ENON, VILLAGE OF PWS

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

DISTRIBUTION MONITORING SCHEDULE

|                          |   |   |                                |
|--------------------------|---|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS000</b> | Facility Name: <b>ENON, VILLAGE OF DISTRIBUTION</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

| Chemicals | Monitoring Requirements |
|-----------|-------------------------|
|-----------|-------------------------|

|                               |              |
|-------------------------------|--------------|
| LEAD - 1030 AND COPPER - 1022 | Not Required |
|-------------------------------|--------------|

|                 |              |
|-----------------|--------------|
| ASBESTOS - 1094 | Not Required |
|-----------------|--------------|

|                             |   |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 2 Sample(s) Required between 1/1/2013 and 1/31/2013   |
|                             | 2 Sample(s) Required between 2/1/2013 and 2/28/2013   |
|                             | 2 Sample(s) Required between 3/1/2013 and 3/31/2013   |
|                             | 2 Sample(s) Required between 4/1/2013 and 4/30/2013   |
|                             | 2 Sample(s) Required between 5/1/2013 and 5/31/2013   |
|                             | 2 Sample(s) Required between 6/1/2013 and 6/30/2013   |
|                             | 2 Sample(s) Required between 7/1/2013 and 7/31/2013   |
|                             | 2 Sample(s) Required between 8/1/2013 and 8/31/2013   |
|                             | 2 Sample(s) Required between 9/1/2013 and 9/30/2013   |
|                             | 2 Sample(s) Required between 10/1/2013 and 10/31/2013 |
|                             | 2 Sample(s) Required between 11/1/2013 and 11/30/2013 |
|                             | 2 Sample(s) Required between 12/1/2013 and 12/31/2013 |

|                       |   |
|-----------------------|---|
| TOTAL CHLORINE - 1000 | 2 Sample(s) Required between 1/1/2013 and 1/31/2013   |
|                       | 2 Sample(s) Required between 2/1/2013 and 2/28/2013   |
|                       | 2 Sample(s) Required between 3/1/2013 and 3/31/2013   |
|                       | 2 Sample(s) Required between 4/1/2013 and 4/30/2013   |
|                       | 2 Sample(s) Required between 5/1/2013 and 5/31/2013   |
|                       | 2 Sample(s) Required between 6/1/2013 and 6/30/2013   |
|                       | 2 Sample(s) Required between 7/1/2013 and 7/31/2013   |
|                       | 2 Sample(s) Required between 8/1/2013 and 8/31/2013   |
|                       | 2 Sample(s) Required between 9/1/2013 and 9/30/2013   |
|                       | 2 Sample(s) Required between 10/1/2013 and 10/31/2013 |
|                       | 2 Sample(s) Required between 11/1/2013 and 11/30/2013 |
|                       | 2 Sample(s) Required between 12/1/2013 and 12/31/2013 |

Samples should be collected at the same time and place as the Total Coliform samples.

|                          |   |   |                                |
|--------------------------|---|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS201</b> | Facility Name: <b>ENON, VILLAGE OF DISTRIBUTION</b><br><b>ADDRESS NOT KNOWN</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

| Chemicals | Monitoring Requirements |
|-----------|-------------------------|
|-----------|-------------------------|

|                         |   |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2013 and 9/30/2013 |
|-------------------------|---|

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950



OH1201812 ENON, VILLAGE OF PWS

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

DISTRIBUTION MONITORING SCHEDULE

|                          |   |   |                                |
|--------------------------|---|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS202</b> | Facility Name: <b>ENON, VILLAGE OF DISTRIBUTION</b><br><b>ADDRESS NOT KNOWN</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

| Chemicals | Monitoring Requirements |
|-----------|-------------------------|
|-----------|-------------------------|

|                         |   |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2013 and 9/30/2013 |
|-------------------------|---|

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950



OH1202012 ENON HEIGHTS MOBILE HOME

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                 |                             |  |                                |
|-----------------|-----------------------------|--|--------------------------------|
| <b>Sampling</b> | Facility ID: <b>1253227</b> | Facility Name: <b>ENON HEIGHTS MHP</b> |                                |
| <b>Location</b> | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>   | Facility Class: <b>CLASS A</b> |

THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

| Chemicals                                 | Monitoring Requirements                               |
|---|---|
| INORGANICS                                | Not Required  |
| NITRITE - 1041                            | Not Required  |
| NITRATE - 1040                            | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |
| RADIOLOGICALS                             | Not Required  |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required  |
| VOLATILE ORGANIC CHEMICALS (VOC)          | Not Required  |



OH1202012 ENON HEIGHTS MOBILE HOME

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

DISTRIBUTION MONITORING SCHEDULE

Table with 2 columns: Sampling Location, Facility ID: DS1, Facility Name: ENON HEIGHTS MOBILE HOME DISTRIBUTIO, SMP ID: DS000

Chemicals Monitoring Requirements

LEAD - 1030 AND COPPER - 1022 Not Required

TOTAL COLIFORM (TCR) - 3100 1 Sample(s) Required between 1/1/2013 and 1/31/2013 ... 12/1/2013 and 12/31/2013

TOTAL CHLORINE - 1000 1 Sample(s) Required between 1/1/2013 and 1/31/2013 ... 12/1/2013 and 12/31/2013

Samples should be collected at the same time and place as the Total Coliform samples.

Table with 2 columns: Sampling Location, Facility ID: DS1, Facility Name: ENON HEIGHTS MOBILE HOME DISTRIBUTIO, SMP ID: DS201, ADDRESS NOT KNOWN

Chemicals Monitoring Requirements

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 7/1/2013 and 9/30/2013

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950



OH1202312 FAIRWAY TERRACE MHP PWS

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                 |                             |   |                                |
|-----------------|-----------------------------|---|--------------------------------|
| <b>Sampling</b> | Facility ID: <b>1253229</b> | Facility Name: <b>FAIRWAY TERRACE MHP</b> |                                |
| <b>Location</b> | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>      | Facility Class: <b>CLASS 1</b> |

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

| Chemicals                                 | Monitoring Requirements                             |
|---|---|
| INORGANICS                                | Not Required  |
| NITRITE - 1041                            | Not Required  |
| NITRATE - 1040                            | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |
| RADIOLOGICALS                             | Not Required  |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required  |
| VOLATILE ORGANIC CHEMICALS (VOC)          | Not Required  |



OH1202312 FAIRWAY TERRACE MHP PWS

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                 |                             |   |                                |
|-----------------|-----------------------------|---|--------------------------------|
| <b>Sampling</b> | Facility ID: <b>1262230</b> | Facility Name: <b>FAIRWAY TERRACE MHP 2</b> |                                |
| <b>Location</b> | SMP ID: <b>EP002</b>        | Facility Source: <b>Ground Water</b>        | Facility Class: <b>CLASS 1</b> |

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

| Chemicals                                 | Monitoring Requirements                             |
|---|---|
| INORGANICS                                | Not Required  |
| NITRITE - 1041                            | Not Required  |
| NITRATE - 1040                            | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |
| RADIOLOGICALS                             | Not Required  |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required  |
| VOLATILE ORGANIC CHEMICALS (VOC)          | Not Required  |



OH1202312 FAIRWAY TERRACE MHP PWS

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

DISTRIBUTION MONITORING SCHEDULE

Table with 4 columns: Sampling Location, Facility ID, Facility Name, Facility Class. Values: DS1, DS000, FAIRWAY TERRACE MHP DISTRIBUTION, CLASS 1

Chemicals Monitoring Requirements

LEAD - 1030 AND COPPER - 1022 10 Sample(s) Required between 6/1/2013 and 9/30/2013

Lead Consumer Notice needs issued to sampling participants within thirty days of receipt of results and verification submitted to Ohio EPA within ninety days from the end of the monitoring period. Submit Form 5105 with appendix to Ohio EPA within ten days from the end of the monitoring period. Forms are available online at: http://epa.ohio.gov/ddagw/reporting.aspx

DISINFECTION BYPRODUCTS 2 Sample(s) Required between 7/1/2013 and 9/30/2013

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950

TOTAL COLIFORM (TCR) - 3100 1 Sample(s) Required between 1/1/2013 and 1/31/2013
1 Sample(s) Required between 2/1/2013 and 2/28/2013
1 Sample(s) Required between 3/1/2013 and 3/31/2013
1 Sample(s) Required between 4/1/2013 and 4/30/2013
1 Sample(s) Required between 5/1/2013 and 5/31/2013
1 Sample(s) Required between 6/1/2013 and 6/30/2013
1 Sample(s) Required between 7/1/2013 and 7/31/2013
1 Sample(s) Required between 8/1/2013 and 8/31/2013
1 Sample(s) Required between 9/1/2013 and 9/30/2013
1 Sample(s) Required between 10/1/2013 and 10/31/2013
1 Sample(s) Required between 11/1/2013 and 11/30/2013
1 Sample(s) Required between 12/1/2013 and 12/31/2013

TOTAL CHLORINE - 1000 1 Sample(s) Required between 1/1/2013 and 1/31/2013
1 Sample(s) Required between 2/1/2013 and 2/28/2013
1 Sample(s) Required between 3/1/2013 and 3/31/2013
1 Sample(s) Required between 4/1/2013 and 4/30/2013
1 Sample(s) Required between 5/1/2013 and 5/31/2013
1 Sample(s) Required between 6/1/2013 and 6/30/2013
1 Sample(s) Required between 7/1/2013 and 7/31/2013
1 Sample(s) Required between 8/1/2013 and 8/31/2013
1 Sample(s) Required between 9/1/2013 and 9/30/2013
1 Sample(s) Required between 10/1/2013 and 10/31/2013
1 Sample(s) Required between 11/1/2013 and 11/30/2013
1 Sample(s) Required between 12/1/2013 and 12/31/2013

Samples should be collected at the same time and place as the Total Coliform samples.



OH1202412 GARDEN ACRES WATER COMPANY PWS

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

DISTRIBUTION MONITORING SCHEDULE

Table with 4 columns: Sampling Location, Facility ID, Facility Name, Facility Class. Values: DS1, GARDEN ACRES WATER COMPA DISTRIBUTI, CLASS 1, DS000.

Chemicals Monitoring Requirements

LEAD - 1030 AND COPPER - 1022 Not Required

TOTAL COLIFORM (TCR) - 3100 1 Sample(s) Required between 1/1/2013 and 1/31/2013 ... 12/1/2013 and 12/31/2013

TOTAL CHLORINE - 1000 1 Sample(s) Required between 1/1/2013 and 1/31/2013 ... 12/1/2013 and 12/31/2013

Samples should be collected at the same time and place as the Total Coliform samples.

Table with 4 columns: Sampling Location, Facility ID, Facility Name, Facility Class. Values: DS1, GARDEN ACRES WATER COMPA DISTRIBUTI, CLASS 1, DS201, ADDRESS NOT KNOWN.

Chemicals Monitoring Requirements

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 7/1/2013 and 9/30/2013

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950



**OH1202512 HARMONY ESTATES MOBILE HOME PARK**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                 |                             |   |                                |
|-----------------|-----------------------------|---|--------------------------------|
| <b>Sampling</b> | Facility ID: <b>1253231</b> | Facility Name: <b>HARMONY ESTATES MHP</b> |                                |
| <b>Location</b> | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>      | Facility Class: <b>CLASS 1</b> |

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013**

| <b>Chemicals</b>                          | <b>Monitoring Requirements</b>                      |
|---|---|
| INORGANICS                                | Not Required  |
| NITRITE - 1041                            | Not Required  |
| NITRATE - 1040                            | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |
| RADIOLOGICALS                             | Not Required  |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required  |
| VOLATILE ORGANIC CHEMICALS (VOC)          | Not Required  |



OH1202512 HARMONY ESTATES MOBILE HOME PARK

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

DISTRIBUTION MONITORING SCHEDULE

Table with 4 columns: Sampling Location, Facility ID, Facility Name, Facility Class. Values: DS1, HARMONY ESTATES MOBILE H DISTRIBUTIO, CLASS 1, DS000.

Chemicals Monitoring Requirements

LEAD - 1030 AND COPPER - 1022 10 Sample(s) Required between 6/1/2013 and 9/30/2013

Lead Consumer Notice needs issued to sampling participants within thirty days of receipt of results and verification submitted to Ohio EPA within ninety days from the end of the monitoring period. Submit Form 5105 with appendix to Ohio EPA within ten days from the end of the monitoring period. Forms are available online at: http://epa.ohio.gov/ddagw/reporting.aspx

TOTAL COLIFORM (TCR) - 3100 1 Sample(s) Required between 1/1/2013 and 1/31/2013
1 Sample(s) Required between 2/1/2013 and 2/28/2013
1 Sample(s) Required between 3/1/2013 and 3/31/2013
1 Sample(s) Required between 4/1/2013 and 4/30/2013
1 Sample(s) Required between 5/1/2013 and 5/31/2013
1 Sample(s) Required between 6/1/2013 and 6/30/2013
1 Sample(s) Required between 7/1/2013 and 7/31/2013
1 Sample(s) Required between 8/1/2013 and 8/31/2013
1 Sample(s) Required between 9/1/2013 and 9/30/2013
1 Sample(s) Required between 10/1/2013 and 10/31/2013
1 Sample(s) Required between 11/1/2013 and 11/30/2013
1 Sample(s) Required between 12/1/2013 and 12/31/2013

TOTAL CHLORINE - 1000 1 Sample(s) Required between 1/1/2013 and 1/31/2013
1 Sample(s) Required between 2/1/2013 and 2/28/2013
1 Sample(s) Required between 3/1/2013 and 3/31/2013
1 Sample(s) Required between 4/1/2013 and 4/30/2013
1 Sample(s) Required between 5/1/2013 and 5/31/2013
1 Sample(s) Required between 6/1/2013 and 6/30/2013
1 Sample(s) Required between 7/1/2013 and 7/31/2013
1 Sample(s) Required between 8/1/2013 and 8/31/2013
1 Sample(s) Required between 9/1/2013 and 9/30/2013
1 Sample(s) Required between 10/1/2013 and 10/31/2013
1 Sample(s) Required between 11/1/2013 and 11/30/2013
1 Sample(s) Required between 12/1/2013 and 12/31/2013

Samples should be collected at the same time and place as the Total Coliform samples.

Table with 4 columns: Sampling Location, Facility ID, Facility Name, Facility Class. Values: DS1, HARMONY ESTATES MOBILE H DISTRIBUTIO, CLASS 1, DS201, ADDRESS NOT KNOWN.

Chemicals Monitoring Requirements

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 7/1/2013 and 9/30/2013

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950



OH1202512 HARMONY ESTATES MOBILE HOME PARK

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

DISTRIBUTION MONITORING SCHEDULE

|                          |                         |  |                                |
|--------------------------|-------------------------|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b> | Facility Name: <b>HARMONY ESTATES MOBILE H DISTRIBUTIO</b> | Facility Class: <b>CLASS 1</b> |
|                          | SMP ID: <b>DS202</b>    | <b>ADDRESS NOT KNOWN</b>                                   |                                |

| Chemicals               | Monitoring Requirements                             |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2013 and 9/30/2013 |

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950



OH1202612 HONEYCREEK VILLAGE MHP PWS

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                 |                             |  |
|-----------------|-----------------------------|--|
| <b>Sampling</b> | Facility ID: <b>1253232</b> | Facility Name: <b>HONEYCREEK VILLAGE MHP</b> |
| <b>Location</b> | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>         |
|                 |                             | Facility Class: <b>CLASS 1</b>               |

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

| Chemicals                                 | Monitoring Requirements                             |
|---|---|
| INORGANICS                                | Not Required  |
| NITRITE - 1041                            | Not Required  |
| NITRATE - 1040                            | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |
| RADIOLOGICALS                             | Not Required  |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required  |
| VOLATILE ORGANIC CHEMICALS (VOC)          | Not Required  |



OH1202612 HONEYCREEK VILLAGE MHP PWS

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

DISTRIBUTION MONITORING SCHEDULE

Table with 4 columns: Sampling Location, Facility ID, Facility Name, Facility Class. Values: DS1, HONEYCREEK VILLAGE MHP DISTRIBUTION, CLASS 1, DS000.

Chemicals Monitoring Requirements

LEAD - 1030 AND COPPER - 1022 Not Required

TOTAL COLIFORM (TCR) - 3100 1 Sample(s) Required between 1/1/2013 and 1/31/2013 ... 12/1/2013 and 12/31/2013

TOTAL CHLORINE - 1000 1 Sample(s) Required between 1/1/2013 and 1/31/2013 ... 12/1/2013 and 12/31/2013

Samples should be collected at the same time and place as the Total Coliform samples.

Table with 4 columns: Sampling Location, Facility ID, Facility Name, Facility Class. Values: DS1, HONEYCREEK VILLAGE MHP DISTRIBUTION, CLASS 1, DS201, ADDRESS NOT KNOWN.

Chemicals Monitoring Requirements

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 7/1/2013 and 9/30/2013

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950



OH1202812 LAWRENCEVILLE VILLAGE PWS

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

DISTRIBUTION MONITORING SCHEDULE

|                          |   |   |                                |
|--------------------------|---|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS000</b> | Facility Name: <b>LAWRENCEVILLE, VLG. OF DISTRIBUTION</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

| Chemicals | Monitoring Requirements |
|-----------|-------------------------|
|-----------|-------------------------|

|                               |   |
|-------------------------------|---|
| LEAD - 1030 AND COPPER - 1022 | 5 Sample(s) Required between 6/1/2013 and 9/30/2013 |
|-------------------------------|---|

Lead Consumer Notice needs issued to sampling participants within thirty days of receipt of results and verification submitted to Ohio EPA within ninety days from the end of the monitoring period. Submit Form 5105 with appendix to Ohio EPA within ten days from the end of the monitoring period. Forms are available online at: <http://epa.ohio.gov/ddagw/reporting.aspx>

|                             |   |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 1/31/2013   |
|                             | 1 Sample(s) Required between 2/1/2013 and 2/28/2013   |
|                             | 1 Sample(s) Required between 3/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 4/30/2013   |
|                             | 1 Sample(s) Required between 5/1/2013 and 5/31/2013   |
|                             | 1 Sample(s) Required between 6/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 7/31/2013   |
|                             | 1 Sample(s) Required between 8/1/2013 and 8/31/2013   |
|                             | 1 Sample(s) Required between 9/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 10/31/2013 |
|                             | 1 Sample(s) Required between 11/1/2013 and 11/30/2013 |
|                             | 1 Sample(s) Required between 12/1/2013 and 12/31/2013 |

|                       |   |
|-----------------------|---|
| TOTAL CHLORINE - 1000 | 1 Sample(s) Required between 1/1/2013 and 1/31/2013   |
|                       | 1 Sample(s) Required between 2/1/2013 and 2/28/2013   |
|                       | 1 Sample(s) Required between 3/1/2013 and 3/31/2013   |
|                       | 1 Sample(s) Required between 4/1/2013 and 4/30/2013   |
|                       | 1 Sample(s) Required between 5/1/2013 and 5/31/2013   |
|                       | 1 Sample(s) Required between 6/1/2013 and 6/30/2013   |
|                       | 1 Sample(s) Required between 7/1/2013 and 7/31/2013   |
|                       | 1 Sample(s) Required between 8/1/2013 and 8/31/2013   |
|                       | 1 Sample(s) Required between 9/1/2013 and 9/30/2013   |
|                       | 1 Sample(s) Required between 10/1/2013 and 10/31/2013 |
|                       | 1 Sample(s) Required between 11/1/2013 and 11/30/2013 |
|                       | 1 Sample(s) Required between 12/1/2013 and 12/31/2013 |

Samples should be collected at the same time and place as the Total Coliform samples.

|                          |   |  |                                |
|--------------------------|---|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS201</b> | Facility Name: <b>LAWRENCEVILLE, VLG. OF DISTRIBUTION</b><br><b>3675 TROY ROAD</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

| Chemicals | Monitoring Requirements |
|-----------|-------------------------|
|-----------|-------------------------|

|                         |   |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2013 and 9/30/2013 |
|-------------------------|---|

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950



**OH1203312 NEW CARLISLE CITY PWS**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                 |                             |   |
|-----------------|-----------------------------|---|
| <b>Sampling</b> | Facility ID: <b>1253238</b> | Facility Name: <b>NEW CARLISLE WATER DEPARTMENT</b> |
| <b>Location</b> | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>                |
|                 |                             | Facility Class: <b>CLASS 1</b>                      |

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013**

| <b>Chemicals</b>                          | <b>Monitoring Requirements</b>                      |
|---|---|
| INORGANICS                                | Not Required  |
| NITRITE - 1041                            | Not Required  |
| NITRATE - 1040                            | 1 Sample(s) Required between 4/1/2013 and 6/30/2013 |
| RADIOLOGICALS                             | Not Required  |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required  |
| VOLATILE ORGANIC CHEMICALS (VOC)          | Not Required  |



OH1203312 NEW CARLISLE CITY PWS

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

DISTRIBUTION MONITORING SCHEDULE

|                          |   |  |                                |
|--------------------------|---|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS000</b> | Facility Name: <b>NEW CARLISLE, CITY OF DISTRIBUTION</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

| Chemicals | Monitoring Requirements |
|-----------|-------------------------|
|-----------|-------------------------|

|                               |              |
|-------------------------------|--------------|
| LEAD - 1030 AND COPPER - 1022 | Not Required |
|-------------------------------|--------------|

|                 |              |
|-----------------|--------------|
| ASBESTOS - 1094 | Not Required |
|-----------------|--------------|

|                             |   |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 6 Sample(s) Required between 1/1/2013 and 1/31/2013   |
|                             | 6 Sample(s) Required between 2/1/2013 and 2/28/2013   |
|                             | 6 Sample(s) Required between 3/1/2013 and 3/31/2013   |
|                             | 6 Sample(s) Required between 4/1/2013 and 4/30/2013   |
|                             | 6 Sample(s) Required between 5/1/2013 and 5/31/2013   |
|                             | 6 Sample(s) Required between 6/1/2013 and 6/30/2013   |
|                             | 6 Sample(s) Required between 7/1/2013 and 7/31/2013   |
|                             | 6 Sample(s) Required between 8/1/2013 and 8/31/2013   |
|                             | 6 Sample(s) Required between 9/1/2013 and 9/30/2013   |
|                             | 6 Sample(s) Required between 10/1/2013 and 10/31/2013 |
|                             | 6 Sample(s) Required between 11/1/2013 and 11/30/2013 |
|                             | 6 Sample(s) Required between 12/1/2013 and 12/31/2013 |

|                       |   |
|-----------------------|---|
| TOTAL CHLORINE - 1000 | 6 Sample(s) Required between 1/1/2013 and 1/31/2013   |
|                       | 6 Sample(s) Required between 2/1/2013 and 2/28/2013   |
|                       | 6 Sample(s) Required between 3/1/2013 and 3/31/2013   |
|                       | 6 Sample(s) Required between 4/1/2013 and 4/30/2013   |
|                       | 6 Sample(s) Required between 5/1/2013 and 5/31/2013   |
|                       | 6 Sample(s) Required between 6/1/2013 and 6/30/2013   |
|                       | 6 Sample(s) Required between 7/1/2013 and 7/31/2013   |
|                       | 6 Sample(s) Required between 8/1/2013 and 8/31/2013   |
|                       | 6 Sample(s) Required between 9/1/2013 and 9/30/2013   |
|                       | 6 Sample(s) Required between 10/1/2013 and 10/31/2013 |
|                       | 6 Sample(s) Required between 11/1/2013 and 11/30/2013 |
|                       | 6 Sample(s) Required between 12/1/2013 and 12/31/2013 |

Samples should be collected at the same time and place as the Total Coliform samples.

|                          |   |  |                                |
|--------------------------|---|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS201</b> | Facility Name: <b>NEW CARLISLE, CITY OF DISTRIBUTION</b><br><b>ADDRESS NOT KNOWN</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

| Chemicals | Monitoring Requirements |
|-----------|-------------------------|
|-----------|-------------------------|

|                         |   |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2013 and 9/30/2013 |
|-------------------------|---|

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950



**OH1203312 NEW CARLISLE CITY PWS**

System Type: Community

Operating Period: 1/1 to 12/31

*Groundwater Rule Substantial Treatment System*

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013**

**DISTRIBUTION MONITORING SCHEDULE**

|                          |                         |  |                                |
|--------------------------|-------------------------|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b> | Facility Name: <b>NEW CARLISLE, CITY OF DISTRIBUTION</b> | Facility Class: <b>CLASS 1</b> |
|                          | SMP ID: <b>DS202</b>    | <b>ADDRESS NOT KNOWN</b>                                 |                                |

**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 7/1/2013 and 9/30/2013

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950



OH1203412 NORTH HAMPTON VILLAGE PWS

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                          |                             |  |                                |
|--------------------------|-----------------------------|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>1253239</b> | Facility Name: <b>NORTH HAMPTON VILLAGE OF</b> | Facility Class: <b>CLASS 1</b> |
|                          | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>           |                                |

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

| Chemicals                                 | Monitoring Requirements                             |
|---|---|
| INORGANICS                                | Not Required  |
| NITRITE - 1041                            | Not Required  |
| NITRATE - 1040                            | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |
| RADIOLOGICALS                             | Not Required  |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required  |
| VOLATILE ORGANIC CHEMICALS (VOC)          | Not Required  |



OH1203412 NORTH HAMPTON VILLAGE PWS

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

DISTRIBUTION MONITORING SCHEDULE

Table with 4 columns: Sampling Location, Facility ID, Facility Name, Facility Class. Values: DS1, NORTH HAMPTON, VILLAGE OF DISTRIBUTIC, CLASS 1, DS000.

Chemicals Monitoring Requirements

LEAD - 1030 AND COPPER - 1022 Not Required

ASBESTOS - 1094 Not Required

TOTAL COLIFORM (TCR) - 3100 1 Sample(s) Required between 1/1/2013 and 1/31/2013 ... 12/1/2013 and 12/31/2013

TOTAL CHLORINE - 1000 1 Sample(s) Required between 1/1/2013 and 1/31/2013 ... 12/1/2013 and 12/31/2013

Samples should be collected at the same time and place as the Total Coliform samples.

Table with 4 columns: Sampling Location, Facility ID, Facility Name, Facility Class. Values: DS1, NORTH HAMPTON, VILLAGE OF DISTRIBUTIC, CLASS 1, DS201, ADDRESS NOT KNOWN.

Chemicals Monitoring Requirements

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 7/1/2013 and 9/30/2013

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950



OH1203712 PARK TERRACE MHP

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                 |                             |  |                                |
|-----------------|-----------------------------|--|--------------------------------|
| <b>Sampling</b> | Facility ID: <b>1253241</b> | Facility Name: <b>PARK TERRACE MHP</b> |                                |
| <b>Location</b> | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>   | Facility Class: <b>CLASS A</b> |

THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

| Chemicals                                 | Monitoring Requirements                             |
|---|---|
| INORGANICS                                | Not Required  |
| NITRITE - 1041                            | Not Required  |
| NITRATE - 1040                            | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required  |
| VOLATILE ORGANIC CHEMICALS (VOC)          | Not Required  |



OH1203712 PARK TERRACE MHP

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

DISTRIBUTION MONITORING SCHEDULE

Sampling Facility ID: DS1 Facility Name: PARK TERRACE MHP DISTRIBUTION
Location SMP ID: DS000

Table with 2 columns: Chemicals and Monitoring Requirements. Includes rows for LEAD - 1030 AND COPPER - 1022, TOTAL COLIFORM (TCR) - 3100, and TOTAL CHLORINE - 1000.

Samples should be collected at the same time and place as the Total Coliform samples.

Sampling Facility ID: DS1 Facility Name: PARK TERRACE MHP DISTRIBUTION
Location SMP ID: DS201 ADDRESS NOT KNOWN

Table with 2 columns: Chemicals and Monitoring Requirements. Includes row for DISINFECTION BYPRODUCTS.

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950



OH1203812 ROLLING TERRACE MHP

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                          |                             |   |                                |
|--------------------------|-----------------------------|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>1253242</b> | Facility Name: <b>ROLLING TERRACE MHP</b> | Facility Class: <b>CLASS A</b> |
|                          | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>      |                                |

THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

| Chemicals                                 | Monitoring Requirements  |
|---|--|
| ARSENIC - 1005                            | 1 Sample(s) Required between 1/1/2013 and 3/31/2013<br>1 Sample(s) Required between 4/1/2013 and 6/30/2013<br>1 Sample(s) Required between 7/1/2013 and 9/30/2013<br>1 Sample(s) Required between 10/1/2013 and 12/31/2013 |
| INORGANICS                                | Not Required   |
| NITRITE - 1041                            | Not Required   |
| NITRATE - 1040                            | 1 Sample(s) Required between 1/1/2013 and 5/31/2013  |
| RADIOLOGICALS                             | Not Required   |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required   |
| VOLATILE ORGANIC CHEMICALS (VOC)          | Not Required   |



OH1203812 ROLLING TERRACE MHP

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

DISTRIBUTION MONITORING SCHEDULE

Table with 2 columns: Sampling Location, Facility ID: DS1, Facility Name: ROLLING TERRACE MHP DISTRIBUTION, SMP ID: DS000

Chemicals Monitoring Requirements

LEAD - 1030 AND COPPER - 1022 Not Required

TOTAL COLIFORM (TCR) - 3100 1 Sample(s) Required between 1/1/2013 and 1/31/2013 ... 12/1/2013 and 12/31/2013

TOTAL CHLORINE - 1000 1 Sample(s) Required between 1/1/2013 and 1/31/2013 ... 12/1/2013 and 12/31/2013

Samples should be collected at the same time and place as the Total Coliform samples.

Table with 2 columns: Sampling Location, Facility ID: DS1, Facility Name: ROLLING TERRACE MHP DISTRIBUTION, SMP ID: DS201, 3301 MILLER ROAD

Chemicals Monitoring Requirements

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 7/1/2013 and 9/30/2013

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950



OH1204212 SOUTH CHARLESTON VILLAGE PWS

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                          |                             |  |                                |
|--------------------------|-----------------------------|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>1253245</b> | Facility Name: <b>SOUTH CHARLESTON VLG</b> | Facility Class: <b>CLASS 1</b> |
|                          | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>       |                                |

THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

| Chemicals                                 | Monitoring Requirements                             |
|---|---|
| INORGANICS                                | Not Required  |
| NITRITE - 1041                            | Not Required  |
| NITRATE - 1040                            | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required  |
| VOLATILE ORGANIC CHEMICALS (VOC)          | Not Required  |



OH1204212 SOUTH CHARLESTON VILLAGE PWS

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

DISTRIBUTION MONITORING SCHEDULE

Table with 4 columns: Sampling Location, Facility ID, Facility Name, Facility Class. Values: DS1, SOUTH CHARLESTON, VLG OF DISTRIBUTIOI, CLASS 1, DS000, ADDRESS NOT KNOWN.

Chemicals Monitoring Requirements

LEAD - 1030 AND COPPER - 1022 Not Required

TOTAL COLIFORM (TCR) - 3100 2 Sample(s) Required between 1/1/2013 and 1/31/2013 ... 2 Sample(s) Required between 12/1/2013 and 12/31/2013

TOTAL CHLORINE - 1000 2 Sample(s) Required between 1/1/2013 and 1/31/2013 ... 2 Sample(s) Required between 12/1/2013 and 12/31/2013

Samples should be collected at the same time and place as the Total Coliform samples.

Table with 4 columns: Sampling Location, Facility ID, Facility Name, Facility Class. Values: DS1, SOUTH CHARLESTON, VLG OF DISTRIBUTIOI, CLASS 1, DS201, ADDRESS NOT KNOWN.

Chemicals Monitoring Requirements

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 7/1/2013 and 9/30/2013

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950



**OH1204212 SOUTH CHARLESTON VILLAGE PWS**

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013**

**DISTRIBUTION MONITORING SCHEDULE**

|                          |                         |   |                                |
|--------------------------|-------------------------|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b> | Facility Name: <b>SOUTH CHARLESTON, VLG OF DISTRIBUTIOI</b> | Facility Class: <b>CLASS 1</b> |
|                          | SMP ID: <b>DS202</b>    | <b>ADDRESS NOT KNOWN</b>                                    |                                |

**Chemicals**

**Monitoring Requirements**

DISINFECTION BYPRODUCTS

1 Sample(s) Required between 7/1/2013 and 9/30/2013

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950



OH1204312 SOUTH VIENNA, VILLAGE OF

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                 |                             |   |
|-----------------|-----------------------------|---|
| <b>Sampling</b> | Facility ID: <b>1253246</b> | Facility Name: <b>SOUTH VIENNA WATER DEPARTMENT</b> |
| <b>Location</b> | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>                |
|                 |                             | Facility Class: <b>CLASS 1</b>                      |

THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

| Chemicals                                 | Monitoring Requirements                             |
|---|---|
| INORGANICS                                | Not Required  |
| NITRITE - 1041                            | Not Required  |
| NITRATE - 1040                            | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |
| RADIOLOGICALS                             | Not Required  |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required  |
| VOLATILE ORGANIC CHEMICALS (VOC)          | Not Required  |



OH1204312 SOUTH VIENNA, VILLAGE OF

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

DISTRIBUTION MONITORING SCHEDULE

|                          |   |   |                                |
|--------------------------|---|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS000</b> | Facility Name: <b>SOUTH VIENNA, VILLAGE OF DISTRIBUTION</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

| Chemicals | Monitoring Requirements |
|-----------|-------------------------|
|-----------|-------------------------|

|                               |  |
|-------------------------------|--|
| LEAD - 1030 AND COPPER - 1022 | 10 Sample(s) Required between 6/1/2013 and 9/30/2013 |
|-------------------------------|--|

Lead Consumer Notice needs issued to sampling participants within thirty days of receipt of results and verification submitted to Ohio EPA within ninety days from the end of the monitoring period. Submit Form 5105 with appendix to Ohio EPA within ten days from the end of the monitoring period. Forms are available online at: <http://epa.ohio.gov/ddagw/reporting.aspx>

|                             |   |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 1/31/2013   |
|                             | 1 Sample(s) Required between 2/1/2013 and 2/28/2013   |
|                             | 1 Sample(s) Required between 3/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 4/30/2013   |
|                             | 1 Sample(s) Required between 5/1/2013 and 5/31/2013   |
|                             | 1 Sample(s) Required between 6/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 7/31/2013   |
|                             | 1 Sample(s) Required between 8/1/2013 and 8/31/2013   |
|                             | 1 Sample(s) Required between 9/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 10/31/2013 |
|                             | 1 Sample(s) Required between 11/1/2013 and 11/30/2013 |
|                             | 1 Sample(s) Required between 12/1/2013 and 12/31/2013 |

|                       |   |
|-----------------------|---|
| TOTAL CHLORINE - 1000 | 1 Sample(s) Required between 1/1/2013 and 1/31/2013   |
|                       | 1 Sample(s) Required between 2/1/2013 and 2/28/2013   |
|                       | 1 Sample(s) Required between 3/1/2013 and 3/31/2013   |
|                       | 1 Sample(s) Required between 4/1/2013 and 4/30/2013   |
|                       | 1 Sample(s) Required between 5/1/2013 and 5/31/2013   |
|                       | 1 Sample(s) Required between 6/1/2013 and 6/30/2013   |
|                       | 1 Sample(s) Required between 7/1/2013 and 7/31/2013   |
|                       | 1 Sample(s) Required between 8/1/2013 and 8/31/2013   |
|                       | 1 Sample(s) Required between 9/1/2013 and 9/30/2013   |
|                       | 1 Sample(s) Required between 10/1/2013 and 10/31/2013 |
|                       | 1 Sample(s) Required between 11/1/2013 and 11/30/2013 |
|                       | 1 Sample(s) Required between 12/1/2013 and 12/31/2013 |

Samples should be collected at the same time and place as the Total Coliform samples.

|                          |   |   |                                |
|--------------------------|---|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS201</b> | Facility Name: <b>SOUTH VIENNA, VILLAGE OF DISTRIBUTION</b><br><b>ADDRESS NOT KNOWN</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

| Chemicals | Monitoring Requirements |
|-----------|-------------------------|
|-----------|-------------------------|

|                         |   |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2013 and 9/30/2013 |
|-------------------------|---|

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950



**OH1204312 SOUTH VIENNA, VILLAGE OF**

System Type: Community

Operating Period: 1/1 to 12/31

*Groundwater Rule Substantial Treatment System*

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013**

**DISTRIBUTION MONITORING SCHEDULE**

|                          |                         |   |                                |
|--------------------------|-------------------------|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b> | Facility Name: <b>SOUTH VIENNA, VILLAGE OF DISTRIBUTION</b> | Facility Class: <b>CLASS 1</b> |
|                          | SMP ID: <b>DS202</b>    | <b>ADDRESS NOT KNOWN</b>                                    |                                |

| <b>Chemicals</b> | <b>Monitoring Requirements</b> |
|------------------|--------------------------------|
|------------------|--------------------------------|

|                         |   |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2013 and 9/30/2013 |
|-------------------------|---|

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950



**OH1204412 SPRINGFIELD CITY PWS**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                          |                             |   |                                |
|--------------------------|-----------------------------|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>1253247</b> | Facility Name: <b>SPRINGFIELD CITY OF</b> | Facility Class: <b>CLASS 3</b> |
|                          | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>      |                                |

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013**

| <b>Chemicals</b>                          | <b>Monitoring Requirements</b>                      |
|---|---|
| INORGANICS                                | Not Required  |
| NITRITE - 1041                            | Not Required  |
| NITRATE - 1040                            | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |
| RADIOLOGICALS                             | Not Required  |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required  |
| VOLATILE ORGANIC CHEMICALS (VOC)          | Not Required  |



OH1204412 SPRINGFIELD CITY PWS

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

DISTRIBUTION MONITORING SCHEDULE

|                          |   |   |                                |
|--------------------------|---|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS000</b> | Facility Name: <b>SPRINGFIELD, CITY OF DISTRIBUTION</b> | Facility Class: <b>CLASS 2</b> |
|--------------------------|---|---|--------------------------------|

| Chemicals | Monitoring Requirements |
|-----------|-------------------------|
|-----------|-------------------------|

|                               |              |
|-------------------------------|--------------|
| LEAD - 1030 AND COPPER - 1022 | Not Required |
|-------------------------------|--------------|

|                             |  |
|-----------------------------|--|
| TOTAL COLIFORM (TCR) - 3100 | 70 Sample(s) Required between 1/1/2013 and 1/31/2013   |
|                             | 70 Sample(s) Required between 2/1/2013 and 2/28/2013   |
|                             | 70 Sample(s) Required between 3/1/2013 and 3/31/2013   |
|                             | 70 Sample(s) Required between 4/1/2013 and 4/30/2013   |
|                             | 70 Sample(s) Required between 5/1/2013 and 5/31/2013   |
|                             | 70 Sample(s) Required between 6/1/2013 and 6/30/2013   |
|                             | 70 Sample(s) Required between 7/1/2013 and 7/31/2013   |
|                             | 70 Sample(s) Required between 8/1/2013 and 8/31/2013   |
|                             | 70 Sample(s) Required between 9/1/2013 and 9/30/2013   |
|                             | 70 Sample(s) Required between 10/1/2013 and 10/31/2013 |
|                             | 70 Sample(s) Required between 11/1/2013 and 11/30/2013 |
|                             | 70 Sample(s) Required between 12/1/2013 and 12/31/2013 |

|                       |  |
|-----------------------|--|
| TOTAL CHLORINE - 1000 | 70 Sample(s) Required between 1/1/2013 and 1/31/2013   |
|                       | 70 Sample(s) Required between 2/1/2013 and 2/28/2013   |
|                       | 70 Sample(s) Required between 3/1/2013 and 3/31/2013   |
|                       | 70 Sample(s) Required between 4/1/2013 and 4/30/2013   |
|                       | 70 Sample(s) Required between 5/1/2013 and 5/31/2013   |
|                       | 70 Sample(s) Required between 6/1/2013 and 6/30/2013   |
|                       | 70 Sample(s) Required between 7/1/2013 and 7/31/2013   |
|                       | 70 Sample(s) Required between 8/1/2013 and 8/31/2013   |
|                       | 70 Sample(s) Required between 9/1/2013 and 9/30/2013   |
|                       | 70 Sample(s) Required between 10/1/2013 and 10/31/2013 |
|                       | 70 Sample(s) Required between 11/1/2013 and 11/30/2013 |
|                       | 70 Sample(s) Required between 12/1/2013 and 12/31/2013 |

Samples should be collected at the same time and place as the Total Coliform samples.

|                          |   |   |                                |
|--------------------------|---|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS201</b> | Facility Name: <b>SPRINGFIELD, CITY OF DISTRIBUTION</b><br><b>ADDRESS NOT KNOWN</b> | Facility Class: <b>CLASS 2</b> |
|--------------------------|---|---|--------------------------------|

| Chemicals | Monitoring Requirements |
|-----------|-------------------------|
|-----------|-------------------------|

|                         |   |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 2/15/2013 and 2/21/2013  |
|                         | 1 Sample(s) Required between 5/15/2013 and 5/21/2013  |
|                         | 1 Sample(s) Required between 8/15/2013 and 8/21/2013  |
|                         | 1 Sample(s) Required between 11/15/201 and 11/22/2013 |

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950



OH1204412 SPRINGFIELD CITY PWS

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

DISTRIBUTION MONITORING SCHEDULE

Table with 4 columns: Sampling Location, Facility ID, Facility Name, Facility Class. Values: DS1, SPRINGFIELD, CITY OF DISTRIBUTION, CLASS 2.

Table with 2 columns: Chemicals, Monitoring Requirements. Lists disinfection byproducts and sampling dates from 2/15/2013 to 11/22/2013.

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950

Table with 4 columns: Sampling Location, Facility ID, Facility Name, Facility Class. Values: DS1, SPRINGFIELD, CITY OF DISTRIBUTION, CLASS 2.

Table with 2 columns: Chemicals, Monitoring Requirements. Lists disinfection byproducts and sampling dates from 2/15/2013 to 11/22/2013.

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950

Table with 4 columns: Sampling Location, Facility ID, Facility Name, Facility Class. Values: DS1, SPRINGFIELD, CITY OF DISTRIBUTION, CLASS 2.

Table with 2 columns: Chemicals, Monitoring Requirements. Lists disinfection byproducts and sampling dates from 2/15/2013 to 11/22/2013.

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950



OH1204512 TECUMSEH COURT MHP

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                 |                             |  |                                |
|-----------------|-----------------------------|--|--------------------------------|
| <b>Sampling</b> | Facility ID: <b>1253248</b> | Facility Name: <b>TECUMSEH COURT MHP</b> |                                |
| <b>Location</b> | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>     | Facility Class: <b>CLASS 1</b> |

THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

| Chemicals                                 | Monitoring Requirements                               |
|---|---|
| PHthalate - 2039                          | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |
| INORGANICS                                | Not Required  |
| NITRITE - 1041                            | Not Required  |
| NITRATE - 1040                            | 1 Sample(s) Required between 1/1/2013 and 5/31/2013   |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required  |
| VOLATILE ORGANIC CHEMICALS (VOC)          | Not Required  |



OH1204512 TECUMSEH COURT MHP

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

DISTRIBUTION MONITORING SCHEDULE

Sampling Facility ID: DS1 Facility Name: TECUMSEH COURT MHP DISTRIBUTION
Location SMP ID: DS000

Table with 2 columns: Chemicals and Monitoring Requirements. Rows include LEAD - 1030 AND COPPER - 1022 (Not Required), TOTAL COLIFORM (TCR) - 3100 (12 samples from 1/1/2013 to 12/31/2013), and TOTAL CHLORINE - 1000 (12 samples from 1/1/2013 to 12/31/2013).

Samples should be collected at the same time and place as the Total Coliform samples.

Sampling Facility ID: DS1 Facility Name: TECUMSEH COURT MHP DISTRIBUTION
Location SMP ID: DS201 ADDRESS NOT KNOWN

Table with 2 columns: Chemicals and Monitoring Requirements. Row: DISINFECTION BYPRODUCTS (1 Sample(s) Required between 7/1/2013 and 9/30/2013)

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950



OH1204912 GREENLAWN CONDOS

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                 |                             |  |
|-----------------|-----------------------------|--|
| <b>Sampling</b> | Facility ID: <b>1253249</b> | Facility Name: <b>GREENLAWN CONDOMINIUMS - TREATMENT PLANT</b> |
| <b>Location</b> | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>                           |
|                 |                             | Facility Class: <b>CLASS A</b>                                 |

THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

| Chemicals                                 | Monitoring Requirements  |
|---|--|
| ARSENIC - 1005                            | 1 Sample(s) Required between 1/1/2013 and 3/31/2013<br>1 Sample(s) Required between 4/1/2013 and 6/30/2013<br>1 Sample(s) Required between 7/1/2013 and 9/30/2013<br>1 Sample(s) Required between 10/1/2013 and 12/31/2013 |
| INORGANICS                                | Not Required   |
| NITRITE - 1041                            | Not Required   |
| NITRATE - 1040                            | 1 Sample(s) Required between 1/1/2013 and 5/31/2013  |
| RADIOLOGICALS                             | Not Required   |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required   |
| VOLATILE ORGANIC CHEMICALS (VOC)          | Not Required   |



OH1204912 GREENLAWN CONDOS

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2013

DISTRIBUTION MONITORING SCHEDULE

Table with 2 columns: Sampling Location, Facility ID: DS1, Facility Name: GREENLAWN CONDOMINIUMS DISTRIBUTION, SMP ID: DS000

Chemicals Monitoring Requirements

LEAD - 1030 AND COPPER - 1022 Not Required

TOTAL COLIFORM (TCR) - 3100 1 Sample(s) Required between 1/1/2013 and 1/31/2013 ... 12/1/2013 and 12/31/2013

TOTAL CHLORINE - 1000 1 Sample(s) Required between 1/1/2013 and 1/31/2013 ... 12/1/2013 and 12/31/2013

Samples should be collected at the same time and place as the Total Coliform samples.

Table with 2 columns: Sampling Location, Facility ID: DS1, Facility Name: GREENLAWN CONDOMINIUMS DISTRIBUTION, SMP ID: DS201, ADDRESS NOT KNOWN

Chemicals Monitoring Requirements

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 7/1/2013 and 9/30/2013

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950

**OH1205112 ENON BEACH CAMPGROUND**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Substantial Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

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**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> ENON BEACH CAMPGROUND DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                     |

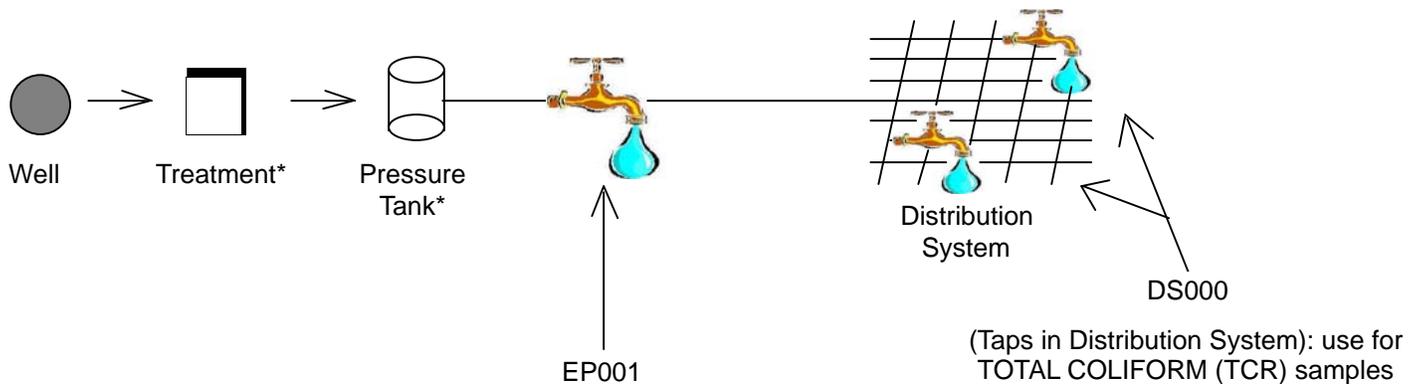
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |   |
|--------------------------------------|---|
| <b>Sampling Facility ID:</b> 1253250 | <b>Facility Name:</b> ENON BEACH CAMPGROUND STU 1 |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water              |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1205312 CRAWFORDS MARKET CAMPGROUND PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> CRAWFORDS MARKET CMPGRD DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                       |

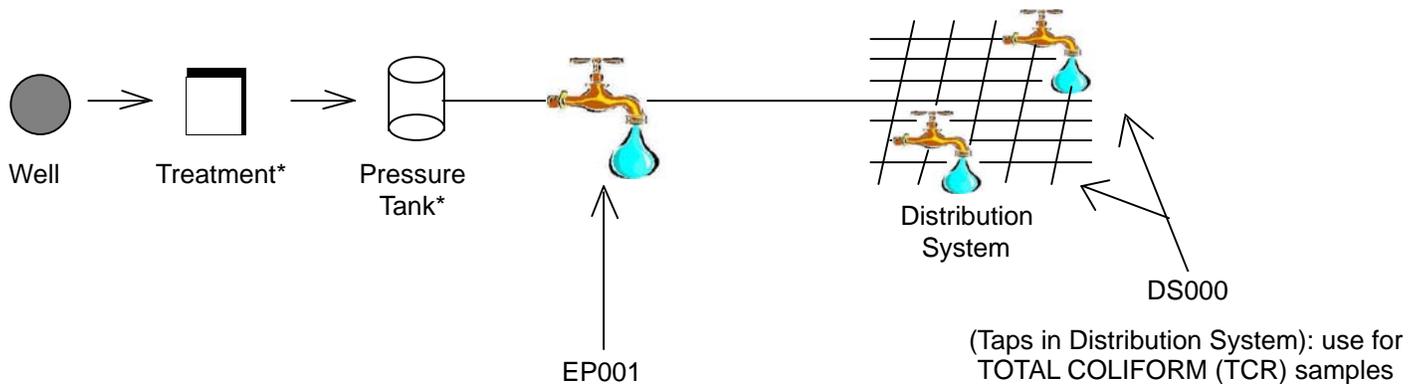
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |   |
|--------------------------------------|---|
| <b>Sampling Facility ID:</b> 1253252 | <b>Facility Name:</b> CRAWFORDS MARKET CAMPGROUND |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water              |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1231212 F O E 3491 PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |   |
|----------------------------------|---|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> F O E 3491 DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water          |

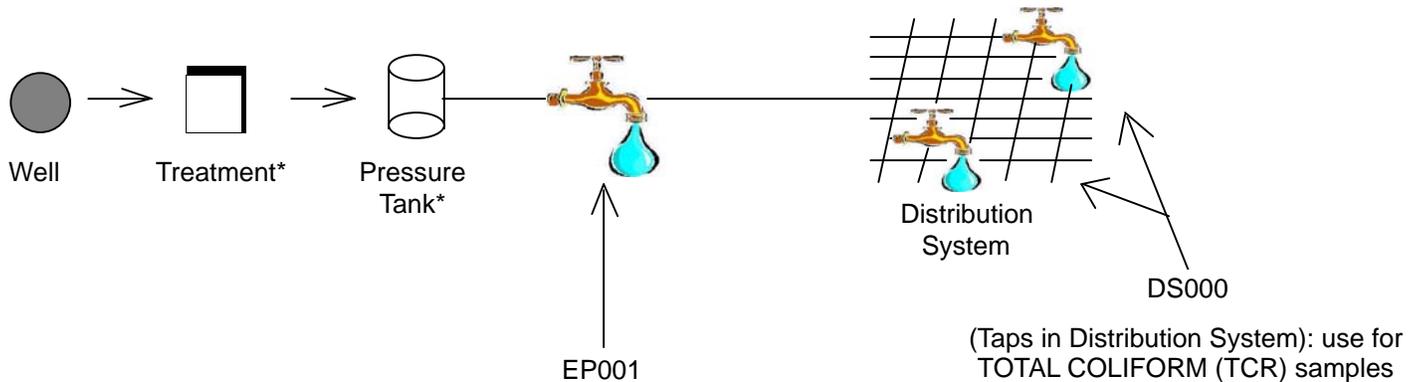
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| <b>Sampling Facility ID:</b> 1253259 | <b>Facility Name:</b> FOE NO 3491    |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.



**OH1231712 GREENON HIGH SCHOOL**

System Type: Nontransient Noncommunity

Operating Period: 9/1 to 6/30

**ENTRY POINT MONITORING SCHEDULE**

|                 |                             |   |
|-----------------|-----------------------------|---|
| <b>Sampling</b> | Facility ID: <b>1253262</b> | Facility Name: <b>GREENON HIGH SCHOOL</b> |
| <b>Location</b> | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>      |

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

| <b>Chemicals</b>                          | <b>Monitoring Requirements</b>                      |
|---|---|
| INORGANICS                                | Not Required  |
| NITRITE - 1041                            | Not Required  |
| NITRATE - 1040                            | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required  |
| VOLATILE ORGANIC CHEMICALS (VOC)          | 1 Sample(s) Required between 1/1/2013 and 3/31/2013 |



OH1231712 GREENON HIGH SCHOOL

System Type: Nontransient Noncommunity

Operating Period: 9/1 to 6/30

Groundwater Rule Substantial Treatment System

THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

DISTRIBUTION MONITORING SCHEDULE

Sampling Facility ID: DS1 Facility Name: GREENON HIGH SCHOOL DISTRIBUTION
Location SMP ID: DS000

Chemicals Monitoring Requirements

LEAD - 1030 AND COPPER - 1022 Not Required

Sampling Facility ID: DS1 Facility Name: GREENON HIGH SCHOOL DISTRIBUTION
Location SMP ID: DS201 ADDRESS NOT KNOWN

Chemicals Monitoring Requirements

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 7/1/2013 and 9/30/2013

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950

Sampling Facility ID: DS1 Facility Name: GREENON HIGH SCHOOL DISTRIBUTION
Location SMP ID: DS202 ADDRESS NOT KNOWN

Chemicals Monitoring Requirements

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 7/1/2013 and 9/30/2013

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950

**OH1231912 TOMS DELI AND CARRYOUT PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |   |
|----------------------------------|---|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> TOMS DELI AND CARRYOUT DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                      |

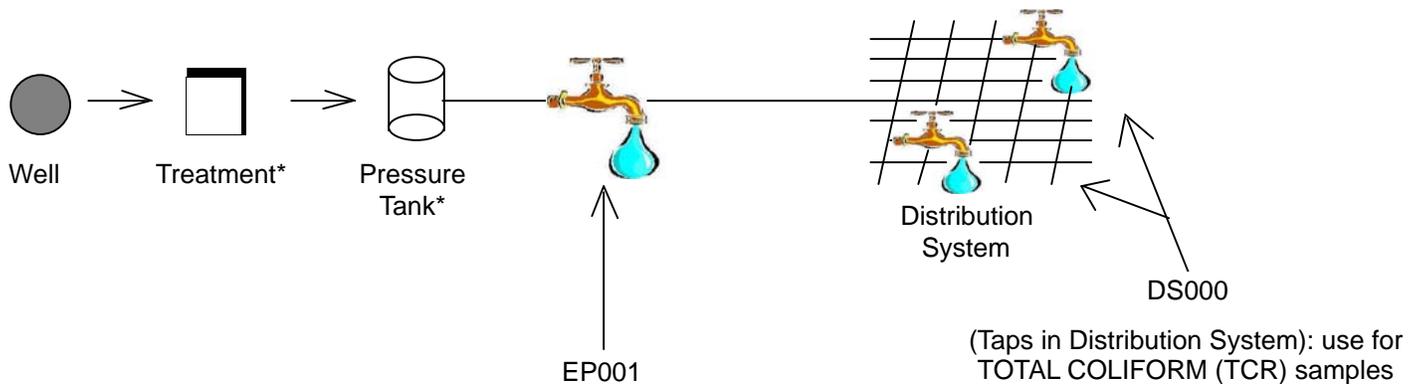
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |  |
|--------------------------------------|--|
| <b>Sampling Facility ID:</b> 1261336 | <b>Facility Name:</b> TOMS DELI & CARRYOUT |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water       |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.



**OH1232212 HUSTEAD SCHOOL**

System Type: Nontransient Noncommunity

Operating Period: 9/1 to 5/31

**ENTRY POINT MONITORING SCHEDULE**

|                 |                             |   |
|-----------------|-----------------------------|---|
| <b>Sampling</b> | Facility ID: <b>1253264</b> | Facility Name: <b>HUSTEAD ELEMENTARY SCHOOL</b> |
| <b>Location</b> | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>            |
|                 |                             | Facility Class: <b>CLASS 1</b>                  |

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

| <b>Chemicals</b>                          | <b>Monitoring Requirements</b>                      |
|---|---|
| INORGANICS                                | Not Required  |
| NITRITE - 1041                            | Not Required  |
| NITRATE - 1040                            | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required  |
| VOLATILE ORGANIC CHEMICALS (VOC)          | Not Required  |



OH1232212 HUSTEAD SCHOOL

System Type: Nontransient Noncommunity

Operating Period: 9/1 to 5/31

Groundwater Rule Substantial Treatment System

THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

DISTRIBUTION MONITORING SCHEDULE

Sampling Facility ID: DS1 Facility Name: HUSTEAD SCHOOL DISTRIBUTION
Location SMP ID: DS000

Table with 2 columns: Chemicals, Monitoring Requirements. Rows include LEAD - 1030 AND COPPER - 1022 (Not Required) and TOTAL COLIFORM (TCR) - 3100 (1 Sample(s) Required between 1/1/2013 and 3/31/2013, etc.)

Sampling Facility ID: DS1 Facility Name: HUSTEAD SCHOOL DISTRIBUTION
Location SMP ID: DS201 ADDRESS NOT KNOWN

Table with 2 columns: Chemicals, Monitoring Requirements. Row includes DISINFECTION BYPRODUCTS (1 Sample(s) Required between 7/1/2013 and 9/30/2013)

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950

**OH1232712 KONE KORNER**

System Type: Transient Noncommunity

Operating Period: 4/1 to 10/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

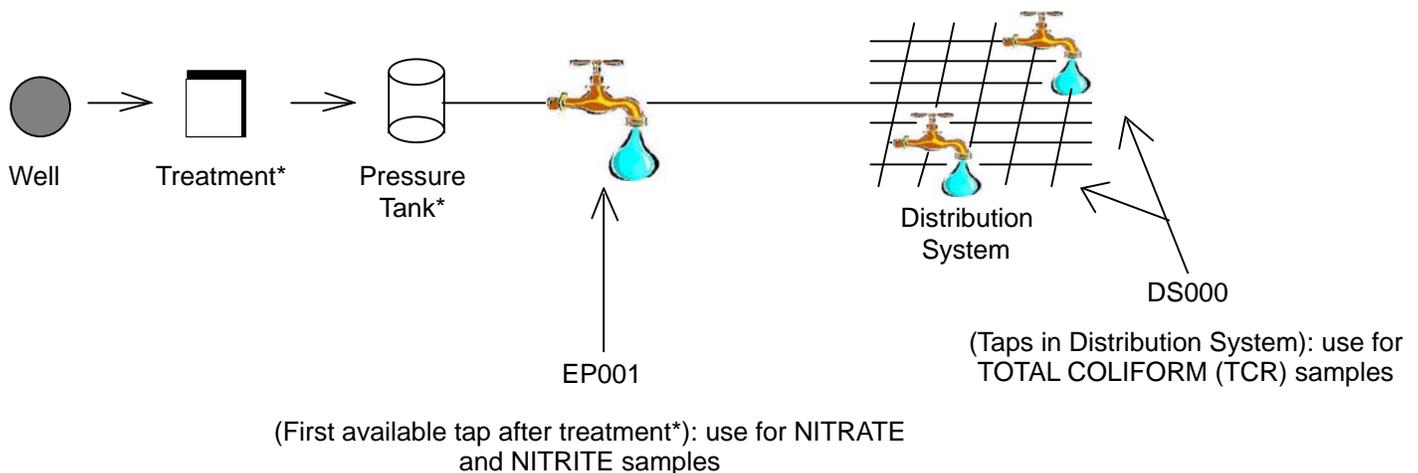
**DISTRIBUTION MONITORING SCHEDULE**
**Sampling Facility ID: DS1 Facility Name: KONE KORNER DISTRIBUTION**
**Location SMP ID: DS000 Facility Source: Ground Water**

| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**
**Sampling Facility ID: 1253265 Facility Name: KONE KORNER**
**Location SMP ID: EP001 Facility Source: Ground Water**
**Facility Class: CLASS 1**

| Chemicals      | Monitoring Requirements                               |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 4/1/2013 and 4/30/2013   |
|                | 1 Sample(s) Required between 5/1/2013 and 5/31/2013   |
|                | 1 Sample(s) Required between 6/1/2013 and 6/30/2013   |
|                | 1 Sample(s) Required between 7/1/2013 and 7/31/2013   |
|                | 1 Sample(s) Required between 8/1/2013 and 8/31/2013   |
|                | 1 Sample(s) Required between 9/1/2013 and 9/30/2013   |
|                | 1 Sample(s) Required between 10/1/2013 and 10/31/2013 |

## Where to Collect Samples For a Small Public Water System



\* If system does not have treatment, EP001 is the first tap after the well.

**OH1232812 LOCUST HILL GC-CLUBHOUSE PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |   |
|----------------------------------|---|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> LOCUST HILL GC CLUBHOUSE DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                        |

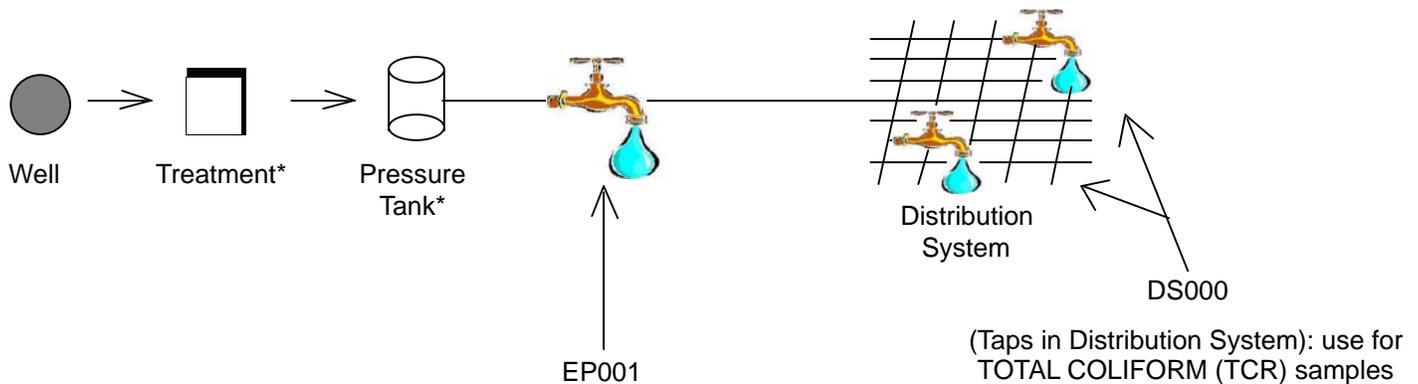
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |  |
|--------------------------------------|--|
| <b>Sampling Facility ID:</b> 1253266 | <b>Facility Name:</b> LOCUST HILL GC CLUBHOUSE STU 1 |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water                 |
|                                      | <b>Facility Class:</b> CLASS A                       |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1232912 CENTURY LANES**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> CENTURY LANES DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water             |

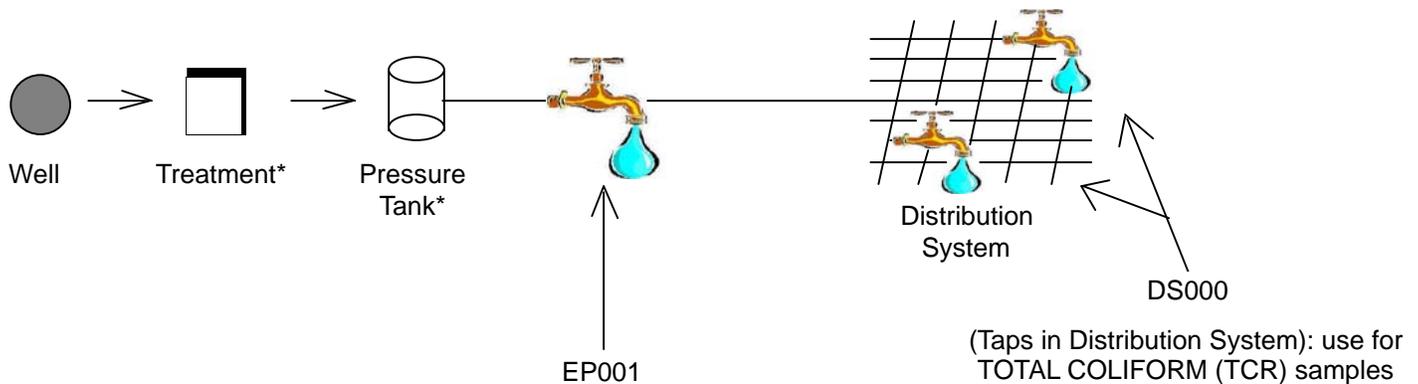
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| <b>Sampling Facility ID:</b> 1253268 | <b>Facility Name:</b> CENTURY LANES  |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.



**OH1233412 NORTHEASTERN HIGH SCHOOL**

System Type: Nontransient Noncommunity

Operating Period: 8/1 to 6/30

**ENTRY POINT MONITORING SCHEDULE**

|                 |                             |                                       |                                |
|-----------------|-----------------------------|---------------------------------------|--------------------------------|
| <b>Sampling</b> | Facility ID: <b>1253271</b> | Facility Name: <b>NORTHEASTERN HS</b> |                                |
| <b>Location</b> | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>  | Facility Class: <b>CLASS 1</b> |

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

| <b>Chemicals</b>                          | <b>Monitoring Requirements</b>                      |
|---|---|
| INORGANICS                                | Not Required  |
| NITRITE - 1041                            | Not Required  |
| NITRATE - 1040                            | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required  |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 3 | Not Required  |
| VOLATILE ORGANIC CHEMICALS (VOC)          | Not Required  |



OH1233412 NORTHEASTERN HIGH SCHOOL

System Type: Nontransient Noncommunity

Operating Period: 8/1 to 6/30

Groundwater Rule Substantial Treatment System

THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

DISTRIBUTION MONITORING SCHEDULE

Sampling Facility ID: DS1 Facility Name: NORTHEASTERN HIGH SCHOOL DISTRIBUTI
Location SMP ID: DS000

Table with 2 columns: Chemicals, Monitoring Requirements. Rows include LEAD - 1030 AND COPPER - 1022 (Not Required), TOTAL COLIFORM (TCR) - 3100 (4 samples between 1/1/2013 and 12/31/2013), and TOTAL CHLORINE - 1000 (4 samples between 1/1/2013 and 12/31/2013).

Samples should be collected at the same time and place as the Total Coliform samples.

Sampling Facility ID: DS1 Facility Name: NORTHEASTERN HIGH SCHOOL DISTRIBUTI
Location SMP ID: DS201 ADDRESS NOT KNOWN

Table with 2 columns: Chemicals, Monitoring Requirements. Row: DISINFECTION BYPRODUCTS (1 sample between 7/1/2013 and 9/30/2013). Includes note: Sample for all the analytes listed below: TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950

Sampling Facility ID: DS1 Facility Name: NORTHEASTERN HIGH SCHOOL DISTRIBUTI
Location SMP ID: DS202 ADDRESS NOT KNOWN

Table with 2 columns: Chemicals, Monitoring Requirements. Row: DISINFECTION BYPRODUCTS (1 sample between 7/1/2013 and 9/30/2013). Includes note: Sample for all the analytes listed below: TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950

**OH1233812 PAT AND MARTHAS PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |   |
|----------------------------------|---|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> PAT AND MARTHA'S DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                |

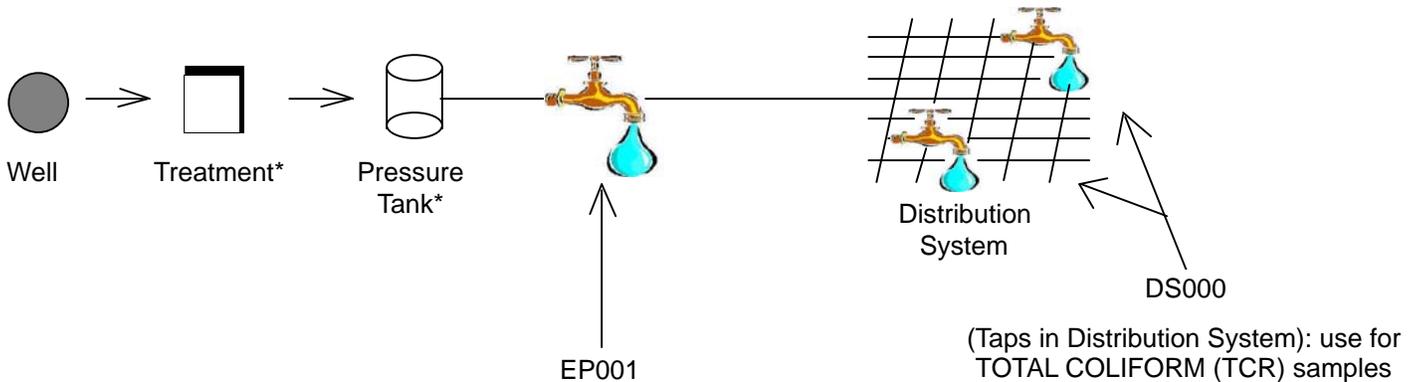
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |                                       |
|--------------------------------------|---------------------------------------|
| <b>Sampling Facility ID:</b> 1253274 | <b>Facility Name:</b> PAT AND MARTHAS |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water  |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

\* If system does not have treatment, EP001 is the first tap after the well.



**OH1234112 POSSUM ELEMENTARY SCHOOL SOUTH PWS**

System Type: Nontransient Noncommunity

Operating Period: 9/1 to 6/30

**ENTRY POINT MONITORING SCHEDULE**

|                 |                             |  |
|-----------------|-----------------------------|--|
| <b>Sampling</b> | Facility ID: <b>1253276</b> | Facility Name: <b>POSSUM ELEMENTARY SCHOOL-SOUTH</b> |
| <b>Location</b> | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>                 |
|                 |                             | Facility Class: <b>CLASS 1</b>                       |

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

| <b>Chemicals</b>                          | <b>Monitoring Requirements</b>                      |
|---|---|
| INORGANICS                                | Not Required  |
| NITRITE - 1041                            | Not Required  |
| NITRATE - 1040                            | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required  |
| VOLATILE ORGANIC CHEMICALS (VOC)          | Not Required  |

**OH1234112 POSSUM ELEMENTARY SCHOOL SOUTH PWS**

System Type: Nontransient Noncommunity

Operating Period: 9/1 to 6/30

*Groundwater Rule Substantial Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                          |                         |  |
|--------------------------|-------------------------|--|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b> | Facility Name: <b>POSSUM ELEMENTARY SCHOOL SOUTH DIS</b> |
|                          | SMP ID: <b>DS000</b>    |  |

| Chemicals                     | Monitoring Requirements  |
|-------------------------------|--|
| LEAD - 1030 AND COPPER - 1022 | Not Required   |
| TOTAL COLIFORM (TCR) - 3100   | 1 Sample(s) Required between 1/1/2013 and 3/31/2013<br>1 Sample(s) Required between 4/1/2013 and 6/30/2013<br>1 Sample(s) Required between 7/1/2013 and 9/30/2013<br>1 Sample(s) Required between 10/1/2013 and 12/31/2013 |
| TOTAL CHLORINE - 1000         | 1 Sample(s) Required between 1/1/2013 and 3/31/2013<br>1 Sample(s) Required between 4/1/2013 and 6/30/2013<br>1 Sample(s) Required between 7/1/2013 and 9/30/2013<br>1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

*Samples should be collected at the same time and place as the Total Coliform samples.*

|                          |                         |  |
|--------------------------|-------------------------|--|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b> | Facility Name: <b>POSSUM ELEMENTARY SCHOOL SOUTH DIS</b> |
|                          | SMP ID: <b>DS201</b>    | <b>ADDRESS NOT KNOWN</b>                                 |

| Chemicals               | Monitoring Requirements                             |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2013 and 9/30/2013 |

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950

**OH1234912 VFW POST 8673**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> VFW POST 8673 DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water             |

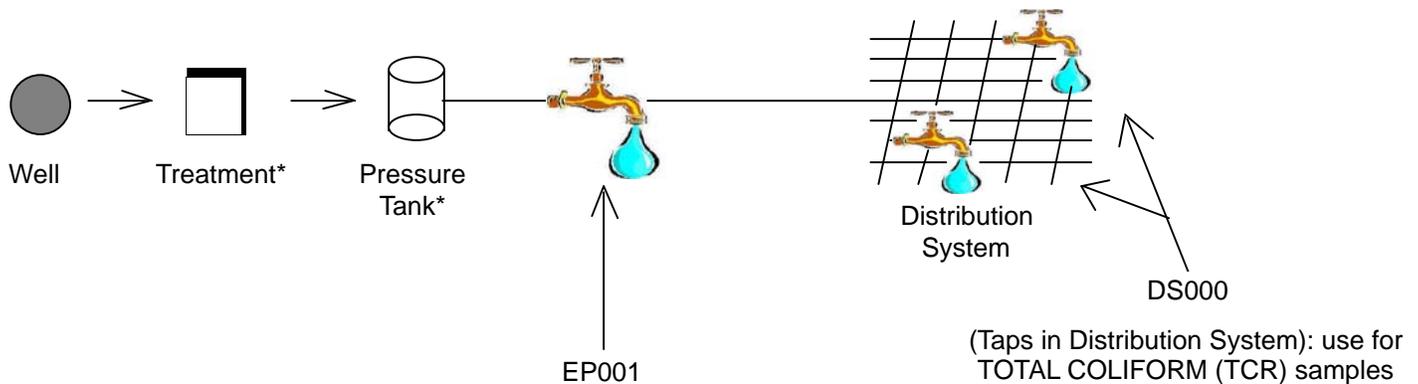
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| <b>Sampling Facility ID:</b> 1253278 | <b>Facility Name:</b> VFW POST 8673  |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1235512 BASS LAKE CAMPGROUND**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Groundwater Rule Minimal Treatment System

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

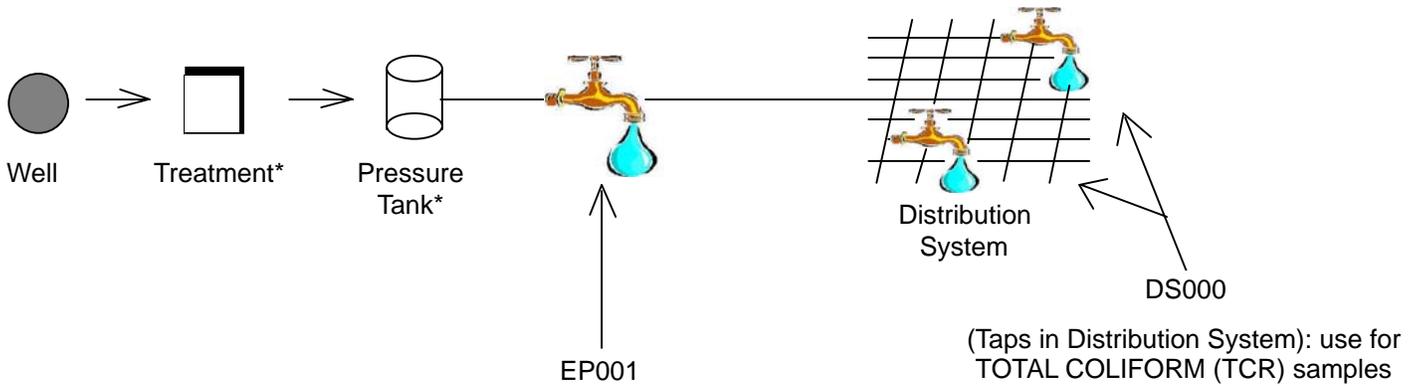
**ENTRY POINT MONITORING SCHEDULE**

**Sampling** Facility ID: **1253280** Facility Name: **BASS LAKE**

**Location** SMP ID: **EP001** Facility Source: **Ground Water**

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

**Where to Collect Samples For a Small Public Water System**



(First available tap after treatment\*): use for NITRATE and NITRITE samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1235812 BOONE SALOON**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |   |
|----------------------------------|---|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> BOONE SALOON DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water            |

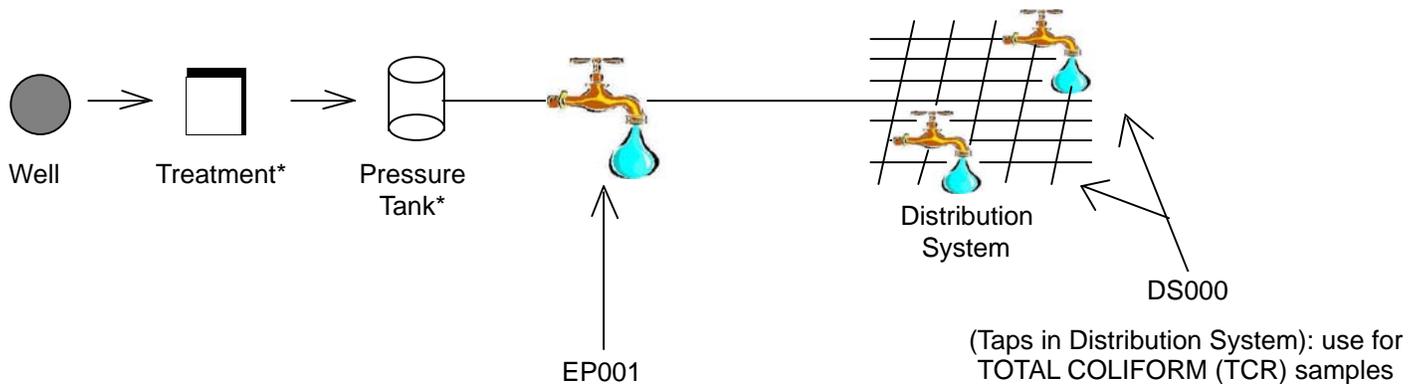
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| <b>Sampling Facility ID:</b> 1253281 | <b>Facility Name:</b> BOONE SALOON   |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1235912 CHAPS PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> CHAPS DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water     |

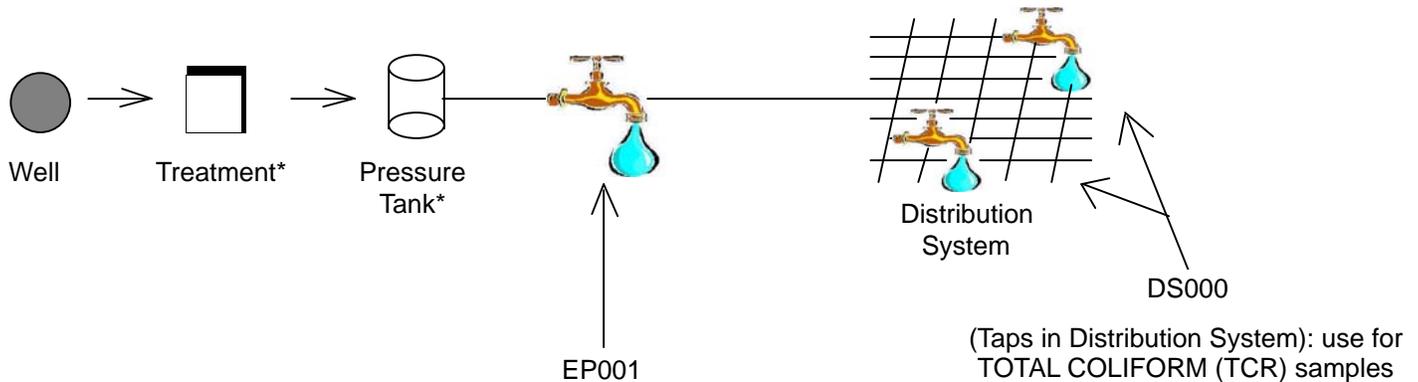
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| <b>Sampling Facility ID:</b> 1253282 | <b>Facility Name:</b> CHAPS          |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1236012 CARTER LUMBER COMPANY**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> CARTER LUMBER COMPANY DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                     |

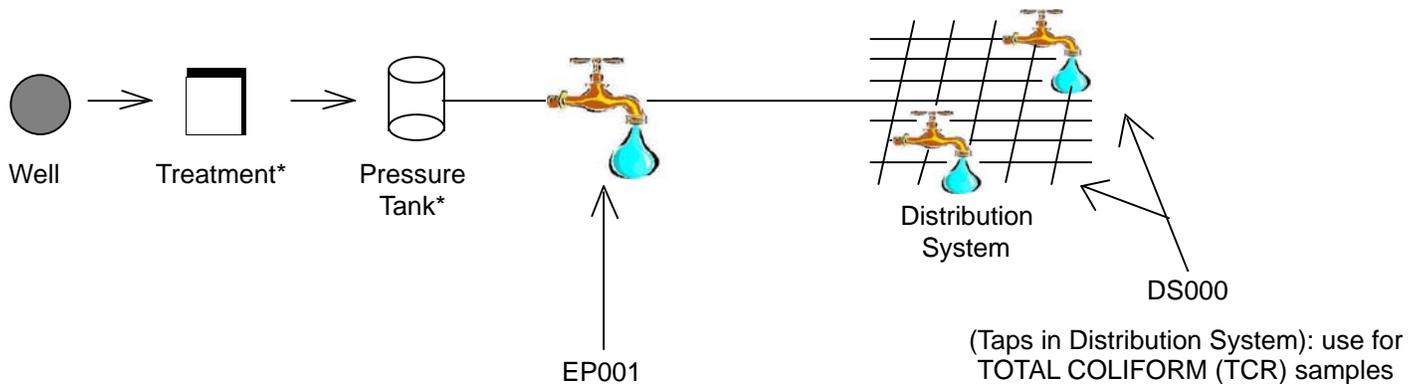
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |  |
|--------------------------------------|--|
| <b>Sampling Facility ID:</b> 1253283 | <b>Facility Name:</b> CARTER LUMBER CO |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water   |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1236112 MEADOWS RESTAURANT-MOTEL**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |   |
|----------------------------------|---|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> MEADOWS RESTAURANT-MOTEL DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                        |

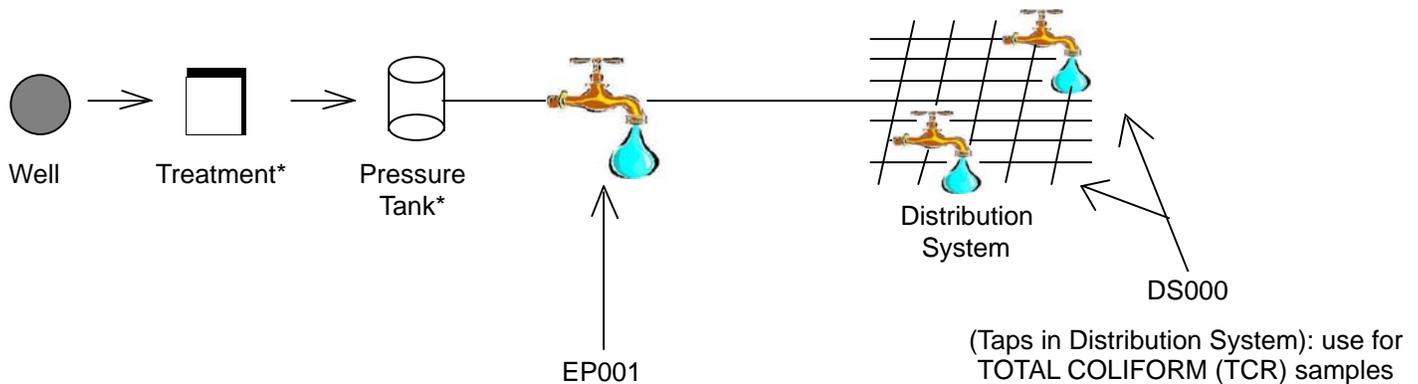
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |  |
|--------------------------------------|--|
| <b>Sampling Facility ID:</b> 1253284 | <b>Facility Name:</b> MEADOWS RESTAURANT MOTEL |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water           |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1236912 THE FARM**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |   |
|----------------------------------|---|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> THE FARM DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water        |

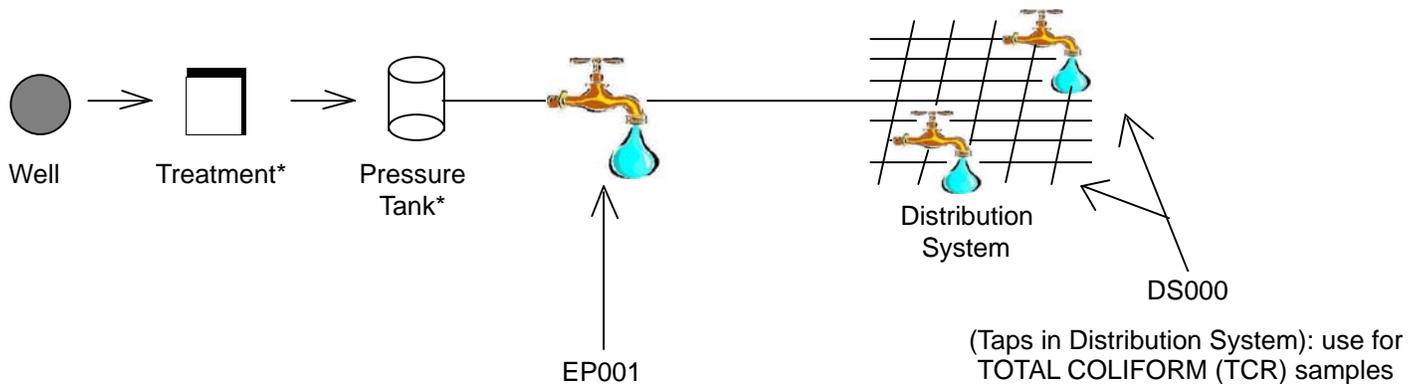
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| <b>Sampling Facility ID:</b> 1253288 | <b>Facility Name:</b> THE FARM       |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1237012 FENTS DAIRY PWS**

System Type: Transient Noncommunity

Operating Period: 3/1 to 9/30

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

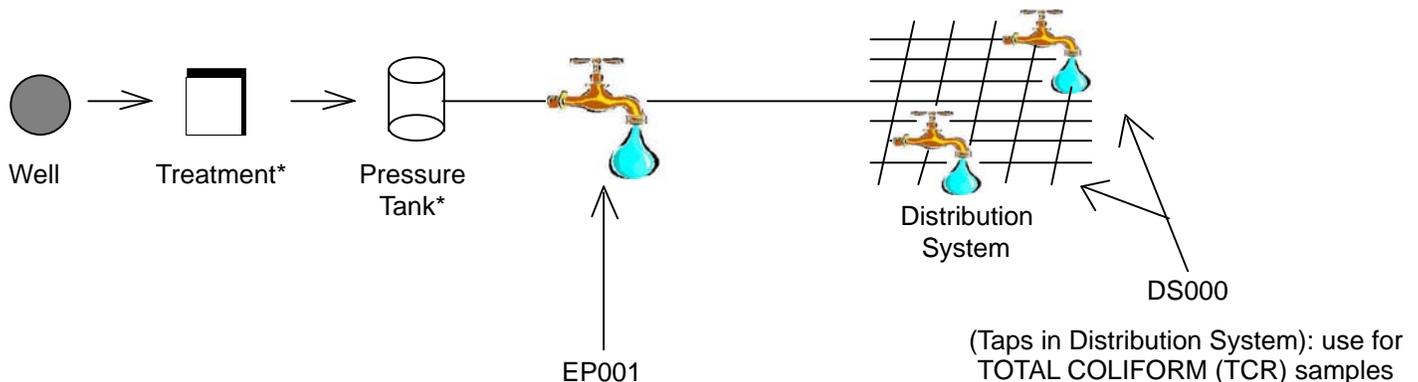
**DISTRIBUTION MONITORING SCHEDULE**
**Sampling Facility ID: DS1 Facility Name: FENTS DAIRY DISTRIBUTION**
**Location SMP ID: DS000 Facility Source: Ground Water**

| Chemicals                   | Monitoring Requirements                             |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013 |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013 |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013 |

**ENTRY POINT MONITORING SCHEDULE**
**Sampling Facility ID: 1253289 Facility Name: FENTS DAIRY**
**Location SMP ID: EP001 Facility Source: Ground Water**

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1237212 HONEY CREEK TAVERN**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |   |
|----------------------------------|---|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> HONEY CREEK TAVERN DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                  |

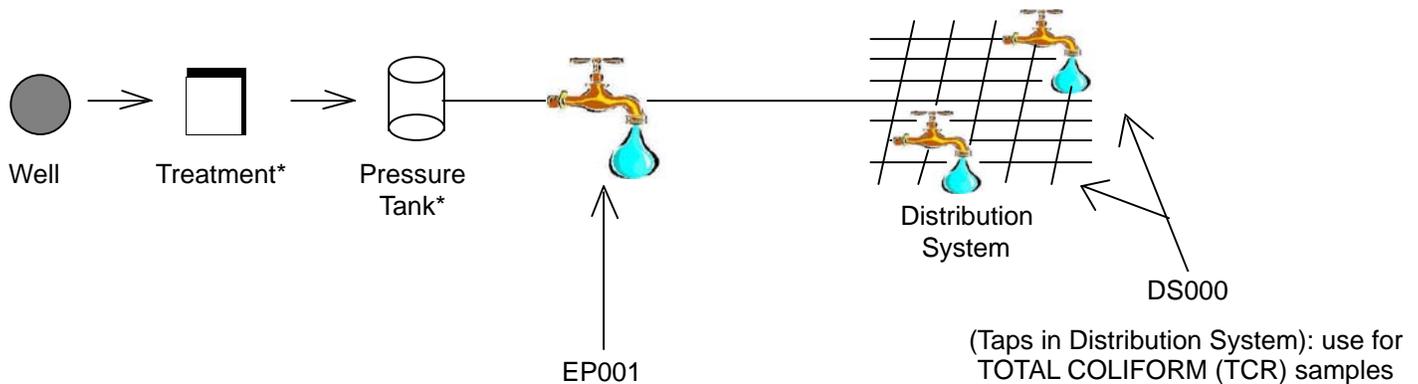
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |  |
|--------------------------------------|--|
| <b>Sampling Facility ID:</b> 1253290 | <b>Facility Name:</b> HONEY CREEK TAVERN WTP |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water         |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1237512 HOP BAR**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Substantial Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> HOP BAR DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water       |

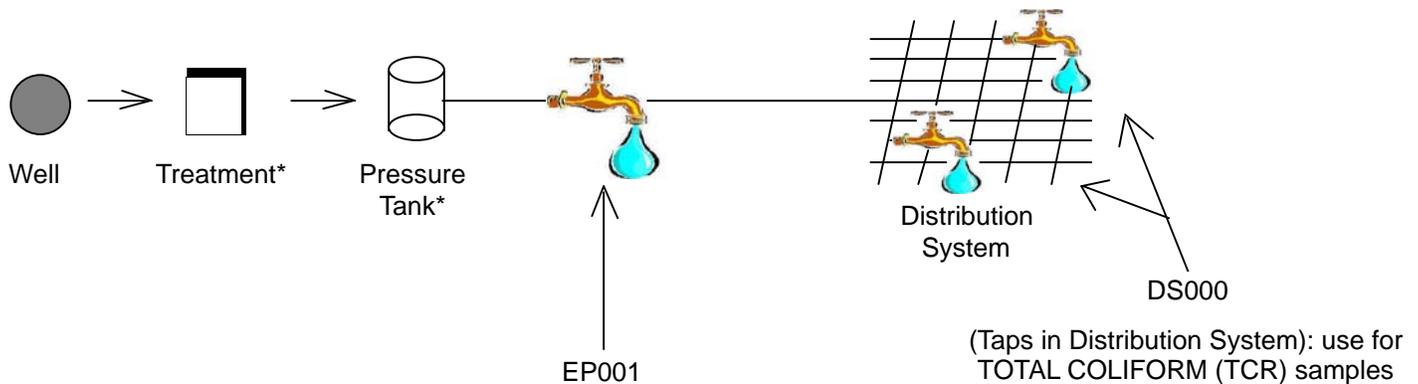
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| <b>Sampling Facility ID:</b> 1253292 | <b>Facility Name:</b> HOP BAR        |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 7/1/2013 and 9/30/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.



**OH1237912 KAFFENBARGER TRUCK EQUIPMENT**

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                 |                             |  |
|-----------------|-----------------------------|--|
| <b>Sampling</b> | Facility ID: <b>1253295</b> | Facility Name: <b>KAFFENBARGER TRUCK EQUIPMENT</b> |
| <b>Location</b> | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>               |
|                 |                             | Facility Class: <b>CLASS 1</b>                     |

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

| <b>Chemicals</b>                          | <b>Monitoring Requirements</b>                      |
|---|---|
| INORGANICS                                | Not Required  |
| NITRITE - 1041                            | Not Required  |
| NITRATE - 1040                            | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required  |
| VOLATILE ORGANIC CHEMICALS (VOC)          | Not Required  |



OH1237912 KAFFENBARGER TRUCK EQUIPMENT

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

DISTRIBUTION MONITORING SCHEDULE

Sampling Facility ID: DS1 Facility Name: KAFFENBARGER TRUCK EQUIP DISTRIBUTIC
Location SMP ID: AS001

Table with 2 columns: Chemicals, Monitoring Requirements. Row 1: ARSENIC - 1005, 1 Sample(s) Required between 1/1/2013 and 3/31/2013. Row 2: ARSENIC - 1005, 1 Sample(s) Required between 7/1/2013 and 9/30/2013.

Sampling Facility ID: DS1 Facility Name: KAFFENBARGER TRUCK EQUIP DISTRIBUTIC
Location SMP ID: AS002

Table with 2 columns: Chemicals, Monitoring Requirements. Row 1: ARSENIC - 1005, 1 Sample(s) Required between 4/1/2013 and 6/30/2013. Row 2: ARSENIC - 1005, 1 Sample(s) Required between 10/1/2013 and 12/31/2013.

Sampling Facility ID: DS1 Facility Name: KAFFENBARGER TRUCK EQUIP DISTRIBUTIC
Location SMP ID: DS000

Table with 2 columns: Chemicals, Monitoring Requirements. Row 1: LEAD - 1030 AND COPPER - 1022, Not Required. Row 2: TOTAL COLIFORM (TCR) - 3100, 1 Sample(s) Required between 1/1/2013 and 3/31/2013. Row 3: TOTAL COLIFORM (TCR) - 3100, 1 Sample(s) Required between 4/1/2013 and 6/30/2013. Row 4: TOTAL COLIFORM (TCR) - 3100, 1 Sample(s) Required between 7/1/2013 and 9/30/2013. Row 5: TOTAL COLIFORM (TCR) - 3100, 1 Sample(s) Required between 10/1/2013 and 12/31/2013.

**OH1238012 LIEDERTAFEL CLUB**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |   |
|----------------------------------|---|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> LIEDERTAFEL CLUB DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                |

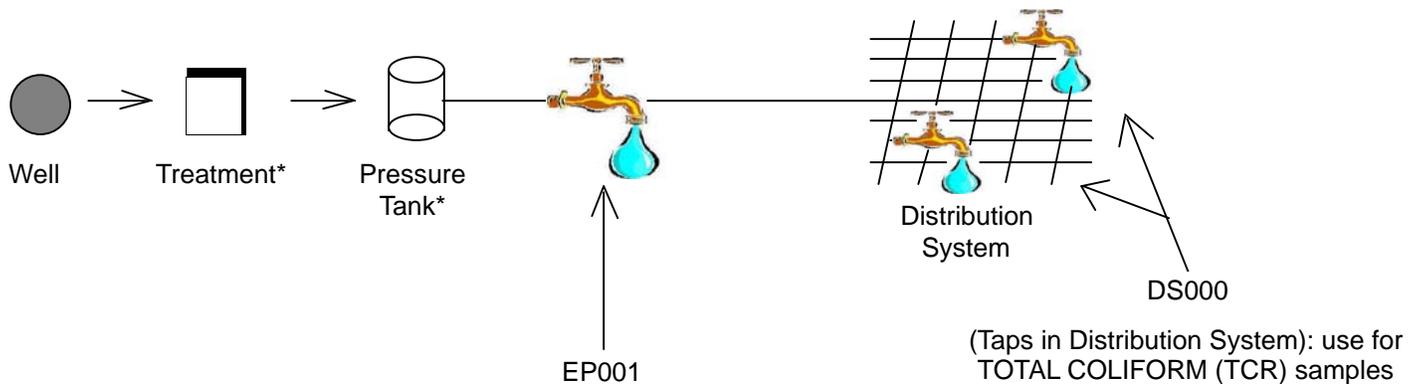
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |  |
|--------------------------------------|--|
| <b>Sampling Facility ID:</b> 1253296 | <b>Facility Name:</b> LIEDERTAFEL CLUB TREATMENT PLANT |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water                   |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1238212 TAYLORS TAVERN PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |   |
|----------------------------------|---|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> MARKOV'S DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water        |

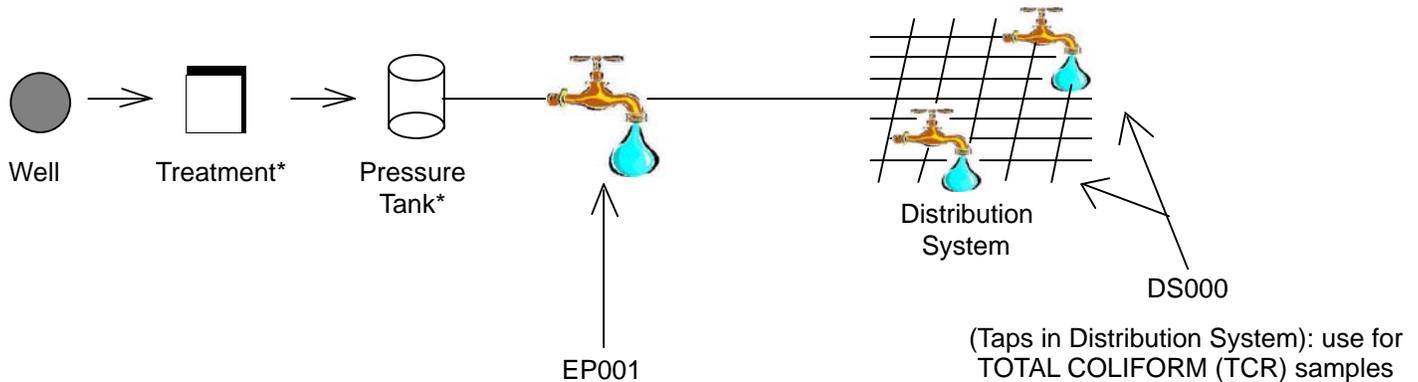
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| <b>Sampling Facility ID:</b> 1253297 | <b>Facility Name:</b> TAYLORS TAVERN |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

\* If system does not have treatment, EP001 is the first tap after the well.



OH1238312 MEDWAY ELEMENTARY SCHOOL

System Type: Nontransient Noncommunity

Operating Period: 9/1 to 6/30

ENTRY POINT MONITORING SCHEDULE

|                 |                             |  |
|-----------------|-----------------------------|--|
| <b>Sampling</b> | Facility ID: <b>1253298</b> | Facility Name: <b>MEDWAY ELEMENTARY SCHOOL</b> |
| <b>Location</b> | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>           |
|                 |                             | Facility Class: <b>CLASS 1</b>                 |

THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

| Chemicals   | Monitoring Requirements                             |
|---|---|
| INORGANICS  | Not Required  |
| NITRITE - 1041  | Not Required  |
| NITRATE - 1040  | 1 Sample(s) Required between 1/1/2013 and 3/31/2013 |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1             | Not Required  |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 2             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013 |
| <u>Sample for all the analytes listed below:</u>      |   |
| 2,4-D - 2105 CARBOFURAN - 2046 OXAMYL (VYDATE) - 2036 |   |
| PENTACHLOROPHENOL - 2326 PICLORAM - 2040              |   |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 3             | Not Required  |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 4             | Not Required  |
| VOLATILE ORGANIC CHEMICALS (VOC)                      | Not Required  |



**OH1238312 MEDWAY ELEMENTARY SCHOOL**

System Type: Nontransient Noncommunity

Operating Period: 9/1 to 6/30

*Groundwater Rule Minimal Treatment System*

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                          |                         |   |
|--------------------------|-------------------------|---|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b> | Facility Name: <b>MEDWAY ELEMENTARY SCHOOL DISTRIBUTI</b> |
|                          | SMP ID: <b>DS000</b>    |   |

| <b>Chemicals</b>              | <b>Monitoring Requirements</b>   |
|-------------------------------|--|
| LEAD - 1030 AND COPPER - 1022 | Not Required   |
| TOTAL COLIFORM (TCR) - 3100   | 1 Sample(s) Required between 1/1/2013 and 3/31/2013<br>1 Sample(s) Required between 4/1/2013 and 6/30/2013<br>1 Sample(s) Required between 7/1/2013 and 9/30/2013<br>1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**OH1239212 AMVETS POST 37**

 System Type: **Transient Noncommunity**

 Operating Period: **1/1 to 12/31**
*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> AMVETS 37 DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water         |

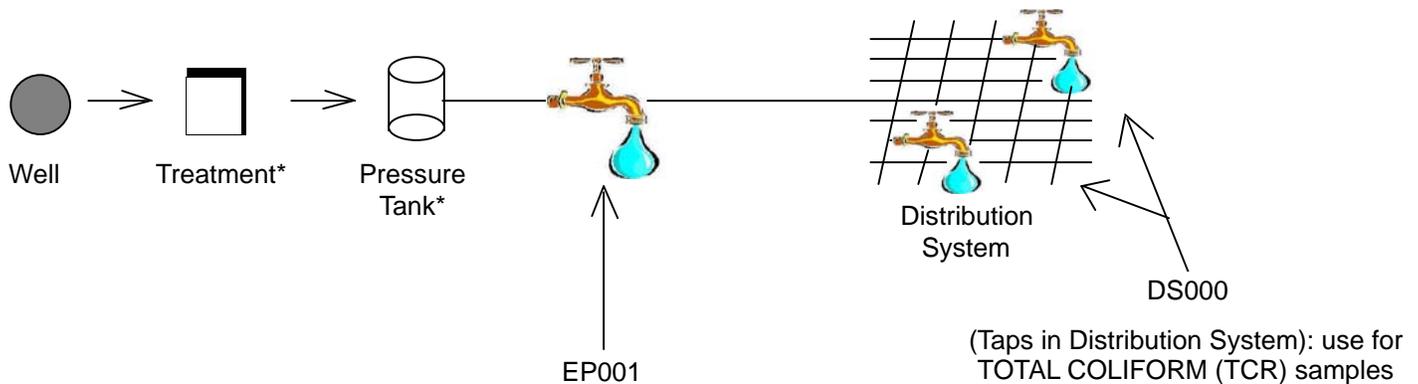
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| <b>Sampling Facility ID:</b> 1253301 | <b>Facility Name:</b> AMVETS NO 37   |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.



**OH1239612 SWEET MANUFACTURING**

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                 |                             |  |                                |
|-----------------|-----------------------------|--|--------------------------------|
| <b>Sampling</b> | Facility ID: <b>1253304</b> | Facility Name: <b>SWEET MANUFACTURING CO</b> |                                |
| <b>Location</b> | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>         | Facility Class: <b>CLASS A</b> |

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

| <b>Chemicals</b>                          | <b>Monitoring Requirements</b>                      |
|---|---|
| INORGANICS                                | Not Required  |
| NITRITE - 1041                            | Not Required  |
| NITRATE - 1040                            | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required  |
| VOLATILE ORGANIC CHEMICALS (VOC)          | Not Required  |



OH1239612 SWEET MANUFACTURING

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

Groundwater Rule Minimal Treatment System

THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

DISTRIBUTION MONITORING SCHEDULE

Sampling Facility ID: DS1 Facility Name: SWEET MANUFACTURING DISTRIBUTION
Location SMP ID: DS000

Chemicals

Monitoring Requirements

LEAD - 1030 AND COPPER - 1022 5 Sample(s) Required between 6/1/2013 and 9/30/2013

Lead Consumer Notice needs issued to sampling participants within thirty days of receipt of results and verification submitted to Ohio EPA within ninety days from the end of the monitoring period. Submit Form 5105 with appendix to Ohio EPA within ten days from the end of the monitoring period. Forms are available online at: http://epa.ohio.gov/ddagw/reporting.aspx

TOTAL COLIFORM (TCR) - 3100 1 Sample(s) Required between 1/1/2013 and 3/31/2013
1 Sample(s) Required between 4/1/2013 and 6/30/2013
1 Sample(s) Required between 7/1/2013 and 9/30/2013
1 Sample(s) Required between 10/1/2013 and 12/31/2013

**OH1239712 TAVERNETTE INN**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |   |
|----------------------------------|---|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> TAVERNETTE INN DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water              |

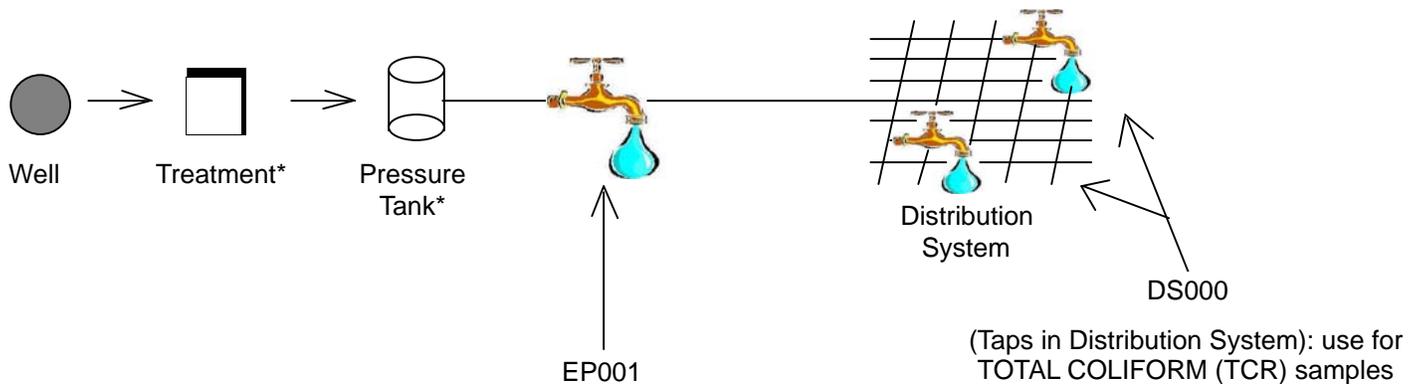
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| <b>Sampling Facility ID:</b> 1253305 | <b>Facility Name:</b> TAVERNETTE INN |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 7/1/2013 and 9/30/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1240012 THE DOLL HOUSE**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |   |
|----------------------------------|---|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> THE DOLL HOUSE DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water              |

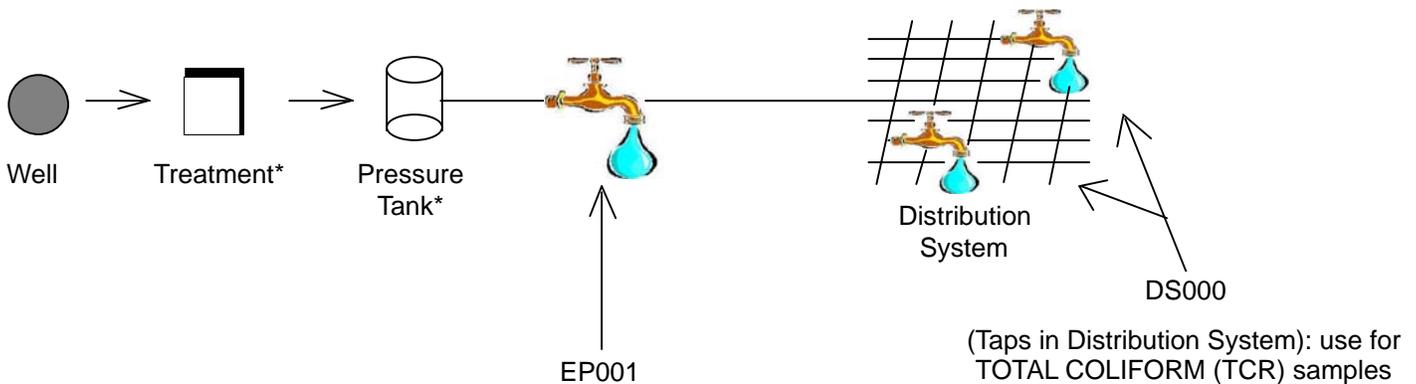
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| <b>Sampling Facility ID:</b> 1253307 | <b>Facility Name:</b> THE DOLL HOUSE |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1240112 VFW MEDWAY MEMORIAL POST 9684**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |   |
|----------------------------------|---|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> VFW MEDWAY POST 9684 DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                    |

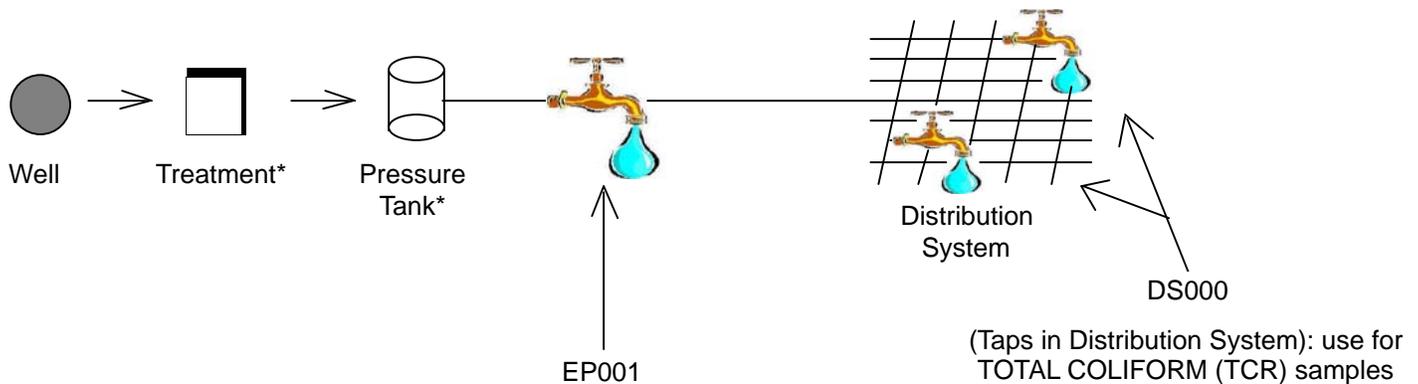
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |   |
|--------------------------------------|---|
| <b>Sampling Facility ID:</b> 1253308 | <b>Facility Name:</b> VFW MEDWAY MEMORIAL POST 9684 |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water                |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 4/1/2013 and 6/30/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1240212 WAYSIDE TAVERN**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> AREA 51 BAR AND GRILL DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                     |

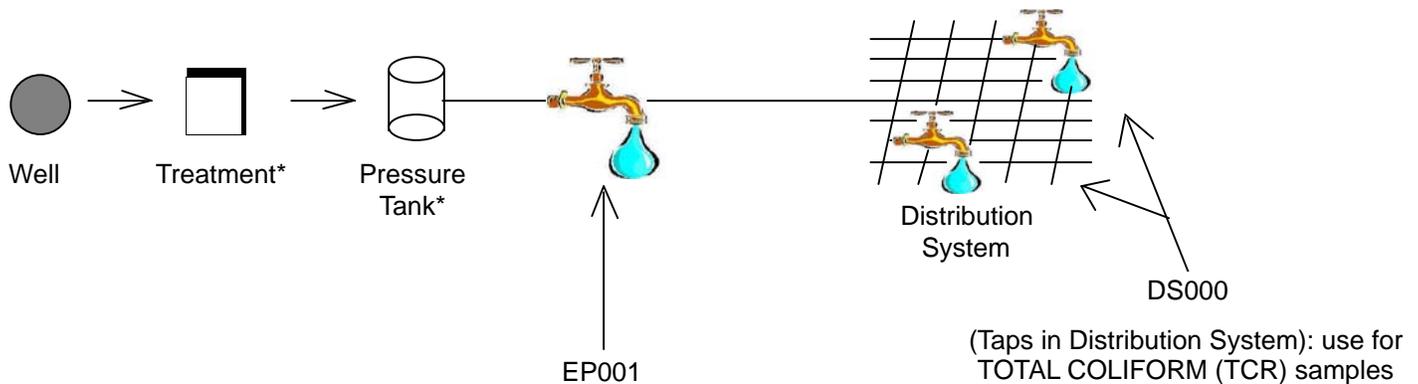
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| <b>Sampling Facility ID:</b> 1253309 | <b>Facility Name:</b> WAYSIDE TAVERN |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.



**OH1240412 YOUNGS JERSEY DAIRY PWS**

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                 |                             |   |                                |
|-----------------|-----------------------------|---|--------------------------------|
| <b>Sampling</b> | Facility ID: <b>1253311</b> | Facility Name: <b>YOUNGS JERSEY DAIRY</b> |                                |
| <b>Location</b> | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>      | Facility Class: <b>CLASS 1</b> |

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

| <b>Chemicals</b>                          | <b>Monitoring Requirements</b>                      |
|---|---|
| INORGANICS                                | Not Required  |
| NITRITE - 1041                            | Not Required  |
| NITRATE - 1040                            | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required  |
| VOLATILE ORGANIC CHEMICALS (VOC)          | Not Required  |



OH1240412 YOUNGS JERSEY DAIRY PWS

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

DISTRIBUTION MONITORING SCHEDULE

|                          |   |  |                                |
|--------------------------|---|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS000</b> | Facility Name: <b>YOUNGS JERSEY DAIRY DISTRIBUTION</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

| Chemicals  | Monitoring Requirements                             |
|--|---|
| LEAD - 1030 AND COPPER - 1022  | 5 Sample(s) Required between 6/1/2013 and 9/30/2013 |
| <i>Lead Consumer Notice needs issued to sampling participants within thirty days of receipt of results and verification submitted to Ohio EPA within ninety days from the end of the monitoring period. Submit Form 5105 with appendix to Ohio EPA within ten days from the end of the monitoring period. Forms are available online at: <a href="http://epa.ohio.gov/ddagw/reporting.aspx">http://epa.ohio.gov/ddagw/reporting.aspx</a></i> |   |

|                             |   |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 2 Sample(s) Required between 1/1/2013 and 1/31/2013   |
|                             | 2 Sample(s) Required between 2/1/2013 and 2/28/2013   |
|                             | 2 Sample(s) Required between 3/1/2013 and 3/31/2013   |
|                             | 2 Sample(s) Required between 4/1/2013 and 4/30/2013   |
|                             | 2 Sample(s) Required between 5/1/2013 and 5/31/2013   |
|                             | 2 Sample(s) Required between 6/1/2013 and 6/30/2013   |
|                             | 2 Sample(s) Required between 7/1/2013 and 7/31/2013   |
|                             | 2 Sample(s) Required between 8/1/2013 and 8/31/2013   |
|                             | 2 Sample(s) Required between 9/1/2013 and 9/30/2013   |
|                             | 2 Sample(s) Required between 10/1/2013 and 10/31/2013 |
|                             | 2 Sample(s) Required between 11/1/2013 and 11/30/2013 |
|                             | 2 Sample(s) Required between 12/1/2013 and 12/31/2013 |

|                          |   |  |                                |
|--------------------------|---|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS201</b> | Facility Name: <b>YOUNGS JERSEY DAIRY DISTRIBUTION</b><br><b>ADDRESS NOT KNOWN</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

| Chemicals  | Monitoring Requirements                             |
|--|---|
| DISINFECTION BYPRODUCTS                          | 1 Sample(s) Required between 7/1/2013 and 9/30/2013 |
| <i>Sample for all the analytes listed below:</i> |   |
| TOTAL HALOACETIC ACIDS (HAA5) - 2456             | TTHM - 2950   |

**OH1240822 BEAVER VALLEY RESORT**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |   |
|----------------------------------|---|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> BEAVER VALLEY RESORT DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                    |

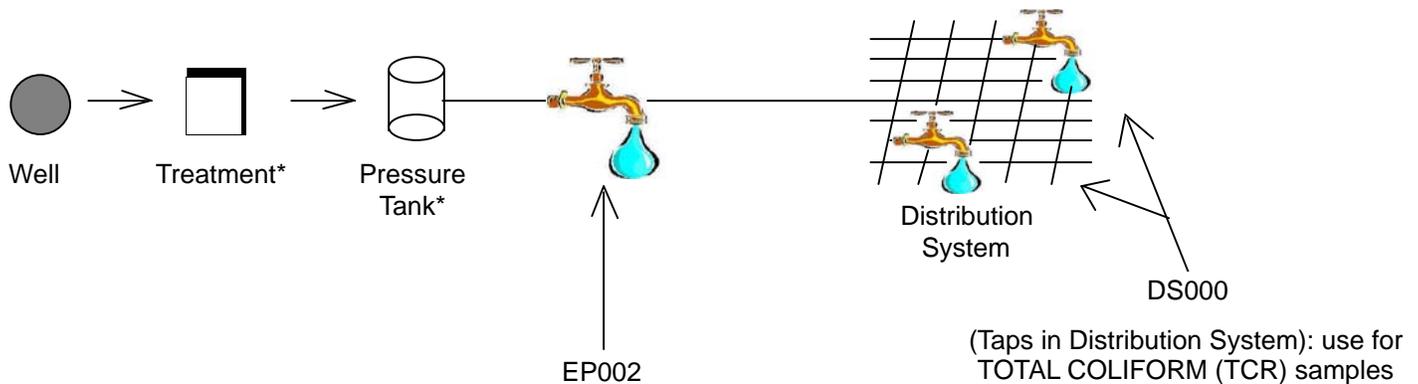
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |   |
|--------------------------------------|---|
| <b>Sampling Facility ID:</b> 1260858 | <b>Facility Name:</b> BEAVER VALLEY RESORT LAND STU 2 |
| <b>Location SMP ID:</b> EP002        | <b>Facility Source:</b> Ground Water                  |
|                                      | <b>Facility Class:</b> CLASS A                        |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

\* If system does not have treatment, EP002 is the first tap after the well.



**OH1241012 SUTPHEN CORPORATION-CHASSIS DIVISION PWS**

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                 |                             |   |
|-----------------|-----------------------------|---|
| <b>Sampling</b> | Facility ID: <b>1253314</b> | Facility Name: <b>SUTPHEN CORP CHASSIS DIVISION</b> |
| <b>Location</b> | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>                |
|                 |                             | Facility Class: <b>CLASS A</b>                      |

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

| <b>Chemicals</b>                          | <b>Monitoring Requirements</b>                      |
|---|---|
| INORGANICS                                | Not Required  |
| NITRITE - 1041                            | Not Required  |
| NITRATE - 1040                            | 1 Sample(s) Required between 1/1/2013 and 3/31/2013 |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required  |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 4 | Not Required  |
| VOLATILE ORGANIC CHEMICALS (VOC)          | Not Required  |



OH1241012 SUTPHEN CORPORATION-CHASSIS DIVISION PWS

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

Groundwater Rule Minimal Treatment System

THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

DISTRIBUTION MONITORING SCHEDULE

Sampling Facility ID: DS1 Facility Name: SUTPHEN CORP-CHASSIS DIV DISTRIBUTION
Location SMP ID: DS000

Chemicals

Monitoring Requirements

LEAD - 1030 AND COPPER - 1022 5 Sample(s) Required between 6/1/2013 and 9/30/2013

Lead Consumer Notice needs issued to sampling participants within thirty days of receipt of results and verification submitted to Ohio EPA within ninety days from the end of the monitoring period. Submit Form 5105 with appendix to Ohio EPA within ten days from the end of the monitoring period. Forms are available online at: http://epa.ohio.gov/ddagw/reporting.aspx

TOTAL COLIFORM (TCR) - 3100 1 Sample(s) Required between 1/1/2013 and 3/31/2013
1 Sample(s) Required between 4/1/2013 and 6/30/2013
1 Sample(s) Required between 7/1/2013 and 9/30/2013
1 Sample(s) Required between 10/1/2013 and 12/31/2013



OH1241812 TECH II, INC. PWS

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                 |                             |                                      |                                |
|-----------------|-----------------------------|--------------------------------------|--------------------------------|
| <b>Sampling</b> | Facility ID: <b>1253317</b> | Facility Name: <b>TECH I INC</b>     |                                |
| <b>Location</b> | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b> | Facility Class: <b>CLASS 1</b> |

THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

| Chemicals                                 | Monitoring Requirements                             |
|---|---|
| DIQUAT - 2032                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013 |
| INORGANICS                                | Not Required  |
| NITRITE - 1041                            | Not Required  |
| NITRATE - 1040                            | 1 Sample(s) Required between 7/1/2013 and 9/30/2013 |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required  |
| VOLATILE ORGANIC CHEMICALS (VOC)          | Not Required  |



**OH1241812 TECH II, INC. PWS**

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                          |   |  |                                |
|--------------------------|---|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS000</b> | Facility Name: <b>TECH II INC DISTRIBUTION</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

| <b>Chemicals</b>              | <b>Monitoring Requirements</b>   |
|-------------------------------|--|
| LEAD - 1030 AND COPPER - 1022 | Not Required   |
| TOTAL COLIFORM (TCR) - 3100   | 1 Sample(s) Required between 1/1/2013 and 3/31/2013<br>1 Sample(s) Required between 4/1/2013 and 6/30/2013<br>1 Sample(s) Required between 7/1/2013 and 9/30/2013<br>1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**OH1242512 MELODY CRUISE-IN THEATER**

System Type: Transient Noncommunity

Operating Period: 5/1 to 9/30

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |   |
|----------------------------------|---|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> MELODY CRUISE-IN THEATER DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                        |

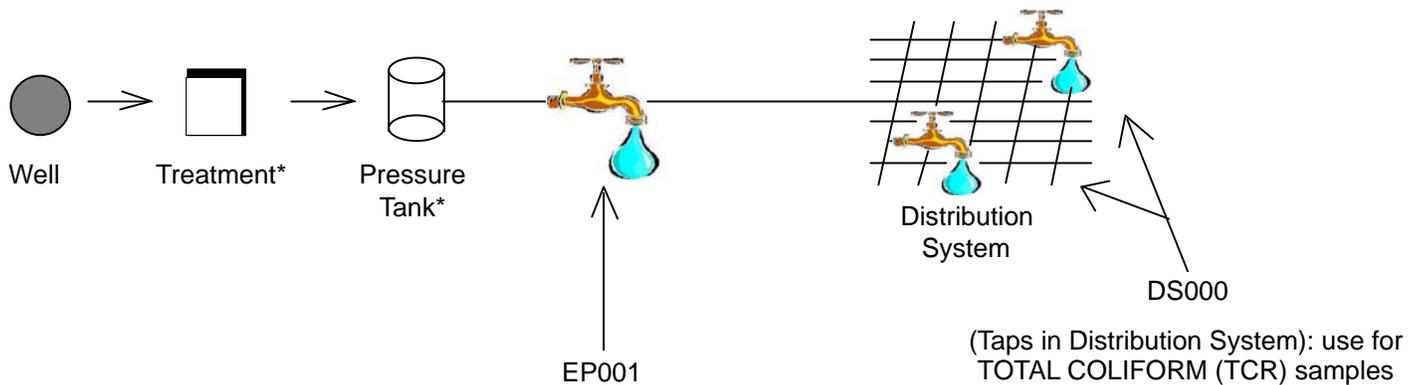
| Chemicals                   | Monitoring Requirements                             |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 4/1/2013 and 6/30/2013 |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |  |                                |
|--------------------------------------|--|--------------------------------|
| <b>Sampling Facility ID:</b> 1253319 | <b>Facility Name:</b> MELODY CRUISE-IN THEATER |                                |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water           | <b>Facility Class:</b> CLASS A |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 4/1/2013 and 6/30/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1242712 NORTHWESTERN ATHLETIC**

System Type: Transient Noncommunity

Operating Period: 4/1 to 7/31

Groundwater Rule Minimal Treatment System

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

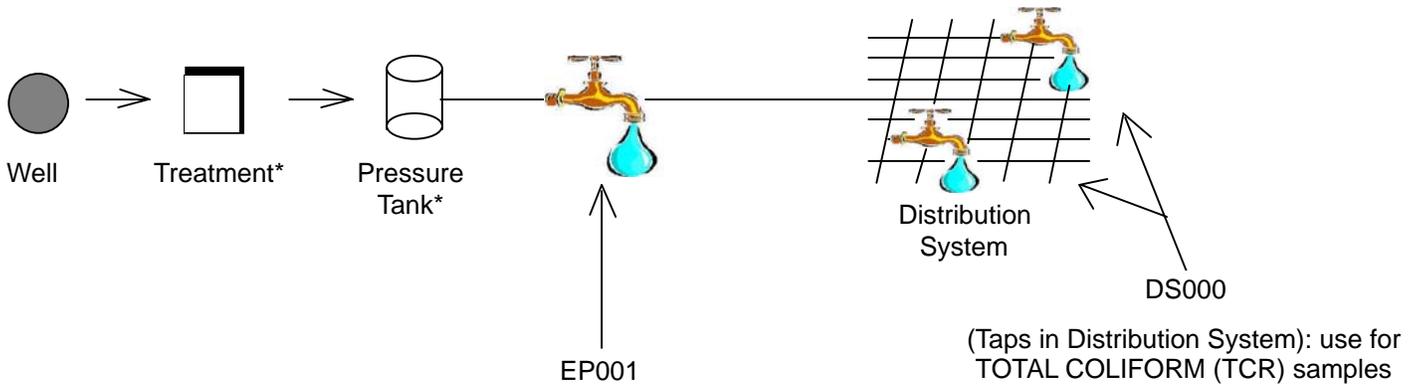
Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**ENTRY POINT MONITORING SCHEDULE**

**Sampling** Facility ID: **1253320** Facility Name: **NORTHWESTERN ATHLETIC**  
**Location** SMP ID: **EP001** Facility Source: **Ground Water**

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

**Where to Collect Samples For a Small Public Water System**



(First available tap after treatment\*): use for NITRATE and NITRITE samples

\* If system does not have treatment, EP001 is the first tap after the well.



**OH1243312 SHAWNEE HIGH SCHOOL**

System Type: Nontransient Noncommunity

Operating Period: 9/1 to 6/30

**ENTRY POINT MONITORING SCHEDULE**

|                 |                             |   |                                |
|-----------------|-----------------------------|---|--------------------------------|
| <b>Sampling</b> | Facility ID: <b>1253323</b> | Facility Name: <b>SHAWNEE HIGH SCHOOL</b> |                                |
| <b>Location</b> | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>      | Facility Class: <b>CLASS 1</b> |

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

| <b>Chemicals</b>                          | <b>Monitoring Requirements</b>                      |
|---|---|
| INORGANICS                                | Not Required  |
| NITRITE - 1041                            | Not Required  |
| NITRATE - 1040                            | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required  |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 3 | Not Required  |
| VOLATILE ORGANIC CHEMICALS (VOC)          | Not Required  |



**OH1243312 SHAWNEE HIGH SCHOOL**

System Type: Nontransient Noncommunity

Operating Period: 9/1 to 6/30

*Groundwater Rule Minimal Treatment System*

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                          |                         |  |
|--------------------------|-------------------------|--|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b> | Facility Name: <b>SHAWNEE HIGH SCHOOL DISTRIBUTION</b> |
|                          | SMP ID: <b>DS000</b>    |  |

| <b>Chemicals</b>              | <b>Monitoring Requirements</b>   |
|-------------------------------|--|
| LEAD - 1030 AND COPPER - 1022 | Not Required   |
| TOTAL COLIFORM (TCR) - 3100   | 1 Sample(s) Required between 1/1/2013 and 3/31/2013<br>1 Sample(s) Required between 4/1/2013 and 6/30/2013<br>1 Sample(s) Required between 7/1/2013 and 9/30/2013<br>1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**OH1243512 TOMORROWS STARS - BACK**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |   |
|----------------------------------|---|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> TOMORROWS STARS - BACK DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                      |

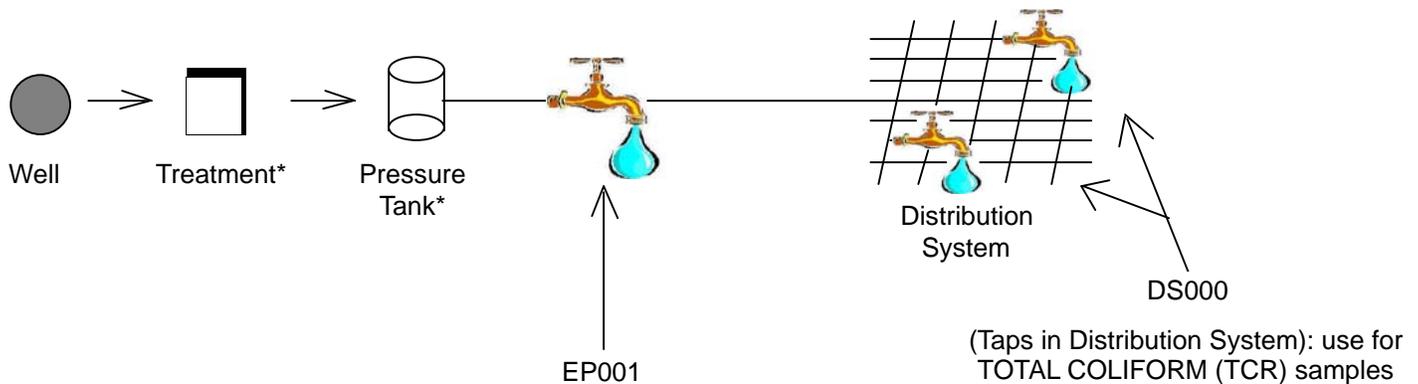
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |   |
|--------------------------------------|---|
| <b>Sampling Facility ID:</b> 1253325 | <b>Facility Name:</b> TOMORROWS STARS RV RESORTS BACK |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water                  |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1243522 TOMORROWS STARS - FRONT**

System Type: Transient Noncommunity

Operating Period: 5/1 to 9/30

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> TOMORROWS STARS - FRONT DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                       |

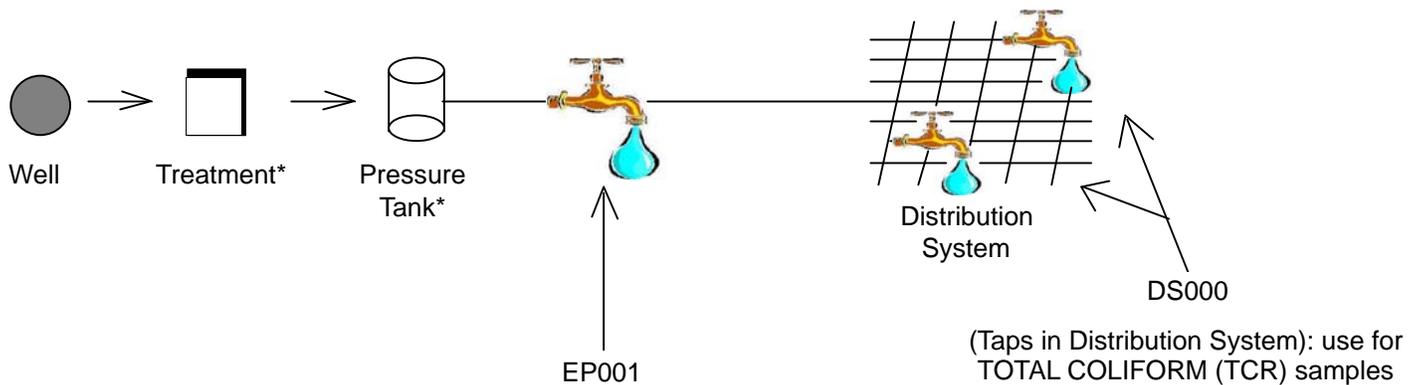
| Chemicals                   | Monitoring Requirements                             |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 4/1/2013 and 6/30/2013 |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |  |
|--------------------------------------|--|
| <b>Sampling Facility ID:</b> 1253326 | <b>Facility Name:</b> TOMORROWS STARS RV RESORTS FRONT |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water                   |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.



**OH1243612 WOODROW CORPORATION**

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                 |                             |  |
|-----------------|-----------------------------|--|
| <b>Sampling</b> | Facility ID: <b>1253327</b> | Facility Name: <b>WOODROW CORP PLANT I</b> |
| <b>Location</b> | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>       |
|                 |                             | Facility Class: <b>CLASS 1</b>             |

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

| <b>Chemicals</b>                          | <b>Monitoring Requirements</b>                      |
|---|---|
| INORGANICS                                | Not Required  |
| NITRITE - 1041                            | Not Required  |
| NITRATE - 1040                            | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required  |
| VOLATILE ORGANIC CHEMICALS (VOC)          | 1 Sample(s) Required between 4/1/2013 and 6/30/2013 |



OH1243612 WOODROW CORPORATION

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

DISTRIBUTION MONITORING SCHEDULE

Sampling Facility ID: DS1 Facility Name: WOODROW CORPORATION DISTRIBUTION
Location SMP ID: AS001

Table with 2 columns: Chemicals, Monitoring Requirements. Rows include ARSENIC - 1005 with 4 sampling requirements between 1/1/2013 and 12/31/2013.

Sampling Facility ID: DS1 Facility Name: WOODROW CORPORATION DISTRIBUTION
Location SMP ID: DS000

Table with 2 columns: Chemicals, Monitoring Requirements. Rows include LEAD - 1030 AND COPPER - 1022 (Not Required) and TOTAL COLIFORM (TCR) - 3100 with 4 sampling requirements between 1/1/2013 and 12/31/2013.

**OH1244412 MMS TRUCKING, INC. PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |   |
|----------------------------------|---|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> MMS TRUCKING, INC. DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                  |

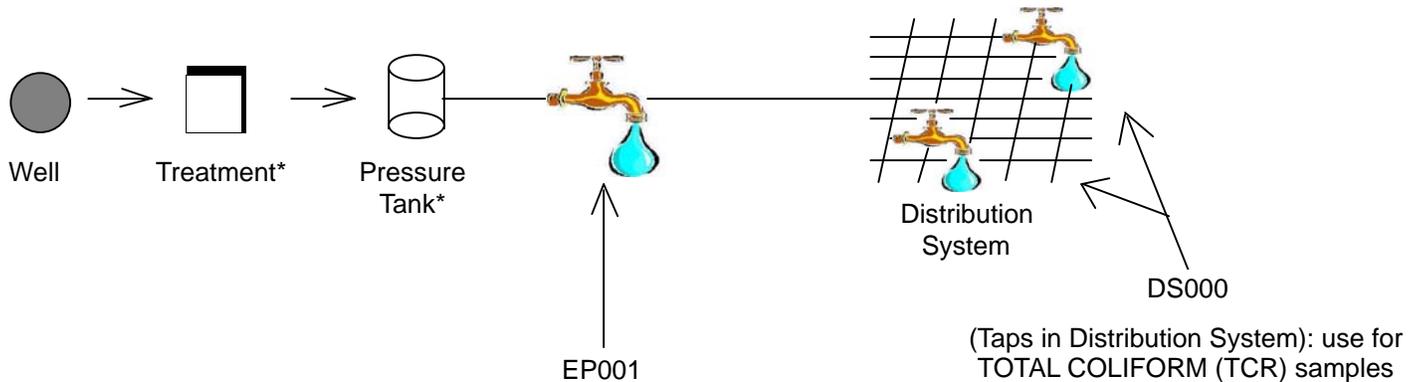
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |  |
|--------------------------------------|--|
| <b>Sampling Facility ID:</b> 1253333 | <b>Facility Name:</b> MMS TRUCKING INC |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water   |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1244812 STUDEBAKER NURSERY CAMP**

System Type: Transient Noncommunity

Operating Period: 3/1 to 11/30

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> STUDEBAKER NURSERY CAMP DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                       |

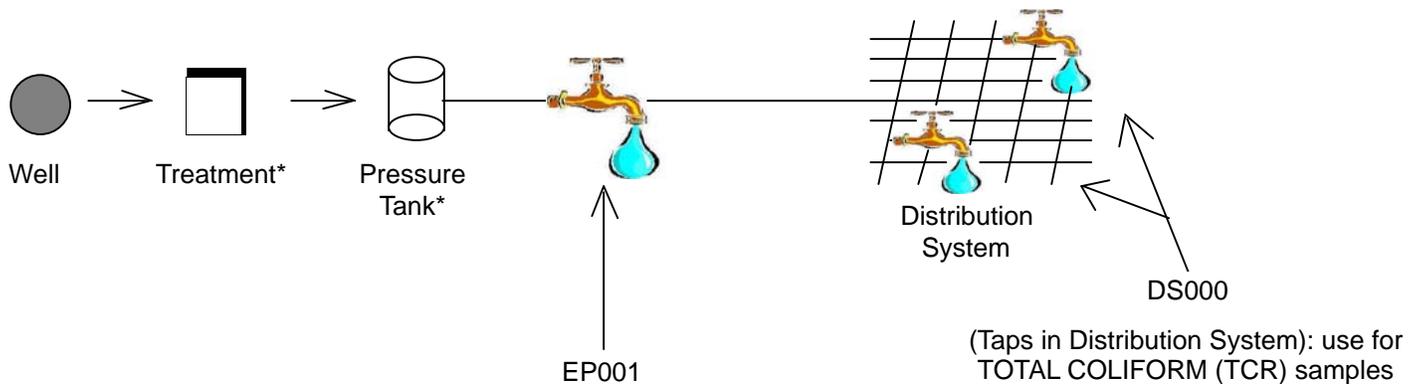
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |   |
|--------------------------------------|---|
| <b>Sampling Facility ID:</b> 1253337 | <b>Facility Name:</b> STUDEBAKER NURSERY CAMP |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water          |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.



**OH1244912 STUDEBAKER NURSERY-OFFICE PWS**

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                 |                             |   |
|-----------------|-----------------------------|---|
| <b>Sampling</b> | Facility ID: <b>1253338</b> | Facility Name: <b>STUDEBAKER NURSERY OFFICE</b> |
| <b>Location</b> | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>            |
|                 |                             | Facility Class: <b>CLASS A</b>                  |

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

| <b>Chemicals</b>                          | <b>Monitoring Requirements</b>                      |
|---|---|
| INORGANICS                                | Not Required  |
| NITRITE - 1041                            | Not Required  |
| NITRATE - 1040                            | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required  |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 3 | Not Required  |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 4 | Not Required  |
| VOLATILE ORGANIC CHEMICALS (VOC)          | Not Required  |



OH1244912 STUDEBAKER NURSERY-OFFICE PWS

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

Groundwater Rule Minimal Treatment System

THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

DISTRIBUTION MONITORING SCHEDULE

Sampling Facility ID: DS1 Facility Name: STUDEBAKER NURSERY-OFF DISTRIBUTION
Location SMP ID: DS000

Chemicals

Monitoring Requirements

LEAD - 1030 AND COPPER - 1022 5 Sample(s) Required between 6/1/2013 and 9/30/2013

Lead Consumer Notice needs issued to sampling participants within thirty days of receipt of results and verification submitted to Ohio EPA within ninety days from the end of the monitoring period. Submit Form 5105 with appendix to Ohio EPA within ten days from the end of the monitoring period. Forms are available online at: http://epa.ohio.gov/ddagw/reporting.aspx

TOTAL COLIFORM (TCR) - 3100 1 Sample(s) Required between 1/1/2013 and 3/31/2013
1 Sample(s) Required between 4/1/2013 and 6/30/2013
1 Sample(s) Required between 7/1/2013 and 9/30/2013
1 Sample(s) Required between 10/1/2013 and 12/31/2013



**OH1245012 STUDEBAKER NURSERY- EMBL. BLDG. PWS**

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                 |                             |  |
|-----------------|-----------------------------|--|
| <b>Sampling</b> | Facility ID: <b>1253339</b> | Facility Name: <b>STUDEBAKER NURSERY EMBL BLDG</b> |
| <b>Location</b> | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>               |
|                 |                             | Facility Class: <b>CLASS A</b>                     |

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

| <b>Chemicals</b>                          | <b>Monitoring Requirements</b>                      |
|---|---|
| INORGANICS                                | Not Required  |
| NITRITE - 1041                            | Not Required  |
| NITRATE - 1040                            | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required  |
| VOLATILE ORGANIC CHEMICALS (VOC)          | Not Required  |



**OH1245012 STUDEBAKER NURSERY- EMBL. BLDG. PWS**

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                          |                         |  |
|--------------------------|-------------------------|--|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b> | Facility Name: <b>STUDEBAKER NURSERY- EMBL DISTRIBUTIC</b> |
|                          | SMP ID: <b>DS000</b>    |  |

**Chemicals**

**Monitoring Requirements**

LEAD - 1030 AND COPPER - 1022 5 Sample(s) Required between 6/1/2013 and 9/30/2013

*Lead Consumer Notice needs issued to sampling participants within thirty days of receipt of results and verification submitted to Ohio EPA within ninety days from the end of the monitoring period. Submit Form 5105 with appendix to Ohio EPA within ten days from the end of the monitoring period. Forms are available online at: <http://epa.ohio.gov/ddagw/reporting.aspx>*

TOTAL COLIFORM (TCR) - 3100

- 1 Sample(s) Required between 1/1/2013 and 3/31/2013
- 1 Sample(s) Required between 4/1/2013 and 6/30/2013
- 1 Sample(s) Required between 7/1/2013 and 9/30/2013
- 1 Sample(s) Required between 10/1/2013 and 12/31/2013



**OH1245212 RISEN CHRIST LUTHERAN CHURCH PWS**

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                 |                             |  |
|-----------------|-----------------------------|--|
| <b>Sampling</b> | Facility ID: <b>1261345</b> | Facility Name: <b>RISEN CHRIST LUTHERAN CHURCH</b> |
| <b>Location</b> | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>               |
|                 |                             | Facility Class: <b>CLASS A</b>                     |

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

| <b>Chemicals</b>                          | <b>Monitoring Requirements</b>                      |
|---|---|
| INORGANICS                                | Not Required  |
| NITRITE - 1041                            | Not Required  |
| NITRATE - 1040                            | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required  |
| VOLATILE ORGANIC CHEMICALS (VOC)          | 1 Sample(s) Required between 7/1/2013 and 9/30/2013 |



**OH1245212 RISEN CHRIST LUTHERAN CHURCH PWS**

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                          |                         |  |
|--------------------------|-------------------------|--|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b> | Facility Name: <b>RISEN CHRIST LUTHERAN CHURCH DISTRIB</b> |
|                          | SMP ID: <b>DS000</b>    |  |

| <b>Chemicals</b>              | <b>Monitoring Requirements</b>   |
|-------------------------------|--|
| LEAD - 1030 AND COPPER - 1022 | Not Required   |
| TOTAL COLIFORM (TCR) - 3100   | 1 Sample(s) Required between 1/1/2013 and 3/31/2013<br>1 Sample(s) Required between 4/1/2013 and 6/30/2013<br>1 Sample(s) Required between 7/1/2013 and 9/30/2013<br>1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**OH1245412 SPRINGFIELD NEW LIFE CHURCH**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> SPRINGFIELD NEW LIFE CHURCH DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                           |

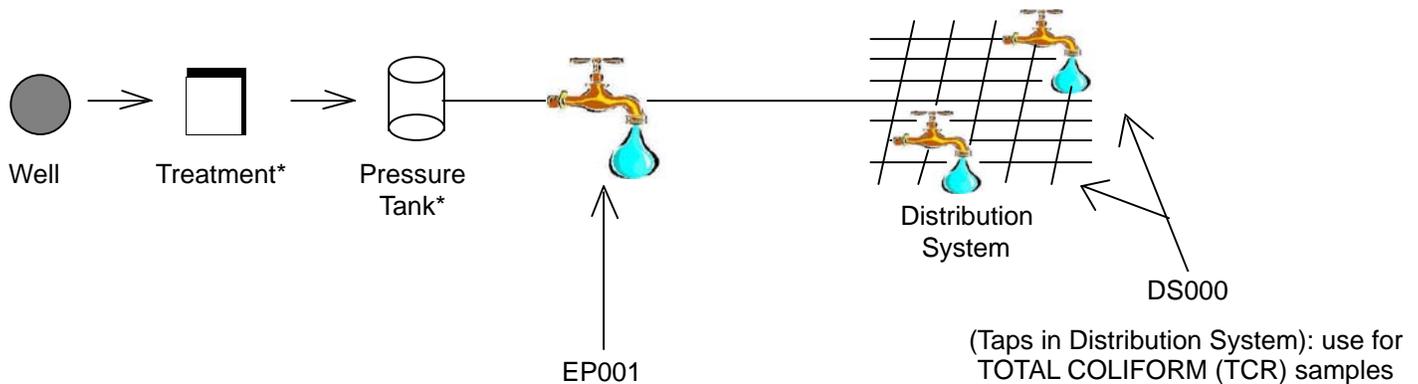
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |   |
|--------------------------------------|---|
| <b>Sampling Facility ID:</b> 1253340 | <b>Facility Name:</b> SPRINGFIELD NEW LIFE CHURCH |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water              |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1245612 WOODRUFF ENTERPRISES**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |   |
|----------------------------------|---|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> WOODRUFF ENTERPRISES DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                    |

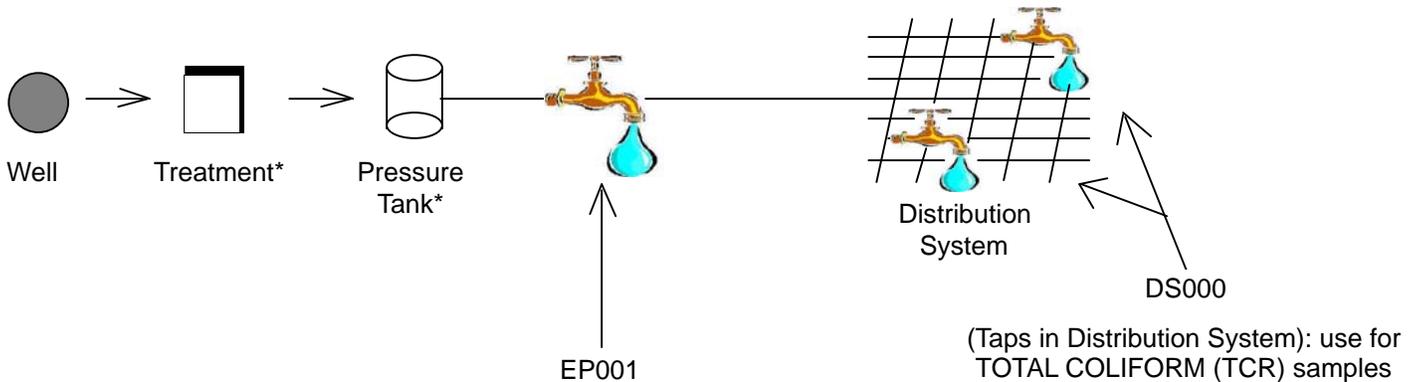
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |  |
|--------------------------------------|--|
| <b>Sampling Facility ID:</b> 1253342 | <b>Facility Name:</b> WOODRUFF ENTERPRISES |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water       |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1245712 TRINITY MISSIONARY CHURCH**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> TRINITY MISSIONARY CHURCH DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                         |

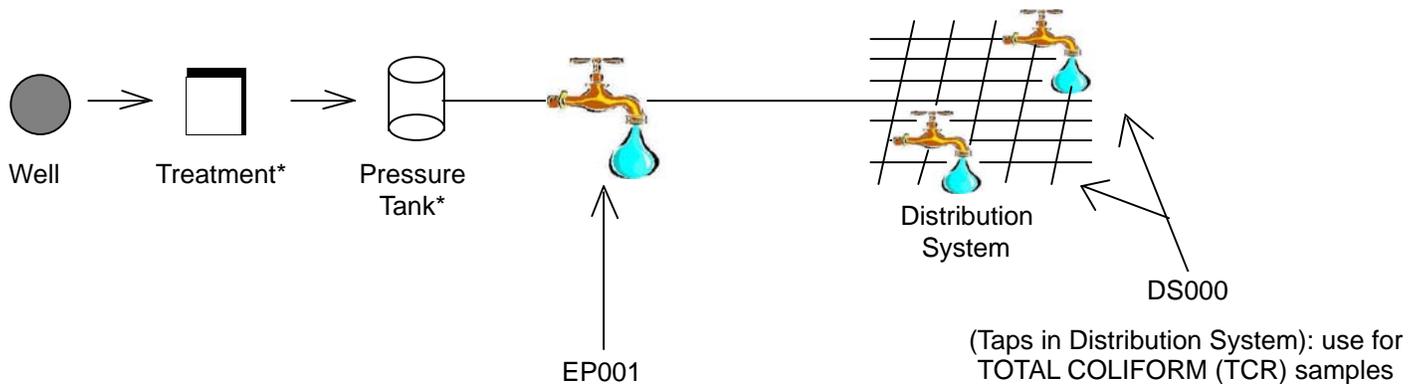
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |   |
|--------------------------------------|---|
| <b>Sampling Facility ID:</b> 1253343 | <b>Facility Name:</b> TRINITY MISSIONARY CHURCH |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water            |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1245812 AMVETS POST 148**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

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**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> AMVETS POST 148 DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water               |

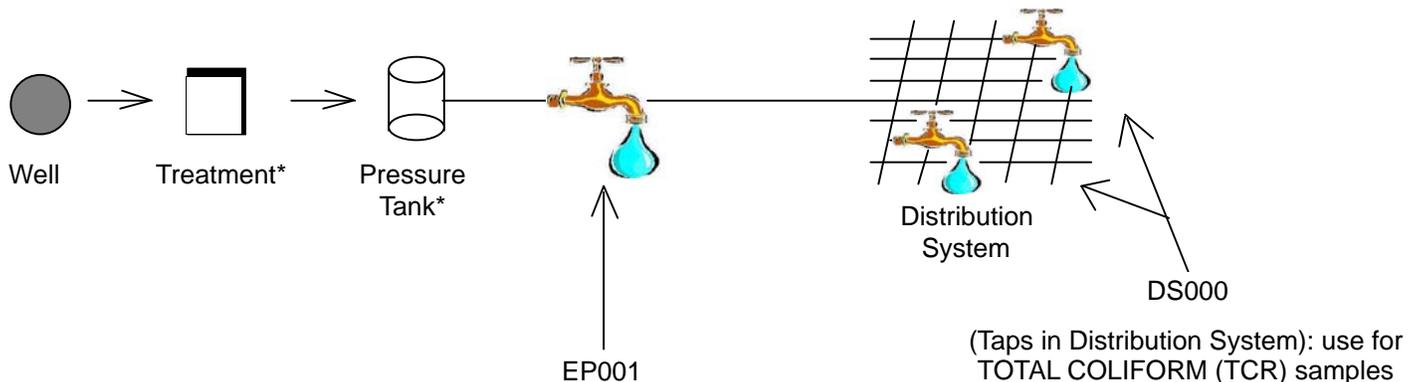
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |                                       |
|--------------------------------------|---------------------------------------|
| <b>Sampling Facility ID:</b> 1253344 | <b>Facility Name:</b> AMVETS POST 148 |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water  |

| Chemicals      | Monitoring Requirements                               |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1246112 PORTS PETROLEUM**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

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**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> FUEL MART 764 DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water             |

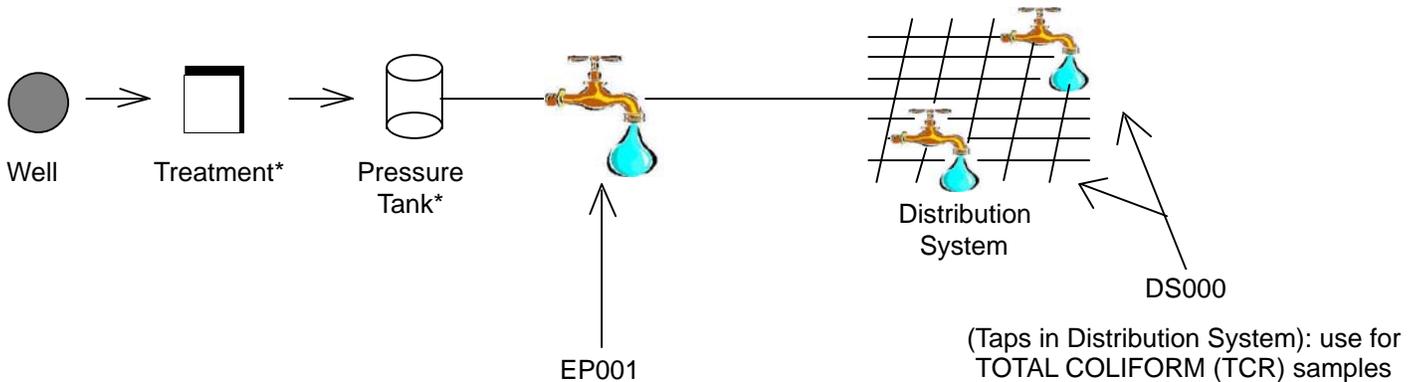
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |  |                                |
|--------------------------------------|--|--------------------------------|
| <b>Sampling Facility ID:</b> 1253347 | <b>Facility Name:</b> FUEL MART NO 764 |                                |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water   | <b>Facility Class:</b> CLASS A |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1246312 GALLERY 59 LLC**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
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**DISTRIBUTION MONITORING SCHEDULE**

|                                  |   |
|----------------------------------|---|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> AAA I70 ANTIQUE MALL DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                    |

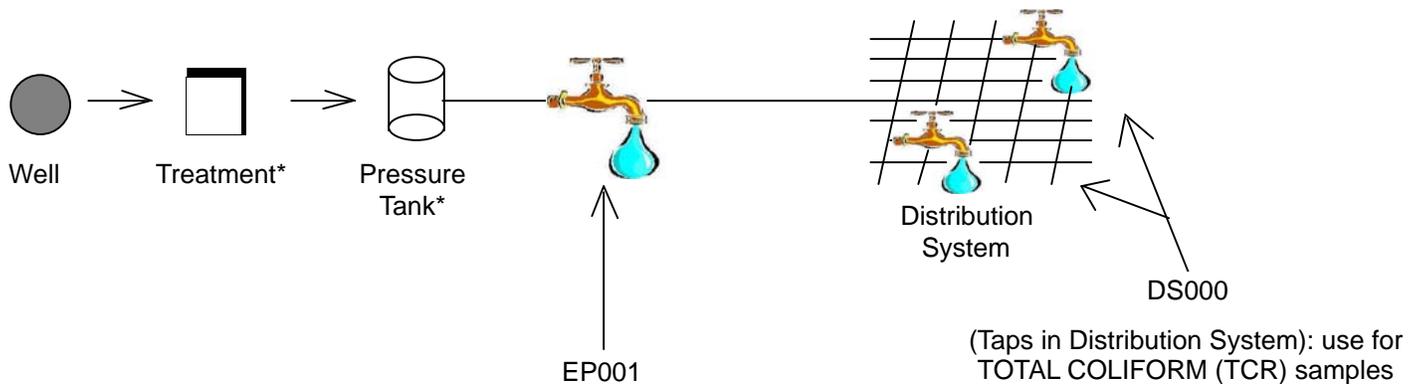
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |  |                                |
|--------------------------------------|--|--------------------------------|
| <b>Sampling Facility ID:</b> 1253348 | <b>Facility Name:</b> AAA I70 ANTIQUE MALL |                                |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water       | <b>Facility Class:</b> CLASS A |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1246512 SUGAR ISLE GOLF COURSE**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
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**DISTRIBUTION MONITORING SCHEDULE**

|                                  |   |
|----------------------------------|---|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> SUGAR ISLE GOLF COURSE DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                      |

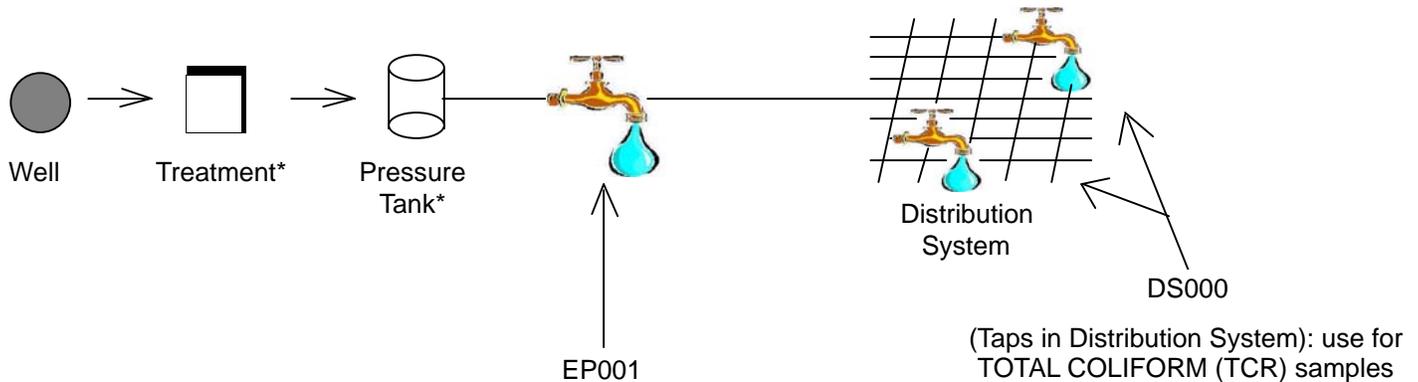
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |  |
|--------------------------------------|--|
| <b>Sampling Facility ID:</b> 1253350 | <b>Facility Name:</b> SUGAR ISLE GOLF COURSE |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water         |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1247012 SPRINGFIELD ANTIQUE CENTER**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
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**DISTRIBUTION MONITORING SCHEDULE**

|                                  |   |
|----------------------------------|---|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> SPRINGFIELD ANTIQUE CNTR DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                        |

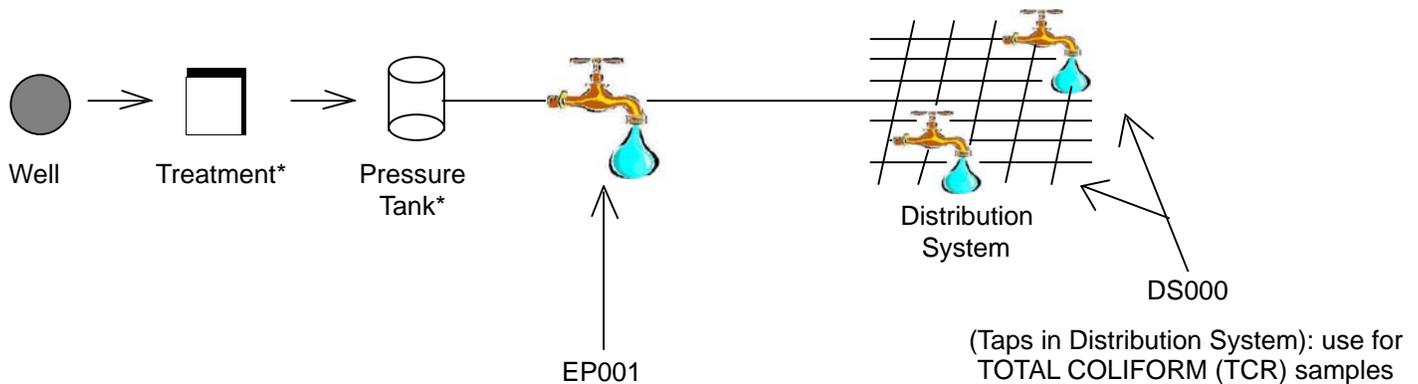
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |  |
|--------------------------------------|--|
| <b>Sampling Facility ID:</b> 1253355 | <b>Facility Name:</b> SPRINGFIELD ANTIQUE CENTER |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water             |
|                                      | <b>Facility Class:</b> CLASS A                   |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1247112 SPRINGFIELD MISSIONARY BAPTIST CHURCH**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

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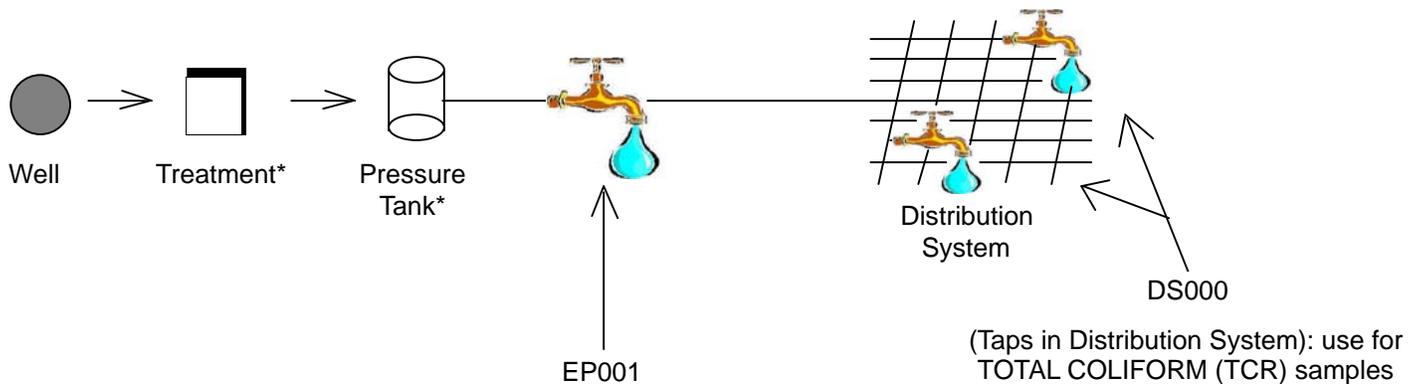
**DISTRIBUTION MONITORING SCHEDULE**
**Sampling Facility ID: DS1 Facility Name: SPRFLD.MISS.BAPTIST CH. DISTRIBUTION**
**Location SMP ID: DS000 Facility Source: Ground Water**

| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**
**Sampling Facility ID: 1253356 Facility Name: SPRINGFIELD MISS BAPTIST CH**
**Location SMP ID: EP001 Facility Source: Ground Water**

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1247312 HEART OF OHIO ANTIQUE PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Substantial Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

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**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> HEART OF OHIO ANTIQUE DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                     |

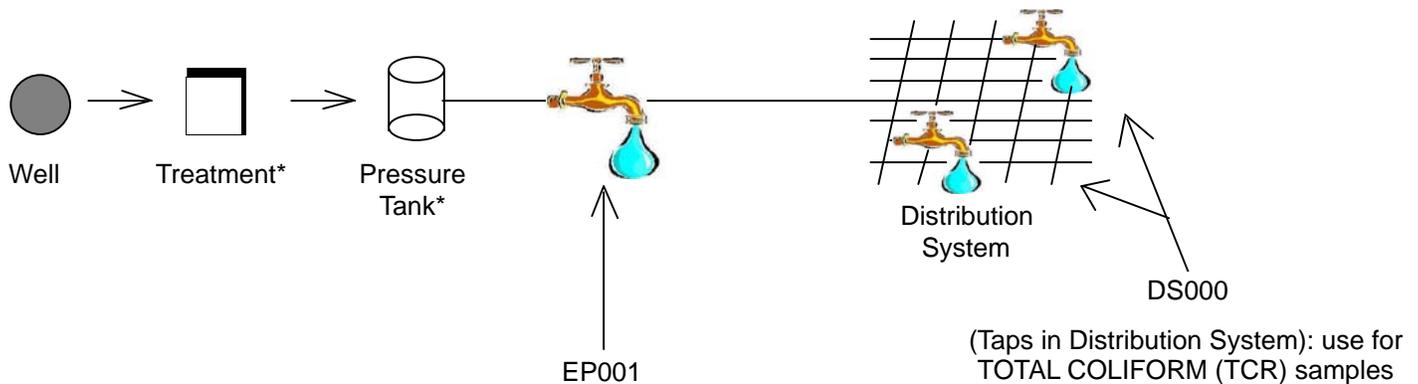
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |                                       |                                |
|--------------------------------------|---------------------------------------|--------------------------------|
| <b>Sampling Facility ID:</b> 1253358 | <b>Facility Name:</b> PEDDLERS MARKET |                                |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water  | <b>Facility Class:</b> CLASS A |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1247412 HERITAGE FELLOWSHIP CHURCH**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Substantial Treatment System*
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**DISTRIBUTION MONITORING SCHEDULE**

|                                  |   |
|----------------------------------|---|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> HERITAGE FELLOWSHIP CHUR DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                        |

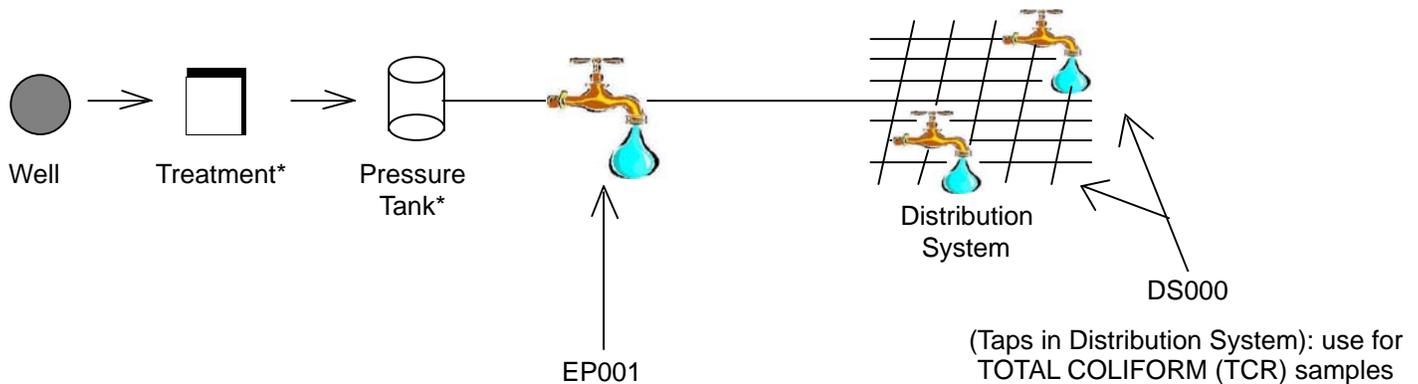
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |   |
|--------------------------------------|---|
| <b>Sampling Facility ID:</b> 1253359 | <b>Facility Name:</b> HERITAGE BAPTIST CHURCH |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water          |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1247512 ZIP-IN CARRY OUT**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
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**DISTRIBUTION MONITORING SCHEDULE**

|                                  |   |
|----------------------------------|---|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> ZIP-IN CARRY OUT DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                |

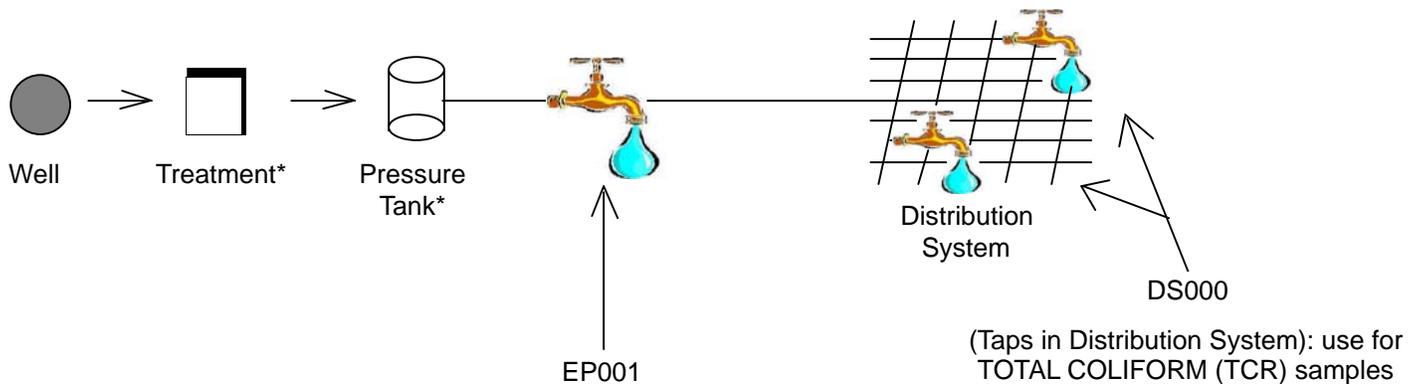
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| <b>Sampling Facility ID:</b> 1253360 | <b>Facility Name:</b> ZIP IN BP      |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

\* If system does not have treatment, EP001 is the first tap after the well.



**OH1247612 POSSUM ELEMENTARY SCHOOL NORTH PWS**

System Type: Nontransient Noncommunity

Operating Period: 9/1 to 6/30

**ENTRY POINT MONITORING SCHEDULE**

|                 |                             |  |
|-----------------|-----------------------------|--|
| <b>Sampling</b> | Facility ID: <b>1253275</b> | Facility Name: <b>POSSUM ELEMENTARY SCHOOL-NORTH</b> |
| <b>Location</b> | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>                 |
|                 |                             | Facility Class: <b>CLASS 1</b>                       |

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| <b>Chemicals</b>                          | <b>Monitoring Requirements</b>                      |
|---|---|
| INORGANICS                                | Not Required  |
| NITRITE - 1041                            | Not Required  |
| NITRATE - 1040                            | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required  |
| VOLATILE ORGANIC CHEMICALS (VOC)          | 1 Sample(s) Required between 1/1/2013 and 3/31/2013 |



OH1247612 POSSUM ELEMENTARY SCHOOL NORTH PWS

System Type: Nontransient Noncommunity

Operating Period: 9/1 to 6/30

Groundwater Rule Substantial Treatment System

THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

DISTRIBUTION MONITORING SCHEDULE

Sampling Facility ID: DS1 Facility Name: POSSUM ELEMENTARY SCHOOL NORTH DIS Facility Class: CLASS 1
Location SMP ID: DS000

Table with 2 columns: Chemicals and Monitoring Requirements. Rows include LEAD - 1030 AND COPPER - 1022 (Not Required), TOTAL COLIFORM (TCR) - 3100 (4 sampling events), and TOTAL CHLORINE - 1000 (4 sampling events).

Samples should be collected at the same time and place as the Total Coliform samples.

Sampling Facility ID: DS1 Facility Name: POSSUM ELEMENTARY SCHOOL NORTH DIS Facility Class: CLASS 1
Location SMP ID: DS201 ADDRESS NOT KNOWN

Table with 2 columns: Chemicals and Monitoring Requirements. Row: DISINFECTION BYPRODUCTS (1 Sample(s) Required between 7/1/2013 and 9/30/2013)

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950

**OH1247712 CORNERSTONE CHURCH OF GOD**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
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**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> CORNERSTONE CHURCH OF GOD DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                         |

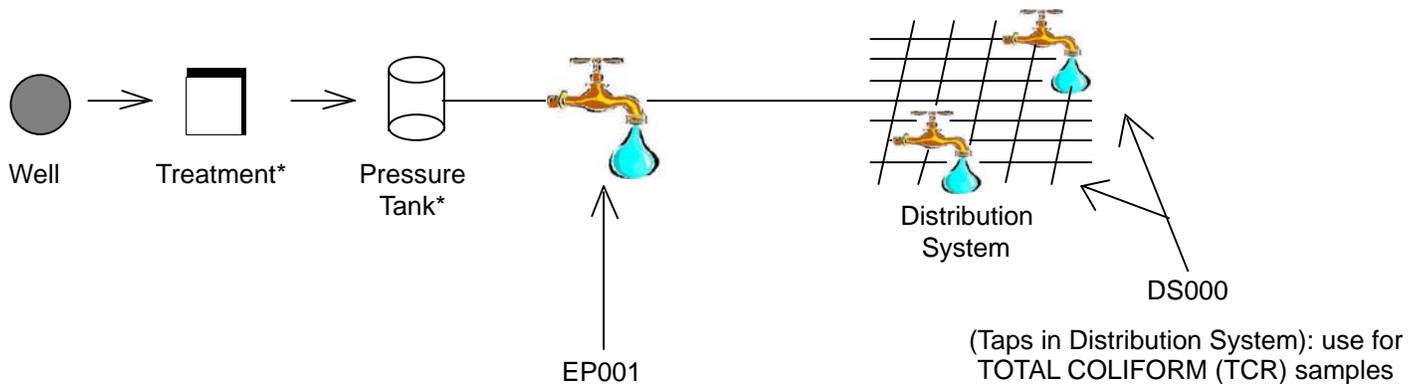
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |   |
|--------------------------------------|---|
| <b>Sampling Facility ID:</b> 1260977 | <b>Facility Name:</b> CORNERSTONE CHURCH OF GOD |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water            |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1247912 HEART OF COUNTRY INC. PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
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**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> HEART OF COUNTRY INC. DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                     |

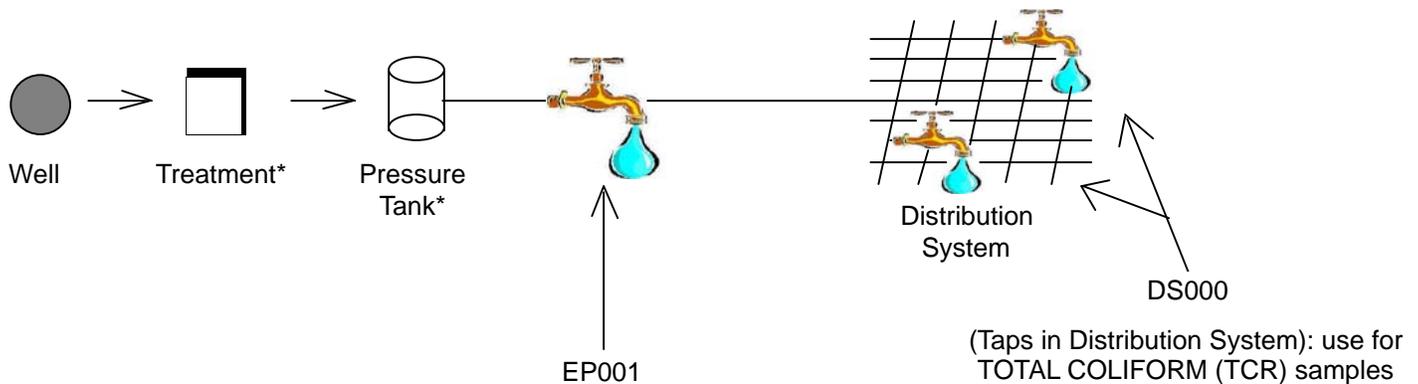
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |  |
|--------------------------------------|--|
| <b>Sampling Facility ID:</b> 1253362 | <b>Facility Name:</b> HEART OF COUNTRY INC |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water       |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1248112 SPRINGFIELD CHURCH OF CHRIST PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

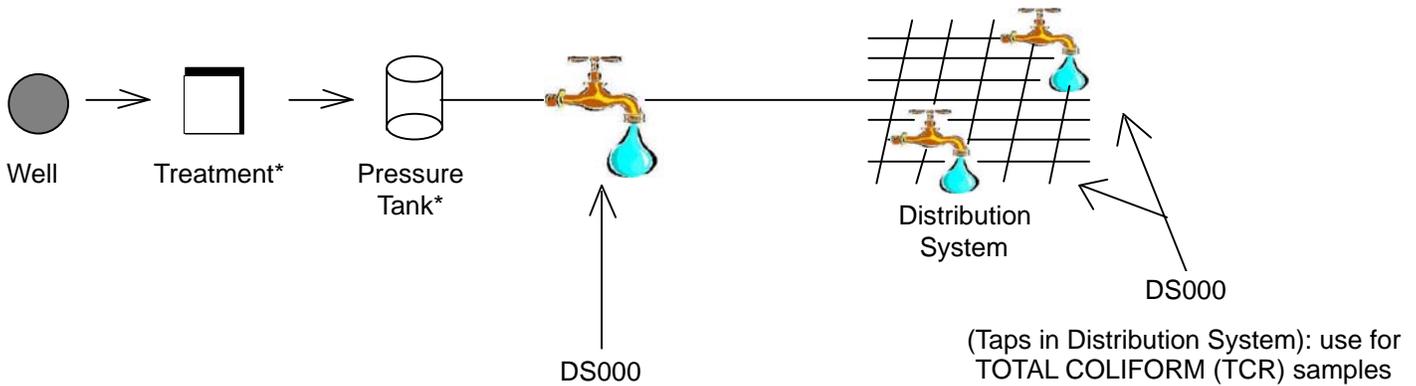
Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> SPRINGFIELD CHURCH OF CHRIST DISTRIBUTIO |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Surface Water                          |

| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**Where to Collect Samples For a Small Public Water System**



(First available tap after treatment\*): use for NITRATE and NITRITE samples

\* If system does not have treatment, DS000 is the first tap after the well.

**OH1248412 POSSUM RD CHURCH OF GOD FELLOWSHIP HALL**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> POSSUM RD CHURCH OF GOD - FELLOWSHIP DIS |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                           |

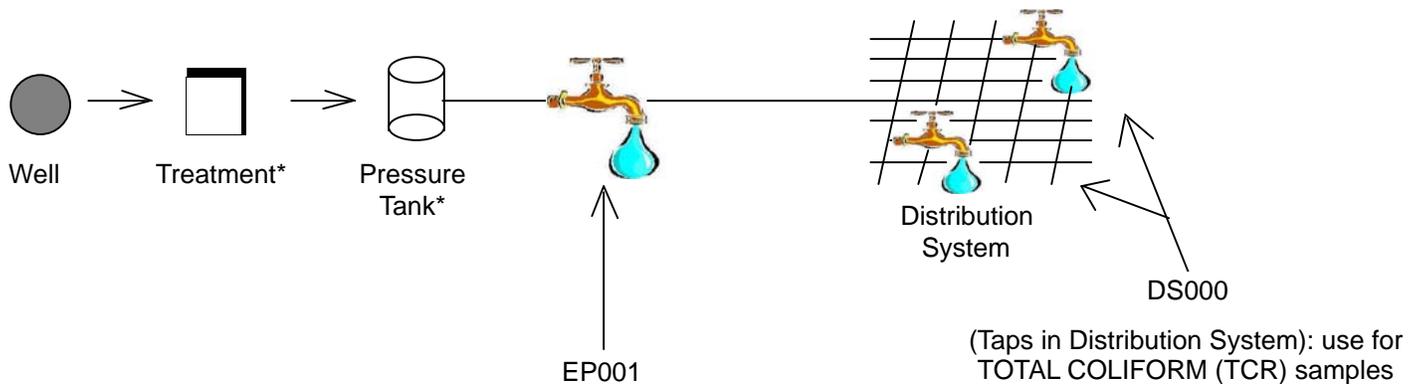
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |   |
|--------------------------------------|---|
| <b>Sampling Facility ID:</b> 1260789 | <b>Facility Name:</b> POSSUM RD CHURCH OF GOD FELLOWSHIP HALL |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water                          |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1248812 MAYBERRY MINI-MART PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

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**DISTRIBUTION MONITORING SCHEDULE**

|                                  |   |
|----------------------------------|---|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> MAYBERRY MINI-MART DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                  |

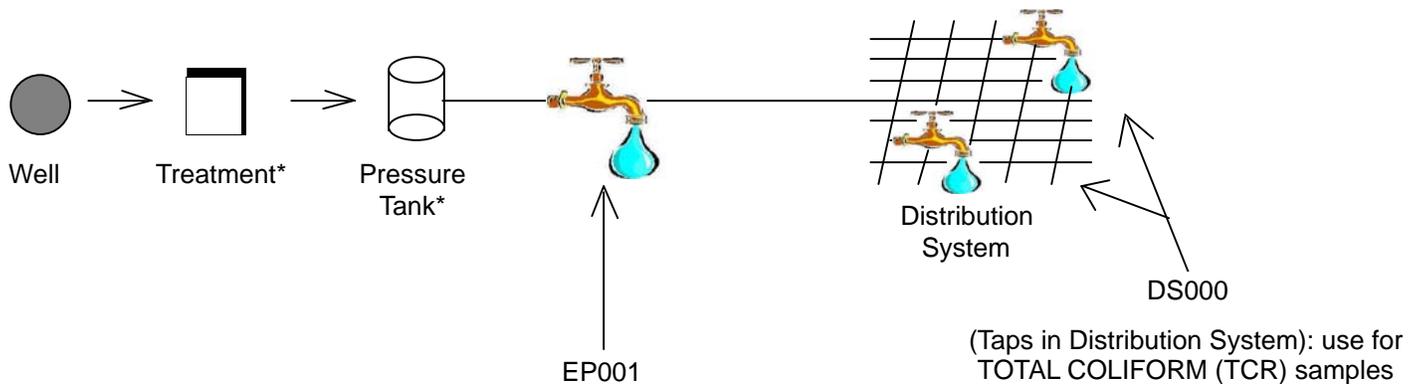
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |  |
|--------------------------------------|--|
| <b>Sampling Facility ID:</b> 1260984 | <b>Facility Name:</b> MAYBERRY MINI MART |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water     |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1248912 ROCKY LAKES GOLF COURSE PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

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**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> ROCKY LAKES GOLF COURSE DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                       |

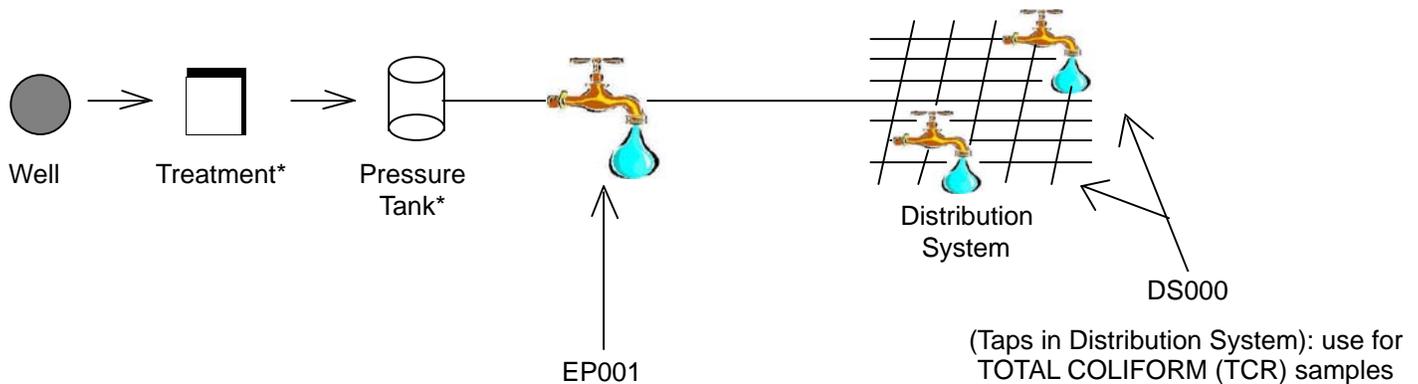
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |   |
|--------------------------------------|---|
| <b>Sampling Facility ID:</b> 1260985 | <b>Facility Name:</b> ROCKY LAKES GOLF COURSE |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water          |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1249012 NATIONAL GOLF LINKS CLUBHOUSE PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> NATIONAL GOLF LINKS CLUBHOUSE DISTRIBUTI |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                           |

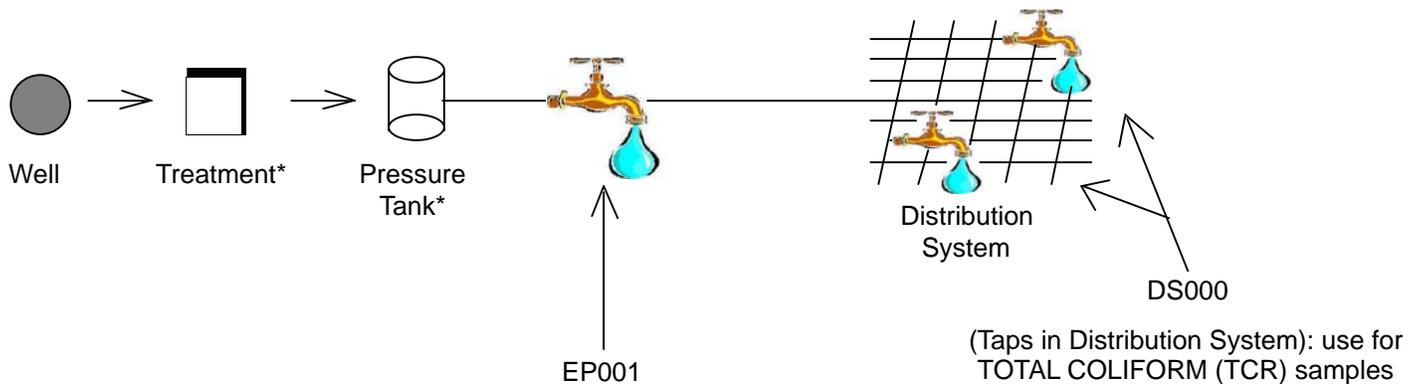
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |   |
|--------------------------------------|---|
| <b>Sampling Facility ID:</b> 1261006 | <b>Facility Name:</b> NATIONAL GOLF LINKS CLUBHOUSE |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water                |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1249112 HUSTEAD MARATHON PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Substantial Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

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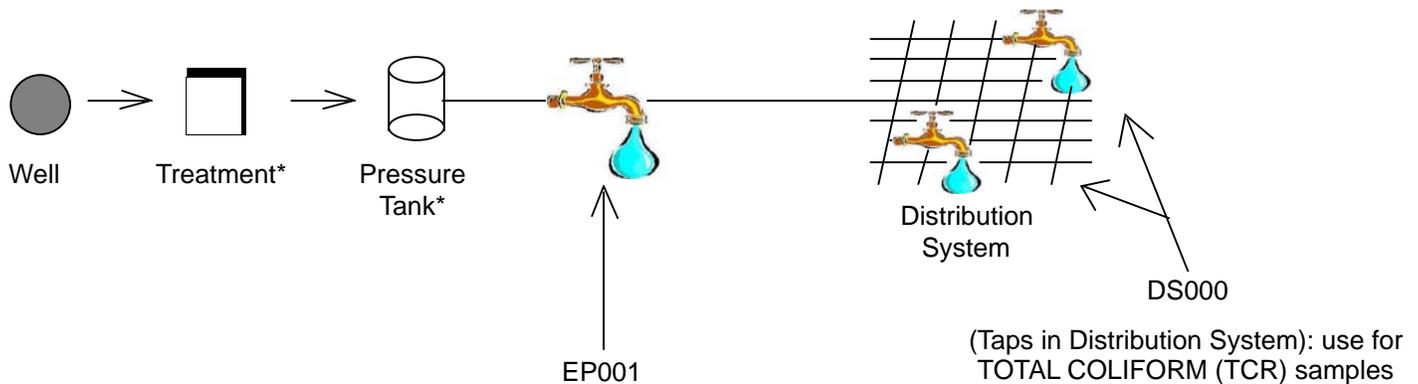
**DISTRIBUTION MONITORING SCHEDULE**
**Sampling** Facility ID: **DS1** Facility Name: **HUSTEAD MARATHON DISTRIBUTION**
**Location** SMP ID: **DS000** Facility Source: **Ground Water**

| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**
**Sampling** Facility ID: **1261012** Facility Name: **HUSTEAD MARATHON**
**Location** SMP ID: **EP001** Facility Source: **Ground Water**

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1249212 CALVARY BAPTIST CHURCH PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> CALVARY BAPTIST CHURCH - CLARK DISTRIBUT |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                           |

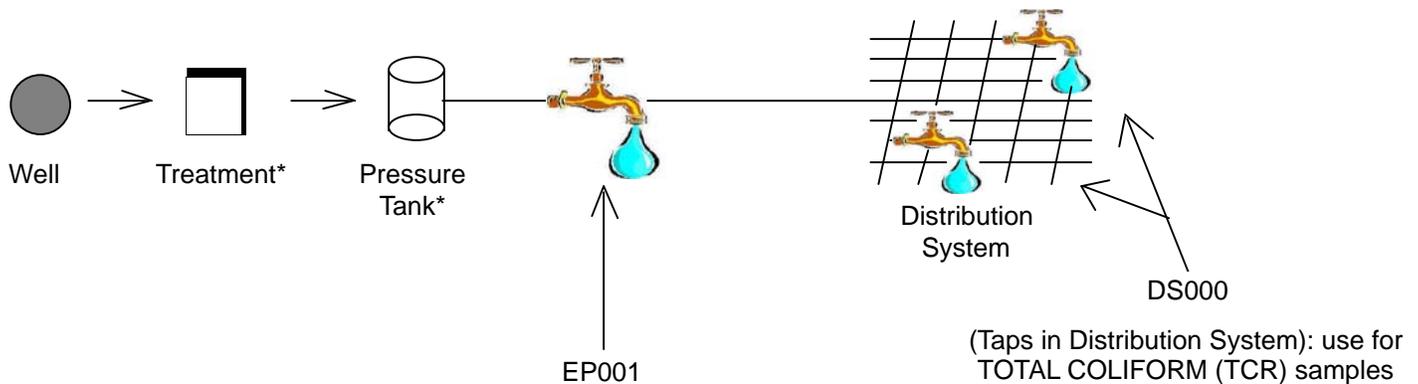
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |  |
|--------------------------------------|--|
| <b>Sampling Facility ID:</b> 1261129 | <b>Facility Name:</b> CALVARY BAPTIST CHURCH |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water         |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1249312 EMERY CHAPEL PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Substantial Treatment System*

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

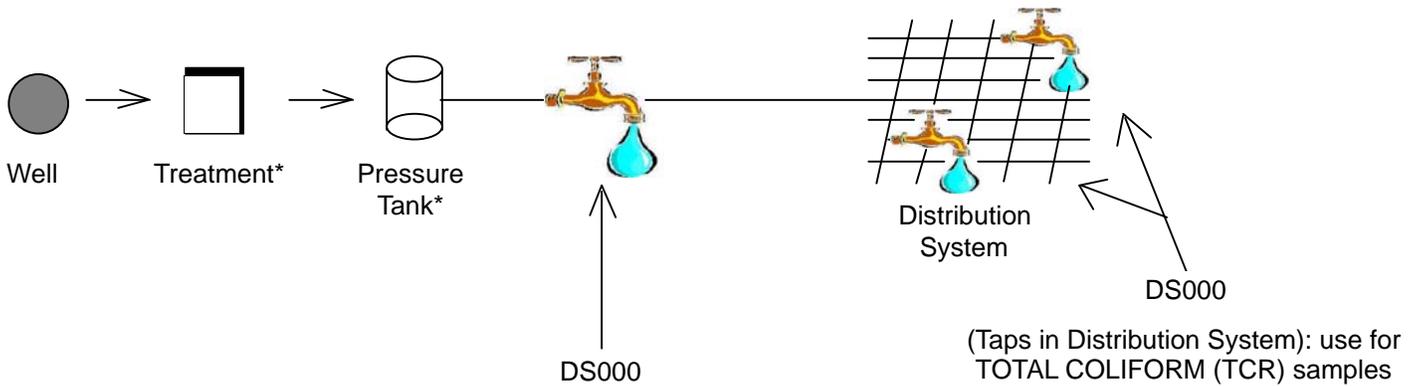
Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |   |
|----------------------------------|---|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> EMERY CHAPEL DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Surface Water           |

| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**Where to Collect Samples For a Small Public Water System**



(First available tap after treatment\*): use for NITRATE and NITRITE samples

\* If system does not have treatment, DS000 is the first tap after the well.

**OH1249412 MICS RESTAURANT PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> MICS RESTAURANT DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water               |

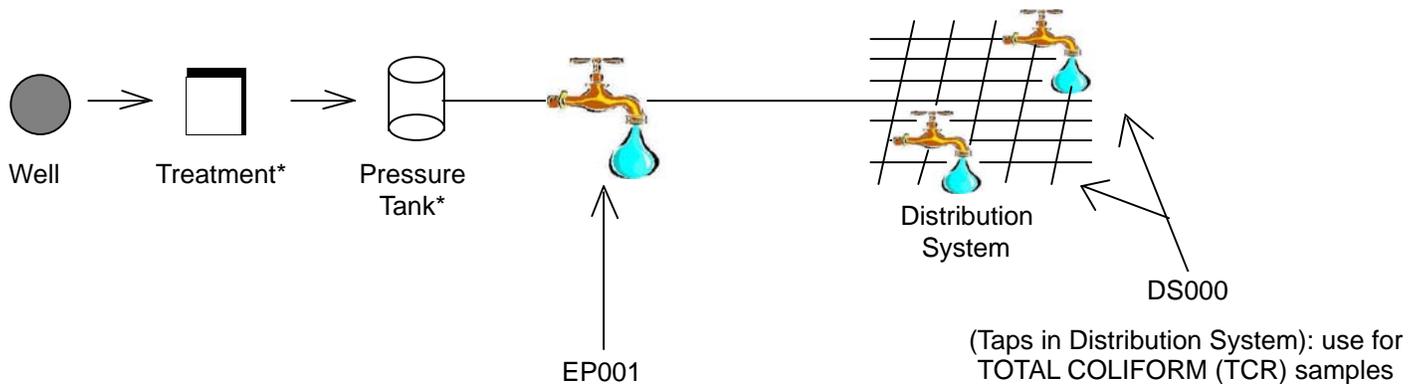
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |                                       |
|--------------------------------------|---------------------------------------|
| <b>Sampling Facility ID:</b> 1261150 | <b>Facility Name:</b> MICS RESTAURANT |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water  |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1249512 CHRISTIAN HERITAGE CHURCH PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

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**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> CHRISTIAN HERITAGE CHURCH DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                         |

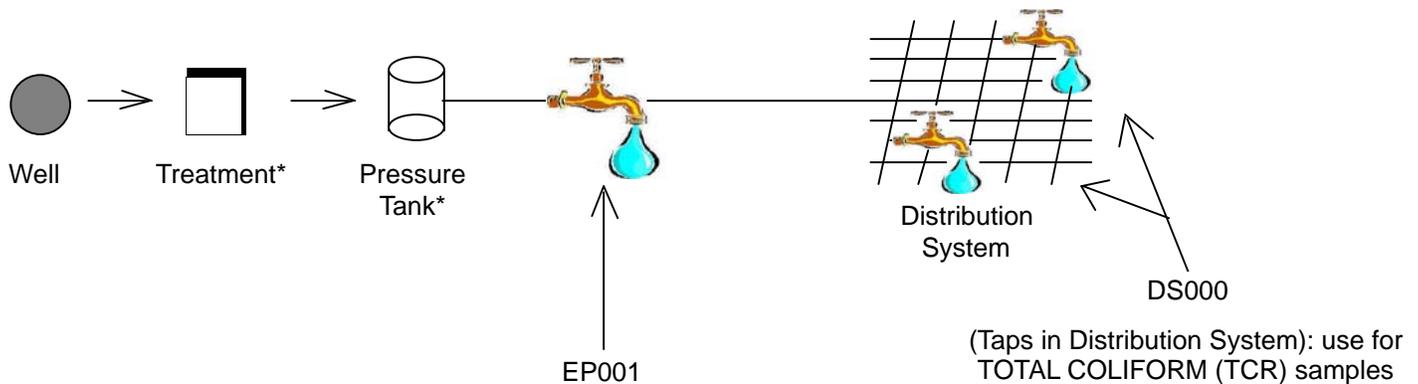
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |   |
|--------------------------------------|---|
| <b>Sampling Facility ID:</b> 1261190 | <b>Facility Name:</b> CHRISTIAN HERITAGE CHURCH |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water            |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.



**OH1249712 CHRIST CHAPEL KIDDIE CARE**

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                 |                             |   |
|-----------------|-----------------------------|---|
| <b>Sampling</b> | Facility ID: <b>1261254</b> | Facility Name: <b>CHRIST CHAPEL KIDDIE CARE</b> |
| <b>Location</b> | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>            |
|                 |                             | Facility Class: <b>CLASS A</b>                  |

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

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| <b>Chemicals</b>                          | <b>Monitoring Requirements</b>   |
|---|--|
| ARSENIC - 1005                            | 1 Sample(s) Required between 1/1/2013 and 3/31/2013<br>1 Sample(s) Required between 4/1/2013 and 6/30/2013<br>1 Sample(s) Required between 7/1/2013 and 9/30/2013<br>1 Sample(s) Required between 10/1/2013 and 12/31/2013 |
| INORGANICS                                | Not Required   |
| NITRITE - 1041                            | Not Required   |
| NITRATE - 1040                            | 1 Sample(s) Required between 1/1/2013 and 5/31/2013  |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required   |
| VOLATILE ORGANIC CHEMICALS (VOC)          | 1 Sample(s) Required between 1/1/2013 and 5/31/2013  |



**OH1249712 CHRIST CHAPEL KIDDIE CARE**

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                          |   |   |                                |
|--------------------------|---|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS000</b> | Facility Name: <b>CHRIST CHAPEL KIDDIE CARE DS000</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

| <b>Chemicals</b>              | <b>Monitoring Requirements</b>   |
|-------------------------------|--|
| LEAD - 1030 AND COPPER - 1022 | Not Required   |
| TOTAL COLIFORM (TCR) - 3100   | 1 Sample(s) Required between 1/1/2013 and 3/31/2013<br>1 Sample(s) Required between 4/1/2013 and 6/30/2013<br>1 Sample(s) Required between 7/1/2013 and 9/30/2013<br>1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**OH1249812 ENON EAGLES PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> ENON EAGLES DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water           |

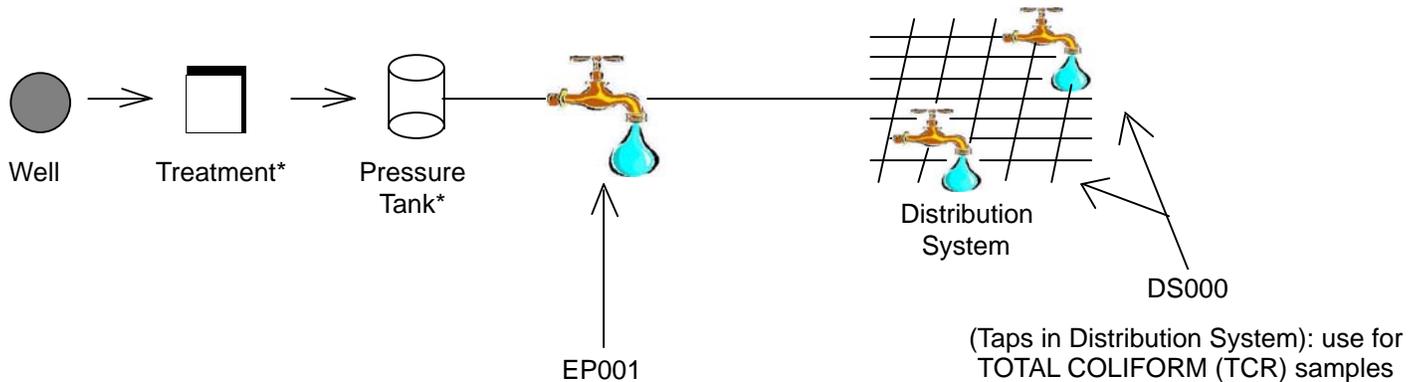
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| <b>Sampling Facility ID:</b> 1261304 | <b>Facility Name:</b> ENON EAGLES    |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1250012 BETHEL COMMUNITY CHURCH OF THE NAZRENE**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

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**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> BETHEL COMMUNITY CHURCH OF THE NAZRENE D |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                           |

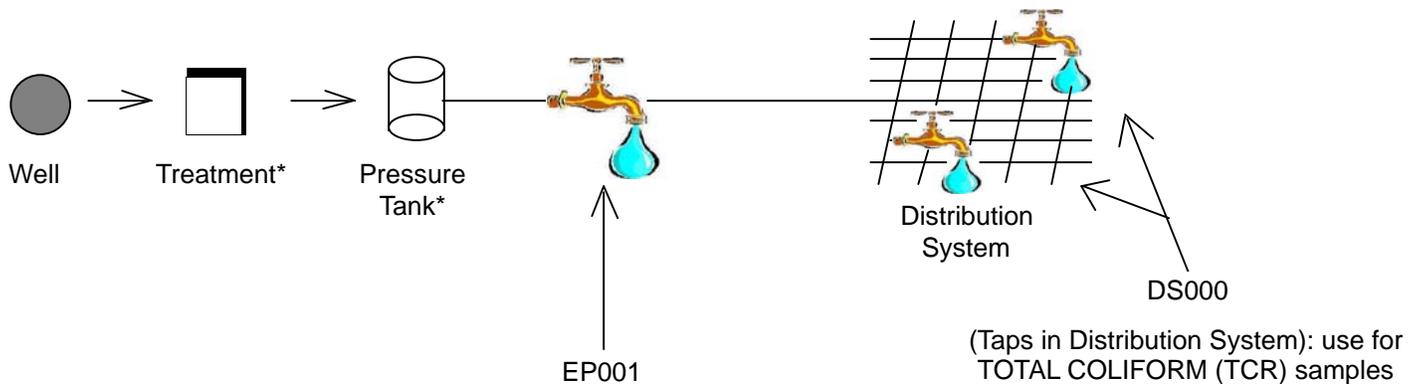
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |  |
|--------------------------------------|--|
| <b>Sampling Facility ID:</b> 1261306 | <b>Facility Name:</b> BETHEL COMMUNITY CHURCH OF NAZRENE |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water                     |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1250112 LIBERTY BAPTIST TEMPLE PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |   |
|----------------------------------|---|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> LIBERTY BAPTIST TEMPLE DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                      |

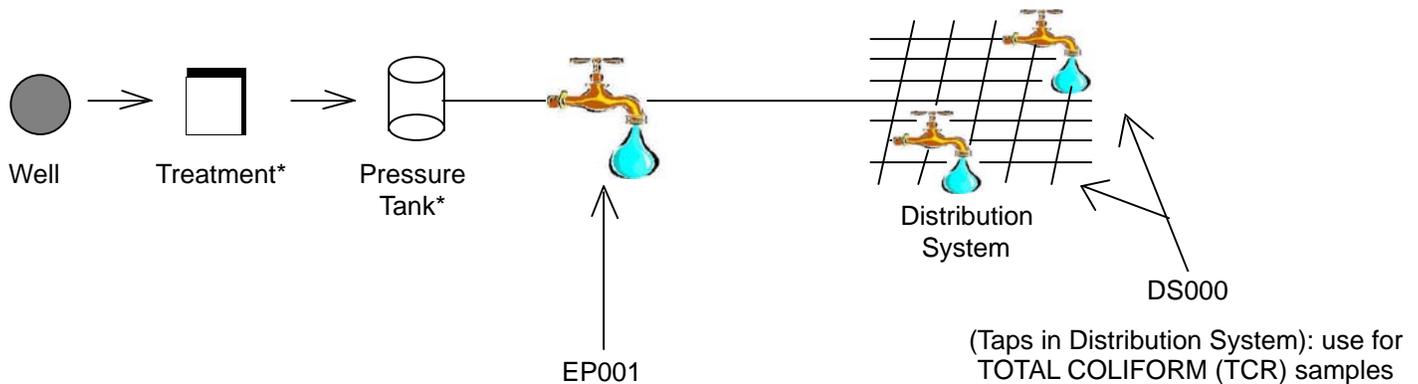
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |  |
|--------------------------------------|--|
| <b>Sampling Facility ID:</b> 1261307 | <b>Facility Name:</b> LIBERTY BAPTIST TEMPLE |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water         |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1250312 REI LAKES PWS**

 System Type: **Transient Noncommunity**

 Operating Period: **4/1 to 9/30**
*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> REI LAKES DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water         |

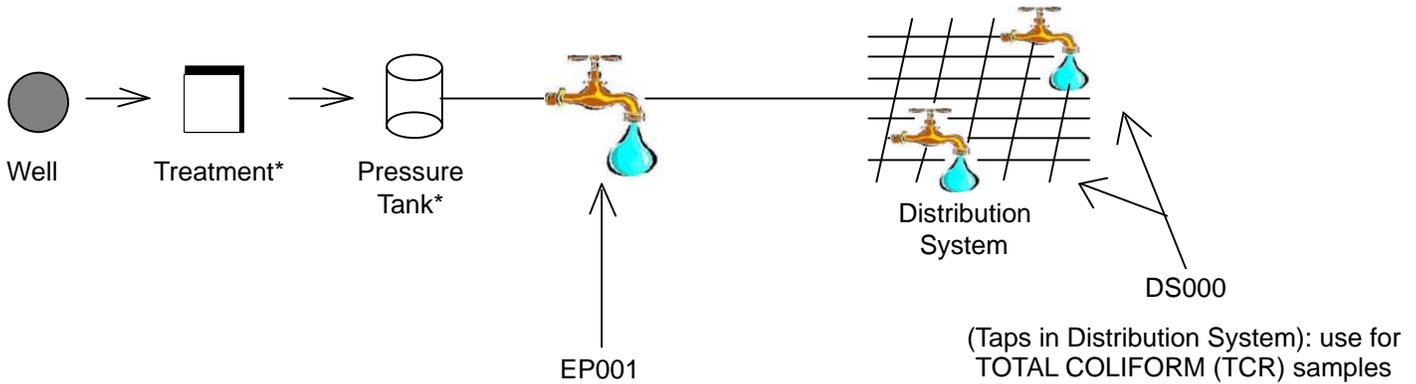
| Chemicals                   | Monitoring Requirements                             |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 4/1/2013 and 6/30/2013 |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| <b>Sampling Facility ID:</b> 1261348 | <b>Facility Name:</b> REI LAKES      |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1250512 PIZZA PAUSE PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> PIZZA PAUSE DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water           |

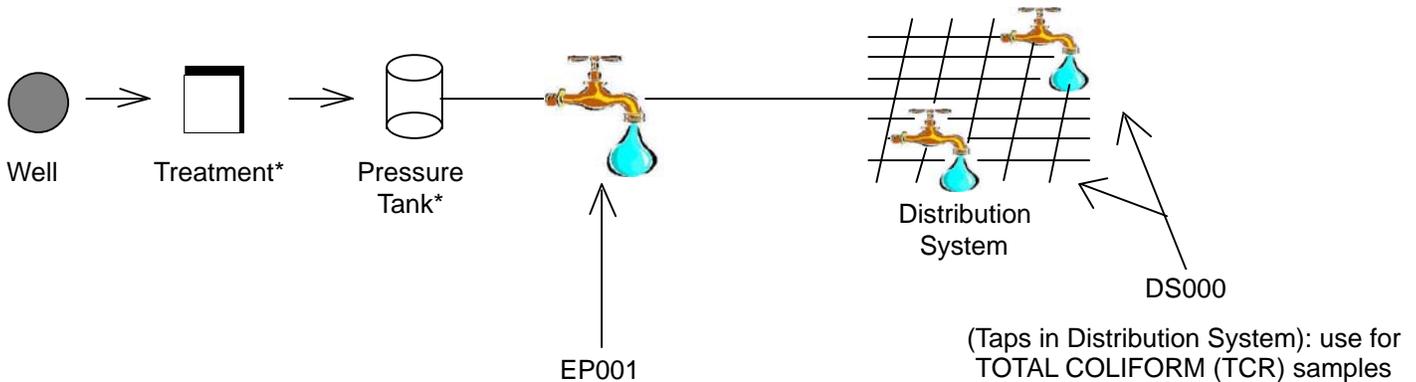
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| <b>Sampling Facility ID:</b> 1261360 | <b>Facility Name:</b> PIZZA PAUSE    |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1250712 THE BARN PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |   |
|----------------------------------|---|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> THE BARN DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water        |

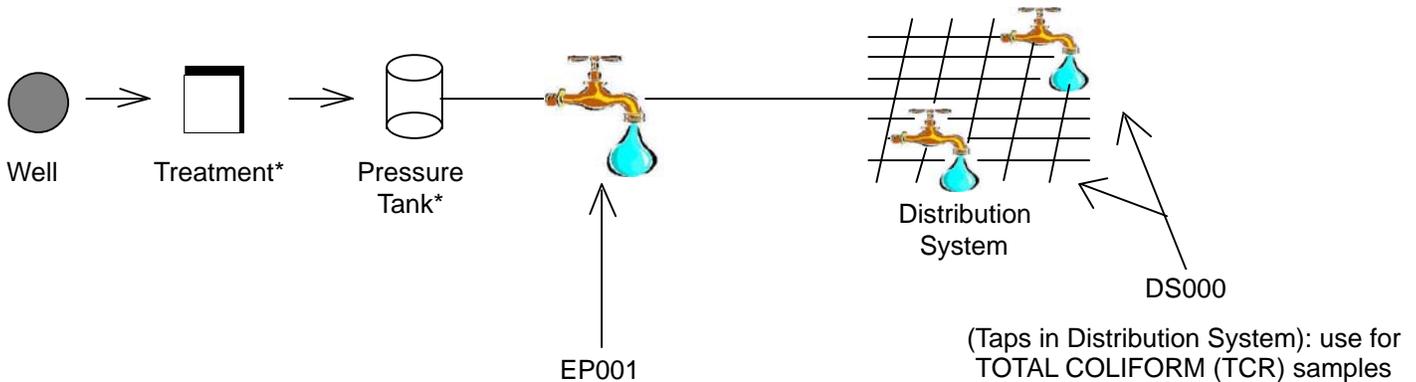
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| <b>Sampling Facility ID:</b> 1261412 | <b>Facility Name:</b> THE BARN       |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1250812 SIMS AND MURRY MARATHON PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> SIMS AND MURRY MARATHON DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                       |

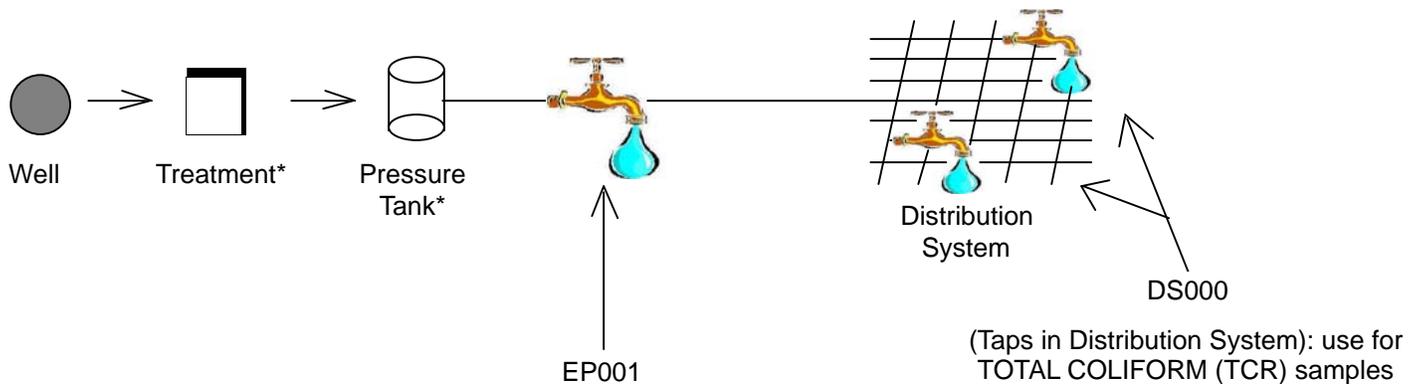
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |   |                                |
|--------------------------------------|---|--------------------------------|
| <b>Sampling Facility ID:</b> 1261451 | <b>Facility Name:</b> SIMS AND MURRY MARATHON | <b>Facility Class:</b> CLASS A |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water          |                                |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1250912 STUDEBAKER NURSERY BARNHART CAMP PWS**

System Type: Transient Noncommunity

Operating Period: 10/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> STUDEBAKER NURSERY BARNHART CAMP DISTRIB |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                           |

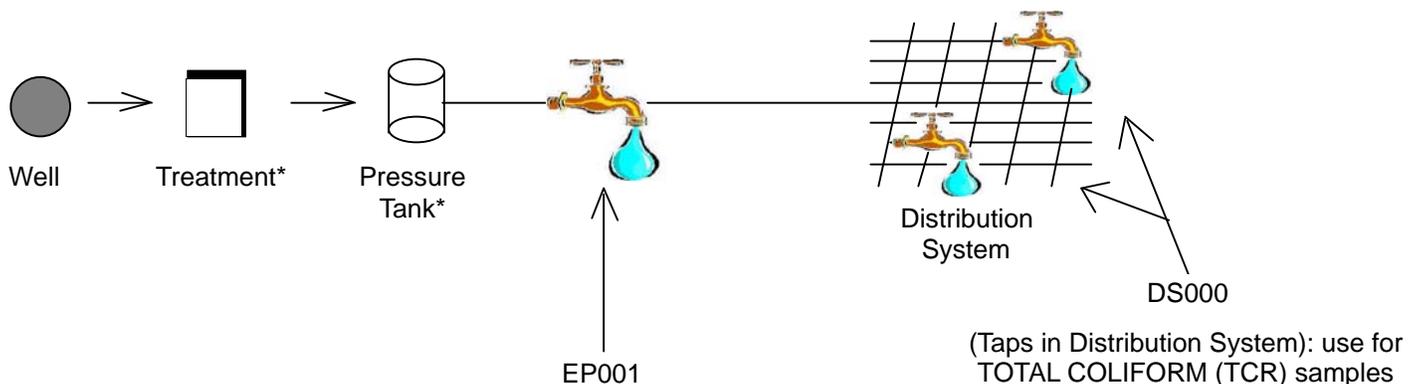
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |  |
|--------------------------------------|--|
| <b>Sampling Facility ID:</b> 1261505 | <b>Facility Name:</b> STUDEBAKER NURSERY BARNHART CAMP |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water                   |

| Chemicals      | Monitoring Requirements                               |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

## Where to Collect Samples For a Small Public Water System



(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

(First available tap after treatment\*): use for NITRATE and NITRITE samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1251012 BEATTY FREEWILL BAPTIST PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> BEATTY FREEWILL BAPTIST DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                       |

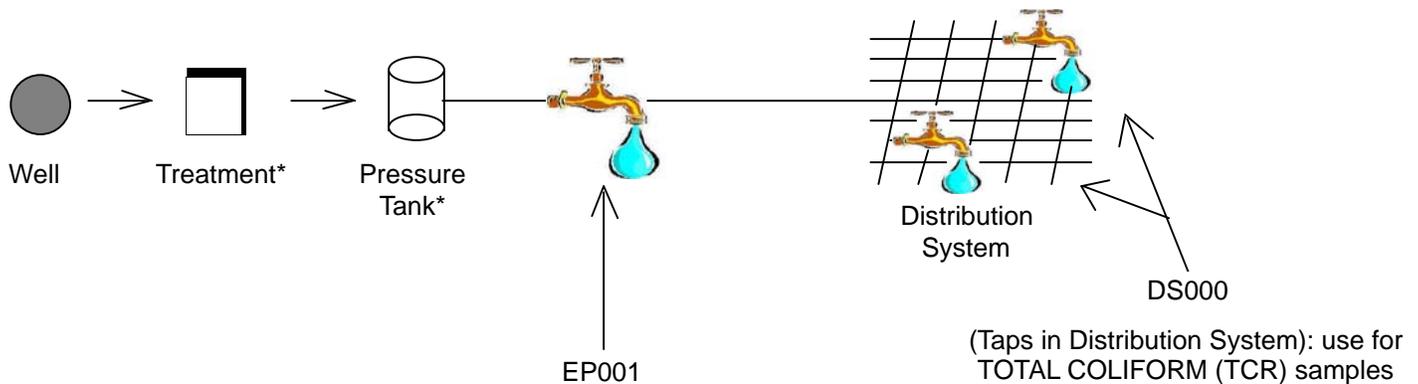
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |   |
|--------------------------------------|---|
| <b>Sampling Facility ID:</b> 1261599 | <b>Facility Name:</b> BEATTY FREEWILL BAPTIST |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water          |

| Chemicals      | Monitoring Requirements                               |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1251112 MEDWAY BAPTIST CHURCH PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> MEDWAY BAPTIST CHURCH DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                     |

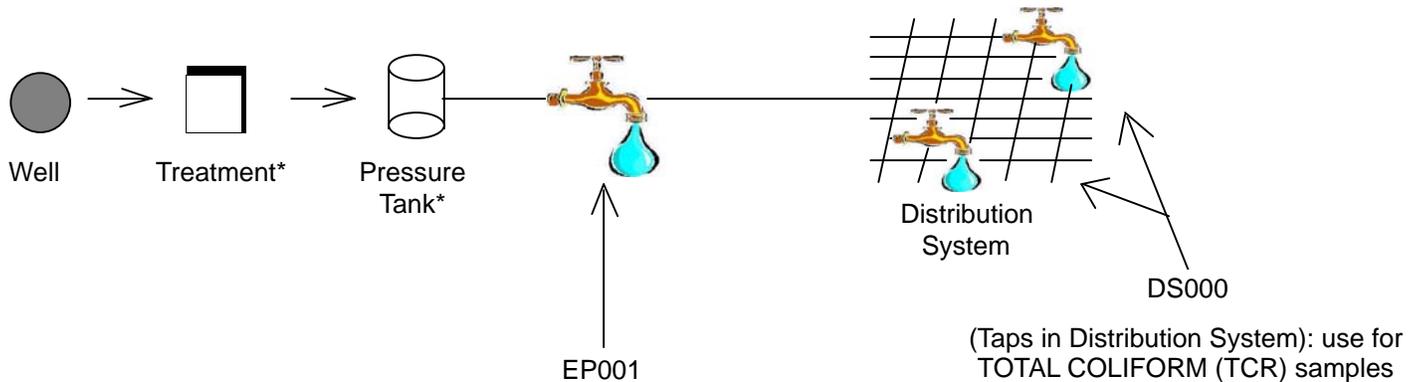
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |   |
|--------------------------------------|---|
| <b>Sampling Facility ID:</b> 1261600 | <b>Facility Name:</b> MEDWAY BAPTIST CHURCH |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water        |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1251312 APOSTOLIC SANCTUARY**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |   |
|----------------------------------|---|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> APOSTOLIC SANTUARY DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                  |

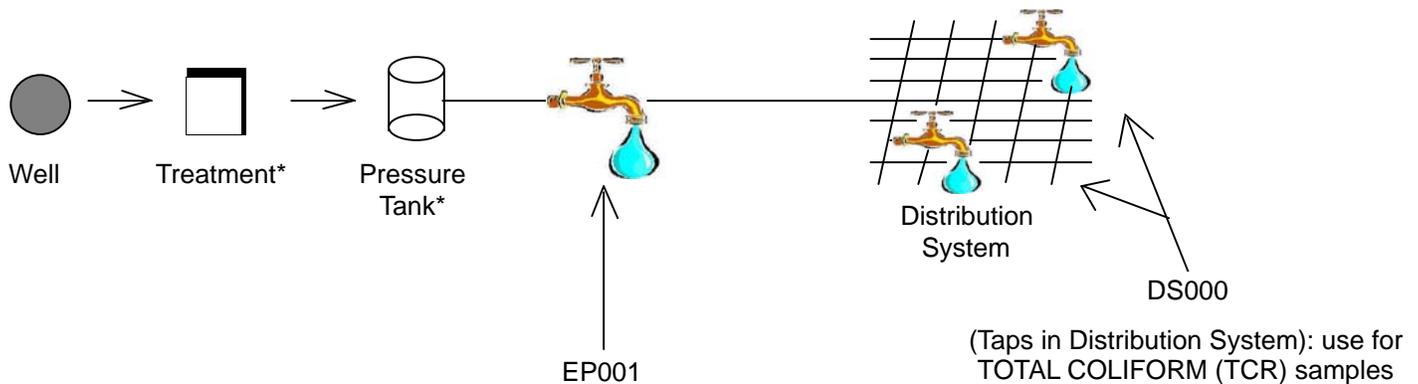
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |   |
|--------------------------------------|---|
| <b>Sampling Facility ID:</b> 1261640 | <b>Facility Name:</b> APOSTOLIC SANCTUARY |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water      |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1251512 FIRST EVANGELICAL LUTHERAN CHURCH**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |   |
|----------------------------------|---|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> FIRST EVANGELICAL LUTHERAN CHURCH DISTR |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                          |

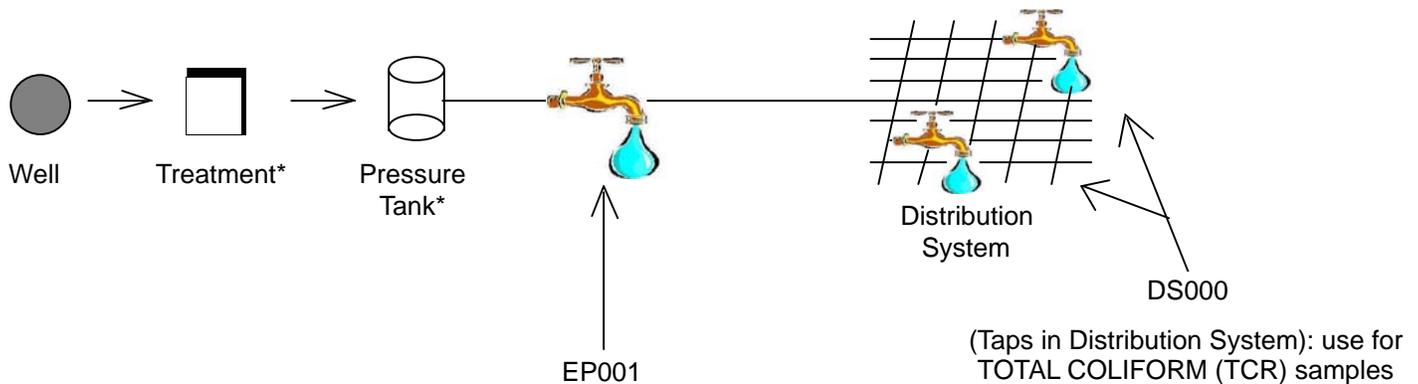
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |   |
|--------------------------------------|---|
| <b>Sampling Facility ID:</b> 1261776 | <b>Facility Name:</b> FIRST EVANGELICAL LUTHERAN CHURCH |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water                    |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1251612 VILLAGE 41 PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |   |
|----------------------------------|---|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> VILLAGE 41 DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water          |

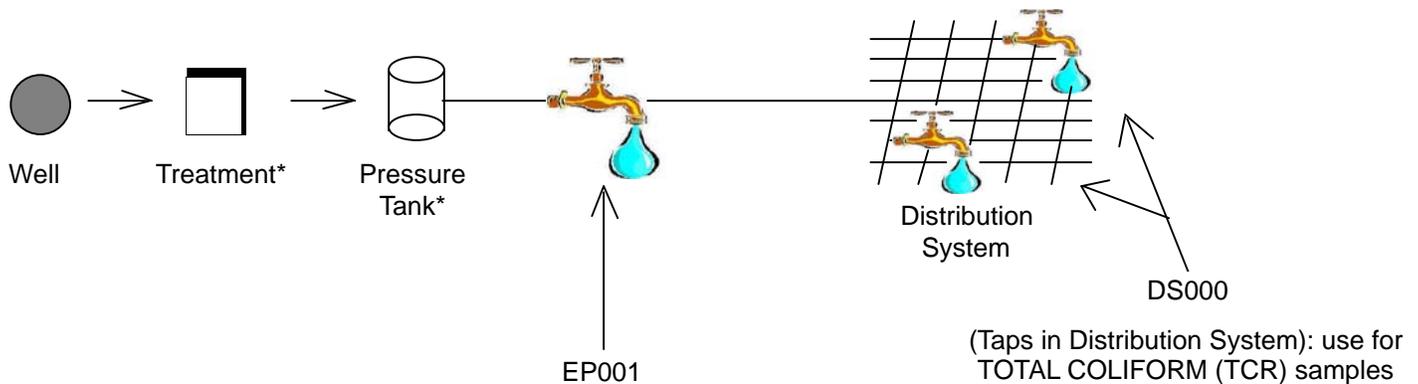
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| <b>Sampling Facility ID:</b> 1261801 | <b>Facility Name:</b> VILLAGE 41     |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

\* If system does not have treatment, EP001 is the first tap after the well.



**OH1251812 TECUMSEH SCHOOLS MAIN CAMPUS**

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                 |                             |  |
|-----------------|-----------------------------|--|
| <b>Sampling</b> | Facility ID: <b>1262092</b> | Facility Name: <b>TECUMSEH SCHOOLS MAIN CAMPUS</b> |
| <b>Location</b> | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>               |
|                 |                             | Facility Class: <b>CLASS 1</b>                     |

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

| <b>Chemicals</b>                          | <b>Monitoring Requirements</b>                        |
|---|---|
| INORGANICS                                | Not Required  |
| NITRITE - 1041                            | Not Required  |
| NITRATE - 1040                            | 1 Sample(s) Required between 6/1/2013 and 10/31/2013  |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required  |
| VOLATILE ORGANIC CHEMICALS (VOC)          | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |



OH1251812 TECUMSEH SCHOOLS MAIN CAMPUS

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

DISTRIBUTION MONITORING SCHEDULE

|                          |   |   |                                |
|--------------------------|---|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS000</b> | Facility Name: <b>TECUMSEH SCHOOLS MAIN CAMPUS DIST</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

| Chemicals | Monitoring Requirements |
|-----------|-------------------------|
|-----------|-------------------------|

|                               |  |
|-------------------------------|--|
| LEAD - 1030 AND COPPER - 1022 | 10 Sample(s) Required between 6/1/2013 and 9/30/2013 |
|-------------------------------|--|

Lead Consumer Notice needs issued to sampling participants within thirty days of receipt of results and verification submitted to Ohio EPA within ninety days from the end of the monitoring period. Submit Form 5105 with appendix to Ohio EPA within ten days from the end of the monitoring period. Forms are available online at: <http://epa.ohio.gov/ddagw/reporting.aspx>

|                             |   |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 2 Sample(s) Required between 1/1/2013 and 1/31/2013   |
|                             | 2 Sample(s) Required between 2/1/2013 and 2/28/2013   |
|                             | 2 Sample(s) Required between 3/1/2013 and 3/31/2013   |
|                             | 2 Sample(s) Required between 4/1/2013 and 4/30/2013   |
|                             | 2 Sample(s) Required between 5/1/2013 and 5/31/2013   |
|                             | 2 Sample(s) Required between 6/1/2013 and 6/30/2013   |
|                             | 2 Sample(s) Required between 7/1/2013 and 7/31/2013   |
|                             | 2 Sample(s) Required between 8/1/2013 and 8/31/2013   |
|                             | 2 Sample(s) Required between 9/1/2013 and 9/30/2013   |
|                             | 2 Sample(s) Required between 10/1/2013 and 10/31/2013 |
|                             | 2 Sample(s) Required between 11/1/2013 and 11/30/2013 |
|                             | 2 Sample(s) Required between 12/1/2013 and 12/31/2013 |

|                       |   |
|-----------------------|---|
| TOTAL CHLORINE - 1000 | 2 Sample(s) Required between 1/1/2013 and 1/31/2013   |
|                       | 2 Sample(s) Required between 2/1/2013 and 2/28/2013   |
|                       | 2 Sample(s) Required between 3/1/2013 and 3/31/2013   |
|                       | 2 Sample(s) Required between 4/1/2013 and 4/30/2013   |
|                       | 2 Sample(s) Required between 5/1/2013 and 5/31/2013   |
|                       | 2 Sample(s) Required between 6/1/2013 and 6/30/2013   |
|                       | 2 Sample(s) Required between 7/1/2013 and 7/31/2013   |
|                       | 2 Sample(s) Required between 8/1/2013 and 8/31/2013   |
|                       | 2 Sample(s) Required between 9/1/2013 and 9/30/2013   |
|                       | 2 Sample(s) Required between 10/1/2013 and 10/31/2013 |
|                       | 2 Sample(s) Required between 11/1/2013 and 11/30/2013 |
|                       | 2 Sample(s) Required between 12/1/2013 and 12/31/2013 |

Samples should be collected at the same time and place as the Total Coliform samples.

|                          |   |   |                                |
|--------------------------|---|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS201</b> | Facility Name: <b>TECUMSEH SCHOOLS MAIN CAMPUS DIST</b><br><b>ADDRESS NOT KNOWN</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

| Chemicals | Monitoring Requirements |
|-----------|-------------------------|
|-----------|-------------------------|

|                         |   |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2013 and 9/30/2013 |
|-------------------------|---|

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950



**OH1251812 TECUMSEH SCHOOLS MAIN CAMPUS**

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Substantial Treatment System*

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                          |                         |   |                                |
|--------------------------|-------------------------|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b> | Facility Name: <b>TECUMSEH SCHOOLS MAIN CAMPUS DIST</b> | Facility Class: <b>CLASS 1</b> |
|                          | SMP ID: <b>DS202</b>    | <b>ADDRESS NOT KNOWN</b>                                |                                |

| <b>Chemicals</b>        | <b>Monitoring Requirements</b>                      |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2013 and 9/30/2013 |

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950



**OH1251912 DONNELSVILLE ELEMENTARY CAMPUS**

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                 |                             |  |
|-----------------|-----------------------------|--|
| <b>Sampling</b> | Facility ID: <b>1262093</b> | Facility Name: <b>DONNELSVILLE ELEMENTARY CAMPUS</b> |
| <b>Location</b> | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>                 |
|                 |                             | Facility Class: <b>CLASS 1</b>                       |

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

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| <b>Chemicals</b>                          | <b>Monitoring Requirements</b>   |
|---|--|
| INORGANICS                                | Not Required   |
| NITRITE - 1041                            | Not Required   |
| NITRATE - 1040                            | 1 Sample(s) Required between 4/1/2013 and 6/30/2013  |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required   |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 3 | Not Required   |
| VOLATILE ORGANIC CHEMICALS (VOC)          | 1 Sample(s) Required between 1/1/2013 and 3/31/2013<br>1 Sample(s) Required between 4/1/2013 and 6/30/2013<br>1 Sample(s) Required between 7/1/2013 and 9/30/2013<br>1 Sample(s) Required between 10/1/2013 and 12/31/2013 |



OH1251912 DONNELSVILLE ELEMENTARY CAMPUS

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.

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DISTRIBUTION MONITORING SCHEDULE

Table with 4 columns: Sampling Location, Facility ID, Facility Name, Facility Class. Values: DS1, DONNELSVILLE ELEMENTARY CAMPUS DIST, CLASS 1, DS000.

Chemicals Monitoring Requirements

LEAD - 1030 AND COPPER - 1022 5 Sample(s) Required between 6/1/2013 and 9/30/2013

Lead Consumer Notice needs issued to sampling participants within thirty days of receipt of results and verification submitted to Ohio EPA within ninety days from the end of the monitoring period. Submit Form 5105 with appendix to Ohio EPA within ten days from the end of the monitoring period. Forms are available online at: http://epa.ohio.gov/ddagw/reporting.aspx

TOTAL COLIFORM (TCR) - 3100 1 Sample(s) Required between 1/1/2013 and 3/31/2013
1 Sample(s) Required between 4/1/2013 and 6/30/2013
1 Sample(s) Required between 7/1/2013 and 9/30/2013
1 Sample(s) Required between 10/1/2013 and 12/31/2013

TOTAL CHLORINE - 1000 1 Sample(s) Required between 1/1/2013 and 3/31/2013
1 Sample(s) Required between 4/1/2013 and 6/30/2013
1 Sample(s) Required between 7/1/2013 and 9/30/2013
1 Sample(s) Required between 10/1/2013 and 12/31/2013

Samples should be collected at the same time and place as the Total Coliform samples.

Table with 4 columns: Sampling Location, Facility ID, Facility Name, Facility Class. Values: DS1, DONNELSVILLE ELEMENTARY CAMPUS DIST, CLASS 1, DS201, ADDRESS NOT KNOWN.

Chemicals Monitoring Requirements

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 2/1/2013 and 2/7/2013
1 Sample(s) Required between 5/1/2013 and 5/7/2013
1 Sample(s) Required between 8/1/2013 and 8/7/2013
1 Sample(s) Required between 11/1/2013 and 11/7/2013

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950

**OH1252212 SIMON KENT INN PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |   |
|----------------------------------|---|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> SIMON KENT INN DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water              |

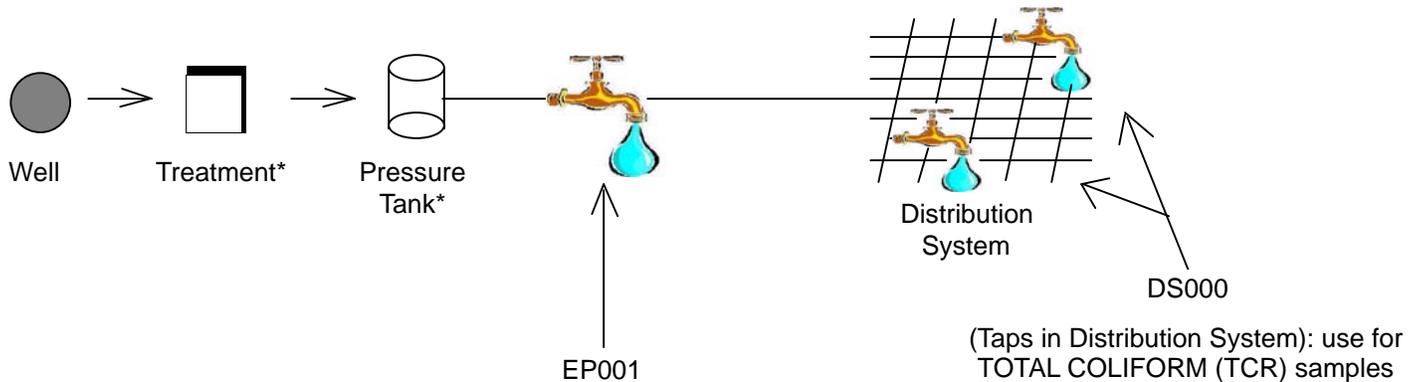
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |                                      |
|--------------------------------------|--------------------------------------|
| <b>Sampling Facility ID:</b> 1262313 | <b>Facility Name:</b> SIMON KENT INN |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

\* If system does not have treatment, EP001 is the first tap after the well.



OH1252312 CARMICHAEL MACHINE CORP 2 PWS

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

DISTRIBUTION MONITORING SCHEDULE

Sampling Facility ID: DS1 Facility Name: CARMICHAEL MACHINE CORP DISTRIBUTION
Location SMP ID: DS000

Chemicals

Monitoring Requirements

LEAD - 1030 AND COPPER - 1022 5 Sample(s) Required between 6/1/2013 and 9/30/2013

Lead Consumer Notice needs issued to sampling participants within thirty days of receipt of results and verification submitted to Ohio EPA within ninety days from the end of the monitoring period. Submit Form 5105 with appendix to Ohio EPA within ten days from the end of the monitoring period. Forms are available online at: http://epa.ohio.gov/ddagw/reporting.aspx

TOTAL COLIFORM (TCR) - 3100 1 Sample(s) Required between 1/1/2013 and 3/31/2013
1 Sample(s) Required between 4/1/2013 and 6/30/2013
1 Sample(s) Required between 7/1/2013 and 9/30/2013
1 Sample(s) Required between 10/1/2013 and 12/31/2013

TOTAL CHLORINE - 1000 1 Sample(s) Required between 1/1/2013 and 3/31/2013
1 Sample(s) Required between 4/1/2013 and 6/30/2013
1 Sample(s) Required between 7/1/2013 and 9/30/2013
1 Sample(s) Required between 10/1/2013 and 12/31/2013

Samples should be collected at the same time and place as the Total Coliform samples.

Sampling Facility ID: DS1 Facility Name: CARMICHAEL MACHINE CORP DISTRIBUTION
Location SMP ID: DS201 ADDRESS NOT KNOWN

Chemicals

Monitoring Requirements

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 7/1/2013 and 9/30/2013

Sample for all the analytes listed below:

TOTAL HALOACETIC ACIDS (HAA5) - 2456 TTHM - 2950

**OH1252612 TECH II WAREHOUSE PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> TECH II WAREHOUSE DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                 |

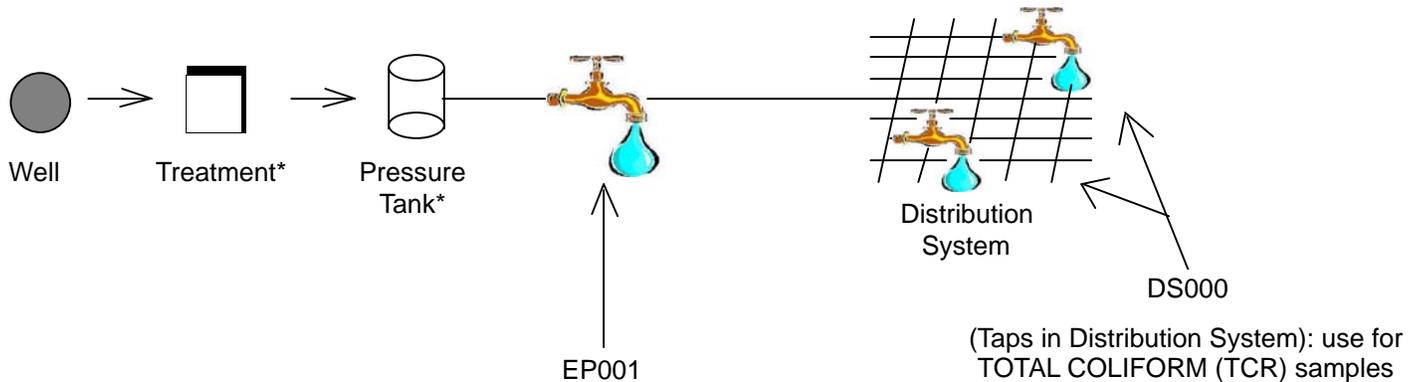
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |   |
|--------------------------------------|---|
| <b>Sampling Facility ID:</b> 1262429 | <b>Facility Name:</b> TECH II WAREHOUSE |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water    |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1252712 FOREST VALLEY FREE WILL BAPT CHURCH PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

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**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> FOREST VALLEY FREE WILL BAPT CHURCH DIST |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                           |

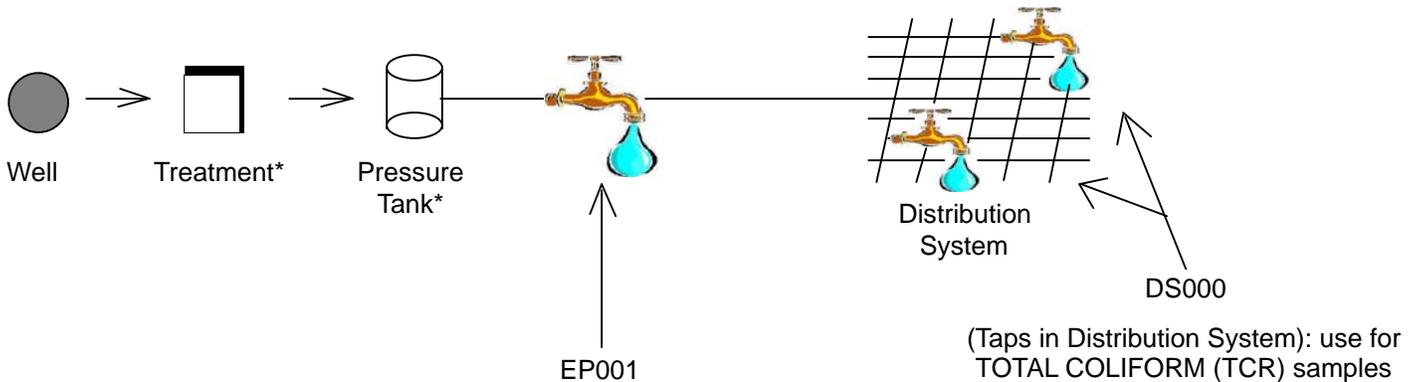
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |  |
|--------------------------------------|--|
| <b>Sampling Facility ID:</b> 1262457 | <b>Facility Name:</b> FOREST VALLEY FREE WILL BAPTIST CHURCH |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water                         |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

(Taps in Distribution System): use for TOTAL COLIFORM (TCR) samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1252912 LAWRENCEVILLE CHURCH OF GOD PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

*Groundwater Rule Minimal Treatment System*
**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> LAWRENCEVILLE CHURCH OF GOD DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                           |

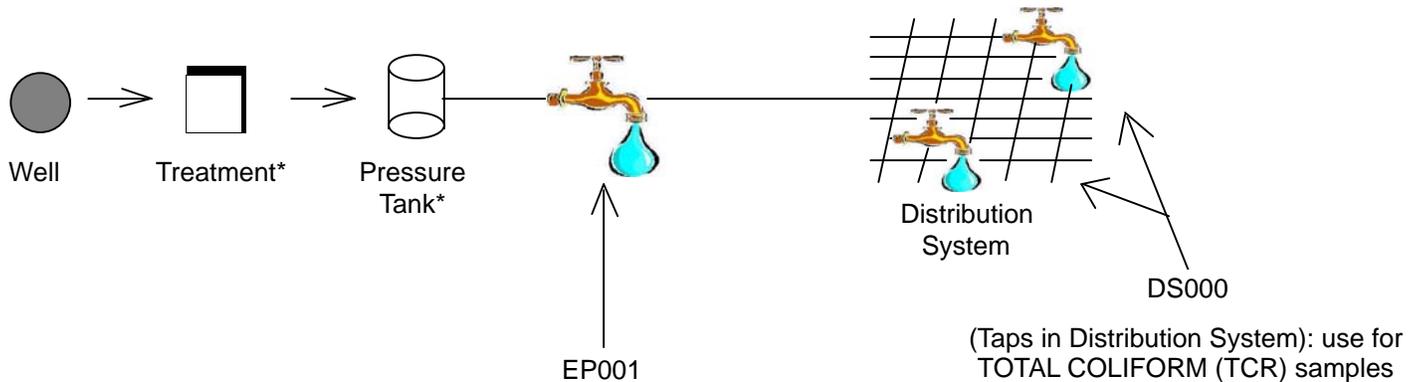
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |   |
|--------------------------------------|---|
| <b>Sampling Facility ID:</b> 1262483 | <b>Facility Name:</b> LAWRENCEVILLE CHURCH OF GOD |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water              |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

\* If system does not have treatment, EP001 is the first tap after the well.

**OH1253212 THE SPRINGFIELD HOUSE PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> THE SPRINGFIELD HOUSE DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                     |

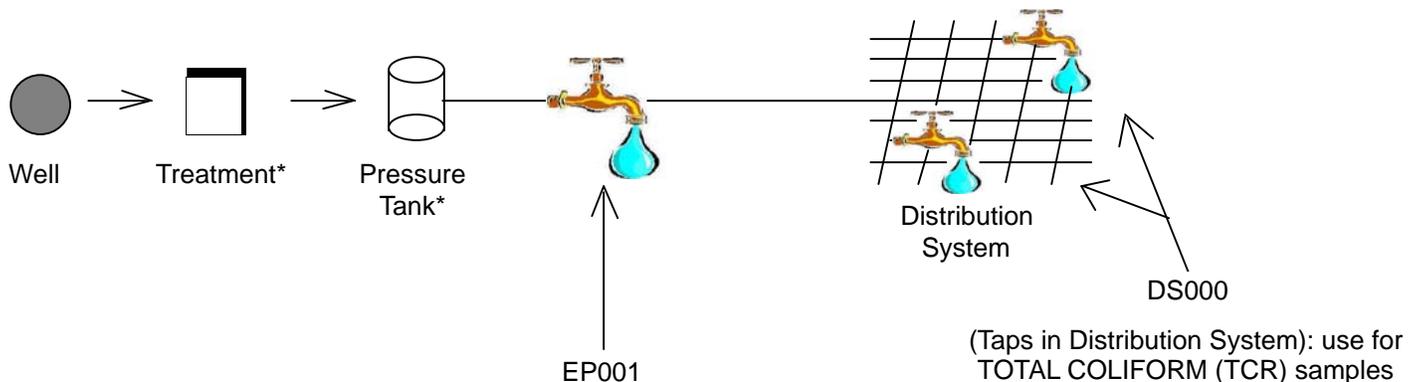
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2013 and 3/31/2013   |
|                             | 1 Sample(s) Required between 4/1/2013 and 6/30/2013   |
|                             | 1 Sample(s) Required between 7/1/2013 and 9/30/2013   |
|                             | 1 Sample(s) Required between 10/1/2013 and 12/31/2013 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |   |
|--------------------------------------|---|
| <b>Sampling Facility ID:</b> 1262486 | <b>Facility Name:</b> THE SPRINGFIELD HOUSE |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water        |

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2013 and 5/31/2013 |

## Where to Collect Samples For a Small Public Water System



(First available tap after treatment\*): use for NITRATE and NITRITE samples

\* If system does not have treatment, EP001 is the first tap after the well.