



Effective Date: 01/01/2016

2016 ENTRY POINT SCHEDULE

**OH3100012 ADDYSTON VILLAGE PWS**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>3154741</b>	Facility Name: <b>ADDYSTON VILLAGE OF</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. Also, monitoring schedules may be revised during the year based on sampling results.

**For water emergencies that occur after hours, please call 800-282-9378**

**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2016**

<b>Chemicals</b>	<b>Monitoring Requirements</b>
INORGANICS	Not Required
NITRITE - 1041	Not Required
NITRATE - 1040	1 Sample(s) Required between 1/1/2016 and 5/31/2016
RADIOLOGICALS	Not Required
SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1	Not Required
VOLATILE ORGANIC CHEMICALS (VOC)	1 Sample(s) Required between 1/1/2016 and 3/31/2016 1 Sample(s) Required between 4/1/2016 and 6/30/2016 1 Sample(s) Required between 7/1/2016 and 9/30/2016 1 Sample(s) Required between 10/1/2016 and 12/31/2016



**OH3100012 ADDYSTON VILLAGE PWS**

System Type: Community

Operating Period: 1/1 to 12/31

Ground Water Rule Substantial System

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2016**

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS000</b>	Facility Name: <b>ADDYSTON, VILLAGE OF DISTRIBUTION</b>	Facility Class: <b>CLASS 1</b>
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**Chemicals Monitoring Requirements**

LEAD - 1030 AND COPPER - 1022 Not Required

TOTAL COLIFORM (TCR) - 3100

1 Sample(s) Required between	1/1/2016	and	1/31/2016
1 Sample(s) Required between	2/1/2016	and	2/29/2016
1 Sample(s) Required between	3/1/2016	and	3/31/2016
1 Sample(s) Required between	4/1/2016	and	4/30/2016
1 Sample(s) Required between	5/1/2016	and	5/31/2016
1 Sample(s) Required between	6/1/2016	and	6/30/2016
1 Sample(s) Required between	7/1/2016	and	7/31/2016
1 Sample(s) Required between	8/1/2016	and	8/31/2016
1 Sample(s) Required between	9/1/2016	and	9/30/2016
1 Sample(s) Required between	10/1/2016	and	10/31/2016
1 Sample(s) Required between	11/1/2016	and	11/30/2016
1 Sample(s) Required between	12/1/2016	and	12/31/2016

TOTAL CHLORINE - 1000

1 Sample(s) Required between	1/1/2016	and	1/31/2016
1 Sample(s) Required between	2/1/2016	and	2/29/2016
1 Sample(s) Required between	3/1/2016	and	3/31/2016
1 Sample(s) Required between	4/1/2016	and	4/30/2016
1 Sample(s) Required between	5/1/2016	and	5/31/2016
1 Sample(s) Required between	6/1/2016	and	6/30/2016
1 Sample(s) Required between	7/1/2016	and	7/31/2016
1 Sample(s) Required between	8/1/2016	and	8/31/2016
1 Sample(s) Required between	9/1/2016	and	9/30/2016
1 Sample(s) Required between	10/1/2016	and	10/31/2016
1 Sample(s) Required between	11/1/2016	and	11/30/2016
1 Sample(s) Required between	12/1/2016	and	12/31/2016

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

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS201</b>	Facility Name: <b>ADDYSTON, VILLAGE OF DISTRIBUTION</b> <b>ADDRESS NOT KNOWN</b>	Facility Class: <b>CLASS 1</b>
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**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 7/1/2016 and 9/30/2016 at SMP: DS201

Sample for all the analytes listed below:

- 1) TOTAL HALOACETIC ACIDS (HAA5) – 2456
- 2) TTHM - 2950



Effective Date: 01/01/2016

2016 DISTRIBUTION SCHEDULE

**OH3100012 ADDYSTON VILLAGE PWS**

System Type: Community

Operating Period: 1/1 to 12/31

Ground Water Rule Substantial System

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2016**

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS202</b>	Facility Name: <b>ADDYSTON, VILLAGE OF DISTRIBUTION</b> <b>ADDRESS NOT KNOWN</b>	Facility Class: <b>CLASS 1</b>
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**Chemicals**

**Monitoring Requirements**

DISINFECTION BYPRODUCTS

1 Sample(s) Required between 7/1/2016 and 9/30/2016 at SMP: DS202

Sample for all the analytes listed below:

- 1) TOTAL HALOACETIC ACIDS (HAA5) – 2456
- 2) TTHM - 2950



Effective Date: 01/01/2016

2016 ENTRY POINT SCHEDULE

**OH3100512 CLEVES VILLAGE PWS**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

<b>Sampling</b>	Facility ID: <b>3154746</b>	Facility Name: <b>CLEVES VILLAGE</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 1/1/2016 and 5/31/2016
RADIOLOGICALS	Not Required
SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1	Not Required
SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 2	1 Sample(s) Required between 4/1/2016 and 6/30/2016
SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 3	Not Required
SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 4	Not Required
VOLATILE ORGANIC CHEMICALS (VOC)	Not Required



**OH3100512 CLEVES VILLAGE PWS**

System Type: Community

Operating Period: 1/1 to 12/31

Ground Water Rule Substantial System

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2016**

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS000</b>	Facility Name: <b>CLEVES, VILLAGE OF DISTRIBUTION</b>	Facility Class: <b>CLASS 1</b>
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**Chemicals Monitoring Requirements**

LEAD - 1030 AND COPPER - 1022 Not Required

TOTAL COLIFORM (TCR) - 3100

6 Sample(s) Required between	1/1/2016	and	1/31/2016
6 Sample(s) Required between	2/1/2016	and	2/29/2016
6 Sample(s) Required between	3/1/2016	and	3/31/2016
6 Sample(s) Required between	4/1/2016	and	4/30/2016
6 Sample(s) Required between	5/1/2016	and	5/31/2016
6 Sample(s) Required between	6/1/2016	and	6/30/2016
6 Sample(s) Required between	7/1/2016	and	7/31/2016
6 Sample(s) Required between	8/1/2016	and	8/31/2016
6 Sample(s) Required between	9/1/2016	and	9/30/2016
6 Sample(s) Required between	10/1/2016	and	10/31/2016
6 Sample(s) Required between	11/1/2016	and	11/30/2016
6 Sample(s) Required between	12/1/2016	and	12/31/2016

TOTAL CHLORINE - 1000

6 Sample(s) Required between	1/1/2016	and	1/31/2016
6 Sample(s) Required between	2/1/2016	and	2/29/2016
6 Sample(s) Required between	3/1/2016	and	3/31/2016
6 Sample(s) Required between	4/1/2016	and	4/30/2016
6 Sample(s) Required between	5/1/2016	and	5/31/2016
6 Sample(s) Required between	6/1/2016	and	6/30/2016
6 Sample(s) Required between	7/1/2016	and	7/31/2016
6 Sample(s) Required between	8/1/2016	and	8/31/2016
6 Sample(s) Required between	9/1/2016	and	9/30/2016
6 Sample(s) Required between	10/1/2016	and	10/31/2016
6 Sample(s) Required between	11/1/2016	and	11/30/2016
6 Sample(s) Required between	12/1/2016	and	12/31/2016

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

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS201</b>	Facility Name: <b>CLEVES, VILLAGE OF DISTRIBUTION</b> <b>ADDRESS NOT KNOWN</b>	Facility Class: <b>CLASS 1</b>
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**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 7/1/2016 and 9/30/2016 at SMP: DS201

Sample for all the analytes listed below:

- 1) TOTAL HALOACETIC ACIDS (HAA5) – 2456
- 2) TTHM - 2950



Effective Date: 01/01/2016

2016 DISTRIBUTION SCHEDULE

**OH3100512 CLEVES VILLAGE PWS**

System Type: Community

Operating Period: 1/1 to 12/31

Ground Water Rule Substantial System

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**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS202</b>	Facility Name: <b>CLEVES, VILLAGE OF DISTRIBUTION</b> <b>ADDRESS NOT KNOWN</b>	Facility Class: <b>CLASS 1</b>
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**Chemicals**

**Monitoring Requirements**

DISINFECTION BYPRODUCTS

1 Sample(s) Required between 7/1/2016 and 9/30/2016 at SMP: DS202

Sample for all the analytes listed below:

- 1) TOTAL HALOACETIC ACIDS (HAA5) – 2456
- 2) TTHM - 2950



Effective Date: 01/01/2016

2016 ENTRY POINT SCHEDULE

**OH3100612 DRY FORK MHP**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>3154747</b>	Facility Name: <b>DRY FORK MHP</b>	Facility Class: <b>CLASS A</b>
	SMP ID: <b>EP001</b>	Facility Source: <b>Ground Water</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 1/1/2016 and 5/31/2016
RADIOLOGICALS	Not Required
SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1	Not Required
SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 4	Not Required
VOLATILE ORGANIC CHEMICALS (VOC)	Not Required



**OH3100612 DRY FORK MHP**

System Type: Community

Operating Period: 1/1 to 12/31

Ground Water Rule Substantial System

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**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b>	Facility Name: <b>DRY FORK MOBILE HOME PAR DISTRIBUTIOI</b>
	SMP ID: <b>DS000</b>	

<b>Chemicals</b>	<b>Monitoring Requirements</b>
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LEAD - 1030 AND COPPER - 1022	Not Required
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TOTAL COLIFORM (TCR) - 3100	1 Sample(s) Required between 1/1/2016 and 1/31/2016
	1 Sample(s) Required between 2/1/2016 and 2/29/2016
	1 Sample(s) Required between 3/1/2016 and 3/31/2016
	1 Sample(s) Required between 4/1/2016 and 4/30/2016
	1 Sample(s) Required between 5/1/2016 and 5/31/2016
	1 Sample(s) Required between 6/1/2016 and 6/30/2016
	1 Sample(s) Required between 7/1/2016 and 7/31/2016
	1 Sample(s) Required between 8/1/2016 and 8/31/2016
	1 Sample(s) Required between 9/1/2016 and 9/30/2016
	1 Sample(s) Required between 10/1/2016 and 10/31/2016
	1 Sample(s) Required between 11/1/2016 and 11/30/2016
	1 Sample(s) Required between 12/1/2016 and 12/31/2016

TOTAL CHLORINE - 1000	1 Sample(s) Required between 1/1/2016 and 1/31/2016
	1 Sample(s) Required between 2/1/2016 and 2/29/2016
	1 Sample(s) Required between 3/1/2016 and 3/31/2016
	1 Sample(s) Required between 4/1/2016 and 4/30/2016
	1 Sample(s) Required between 5/1/2016 and 5/31/2016
	1 Sample(s) Required between 6/1/2016 and 6/30/2016
	1 Sample(s) Required between 7/1/2016 and 7/31/2016
	1 Sample(s) Required between 8/1/2016 and 8/31/2016
	1 Sample(s) Required between 9/1/2016 and 9/30/2016
	1 Sample(s) Required between 10/1/2016 and 10/31/2016
	1 Sample(s) Required between 11/1/2016 and 11/30/2016
	1 Sample(s) Required between 12/1/2016 and 12/31/2016

*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>DRY FORK MOBILE HOME PAR DISTRIBUTIOI</b>
	SMP ID: <b>DS201</b>	<b>ADDRESS NOT KNOWN</b>

<b>Chemicals</b>	<b>Monitoring Requirements</b>
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DISINFECTION BYPRODUCTS	1 Sample(s) Required between 7/1/2016 and 9/30/2016 at SMP: DS201
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Sample for all the analytes listed below:

- 1) TOTAL HALOACETIC ACIDS (HAA5) – 2456
- 2) TTHM - 2950



**OH3100712 GLENDALE VILLAGE PWS**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>3154748</b>	Facility Name: <b>GLENDALE VILLAGE</b>	Facility Class: <b>CLASS 2</b>
	SMP ID: <b>EP001</b>	Facility Source: <b>Ground Water</b>	

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<b>Chemicals</b>	<b>Monitoring Requirements</b>
ARSENIC - 1005	1 Sample(s) Required between 1/1/2016 and 3/31/2016 1 Sample(s) Required between 4/1/2016 and 6/30/2016 1 Sample(s) Required between 7/1/2016 and 9/30/2016 1 Sample(s) Required between 10/1/2016 and 12/31/2016
INORGANICS	Not Required
NITRITE - 1041	Not Required
NITRATE - 1040	1 Sample(s) Required between 1/1/2016 and 5/31/2016
RADIOLOGICALS	Not Required
SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1	Not Required
VOLATILE ORGANIC CHEMICALS (VOC)	Not Required



**OH3100712 GLENDALE VILLAGE PWS**

System Type: Community

Operating Period: 1/1 to 12/31

Ground Water Rule Substantial System

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**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS000</b>	Facility Name: <b>GLENDALE, VILLAGE OF DISTRIBUTION</b>	Facility Class: <b>CLASS 1</b>
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**Chemicals Monitoring Requirements**

LEAD - 1030 AND COPPER - 1022 Not Required

TOTAL COLIFORM (TCR) - 3100	2 Sample(s) Required between	1/1/2016	and	1/31/2016
	2 Sample(s) Required between	2/1/2016	and	2/29/2016
	2 Sample(s) Required between	3/1/2016	and	3/31/2016
	2 Sample(s) Required between	4/1/2016	and	4/30/2016
	2 Sample(s) Required between	5/1/2016	and	5/31/2016
	2 Sample(s) Required between	6/1/2016	and	6/30/2016
	2 Sample(s) Required between	7/1/2016	and	7/31/2016
	2 Sample(s) Required between	8/1/2016	and	8/31/2016
	2 Sample(s) Required between	9/1/2016	and	9/30/2016
	2 Sample(s) Required between	10/1/2016	and	10/31/2016
	2 Sample(s) Required between	11/1/2016	and	11/30/2016
	2 Sample(s) Required between	12/1/2016	and	12/31/2016

TOTAL CHLORINE - 1000	2 Sample(s) Required between	1/1/2016	and	1/31/2016
	2 Sample(s) Required between	2/1/2016	and	2/29/2016
	2 Sample(s) Required between	3/1/2016	and	3/31/2016
	2 Sample(s) Required between	4/1/2016	and	4/30/2016
	2 Sample(s) Required between	5/1/2016	and	5/31/2016
	2 Sample(s) Required between	6/1/2016	and	6/30/2016
	2 Sample(s) Required between	7/1/2016	and	7/31/2016
	2 Sample(s) Required between	8/1/2016	and	8/31/2016
	2 Sample(s) Required between	9/1/2016	and	9/30/2016
	2 Sample(s) Required between	10/1/2016	and	10/31/2016
	2 Sample(s) Required between	11/1/2016	and	11/30/2016
	2 Sample(s) Required between	12/1/2016	and	12/31/2016

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

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS201</b>	Facility Name: <b>GLENDALE, VILLAGE OF DISTRIBUTION</b> <b>ADDRESS NOT KNOWN</b>	Facility Class: <b>CLASS 1</b>
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**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 7/1/2016 and 9/30/2016 at SMP: DS201

Sample for all the analytes listed below:

- 1) TOTAL HALOACETIC ACIDS (HAA5) – 2456
- 2) TTHM - 2950



Effective Date: 01/01/2016

2016 DISTRIBUTION SCHEDULE

**OH3100712 GLENDALE VILLAGE PWS**

System Type: Community

Operating Period: 1/1 to 12/31

Ground Water Rule Substantial System

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**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS202</b>	Facility Name: <b>GLENDALE, VILLAGE OF DISTRIBUTION</b> <b>ADDRESS NOT KNOWN</b>	Facility Class: <b>CLASS 1</b>
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**Chemicals**

**Monitoring Requirements**

DISINFECTION BYPRODUCTS

1 Sample(s) Required between 7/1/2016 and 9/30/2016 at SMP: DS202

Sample for all the analytes listed below:

- 1) TOTAL HALOACETIC ACIDS (HAA5) – 2456
- 2) TTHM - 2950



**OH3100812 HARRISON CITY PWS**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

<b>Sampling</b>	Facility ID: <b>3154749</b>	Facility Name: <b>HARRISON WATER DEPARTMENT</b>
<b>Location</b>	SMP ID: <b>EP001</b>	Facility Source: <b>Ground Water</b>
		Facility Class: <b>CLASS 2</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 1/1/2016 and 5/31/2016
RADIOLOGICALS	Not Required
SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1	Not Required
VOLATILE ORGANIC CHEMICALS (VOC)	Not Required



**OH3100812 HARRISON CITY PWS**

System Type: Community

Operating Period: 1/1 to 12/31

Ground Water Rule Substantial System

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**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS000</b>	Facility Name: <b>HARRISON, CITY OF DISTRIBUTION</b>	Facility Class: <b>CLASS 1</b>
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**Chemicals Monitoring Requirements**

LEAD - 1030 AND COPPER - 1022 Not Required

TOTAL COLIFORM (TCR) - 3100	10 Sample(s) Required between	1/1/2016	and	1/31/2016
	10 Sample(s) Required between	2/1/2016	and	2/29/2016
	10 Sample(s) Required between	3/1/2016	and	3/31/2016
	10 Sample(s) Required between	4/1/2016	and	4/30/2016
	10 Sample(s) Required between	5/1/2016	and	5/31/2016
	10 Sample(s) Required between	6/1/2016	and	6/30/2016
	10 Sample(s) Required between	7/1/2016	and	7/31/2016
	10 Sample(s) Required between	8/1/2016	and	8/31/2016
	10 Sample(s) Required between	9/1/2016	and	9/30/2016
	10 Sample(s) Required between	10/1/2016	and	10/31/2016
	10 Sample(s) Required between	11/1/2016	and	11/30/2016
	10 Sample(s) Required between	12/1/2016	and	12/31/2016

TOTAL CHLORINE - 1000	10 Sample(s) Required between	1/1/2016	and	1/31/2016
	10 Sample(s) Required between	2/1/2016	and	2/29/2016
	10 Sample(s) Required between	3/1/2016	and	3/31/2016
	10 Sample(s) Required between	4/1/2016	and	4/30/2016
	10 Sample(s) Required between	5/1/2016	and	5/31/2016
	10 Sample(s) Required between	6/1/2016	and	6/30/2016
	10 Sample(s) Required between	7/1/2016	and	7/31/2016
	10 Sample(s) Required between	8/1/2016	and	8/31/2016
	10 Sample(s) Required between	9/1/2016	and	9/30/2016
	10 Sample(s) Required between	10/1/2016	and	10/31/2016
	10 Sample(s) Required between	11/1/2016	and	11/30/2016
	10 Sample(s) Required between	12/1/2016	and	12/31/2016

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

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS201</b>	Facility Name: <b>HARRISON, CITY OF DISTRIBUTION</b> <b>29941 CAROLINA TRACE</b>	Facility Class: <b>CLASS 1</b>
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**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 7/1/2016 and 9/30/2016 at SMP: DS201

Sample for all the analytes listed below:

- 1) TOTAL HALOACETIC ACIDS (HAA5) – 2456
- 2) TTHM - 2950



Effective Date: 07/15/2016

2016 DISTRIBUTION SCHEDULE

**OH3100812 HARRISON CITY PWS**

System Type: Community

Operating Period: 1/1 to 12/31

Ground Water Rule Substantial 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. Also, monitoring schedules may be revised during the year based on sampling results.

For water emergencies that occur after hours, please call 800-282-9378

**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2016**

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS202</b>	Facility Name: <b>HARRISON, CITY OF DISTRIBUTION</b> <b>9439 TEBBS COURT</b>	Facility Class: <b>CLASS 1</b>
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**Chemicals**

**Monitoring Requirements**

DISINFECTION BYPRODUCTS

1 Sample(s) Required between 7/1/2016 and 9/30/2016 at SMP: DS202

Sample for all the analytes listed below:

- 1) TOTAL HALOACETIC ACIDS (HAA5) – 2456
- 2) TTHM - 2950



Effective Date: 01/01/2016

2016 ENTRY POINT SCHEDULE

**OH3101112 INDIAN HILL CITY PWS**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

<b>Sampling</b>	Facility ID: <b>3154752</b>	Facility Name: <b>INDIAN HILL PWS</b>	
<b>Location</b>	SMP ID: <b>EP001</b>	Facility Source: <b>Ground Water</b>	Facility Class: <b>CLASS 3</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. Also, monitoring schedules may be revised during the year based on sampling results.

**For water emergencies that occur after hours, please call 800-282-9378**

**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2016**

<b>Chemicals</b>	<b>Monitoring Requirements</b>
INORGANICS	Not Required
NITRITE - 1041	Not Required
NITRATE - 1040	1 Sample(s) Required between 1/1/2016 and 5/31/2016
RADIOLOGICALS	Not Required
SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1	Not Required
VOLATILE ORGANIC CHEMICALS (VOC)	Not Required



**OH310112 INDIAN HILL CITY PWS**

System Type: Community

Operating Period: 1/1 to 12/31

Ground Water Rule Substantial 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. Also, monitoring schedules may be revised during the year based on sampling results.

For water emergencies that occur after hours, please call 800-282-9378

**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2016**

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS000</b>	Facility Name: <b>INDIAN HILL, CITY OF DISTRIBUTION</b>	Facility Class: <b>CLASS 2</b>
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**Chemicals Monitoring Requirements**

LEAD - 1030 AND COPPER - 1022 Not Required

ASBESTOS - 1094 Not Required

TOTAL COLIFORM (TCR) - 3100

15 Sample(s) Required between	1/1/2016	and	1/31/2016
15 Sample(s) Required between	2/1/2016	and	2/29/2016
15 Sample(s) Required between	3/1/2016	and	3/31/2016
15 Sample(s) Required between	4/1/2016	and	4/30/2016
15 Sample(s) Required between	5/1/2016	and	5/31/2016
15 Sample(s) Required between	6/1/2016	and	6/30/2016
15 Sample(s) Required between	7/1/2016	and	7/31/2016
15 Sample(s) Required between	8/1/2016	and	8/31/2016
15 Sample(s) Required between	9/1/2016	and	9/30/2016
15 Sample(s) Required between	10/1/2016	and	10/31/2016
15 Sample(s) Required between	11/1/2016	and	11/30/2016
15 Sample(s) Required between	12/1/2016	and	12/31/2016

TOTAL CHLORINE - 1000

15 Sample(s) Required between	1/1/2016	and	1/31/2016
15 Sample(s) Required between	2/1/2016	and	2/29/2016
15 Sample(s) Required between	3/1/2016	and	3/31/2016
15 Sample(s) Required between	4/1/2016	and	4/30/2016
15 Sample(s) Required between	5/1/2016	and	5/31/2016
15 Sample(s) Required between	6/1/2016	and	6/30/2016
15 Sample(s) Required between	7/1/2016	and	7/31/2016
15 Sample(s) Required between	8/1/2016	and	8/31/2016
15 Sample(s) Required between	9/1/2016	and	9/30/2016
15 Sample(s) Required between	10/1/2016	and	10/31/2016
15 Sample(s) Required between	11/1/2016	and	11/30/2016
15 Sample(s) Required between	12/1/2016	and	12/31/2016

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

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS201</b>	Facility Name: <b>INDIAN HILL, CITY OF DISTRIBUTION</b> <b>ADDRESS NOT KNOWN</b>	Facility Class: <b>CLASS 2</b>
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**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 7/1/2016 and 9/30/2016 at SMP: DS201

Sample for all the analytes listed below:

- 1) TOTAL HALOACETIC ACIDS (HAA5) – 2456
- 2) TTHM - 2950



Effective Date: 01/01/2016

2016 DISTRIBUTION SCHEDULE

**OH3101112 INDIAN HILL CITY PWS**

System Type: Community

Operating Period: 1/1 to 12/31

Ground Water Rule Substantial 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. Also, monitoring schedules may be revised during the year based on sampling results.

For water emergencies that occur after hours, please call 800-282-9378

**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2016**

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS202</b>	Facility Name: <b>INDIAN HILL, CITY OF DISTRIBUTION</b> <b>ADDRESS NOT KNOWN</b>	Facility Class: <b>CLASS 2</b>
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<b>Chemicals</b>	<b>Monitoring Requirements</b>
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DISINFECTION BYPRODUCTS	1 Sample(s) Required between 7/1/2016 and 9/30/2016 at SMP: DS202
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Sample for all the analytes listed below:

- 1) TOTAL HALOACETIC ACIDS (HAA5) – 2456
- 2) TTHM - 2950



Effective Date: 01/01/2016

2016 ENTRY POINT SCHEDULE

**OH3101212 LOCKLAND VILLAGE PWS**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

<b>Sampling</b>	Facility ID: <b>3154753</b>	Facility Name: <b>LOCKLAND VILLAGE</b>	
<b>Location</b>	SMP ID: <b>EP001</b>	Facility Source: <b>Ground Water</b>	Facility Class: <b>CLASS 2</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. Also, monitoring schedules may be revised during the year based on sampling results.

**For water emergencies that occur after hours, please call 800-282-9378**

**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2016**

<b>Chemicals</b>	<b>Monitoring Requirements</b>
INORGANICS	Not Required
NITRITE - 1041	Not Required
NITRATE - 1040	1 Sample(s) Required between 1/1/2016 and 5/31/2016
RADIOLOGICALS	Not Required
SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1	Not Required
VOLATILE ORGANIC CHEMICALS (VOC)	Not Required



**OH3101212 LOCKLAND VILLAGE PWS**

System Type: Community

Operating Period: 1/1 to 12/31

Ground Water Rule Substantial 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. Also, monitoring schedules may be revised during the year based on sampling results.

For water emergencies that occur after hours, please call 800-282-9378

**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2016**

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS000</b>	Facility Name: <b>LOCKLAND, VILLAGE OF DISTRIBUTION</b>	Facility Class: <b>CLASS 1</b>
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**Chemicals Monitoring Requirements**

LEAD - 1030 AND COPPER - 1022 Not Required

TOTAL COLIFORM (TCR) - 3100

4 Sample(s) Required between	1/1/2016	and	1/31/2016
4 Sample(s) Required between	2/1/2016	and	2/29/2016
4 Sample(s) Required between	3/1/2016	and	3/31/2016
4 Sample(s) Required between	4/1/2016	and	4/30/2016
4 Sample(s) Required between	5/1/2016	and	5/31/2016
4 Sample(s) Required between	6/1/2016	and	6/30/2016
4 Sample(s) Required between	7/1/2016	and	7/31/2016
4 Sample(s) Required between	8/1/2016	and	8/31/2016
4 Sample(s) Required between	9/1/2016	and	9/30/2016
4 Sample(s) Required between	10/1/2016	and	10/31/2016
4 Sample(s) Required between	11/1/2016	and	11/30/2016
4 Sample(s) Required between	12/1/2016	and	12/31/2016

TOTAL CHLORINE - 1000

4 Sample(s) Required between	1/1/2016	and	1/31/2016
4 Sample(s) Required between	2/1/2016	and	2/29/2016
4 Sample(s) Required between	3/1/2016	and	3/31/2016
4 Sample(s) Required between	4/1/2016	and	4/30/2016
4 Sample(s) Required between	5/1/2016	and	5/31/2016
4 Sample(s) Required between	6/1/2016	and	6/30/2016
4 Sample(s) Required between	7/1/2016	and	7/31/2016
4 Sample(s) Required between	8/1/2016	and	8/31/2016
4 Sample(s) Required between	9/1/2016	and	9/30/2016
4 Sample(s) Required between	10/1/2016	and	10/31/2016
4 Sample(s) Required between	11/1/2016	and	11/30/2016
4 Sample(s) Required between	12/1/2016	and	12/31/2016

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

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS201</b>	Facility Name: <b>LOCKLAND, VILLAGE OF DISTRIBUTION</b> <b>ADDRESS NOT KNOWN</b>	Facility Class: <b>CLASS 1</b>
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**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 7/1/2016 and 9/30/2016 at SMP: DS201

Sample for all the analytes listed below:

- 1) TOTAL HALOACETIC ACIDS (HAA5) – 2456
- 2) TTHM - 2950



Effective Date: 01/01/2016

2016 DISTRIBUTION SCHEDULE

**OH3101212 LOCKLAND VILLAGE PWS**

System Type: Community

Operating Period: 1/1 to 12/31

*Ground Water Rule Substantial 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. Also, monitoring schedules may be revised during the year based on sampling results.

**For water emergencies that occur after hours, please call 800-282-9378**

**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2016**

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS202</b>	Facility Name: <b>LOCKLAND, VILLAGE OF DISTRIBUTION</b> <b>ADDRESS NOT KNOWN</b>	Facility Class: <b>CLASS 1</b>
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**Chemicals**

**Monitoring Requirements**

DISINFECTION BYPRODUCTS

1 Sample(s) Required between 7/1/2016 and 9/30/2016 at SMP: DS202

*Sample for all the analytes listed below:*

- 1) **TOTAL HALOACETIC ACIDS (HAA5) – 2456**
- 2) **TTHM - 2950**



**OH3101703 NORWOOD CITY PWS**

System Type: Community

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. Also, monitoring schedules may be revised during the year based on sampling results.

For water emergencies that occur after hours, please call 800-282-9378

**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2016**

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS000</b>	Facility Name: <b>NORWOOD,CITY OF DISTRIBUTION</b>	Facility Class: <b>CLASS 2</b>
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Chemicals	Monitoring Requirements
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LEAD - 1030 AND COPPER - 1022	Not Required
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TOTAL COLIFORM (TCR) - 3100	20 Sample(s) Required between 1/1/2016 and 1/31/2016
	20 Sample(s) Required between 2/1/2016 and 2/29/2016
	20 Sample(s) Required between 3/1/2016 and 3/31/2016
	20 Sample(s) Required between 4/1/2016 and 4/30/2016
	20 Sample(s) Required between 5/1/2016 and 5/31/2016
	20 Sample(s) Required between 6/1/2016 and 6/30/2016
	20 Sample(s) Required between 7/1/2016 and 7/31/2016
	20 Sample(s) Required between 8/1/2016 and 8/31/2016
	20 Sample(s) Required between 9/1/2016 and 9/30/2016
	20 Sample(s) Required between 10/1/2016 and 10/31/2016
	20 Sample(s) Required between 11/1/2016 and 11/30/2016
	20 Sample(s) Required between 12/1/2016 and 12/31/2016

TOTAL CHLORINE - 1000	20 Sample(s) Required between 1/1/2016 and 1/31/2016
	20 Sample(s) Required between 2/1/2016 and 2/29/2016
	20 Sample(s) Required between 3/1/2016 and 3/31/2016
	20 Sample(s) Required between 4/1/2016 and 4/30/2016
	20 Sample(s) Required between 5/1/2016 and 5/31/2016
	20 Sample(s) Required between 6/1/2016 and 6/30/2016
	20 Sample(s) Required between 7/1/2016 and 7/31/2016
	20 Sample(s) Required between 8/1/2016 and 8/31/2016
	20 Sample(s) Required between 9/1/2016 and 9/30/2016
	20 Sample(s) Required between 10/1/2016 and 10/31/2016
	20 Sample(s) Required between 11/1/2016 and 11/30/2016
	20 Sample(s) Required between 12/1/2016 and 12/31/2016

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

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS201</b>	Facility Name: <b>NORWOOD,CITY OF DISTRIBUTION</b> <b>3001 HARRIS</b>	Facility Class: <b>CLASS 2</b>
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Chemicals	Monitoring Requirements
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DISINFECTION BYPRODUCTS	1 Sample(s) Required between 1/1/2016 and 1/7/2016 at SMP: DS201
	1 Sample(s) Required between 4/1/2016 and 4/7/2016 at SMP: DS201
	1 Sample(s) Required between 7/1/2016 and 7/7/2016 at SMP: DS201
	1 Sample(s) Required between 10/1/2016 and 10/7/2016 at SMP: DS201

Sample for all the analytes listed below:

- 1) TOTAL HALOACETIC ACIDS (HAA5) – 2456
- 2) TTHM - 2950



**OH3101703 NORWOOD CITY PWS**

System Type: Community

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. Also, monitoring schedules may be revised during the year based on sampling results.

For water emergencies that occur after hours, please call 800-282-9378

**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2016**

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS202</b>	Facility Name: <b>NORWOOD,CITY OF DISTRIBUTION</b> <b>2696 MADISON AVE.</b>	Facility Class: <b>CLASS 2</b>
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Chemicals	Monitoring Requirements		
DISINFECTION BYPRODUCTS	1 Sample(s) Required between	1/1/2016 and	1/7/2016 at SMP: DS202
	1 Sample(s) Required between	4/1/2016 and	4/7/2016 at SMP: DS202
	1 Sample(s) Required between	7/1/2016 and	7/7/2016 at SMP: DS202
	1 Sample(s) Required between	10/1/2016 and	10/7/2016 at SMP: DS202

Sample for all the analytes listed below:

- 1) TOTAL HALOACETIC ACIDS (HAA5) – 2456
- 2) TTHM - 2950

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS203</b>	Facility Name: <b>NORWOOD,CITY OF DISTRIBUTION</b> <b>2600 HIGHLAND</b>	Facility Class: <b>CLASS 2</b>
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Chemicals	Monitoring Requirements		
DISINFECTION BYPRODUCTS	1 Sample(s) Required between	1/1/2016 and	1/7/2016 at SMP: DS203
	1 Sample(s) Required between	4/1/2016 and	4/7/2016 at SMP: DS203
	1 Sample(s) Required between	7/1/2016 and	7/7/2016 at SMP: DS203
	1 Sample(s) Required between	10/1/2016 and	10/7/2016 at SMP: DS203

Sample for all the analytes listed below:

- 1) TOTAL HALOACETIC ACIDS (HAA5) – 2456
- 2) TTHM - 2950

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS204</b>	Facility Name: <b>NORWOOD,CITY OF DISTRIBUTION</b> <b>2059 DALE ROAD</b>	Facility Class: <b>CLASS 2</b>
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Chemicals	Monitoring Requirements		
DISINFECTION BYPRODUCTS	1 Sample(s) Required between	1/1/2016 and	1/7/2016 at SMP: DS204
	1 Sample(s) Required between	4/1/2016 and	4/7/2016 at SMP: DS204
	1 Sample(s) Required between	7/1/2016 and	7/7/2016 at SMP: DS204
	1 Sample(s) Required between	10/1/2016 and	10/7/2016 at SMP: DS204

Sample for all the analytes listed below:

- 1) TOTAL HALOACETIC ACIDS (HAA5) – 2456
- 2) TTHM - 2950



**OH3101812 READING CITY PWS**

System Type: Community

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. Also, monitoring schedules may be revised during the year based on sampling results.

For water emergencies that occur after hours, please call 800-282-9378

**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2016**

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS000</b>	Facility Name: <b>READING, CITY OF DISTRIBUTION</b>	Facility Class: <b>CLASS 1</b>
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<b>Chemicals</b>	<b>Monitoring Requirements</b>
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LEAD - 1030 AND COPPER - 1022	Not Required
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TOTAL COLIFORM (TCR) - 3100	10 Sample(s) Required between	1/1/2016	and	1/31/2016
	10 Sample(s) Required between	2/1/2016	and	2/29/2016
	10 Sample(s) Required between	3/1/2016	and	3/31/2016
	10 Sample(s) Required between	4/1/2016	and	4/30/2016
	10 Sample(s) Required between	5/1/2016	and	5/31/2016
	10 Sample(s) Required between	6/1/2016	and	6/30/2016
	10 Sample(s) Required between	7/1/2016	and	7/31/2016
	10 Sample(s) Required between	8/1/2016	and	8/31/2016
	10 Sample(s) Required between	9/1/2016	and	9/30/2016
	10 Sample(s) Required between	10/1/2016	and	10/31/2016
	10 Sample(s) Required between	11/1/2016	and	11/30/2016
	10 Sample(s) Required between	12/1/2016	and	12/31/2016

TOTAL CHLORINE - 1000	10 Sample(s) Required between	1/1/2016	and	1/31/2016
	10 Sample(s) Required between	2/1/2016	and	2/29/2016
	10 Sample(s) Required between	3/1/2016	and	3/31/2016
	10 Sample(s) Required between	4/1/2016	and	4/30/2016
	10 Sample(s) Required between	5/1/2016	and	5/31/2016
	10 Sample(s) Required between	6/1/2016	and	6/30/2016
	10 Sample(s) Required between	7/1/2016	and	7/31/2016
	10 Sample(s) Required between	8/1/2016	and	8/31/2016
	10 Sample(s) Required between	9/1/2016	and	9/30/2016
	10 Sample(s) Required between	10/1/2016	and	10/31/2016
	10 Sample(s) Required between	11/1/2016	and	11/30/2016
	10 Sample(s) Required between	12/1/2016	and	12/31/2016

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

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS201</b>	Facility Name: <b>READING, CITY OF DISTRIBUTION</b> <b>601 E. COLUMBIA AVE</b>	Facility Class: <b>CLASS 1</b>
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<b>Chemicals</b>	<b>Monitoring Requirements</b>
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DISINFECTION BYPRODUCTS	1 Sample(s) Required between 7/1/2016 and 9/30/2016 at SMP: DS201
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Sample for all the analytes listed below:

- 1) TOTAL HALOACETIC ACIDS (HAA5) – 2456
- 2) TTHM - 2950



Effective Date: 01/01/2016

2016 DISTRIBUTION SCHEDULE

**OH3101812 READING CITY PWS**

System Type: Community

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. Also, monitoring schedules may be revised during the year based on sampling results.

For water emergencies that occur after hours, please call 800-282-9378

**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2016**

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS202</b>	Facility Name: <b>READING,CITY OF DISTRIBUTION</b> <b>2218 HUNT RD.</b>	Facility Class: <b>CLASS 1</b>
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<b>Chemicals</b>	<b>Monitoring Requirements</b>
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DISINFECTION BYPRODUCTS	1 Sample(s) Required between 7/1/2016 and 9/30/2016 at SMP: DS202
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Sample for all the analytes listed below:

- 1) TOTAL HALOACETIC ACIDS (HAA5) – 2456
- 2) TTHM - 2950



**OH3102212 WYOMING CITY PWS**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>3154760</b>	Facility Name: <b>WYOMING WATER WORKS</b>	Facility Class: <b>CLASS 2</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.  
 Also, monitoring schedules may be revised during the year based on sampling results.

For water emergencies that occur after hours, please call 800-282-9378

**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2016**

<b>Chemicals</b>	<b>Monitoring Requirements</b>
ARSENIC - 1005	1 Sample(s) Required between 1/1/2016 and 3/31/2016 1 Sample(s) Required between 4/1/2016 and 6/30/2016 1 Sample(s) Required between 7/1/2016 and 9/30/2016 1 Sample(s) Required between 10/1/2016 and 12/31/2016
INORGANICS	Not Required
NITRITE - 1041	Not Required
NITRATE - 1040	1 Sample(s) Required between 1/1/2016 and 5/31/2016
RADIOLOGICALS	Not Required
SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1	Not Required
VOLATILE ORGANIC CHEMICALS (VOC)	1 Sample(s) Required between 1/1/2016 and 3/31/2016 1 Sample(s) Required between 4/1/2016 and 6/30/2016 1 Sample(s) Required between 7/1/2016 and 9/30/2016 1 Sample(s) Required between 10/1/2016 and 12/31/2016



Effective Date: 01/01/2016

2016 DISTRIBUTION SCHEDULE

**OH3102212 WYOMING CITY PWS**

System Type: Community

Operating Period: 1/1 to 12/31

Ground Water Rule Substantial System

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

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For water emergencies that occur after hours, please call 800-282-9378

**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2016**

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS000</b>	Facility Name: <b>WYOMING, CITY OF DISTRIBUTION</b>	Facility Class: <b>CLASS 1</b>
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**Chemicals Monitoring Requirements**

LEAD - 1030 AND COPPER - 1022 20 Sample(s) Required between 6/1/2016 and 9/30/2016

*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>*

ASBESTOS - 1094 Not Required

TOTAL COLIFORM (TCR) - 3100

10 Sample(s) Required between	1/1/2016	and	1/31/2016
10 Sample(s) Required between	2/1/2016	and	2/29/2016
10 Sample(s) Required between	3/1/2016	and	3/31/2016
10 Sample(s) Required between	4/1/2016	and	4/30/2016
10 Sample(s) Required between	5/1/2016	and	5/31/2016
10 Sample(s) Required between	6/1/2016	and	6/30/2016
10 Sample(s) Required between	7/1/2016	and	7/31/2016
10 Sample(s) Required between	8/1/2016	and	8/31/2016
10 Sample(s) Required between	9/1/2016	and	9/30/2016
10 Sample(s) Required between	10/1/2016	and	10/31/2016
10 Sample(s) Required between	11/1/2016	and	11/30/2016
10 Sample(s) Required between	12/1/2016	and	12/31/2016

TOTAL CHLORINE - 1000

10 Sample(s) Required between	1/1/2016	and	1/31/2016
10 Sample(s) Required between	2/1/2016	and	2/29/2016
10 Sample(s) Required between	3/1/2016	and	3/31/2016
10 Sample(s) Required between	4/1/2016	and	4/30/2016
10 Sample(s) Required between	5/1/2016	and	5/31/2016
10 Sample(s) Required between	6/1/2016	and	6/30/2016
10 Sample(s) Required between	7/1/2016	and	7/31/2016
10 Sample(s) Required between	8/1/2016	and	8/31/2016
10 Sample(s) Required between	9/1/2016	and	9/30/2016
10 Sample(s) Required between	10/1/2016	and	10/31/2016
10 Sample(s) Required between	11/1/2016	and	11/30/2016
10 Sample(s) Required between	12/1/2016	and	12/31/2016

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



**OH3102212 WYOMING CITY PWS**

System Type: Community

Operating Period: 1/1 to 12/31

Ground Water Rule Substantial 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. Also, monitoring schedules may be revised during the year based on sampling results.

For water emergencies that occur after hours, please call 800-282-9378

**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2016**

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS201</b>	Facility Name: <b>WYOMING, CITY OF DISTRIBUTION</b> <b>ADDRESS NOT KNOWN</b>	Facility Class: <b>CLASS 1</b>
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**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 7/1/2016 and 9/30/2016 at SMP: DS201

Sample for all the analytes listed below:

- 1) TOTAL HALOACETIC ACIDS (HAA5) – 2456
- 2) TTHM - 2950

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS202</b>	Facility Name: <b>WYOMING, CITY OF DISTRIBUTION</b> <b>ADDRESS NOT KNOWN</b>	Facility Class: <b>CLASS 1</b>
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**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 7/1/2016 and 9/30/2016 at SMP: DS202

Sample for all the analytes listed below:

- 1) TOTAL HALOACETIC ACIDS (HAA5) – 2456
- 2) TTHM - 2950



**OH3102303 TWIN RIVERS WATER CORPORATION**

System Type: Community

Operating Period: 1/1 to 12/31

Ground Water Rule Substantial System

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

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For water emergencies that occur after hours, please call 800-282-9378

**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2016**

**DISTRIBUTION MONITORING SCHEDULE**

**Sampling Location** Facility ID: **DS1** Facility Name: **TWIN RIVERS WATER CORP. DISTRIBUTION** Facility Class: **CLASS A**  
SMP ID: **DS000**

**Chemicals Monitoring Requirements**

LEAD - 1030 AND COPPER - 1022 5 Sample(s) Required between 6/1/2016 and 9/30/2016

*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 1/1/2016 and 1/31/2016  
1 Sample(s) Required between 2/1/2016 and 2/29/2016  
1 Sample(s) Required between 3/1/2016 and 3/31/2016  
1 Sample(s) Required between 4/1/2016 and 4/30/2016  
1 Sample(s) Required between 5/1/2016 and 5/31/2016  
1 Sample(s) Required between 6/1/2016 and 6/30/2016  
1 Sample(s) Required between 7/1/2016 and 7/31/2016  
1 Sample(s) Required between 8/1/2016 and 8/31/2016  
1 Sample(s) Required between 9/1/2016 and 9/30/2016  
1 Sample(s) Required between 10/1/2016 and 10/31/2016  
1 Sample(s) Required between 11/1/2016 and 11/30/2016  
1 Sample(s) Required between 12/1/2016 and 12/31/2016

TOTAL CHLORINE - 1000  
1 Sample(s) Required between 1/1/2016 and 1/31/2016  
1 Sample(s) Required between 2/1/2016 and 2/29/2016  
1 Sample(s) Required between 3/1/2016 and 3/31/2016  
1 Sample(s) Required between 4/1/2016 and 4/30/2016  
1 Sample(s) Required between 5/1/2016 and 5/31/2016  
1 Sample(s) Required between 6/1/2016 and 6/30/2016  
1 Sample(s) Required between 7/1/2016 and 7/31/2016  
1 Sample(s) Required between 8/1/2016 and 8/31/2016  
1 Sample(s) Required between 9/1/2016 and 9/30/2016  
1 Sample(s) Required between 10/1/2016 and 10/31/2016  
1 Sample(s) Required between 11/1/2016 and 11/30/2016  
1 Sample(s) Required between 12/1/2016 and 12/31/2016

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

**Sampling Location** Facility ID: **DS1** Facility Name: **TWIN RIVERS WATER CORP. DISTRIBUTION** Facility Class: **CLASS A**  
SMP ID: **DS201** **5465 LAWRENCEBURG ROAD**

**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 7/1/2016 and 9/30/2016 at SMP: DS201

*Sample for all the analytes listed below:*

- 1) TOTAL HALOACETIC ACIDS (HAA5) – 2456
- 2) TTHM - 2950



**OH3102612 CINCINNATI PUBLIC WATER SYSTEM**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>3154744</b>	Facility Name: <b>CINCINNATI PWS MILLER PLANT</b>	Facility Class: <b>CLASS 4</b>
	SMP ID: <b>EP001</b>	Facility Source: <b>Surface Water</b>	

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2016**

**Chemicals**

**Monitoring Requirements**

INORGANICS 1 Sample(s) Required between 1/1/2016 and 5/31/2016

Sample for all the analytes listed below:

ANTIMONY, TOTAL - 1074 ARSENIC - 1005 BARIUM - 1010 BERYLLIUM, TOTAL - 1075 CADMIUM - 1015 CHROMIUM - 1020  
CYANIDE - 1024 FLUORIDE - 1025 MERCURY - 1035 NICKEL - 1036 SELENIUM - 1045 THALLIUM, TOTAL - 1085

NITRITE - 1041 Not Required

NITRATE - 1040

1 Sample(s) Required between 1/1/2016 and 1/31/2016

1 Sample(s) Required between 2/1/2016 and 2/29/2016

1 Sample(s) Required between 3/1/2016 and 3/31/2016

1 Sample(s) Required between 4/1/2016 and 4/30/2016

1 Sample(s) Required between 5/1/2016 and 5/31/2016

1 Sample(s) Required between 6/1/2016 and 6/30/2016

1 Sample(s) Required between 7/1/2016 and 7/31/2016

1 Sample(s) Required between 8/1/2016 and 8/31/2016

1 Sample(s) Required between 9/1/2016 and 9/30/2016

1 Sample(s) Required between 10/1/2016 and 10/31/2016

1 Sample(s) Required between 11/1/2016 and 11/30/2016

1 Sample(s) Required between 12/1/2016 and 12/31/2016

RADIOLOGICALS Not Required

SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 1 Sample(s) Required between 4/1/2016 and 6/30/2016

VOLATILE ORGANIC CHEMICALS (VOC) 1 Sample(s) Required between 1/1/2016 and 5/31/2016

TOTAL ORGANIC CARBON (TOC)

1 Paired Sample Set Required between 1/1/2016 and 1/31/2016

1 Paired Sample Set Required between 2/1/2016 and 2/29/2016

1 Paired Sample Set Required between 3/1/2016 and 3/31/2016

1 Paired Sample Set Required between 4/1/2016 and 4/30/2016

1 Paired Sample Set Required between 5/1/2016 and 5/31/2016

1 Paired Sample Set Required between 6/1/2016 and 6/30/2016

1 Paired Sample Set Required between 7/1/2016 and 7/31/2016

1 Paired Sample Set Required between 8/1/2016 and 8/31/2016

1 Paired Sample Set Required between 9/1/2016 and 9/30/2016

1 Paired Sample Set Required between 10/1/2016 and 10/31/2016

1 Paired Sample Set Required between 11/1/2016 and 11/30/2016

1 Paired Sample Set Required between 12/1/2016 and 12/31/2016

**A paired sample set refers to one source water and one treated water sample. A source water alkalinity is also required at the same time the TOC sample is taken.**



**OH3102612 CINCINNATI PUBLIC WATER SYSTEM**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>3154744</b>	Facility Name: <b>CINCINNATI PWS MILLER PLANT</b>	Facility Class: <b>CLASS 4</b>
	SMP ID: <b>EP001/LT2001</b>	Facility Source: <b>Surface Water</b>	

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2016**

**Chemicals**

**Monitoring Requirements**

TOTAL MICROCYSTINS

1 Sample Set Required WEEKLY  
starting June 5

*Total microcystins sample set refers to one raw source water sample at LT2001 and one finished water sample at EP001. Both are required every week from January 1 to December 31 (reduced monitoring available from November to April). A week is defined as Sunday through Saturday. Samples must be analyzed at a lab accepted by Ohio EPA for microcystins analysis.*



OH3102612 CINCINNATI PUBLIC WATER SYSTEM

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

<b>Sampling Location</b>	Facility ID: <b>3154744</b> SMP ID: <b>LT2001</b>	Facility Name: <b>CINCINNATI PWS MILLER PLANT</b> Facility Source: <b>Surface Water</b>	Facility Class: <b>CLASS 4</b>
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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2016

Chemicals	Monitoring Requirements
CYANOBACTERIA SCREENING	1 Sample(s) Required between 6/5/2016 and 6/11/2016
	1 Sample(s) Required between 6/19/2016 and 6/25/2016
	1 Sample(s) Required between 7/3/2016 and 7/9/2016
	1 Sample(s) Required between 7/17/2016 and 7/23/2016
	1 Sample(s) Required between 7/31/2016 and 8/6/2016
	1 Sample(s) Required between 8/14/2016 and 8/20/2016
	1 Sample(s) Required between 8/28/2016 and 9/3/2016
	1 Sample(s) Required between 9/11/2016 and 9/17/2016
	1 Sample(s) Required between 9/25/2016 and 10/1/2016
	1 Sample(s) Required between 10/9/2016 and 10/15/2016
	1 Sample(s) Required between 10/23/2016 and 10/29/2016
	1 Sample(s) Required between 11/6/2016 and 11/12/2016
	1 Sample(s) Required between 11/20/2016 and 11/26/2016
	1 Sample(s) Required between 12/4/2016 and 12/10/2016
	1 Sample(s) Required between 12/18/2016 and 12/24/2016

Cyanobacteria screening sample is to be collected biweekly from raw source water at sample point LT2001 and must be collected at the same time as the raw total microcystins sample. SAMPLES MUST BE SHIPPED OVERNIGHT ON ICE ON THE DAY OF COLLECTION AND ARRIVE AT OHIO EPA DIVISION OF ENVIRONMENTAL SERVICES BY NOON MONDAY THROUGH THURSDAY ONLY!

LT2 MONITORING	1 Sample(s) Required between 1/11/2016 and 1/15/2016
	1 Sample(s) Required between 1/25/2016 and 1/29/2016
	1 Sample(s) Required between 2/8/2016 and 2/12/2016
	1 Sample(s) Required between 2/22/2016 and 2/26/2016
	1 Sample(s) Required between 3/14/2016 and 3/18/2016
	1 Sample(s) Required between 3/28/2016 and 4/1/2016
	1 Sample(s) Required between 4/11/2016 and 4/15/2016
	1 Sample(s) Required between 4/25/2016 and 4/29/2016
	1 Sample(s) Required between 5/9/2016 and 5/13/2016
	1 Sample(s) Required between 5/23/2016 and 5/27/2016
	1 Sample(s) Required between 6/13/2016 and 6/17/2016
	1 Sample(s) Required between 6/27/2016 and 7/1/2016
	1 Sample(s) Required between 7/11/2016 and 7/15/2016
	1 Sample(s) Required between 7/25/2016 and 7/29/2016
	1 Sample(s) Required between 8/8/2016 and 8/12/2016
	1 Sample(s) Required between 8/22/2016 and 8/26/2016
	1 Sample(s) Required between 9/12/2016 and 9/16/2016
	1 Sample(s) Required between 9/26/2016 and 9/30/2016
	1 Sample(s) Required between 10/10/2016 and 10/14/2016
	1 Sample(s) Required between 10/24/2016 and 10/28/2016
	1 Sample(s) Required between 11/14/2016 and 11/18/2016
	1 Sample(s) Required between 11/28/2016 and 12/2/2016
	1 Sample(s) Required between 12/12/2016 and 12/16/2016



Effective Date: 05/13/2016

2016 ENTRY POINT SCHEDULE

**OH3102612 CINCINNATI PUBLIC WATER SYSTEM**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>3154744</b> SMP ID: <b>LT2001</b>	Facility Name: <b>CINCINNATI PWS MILLER PLANT</b> Facility Source: <b>Surface Water</b>	Facility Class: <b>CLASS 4</b>
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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2016**

<b>Chemicals</b>	<b>Monitoring Requirements</b>
LT2 MONITORING <i>Monitor for: Cryptosporidium - 2078, E-coli count - 3014, Turbidity - 0100</i>	1 Sample(s) Required between 12/26/2016 and 12/30/2016
LT2 MATRIX SPIKE SAMPLE	1 Sample(s) Required between 8/22/2016 and 8/26/2016



**OH3102612 CINCINNATI PUBLIC WATER SYSTEM**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>3154745</b> SMP ID: <b>EP002</b>	Facility Name: <b>CINCINNATI PWS BOLTON PLANT</b> Facility Source: <b>Ground Water</b>	Facility Class: <b>CLASS 3</b>
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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2016**

<b>Chemicals</b>	<b>Monitoring Requirements</b>
INORGANICS <i>Sample for all the analytes listed below:</i> ANTIMONY, TOTAL - 1074   ARSENIC - 1005   BARIUM - 1010   BERYLLIUM, TOTAL - 1075   CADMIUM - 1015   CHROMIUM - 1020 CYANIDE - 1024   FLUORIDE - 1025   MERCURY - 1035   NICKEL - 1036   SELENIUM - 1045   THALLIUM, TOTAL - 1085	1 Sample(s) Required between 1/1/2016 and 5/31/2016
NITRITE - 1041	Not Required
NITRATE - 1040	1 Sample(s) Required between 1/1/2016 and 5/31/2016
RADIOLOGICALS	Not Required
SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1	Not Required
VOLATILE ORGANIC CHEMICALS (VOC)	Not Required



**OH3102612 CINCINNATI PUBLIC WATER SYSTEM**

System Type: Community

Operating Period: 1/1 to 12/31

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

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2016**

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS000</b>	Facility Name: <b>CINCINNATI PWS DISTRIBUTION</b>	Facility Class: <b>CLASS 2</b>
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**Chemicals Monitoring Requirements**

LEAD - 1030 AND COPPER - 1022	100 Sample(s) Required between 1/1/2016 and 6/30/2016
	100 Sample(s) Required between 7/1/2016 and 12/31/2016

*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>*

ASBESTOS - 1094	Not Required
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TOTAL COLIFORM (TCR) - 3100	240 Sample(s) Required between 1/1/2016 and 1/31/2016
	240 Sample(s) Required between 2/1/2016 and 2/29/2016
	240 Sample(s) Required between 3/1/2016 and 3/31/2016
	240 Sample(s) Required between 4/1/2016 and 4/30/2016
	240 Sample(s) Required between 5/1/2016 and 5/31/2016
	240 Sample(s) Required between 6/1/2016 and 6/30/2016
	240 Sample(s) Required between 7/1/2016 and 7/31/2016
	240 Sample(s) Required between 8/1/2016 and 8/31/2016
	240 Sample(s) Required between 9/1/2016 and 9/30/2016
	240 Sample(s) Required between 10/1/2016 and 10/31/2016
	240 Sample(s) Required between 11/1/2016 and 11/30/2016
	240 Sample(s) Required between 12/1/2016 and 12/31/2016

TOTAL CHLORINE - 1000	240 Sample(s) Required between 1/1/2016 and 1/31/2016
	240 Sample(s) Required between 2/1/2016 and 2/29/2016
	240 Sample(s) Required between 3/1/2016 and 3/31/2016
	240 Sample(s) Required between 4/1/2016 and 4/30/2016
	240 Sample(s) Required between 5/1/2016 and 5/31/2016
	240 Sample(s) Required between 6/1/2016 and 6/30/2016
	240 Sample(s) Required between 7/1/2016 and 7/31/2016
	240 Sample(s) Required between 8/1/2016 and 8/31/2016
	240 Sample(s) Required between 9/1/2016 and 9/30/2016
	240 Sample(s) Required between 10/1/2016 and 10/31/2016
	240 Sample(s) Required between 11/1/2016 and 11/30/2016
	240 Sample(s) Required between 12/1/2016 and 12/31/2016

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

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS201</b>	Facility Name: <b>CINCINNATI PWS DISTRIBUTION</b> <b>5591 SR 741 S, MASON</b>	Facility Class: <b>CLASS 2</b>
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**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS	1 Sample(s) Required between 2/8/2016 and 2/14/2016 at SMP: DS201
	1 Sample(s) Required between 5/8/2016 and 5/14/2016 at SMP: DS201
	1 Sample(s) Required between 8/8/2016 and 8/14/2016 at SMP: DS201



**OH3102612 CINCINNATI PUBLIC WATER SYSTEM**

System Type: Community

Operating Period: 1/1 to 12/31

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

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2016**

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS201</b>	Facility Name: <b>CINCINNATI PWS DISTRIBUTION</b> <b>5591 SR 741 S, MASON</b>	Facility Class: <b>CLASS 2</b>
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**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 11/8/2016 and 11/14/2016 at SMP: DS201

Sample for all the analytes listed below:

- 1) TOTAL HALOACETIC ACIDS (HAA5) – 2456
- 2) TTHM - 2950

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS202</b>	Facility Name: <b>CINCINNATI PWS DISTRIBUTION</b> <b>124 E. GALBRAITH RD</b>	Facility Class: <b>CLASS 2</b>
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**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS

1 Sample(s) Required between 2/8/2016 and 2/14/2016 at SMP: DS202

1 Sample(s) Required between 5/8/2016 and 5/14/2016 at SMP: DS202

1 Sample(s) Required between 8/8/2016 and 8/14/2016 at SMP: DS202

1 Sample(s) Required between 11/8/2016 and 11/14/2016 at SMP: DS202

Sample for all the analytes listed below:

- 1) TOTAL HALOACETIC ACIDS (HAA5) – 2456
- 2) TTHM - 2950

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS203</b>	Facility Name: <b>CINCINNATI PWS DISTRIBUTION</b> <b>3780 SHADY LN</b>	Facility Class: <b>CLASS 2</b>
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**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS

1 Sample(s) Required between 2/8/2016 and 2/14/2016 at SMP: DS203

1 Sample(s) Required between 5/8/2016 and 5/14/2016 at SMP: DS203

1 Sample(s) Required between 8/8/2016 and 8/14/2016 at SMP: DS203

1 Sample(s) Required between 11/8/2016 and 11/14/2016 at SMP: DS203

Sample for all the analytes listed below:

- 1) TOTAL HALOACETIC ACIDS (HAA5) – 2456
- 2) TTHM - 2950

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS204</b>	Facility Name: <b>CINCINNATI PWS DISTRIBUTION</b> <b>6075 HARRISON AVE</b>	Facility Class: <b>CLASS 2</b>
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**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS

1 Sample(s) Required between 2/8/2016 and 2/14/2016 at SMP: DS204

1 Sample(s) Required between 5/8/2016 and 5/14/2016 at SMP: DS204

1 Sample(s) Required between 8/8/2016 and 8/14/2016 at SMP: DS204

1 Sample(s) Required between 11/8/2016 and 11/14/2016 at SMP: DS204

Sample for all the analytes listed below:

- 1) TOTAL HALOACETIC ACIDS (HAA5) – 2456
- 2) TTHM - 2950



**OH3102612 CINCINNATI PUBLIC WATER SYSTEM**

System Type: Community

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. Also, monitoring schedules may be revised during the year based on sampling results.

For water emergencies that occur after hours, please call 800-282-9378

**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2016**

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS205</b>	Facility Name: <b>CINCINNATI PWS DISTRIBUTION</b> <b>6558 PARKLAND AVE</b>	Facility Class: <b>CLASS 2</b>
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Chemicals	Monitoring Requirements
DISINFECTION BYPRODUCTS	1 Sample(s) Required between 2/8/2016 and 2/14/2016 at SMP: DS205
	1 Sample(s) Required between 5/8/2016 and 5/14/2016 at SMP: DS205
	1 Sample(s) Required between 8/8/2016 and 8/14/2016 at SMP: DS205
	1 Sample(s) Required between 11/8/2016 and 11/14/2016 at SMP: DS205

Sample for all the analytes listed below:

- 1) TOTAL HALOACETIC ACIDS (HAA5) – 2456
- 2) TTHM - 2950

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS206</b>	Facility Name: <b>CINCINNATI PWS DISTRIBUTION</b> <b>10835 MONTGOMERY RD</b>	Facility Class: <b>CLASS 2</b>
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Chemicals	Monitoring Requirements
DISINFECTION BYPRODUCTS	1 Sample(s) Required between 2/8/2016 and 2/14/2016 at SMP: DS206
	1 Sample(s) Required between 5/8/2016 and 5/14/2016 at SMP: DS206
	1 Sample(s) Required between 8/8/2016 and 8/14/2016 at SMP: DS206
	1 Sample(s) Required between 11/8/2016 and 11/14/2016 at SMP: DS206

Sample for all the analytes listed below:

- 1) TOTAL HALOACETIC ACIDS (HAA5) – 2456
- 2) TTHM - 2950

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS207</b>	Facility Name: <b>CINCINNATI PWS DISTRIBUTION</b> <b>7131 HARRISON AVE.</b>	Facility Class: <b>CLASS 2</b>
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Chemicals	Monitoring Requirements
DISINFECTION BYPRODUCTS	1 Sample(s) Required between 2/8/2016 and 2/14/2016 at SMP: DS207
	1 Sample(s) Required between 5/8/2016 and 5/14/2016 at SMP: DS207
	1 Sample(s) Required between 8/8/2016 and 8/14/2016 at SMP: DS207
	1 Sample(s) Required between 11/8/2016 and 11/14/2016 at SMP: DS207

Sample for all the analytes listed below:

- 1) TOTAL HALOACETIC ACIDS (HAA5) – 2456
- 2) TTHM - 2950

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS208</b>	Facility Name: <b>CINCINNATI PWS DISTRIBUTION</b> <b>625 NORTHLAND BLVD</b>	Facility Class: <b>CLASS 2</b>
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Chemicals	Monitoring Requirements
DISINFECTION BYPRODUCTS	1 Sample(s) Required between 2/8/2016 and 2/14/2016 at SMP: DS208
	1 Sample(s) Required between 5/8/2016 and 5/14/2016 at SMP: DS208
	1 Sample(s) Required between 8/8/2016 and 8/14/2016 at SMP: DS208



**OH3102612 CINCINNATI PUBLIC WATER SYSTEM**

System Type: Community

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. Also, monitoring schedules may be revised during the year based on sampling results.

For water emergencies that occur after hours, please call 800-282-9378

**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2016**

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS208</b>	Facility Name: <b>CINCINNATI PWS DISTRIBUTION</b> <b>625 NORTHLAND BLVD</b>	Facility Class: <b>CLASS 2</b>
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**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 11/8/2016 and 11/14/2016 at SMP: DS208

Sample for all the analytes listed below:

- 1) TOTAL HALOACETIC ACIDS (HAA5) – 2456
- 2) TTHM - 2950

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS209</b>	Facility Name: <b>CINCINNATI PWS DISTRIBUTION</b> <b>8979 HARRISON PIKE</b>	Facility Class: <b>CLASS 2</b>
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**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS

1 Sample(s) Required between 2/8/2016 and 2/14/2016 at SMP: DS209

1 Sample(s) Required between 5/8/2016 and 5/14/2016 at SMP: DS209

1 Sample(s) Required between 8/8/2016 and 8/14/2016 at SMP: DS209

1 Sample(s) Required between 11/8/2016 and 11/14/2016 at SMP: DS209

Sample for all the analytes listed below:

- 1) TOTAL HALOACETIC ACIDS (HAA5) – 2456
- 2) TTHM - 2950

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS210</b>	Facility Name: <b>CINCINNATI PWS DISTRIBUTION</b> <b>7450 STATE RD</b>	Facility Class: <b>CLASS 2</b>
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**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS

1 Sample(s) Required between 2/8/2016 and 2/14/2016 at SMP: DS210

1 Sample(s) Required between 5/8/2016 and 5/14/2016 at SMP: DS210

1 Sample(s) Required between 8/8/2016 and 8/14/2016 at SMP: DS210

1 Sample(s) Required between 11/8/2016 and 11/14/2016 at SMP: DS210

Sample for all the analytes listed below:

- 1) TOTAL HALOACETIC ACIDS (HAA5) – 2456
- 2) TTHM - 2950

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS211</b>	Facility Name: <b>CINCINNATI PWS DISTRIBUTION</b> <b>2814 VINE ST</b>	Facility Class: <b>CLASS 2</b>
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**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS

1 Sample(s) Required between 2/8/2016 and 2/14/2016 at SMP: DS211

1 Sample(s) Required between 5/8/2016 and 5/14/2016 at SMP: DS211

1 Sample(s) Required between 8/8/2016 and 8/14/2016 at SMP: DS211

1 Sample(s) Required between 11/8/2016 and 11/14/2016 at SMP: DS211

Sample for all the analytes listed below:

- 1) TOTAL HALOACETIC ACIDS (HAA5) – 2456
- 2) TTHM - 2950



Effective Date: 02/12/2016

2016 DISTRIBUTION SCHEDULE

**OH3102612 CINCINNATI PUBLIC WATER SYSTEM**

System Type: Community

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. Also, monitoring schedules may be revised during the year based on sampling results.

For water emergencies that occur after hours, please call 800-282-9378

**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2016**

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS212</b>	Facility Name: <b>CINCINNATI PWS DISTRIBUTION</b> <b>6203 WOOSTER PK.</b>	Facility Class: <b>CLASS 2</b>
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**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS	1 Sample(s) Required between	2/8/2016	and	2/14/2016	at SMP: DS212
	1 Sample(s) Required between	5/8/2016	and	5/14/2016	at SMP: DS212
	1 Sample(s) Required between	8/8/2016	and	8/14/2016	at SMP: DS212
	1 Sample(s) Required between	11/8/2016	and	11/14/2016	at SMP: DS212

Sample for all the analytes listed below:

- 1) TOTAL HALOACETIC ACIDS (HAA5) – 2456
- 2) TTHM - 2950



**OH3130612 CINCINNATI INCORPORATED**

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>3154764</b>	Facility Name: <b>CINCINNATI INC</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.  
 Also, monitoring schedules may be revised during the year based on sampling results.

**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 1/1/2016 and 3/31/2016
SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1	Not Required
SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 2	1 Sample(s) Required between 4/1/2016 and 6/30/2016
SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 3	Not Required
SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 4	Not Required
VOLATILE ORGANIC CHEMICALS (VOC)	Not Required



**OH3130612 CINCINNATI INCORPORATED**

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>3162412</b>	Facility Name: <b>CINCINNATI INC TP 2</b>
	SMP ID: <b>EP002</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. Also, monitoring schedules may be revised during the year based on sampling results.

**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 1/1/2016 and 5/31/2016
SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1	Not Required
SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 2	1 Sample(s) Required between 4/1/2016 and 6/30/2016
SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 3	Not Required
VOLATILE ORGANIC CHEMICALS (VOC)	1 Sample(s) Required between 1/1/2016 and 5/31/2016



Effective Date: 01/01/2016

2016 DISTRIBUTION SCHEDULE

**OH3130612 CINCINNATI INCORPORATED**

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

*Ground Water Rule Substantial 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. Also, monitoring schedules may be revised during the year based on sampling results.

**For water emergencies that occur after hours, please call 800-282-9378**

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS000</b>	Facility Name: <b>CINCINNATI INC DISTRIBUTION</b>	Facility Class: <b>CLASS 1</b>
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**Chemicals Monitoring Requirements**

LEAD - 1030 AND COPPER - 1022	Not Required		
TOTAL COLIFORM (TCR) - 3100	1 Sample(s) Required between	1/1/2016 and	3/31/2016
	1 Sample(s) Required between	4/1/2016 and	6/30/2016
	1 Sample(s) Required between	7/1/2016 and	9/30/2016
	1 Sample(s) Required between	10/1/2016 and	12/31/2016



**OH3135312 TAYLOR CREEK YOUTH ORG. PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Ground Water 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. Also, monitoring schedules may be revised during the year based on sampling results.

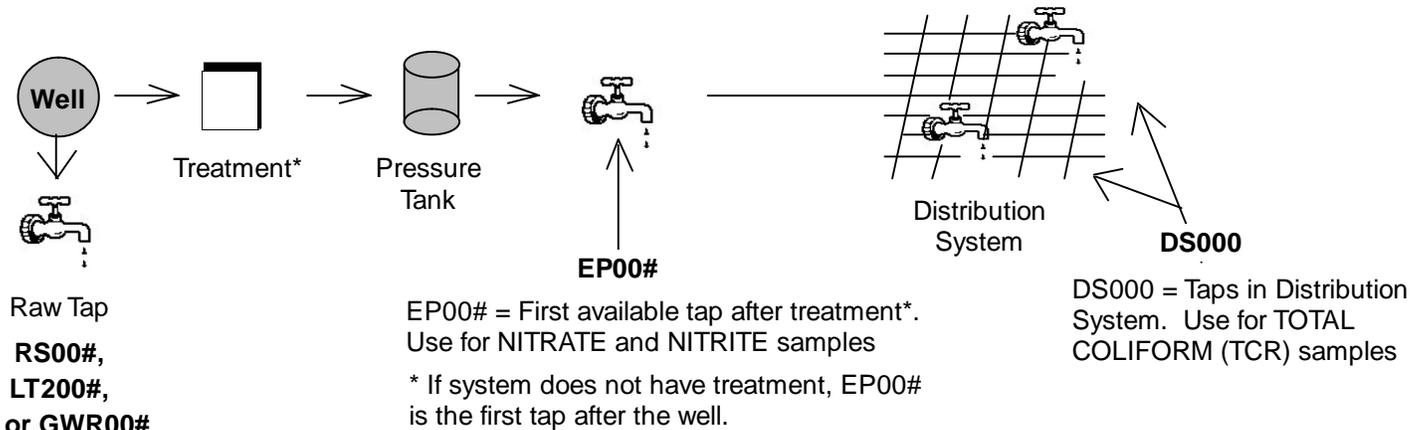
For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Facility ID:</b> DS1	<b>Facility Name:</b> TAYLOR CREEK YOUTH ORG. 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 1/1/2016 and 3/31/2016
	1 Sample(s) Required between 4/1/2016 and 6/30/2016
	1 Sample(s) Required between 7/1/2016 and 9/30/2016
	1 Sample(s) Required between 10/1/2016 and 12/31/2016

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



**Failing to sample for total coliform or nitrate will cost you \$150 or more in penalties for each monitoring violation. A list of drinking water sample collection services that can assist you with collecting water samples is located at: <http://epa.ohio.gov/portals/28/documents/PWS/DWSample.pdf>.**

**Save a dime. Sample on time!**

**OH3135312 TAYLOR CREEK YOUTH ORG. PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Ground Water 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. Also, monitoring schedules may be revised during the year based on sampling results.

For water emergencies that occur after hours, please call 800-282-9378

**ENTRY POINT MONITORING SCHEDULE**

**Sampling** Facility ID: **3154782** Facility Name: **TAYLOR CREEK YOUTH ORG**

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

**Chemicals**

**Monitoring Requirements**

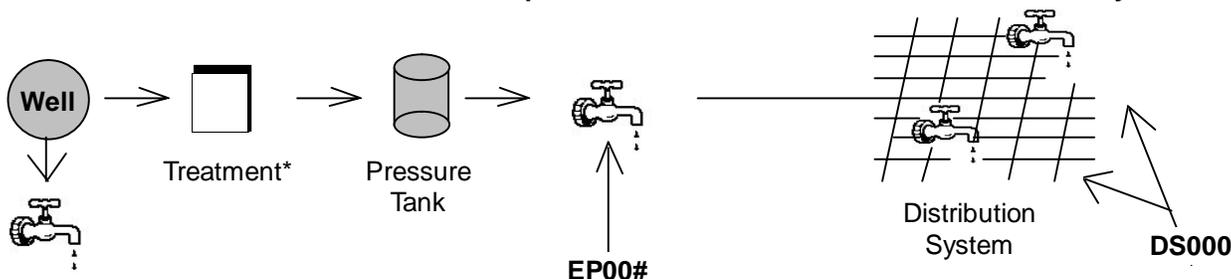
NITRITE - 1041

Not Required

NITRATE - 1040

1 Sample(s) Required between 1/1/2016 and 5/31/2016

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



Raw Tap  
**RS00#,**  
**LT200#,**  
or **GWR00#**

EP00# = First available tap after treatment\*.  
Use for NITRATE and NITRITE samples

\* If system does not have treatment, EP00#  
is the first tap after the well.

DS000 = Taps in Distribution  
System. Use for TOTAL  
COLIFORM (TCR) samples

**Failing to sample for total coliform or nitrate will cost you \$150 or more in penalties for each monitoring violation. A list of drinking water sample collection services that can assist you with collecting water samples is located at: <http://epa.ohio.gov/portals/28/documents/PWS/DWSample.pdf>.**

**Save a dime. Sample on time!**



**OH3136212 WHITEWATER PROCESSING COMPANY**

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>3154784</b>	Facility Name: <b>WHITEWATER PROCESSING CO</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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 Also, monitoring schedules may be revised during the year based on sampling results.

**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 1/1/2016 and 5/31/2016
SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1	Not Required
SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 2	1 Sample(s) Required between 4/1/2016 and 6/30/2016
SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 3	Not Required
SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 4	Not Required
VOLATILE ORGANIC CHEMICALS (VOC)	Not Required



Effective Date: 01/01/2016

2016 DISTRIBUTION SCHEDULE

**OH3136212 WHITEWATER PROCESSING COMPANY**

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

Ground Water Rule Substantial 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. Also, monitoring schedules may be revised during the year based on sampling results.

**For water emergencies that occur after hours, please call 800-282-9378**

**DISTRIBUTION MONITORING SCHEDULE**

**Sampling Location** Facility ID: **DS1** Facility Name: **WHITEWATER PROCESSING DISTRIBUTION**  
SMP ID: **DS000**

**Chemicals**

**Monitoring Requirements**

LEAD - 1030 AND COPPER - 1022 5 Sample(s) Required between 6/1/2016 and 9/30/2016

*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 1/1/2016 and 3/31/2016  
1 Sample(s) Required between 4/1/2016 and 6/30/2016  
1 Sample(s) Required between 7/1/2016 and 9/30/2016  
1 Sample(s) Required between 10/1/2016 and 12/31/2016

**OH3138112 ROBINS NEST GOLF COURSE PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Ground Water 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. Also, monitoring schedules may be revised during the year based on sampling results.

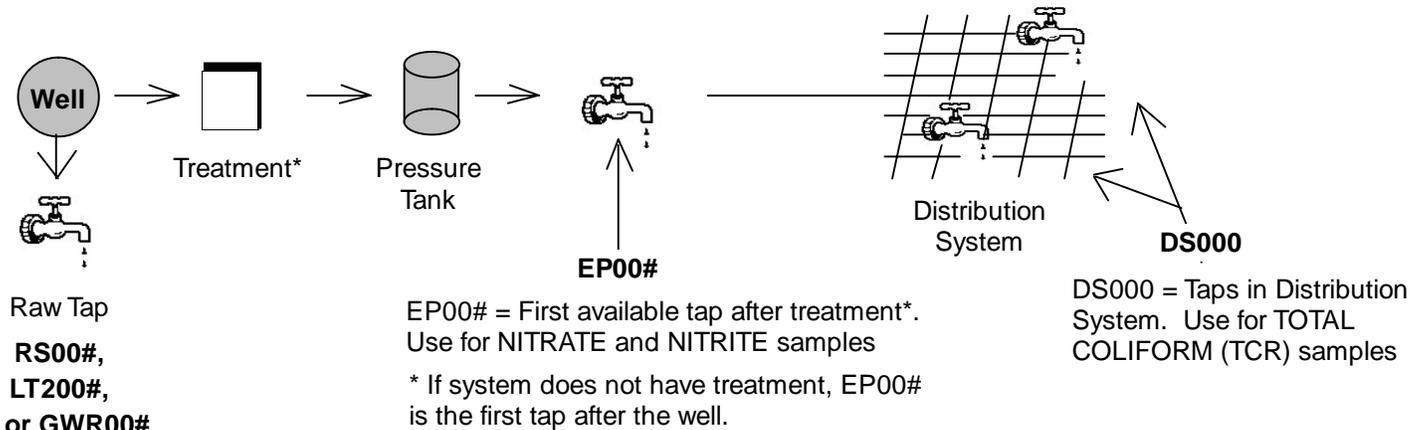
For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Facility ID: DS1</b>	<b>Facility Name: ROBINS NEST GOLF COURSE DISTRIBUTION</b>
<b>Location SMP ID: DS000</b>	<b>Facility Source: Ground Water</b>

Chemicals	Monitoring Requirements
TOTAL COLIFORM (TCR) - 3100	1 Sample(s) Required between 1/1/2016 and 3/31/2016
	1 Sample(s) Required between 4/1/2016 and 6/30/2016
	1 Sample(s) Required between 7/1/2016 and 9/30/2016
	1 Sample(s) Required between 10/1/2016 and 12/31/2016

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



**Failing to sample for total coliform or nitrate will cost you \$150 or more in penalties for each monitoring violation. A list of drinking water sample collection services that can assist you with collecting water samples is located at: <http://epa.ohio.gov/portals/28/documents/PWS/DWSample.pdf>.**

**Save a dime. Sample on time!**

**OH3138112 ROBINS NEST GOLF COURSE PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Ground Water 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. Also, monitoring schedules may be revised during the year based on sampling results.

For water emergencies that occur after hours, please call 800-282-9378

**ENTRY POINT MONITORING SCHEDULE**

**Sampling** Facility ID: **3154791** Facility Name: **ROBINS NEST GOLF COURSE**

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

**Chemicals**

**Monitoring Requirements**

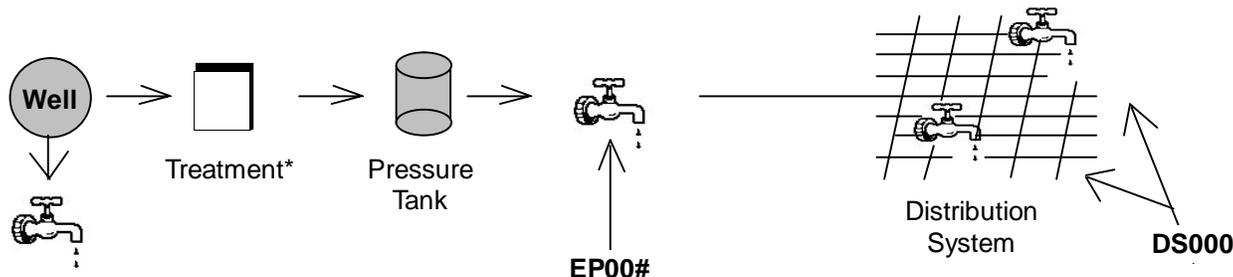
NITRITE - 1041

Not Required

NITRATE - 1040

1 Sample(s) Required between 1/1/2016 and 3/31/2016

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



Raw Tap  
**RS00#,**  
**LT200#,**  
or **GWR00#**

EP00# = First available tap after treatment\*.  
Use for NITRATE and NITRITE samples

\* If system does not have treatment, EP00#  
is the first tap after the well.

DS000 = Taps in Distribution  
System. Use for TOTAL  
COLIFORM (TCR) samples

**Failing to sample for total coliform or nitrate will cost you \$150 or more in penalties for each monitoring violation. A list of drinking water sample collection services that can assist you with collecting water samples is located at: <http://epa.ohio.gov/portals/28/documents/PWS/DWSample.pdf>.**

**Save a dime. Sample on time!**

**OH3138512 CROSBY TOWNSHIP SENIOR CENTER**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Ground Water Rule Substantial 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. Also, monitoring schedules may be revised during the year based on sampling results.

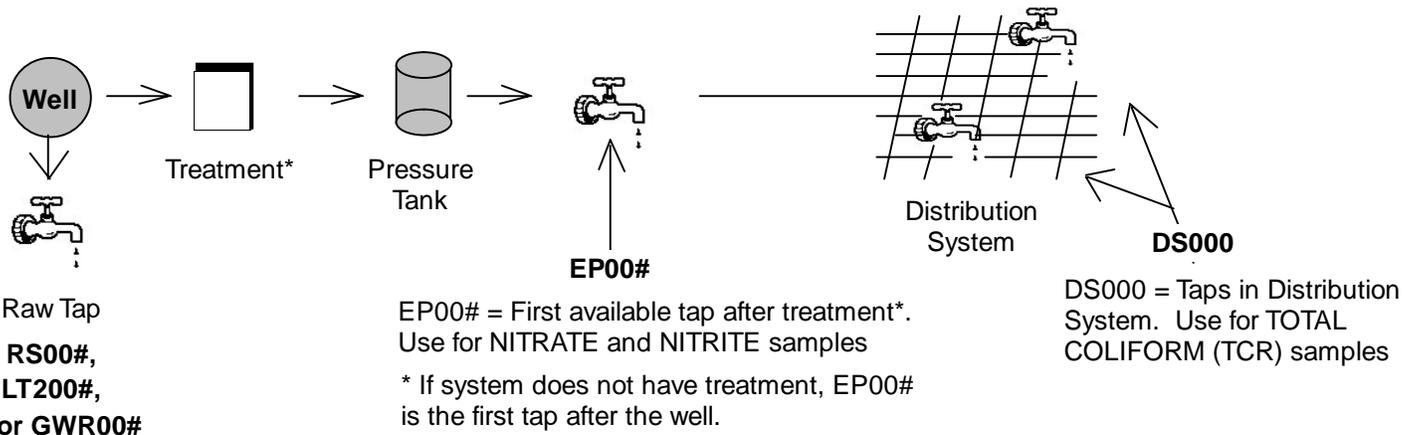
For water emergencies that occur after hours, please call 800-282-9378

**ENTRY POINT MONITORING SCHEDULE**

<b>Sampling</b> Facility ID: <b>3154795</b>	Facility Name: <b>CROSBY TOWNSHIP SENIOR CENTER</b>
<b>Location</b> SMP ID: <b>EP001</b>	Facility Source: <b>Ground Water</b>

Chemicals	Monitoring Requirements
NITRITE - 1041	Not Required
NITRATE - 1040	1 Sample(s) Required between 1/1/2016 and 5/31/2016

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



**Failing to sample for total coliform or nitrate will cost you \$150 or more in penalties for each monitoring violation. A list of drinking water sample collection services that can assist you with collecting water samples is located at: <http://epa.ohio.gov/portals/28/documents/PWS/DWSample.pdf>.**

**Save a dime. Sample on time!**

**OH3138812 WHITEWATER SENIOR CENTER PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Ground Water 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. Also, monitoring schedules may be revised during the year based on sampling results.

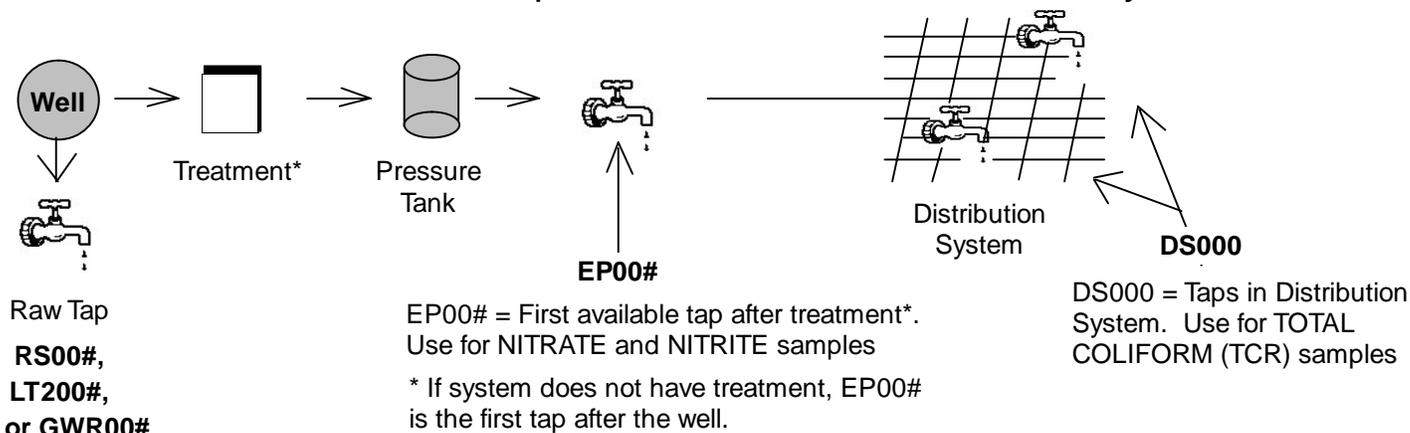
For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Facility ID: DS1</b>	<b>Facility Name: WHITEWATER SENIOR CENTER DISTRIBUTION</b>
<b>Location SMP ID: DS000</b>	<b>Facility Source: Ground Water</b>

Chemicals	Monitoring Requirements
TOTAL COLIFORM (TCR) - 3100	1 Sample(s) Required between 1/1/2016 and 3/31/2016
	1 Sample(s) Required between 4/1/2016 and 6/30/2016
	1 Sample(s) Required between 7/1/2016 and 9/30/2016
	1 Sample(s) Required between 10/1/2016 and 12/31/2016

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



**Failing to sample for total coliform or nitrate will cost you \$150 or more in penalties for each monitoring violation. A list of drinking water sample collection services that can assist you with collecting water samples is located at: <http://epa.ohio.gov/portals/28/documents/PWS/DWSample.pdf>.**

**Save a dime. Sample on time!**

**OH3138812 WHITEWATER SENIOR CENTER PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Ground Water 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. Also, monitoring schedules may be revised during the year based on sampling results.

For water emergencies that occur after hours, please call 800-282-9378

**ENTRY POINT MONITORING SCHEDULE**

**Sampling** Facility ID: **3161003** Facility Name: **WHITEWATER SENIOR CTR**

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

**Chemicals**

**Monitoring Requirements**

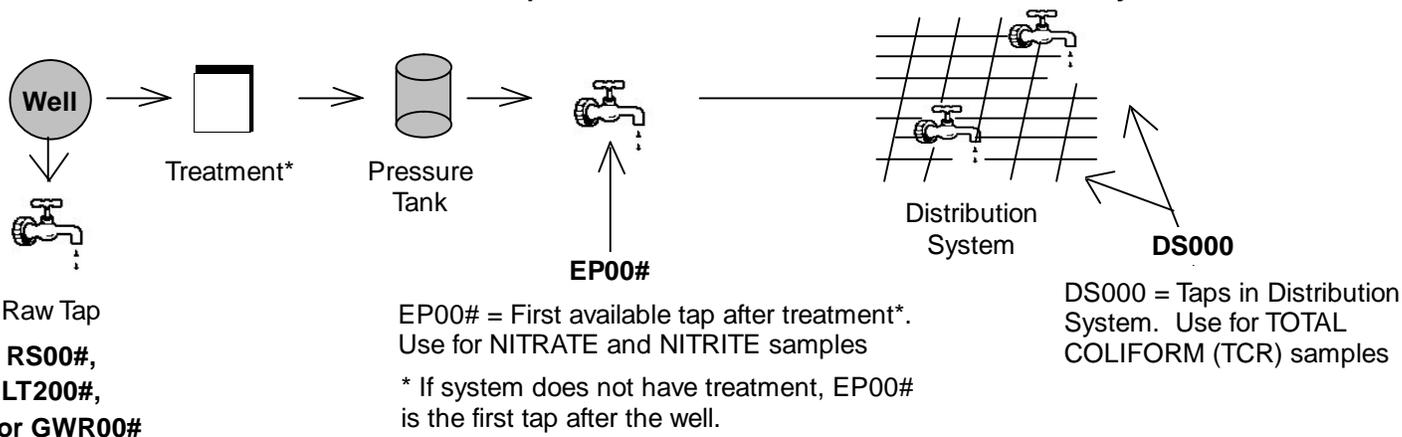
NITRITE - 1041

Not Required

NITRATE - 1040

1 Sample(s) Required between 1/1/2016 and 5/31/2016

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



**Failing to sample for total coliform or nitrate will cost you \$150 or more in penalties for each monitoring violation. A list of drinking water sample collection services that can assist you with collecting water samples is located at: <http://epa.ohio.gov/portals/28/documents/PWS/DWSample.pdf>.**

**Save a dime. Sample on time!**

**OH3139312 ANDERSON TWP PRACTICE RANGE PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Ground Water 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. Also, monitoring schedules may be revised during the year based on sampling results.

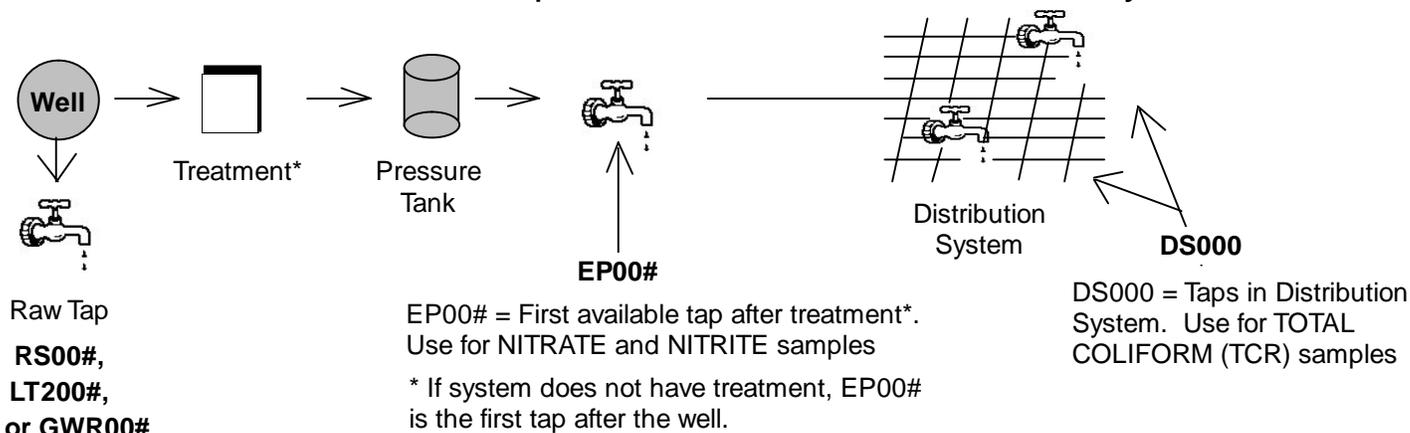
For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Facility ID: DS1</b>	<b>Facility Name: ANDERSON TWP PRACTICE RANGE DISTRIBUTION</b>
<b>Location SMP ID: DS000</b>	<b>Facility Source: Ground Water</b>

Chemicals	Monitoring Requirements
TOTAL COLIFORM (TCR) - 3100	1 Sample(s) Required between 1/1/2016 and 3/31/2016
	1 Sample(s) Required between 4/1/2016 and 6/30/2016
	1 Sample(s) Required between 7/1/2016 and 9/30/2016
	1 Sample(s) Required between 10/1/2016 and 12/31/2016

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



**Failing to sample for total coliform or nitrate will cost you \$150 or more in penalties for each monitoring violation. A list of drinking water sample collection services that can assist you with collecting water samples is located at: <http://epa.ohio.gov/portals/28/documents/PWS/DWSample.pdf>.**

**Save a dime. Sample on time!**

**OH3139312 ANDERSON TWP PRACTICE RANGE PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Ground Water 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. Also, monitoring schedules may be revised during the year based on sampling results.

For water emergencies that occur after hours, please call 800-282-9378

**ENTRY POINT MONITORING SCHEDULE**

**Sampling** Facility ID: **3161823** Facility Name: **ANDERSON TWP PRACTICE RANGE**

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

**Chemicals**

**Monitoring Requirements**

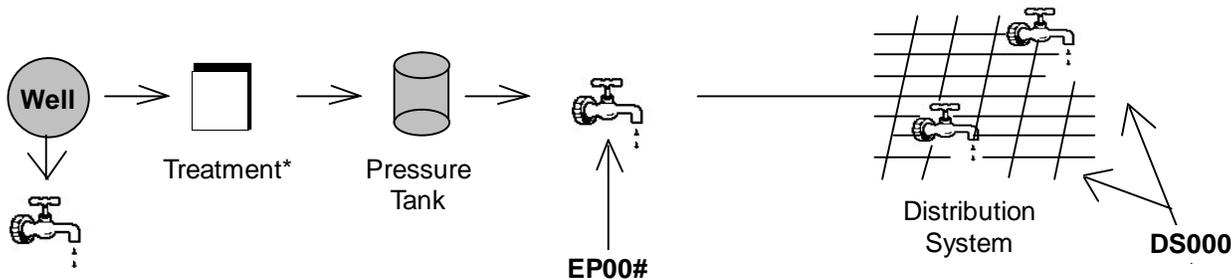
NITRITE - 1041

Not Required

NITRATE - 1040

1 Sample(s) Required between 1/1/2016 and 5/31/2016

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



Raw Tap  
**RS00#,**  
**LT200#,**  
 or **GWR00#**

EP00# = First available tap after treatment\*.  
 Use for NITRATE and NITRITE samples  
 \* If system does not have treatment, EP00#  
 is the first tap after the well.

DS000 = Taps in Distribution System. Use for TOTAL COLIFORM (TCR) samples

**Failing to sample for total coliform or nitrate will cost you \$150 or more in penalties for each monitoring violation. A list of drinking water sample collection services that can assist you with collecting water samples is located at: <http://epa.ohio.gov/portals/28/documents/PWS/DWSample.pdf>.**

**Save a dime. Sample on time!**

**OH3139412 INDIAN HILL WINTER CLUB PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Ground Water 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. Also, monitoring schedules may be revised during the year based on sampling results.

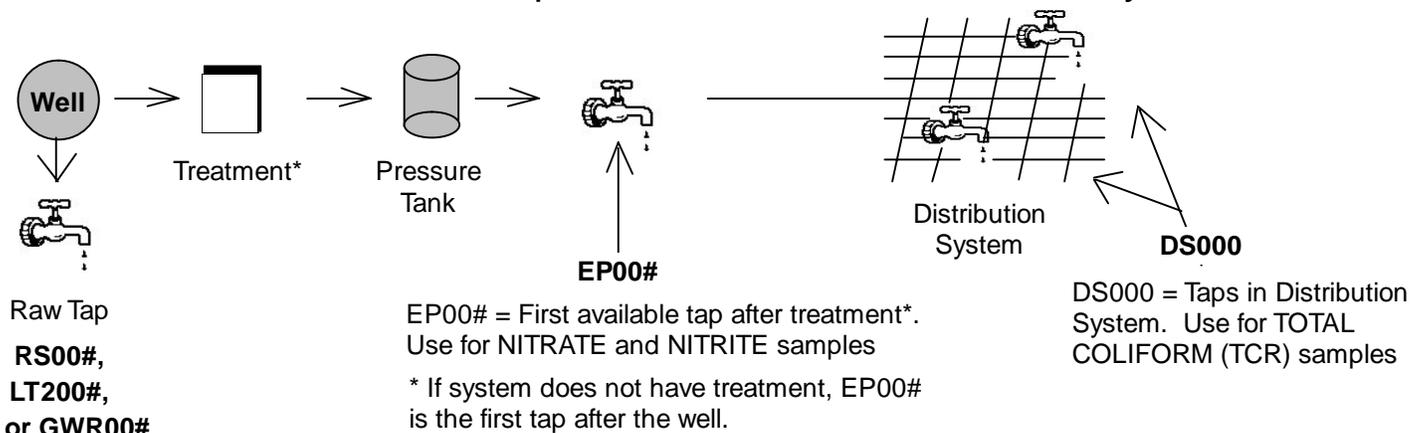
For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Facility ID: DS1</b>	<b>Facility Name: INDIAN HILL WINTER CLUB DISTRIBUTION</b>
<b>Location SMP ID: DS000</b>	<b>Facility Source: Ground Water</b>

Chemicals	Monitoring Requirements
TOTAL COLIFORM (TCR) - 3100	1 Sample(s) Required between 1/1/2016 and 3/31/2016
	1 Sample(s) Required between 4/1/2016 and 6/30/2016
	1 Sample(s) Required between 7/1/2016 and 9/30/2016
	1 Sample(s) Required between 10/1/2016 and 12/31/2016

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



**Failing to sample for total coliform or nitrate will cost you \$150 or more in penalties for each monitoring violation. A list of drinking water sample collection services that can assist you with collecting water samples is located at: <http://epa.ohio.gov/portals/28/documents/PWS/DWSample.pdf>.**

**Save a dime. Sample on time!**

**OH3139412 INDIAN HILL WINTER CLUB PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Ground Water 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. Also, monitoring schedules may be revised during the year based on sampling results.

For water emergencies that occur after hours, please call 800-282-9378

**ENTRY POINT MONITORING SCHEDULE**

**Sampling** Facility ID: **3161852** Facility Name: **INDIAN HILL WINTER CLUB**

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

**Chemicals**

**Monitoring Requirements**

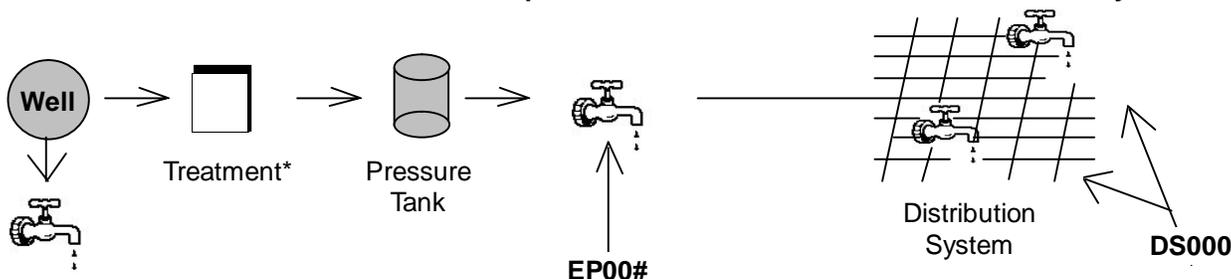
NITRITE - 1041

Not Required

NITRATE - 1040

1 Sample(s) Required between 1/1/2016 and 5/31/2016

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



Raw Tap  
**RS00#,**  
**LT200#,**  
or **GWR00#**

EP00# = First available tap after treatment\*.  
Use for NITRATE and NITRITE samples

\* If system does not have treatment, EP00#  
is the first tap after the well.

DS000 = Taps in Distribution  
System. Use for TOTAL  
COLIFORM (TCR) samples

**Failing to sample for total coliform or nitrate will cost you \$150 or more in penalties for each monitoring violation. A list of drinking water sample collection services that can assist you with collecting water samples is located at: <http://epa.ohio.gov/portals/28/documents/PWS/DWSample.pdf>.**

**Save a dime. Sample on time!**

**OH3139512 NO WORRIES SPORTS BAR PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Ground Water 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. Also, monitoring schedules may be revised during the year based on sampling results.

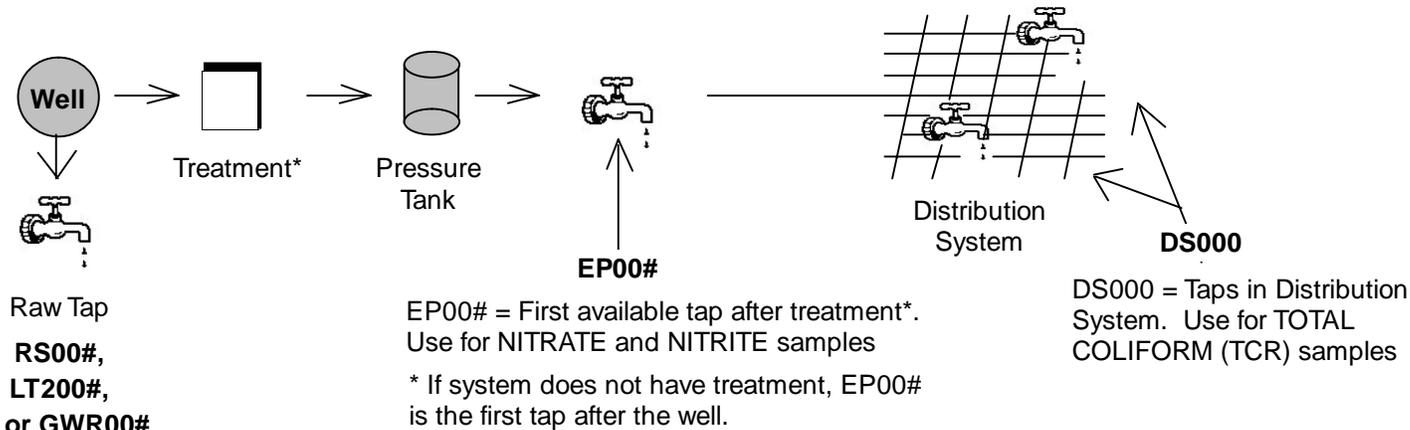
For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Facility ID: DS1</b>	<b>Facility Name: NO WORRIES SPORTS BAR DISTRIBUTION</b>
<b>Location SMP ID: DS000</b>	<b>Facility Source: Ground Water</b>

Chemicals	Monitoring Requirements
TOTAL COLIFORM (TCR) - 3100	1 Sample(s) Required between 1/1/2016 and 3/31/2016
	1 Sample(s) Required between 4/1/2016 and 6/30/2016
	1 Sample(s) Required between 7/1/2016 and 9/30/2016
	1 Sample(s) Required between 10/1/2016 and 12/31/2016

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



**Failing to sample for total coliform or nitrate will cost you \$150 or more in penalties for each monitoring violation. A list of drinking water sample collection services that can assist you with collecting water samples is located at: <http://epa.ohio.gov/portals/28/documents/PWS/DWSample.pdf>.**

**Save a dime. Sample on time!**

**OH3139512 NO WORRIES SPORTS BAR PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Ground Water 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. Also, monitoring schedules may be revised during the year based on sampling results.

For water emergencies that occur after hours, please call 800-282-9378

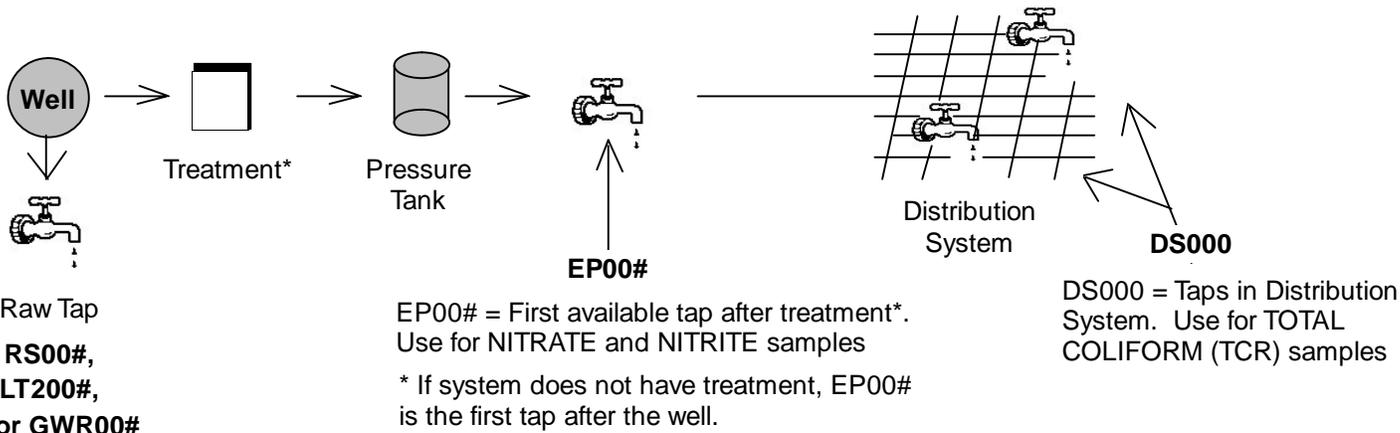
**ENTRY POINT MONITORING SCHEDULE**

**Sampling** Facility ID: **3161871** Facility Name: **NO WORRIES SPORTS BAR**

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

Chemicals	Monitoring Requirements
NITRITE - 1041	Not Required
NITRATE - 1040	1 Sample(s) Required between 1/1/2016 and 5/31/2016

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



**Failing to sample for total coliform or nitrate will cost you \$150 or more in penalties for each monitoring violation. A list of drinking water sample collection services that can assist you with collecting water samples is located at: <http://epa.ohio.gov/portals/28/documents/PWS/DWSample.pdf>.**

**Save a dime. Sample on time!**

**OH3139612 THE ROOT BEER STAND**

System Type: Transient Noncommunity

Operating Period: 5/1 to 9/30

Ground Water 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. Also, monitoring schedules may be revised during the year based on sampling results.

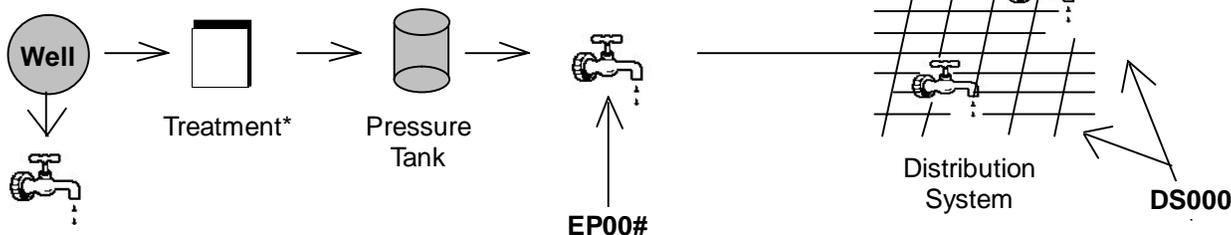
For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Facility ID:</b> DS1	<b>Facility Name:</b> THE ROOT BEER STAND 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 4/1/2016 and 6/30/2016 1 Sample(s) Required between 7/1/2016 and 9/30/2016

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



Raw Tap  
**RS00#,**  
**LT200#,**  
or **GWR00#**

EP00# = First available tap after treatment\*.  
Use for NITRATE and NITRITE samples  
\* If system does not have treatment, EP00# is the first tap after the well.

DS000 = Taps in Distribution System. Use for TOTAL COLIFORM (TCR) samples

**Failing to sample for total coliform or nitrate will cost you \$150 or more in penalties for each monitoring violation. A list of drinking water sample collection services that can assist you with collecting water samples is located at: <http://epa.ohio.gov/portals/28/documents/PWS/DWSample.pdf>.**

**Save a dime. Sample on time!**

**OH3139612 THE ROOT BEER STAND**

System Type: Transient Noncommunity

Operating Period: 5/1 to 9/30

Ground Water 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. Also, monitoring schedules may be revised during the year based on sampling results.

For water emergencies that occur after hours, please call 800-282-9378

**ENTRY POINT MONITORING SCHEDULE**

**Sampling** Facility ID: **3161984** Facility Name: **THE ROOT BEER STAND**

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

**Chemicals**

**Monitoring Requirements**

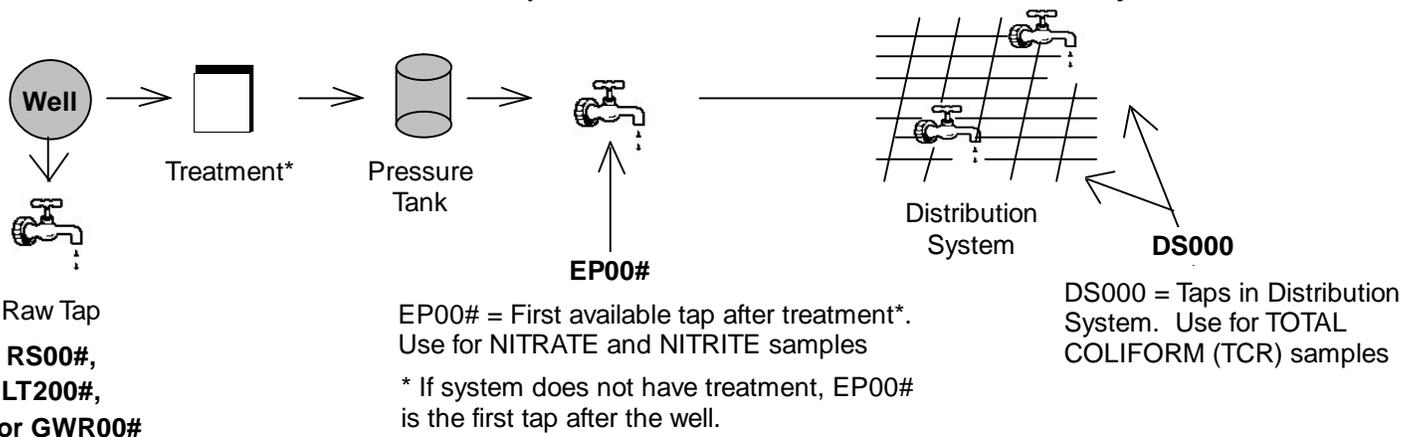
NITRITE - 1041

Not Required

NITRATE - 1040

1 Sample(s) Required between 1/1/2016 and 5/31/2016

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



**Failing to sample for total coliform or nitrate will cost you \$150 or more in penalties for each monitoring violation. A list of drinking water sample collection services that can assist you with collecting water samples is located at: <http://epa.ohio.gov/portals/28/documents/PWS/DWSample.pdf>.**

**Save a dime. Sample on time!**

**OH3139712 FOUR SEASONS MARINA**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Ground Water 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. Also, monitoring schedules may be revised during the year based on sampling results.

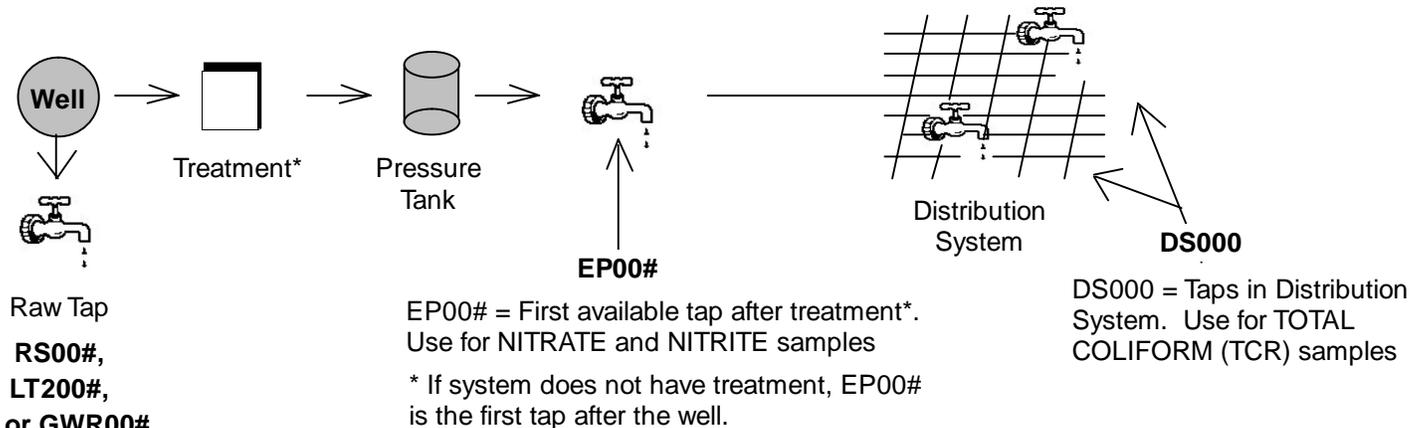
For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Facility ID: DS1</b>	<b>Facility Name: FOUR SEASONS MARINA DISTRIBUTION</b>
<b>Location SMP ID: DS000</b>	<b>Facility Source: Ground Water</b>

Chemicals	Monitoring Requirements
TOTAL COLIFORM (TCR) - 3100	1 Sample(s) Required between 1/1/2016 and 3/31/2016
	1 Sample(s) Required between 4/1/2016 and 6/30/2016
	1 Sample(s) Required between 7/1/2016 and 9/30/2016
	1 Sample(s) Required between 10/1/2016 and 12/31/2016

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



**Failing to sample for total coliform or nitrate will cost you \$150 or more in penalties for each monitoring violation. A list of drinking water sample collection services that can assist you with collecting water samples is located at: <http://epa.ohio.gov/portals/28/documents/PWS/DWSample.pdf>.**

**Save a dime. Sample on time!**

**OH3139712 FOUR SEASONS MARINA**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Ground Water 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. Also, monitoring schedules may be revised during the year based on sampling results.

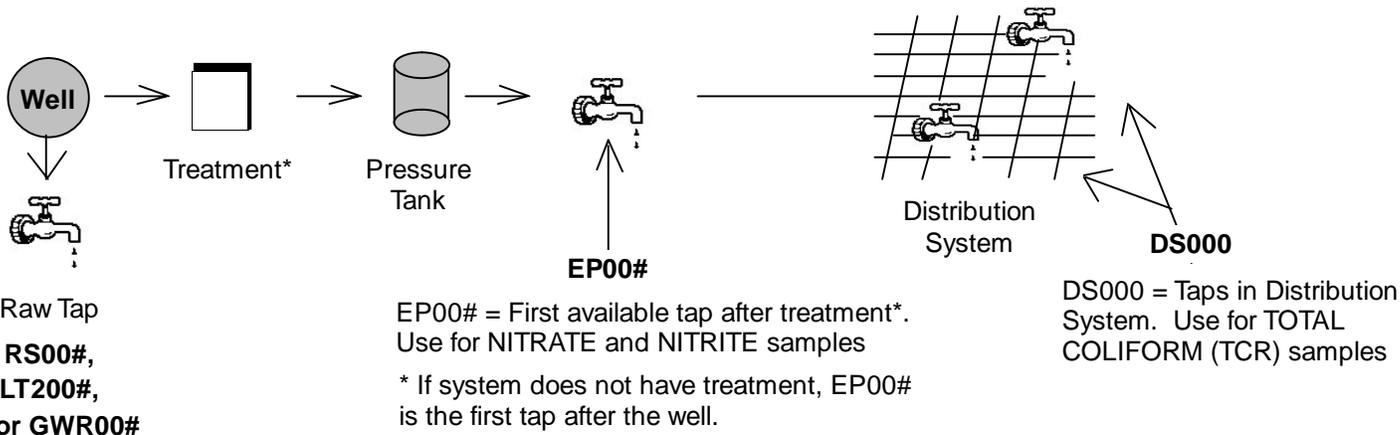
For water emergencies that occur after hours, please call 800-282-9378

**ENTRY POINT MONITORING SCHEDULE**

<b>Sampling</b> Facility ID: <b>3162120</b>	Facility Name: <b>FOUR SEASONS MARINA</b>
<b>Location</b> SMP ID: <b>EP001</b>	Facility Source: <b>Ground Water</b>
Facility Class: <b>CLASS A</b>	

Chemicals	Monitoring Requirements
NITRITE - 1041	Not Required
NITRATE - 1040	1 Sample(s) Required between 1/1/2016 and 5/31/2016

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



**Failing to sample for total coliform or nitrate will cost you \$150 or more in penalties for each monitoring violation. A list of drinking water sample collection services that can assist you with collecting water samples is located at: <http://epa.ohio.gov/portals/28/documents/PWS/DWSample.pdf>.**

**Save a dime. Sample on time!**

**OH3139812 UC COURT ARCHAEOLOGICAL FAC PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Ground Water 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. Also, monitoring schedules may be revised during the year based on sampling results.

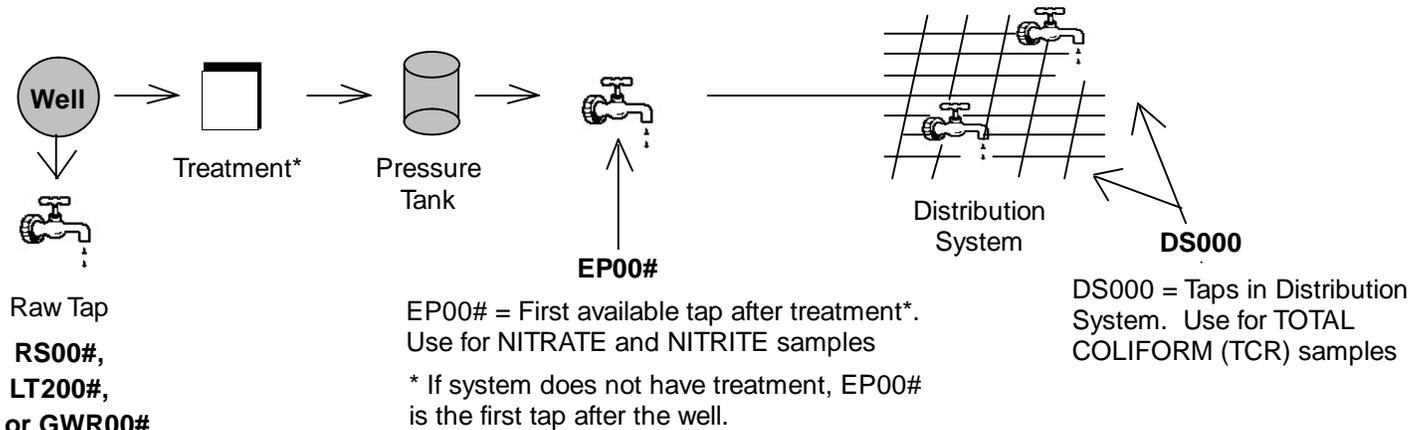
For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Facility ID: DS1</b>	<b>Facility Name: UC COURT ARCHAEOLOGICAL FAC DISTRIBUTI</b>
<b>Location SMP ID: DS000</b>	<b>Facility Source: Ground Water</b>

Chemicals	Monitoring Requirements
TOTAL COLIFORM (TCR) - 3100	1 Sample(s) Required between 1/1/2016 and 3/31/2016
	1 Sample(s) Required between 4/1/2016 and 6/30/2016
	1 Sample(s) Required between 7/1/2016 and 9/30/2016
	1 Sample(s) Required between 10/1/2016 and 12/31/2016

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



**Failing to sample for total coliform or nitrate will cost you \$150 or more in penalties for each monitoring violation. A list of drinking water sample collection services that can assist you with collecting water samples is located at: <http://epa.ohio.gov/portals/28/documents/PWS/DWSample.pdf>.**

**Save a dime. Sample on time!**

**OH3139812 UC COURT ARCHAEOLOGICAL FAC PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Ground Water 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. Also, monitoring schedules may be revised during the year based on sampling results.

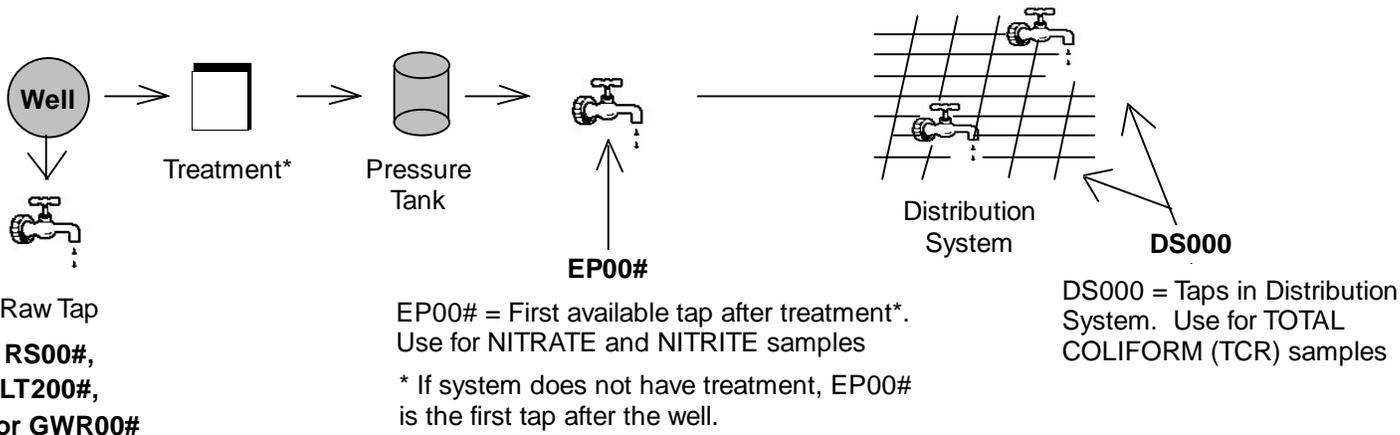
For water emergencies that occur after hours, please call 800-282-9378

**ENTRY POINT MONITORING SCHEDULE**

<b>Sampling Facility ID: 3162410</b>	<b>Facility Name: UC COURT ARCHAEOLOGICAL FACILITY</b>
<b>Location SMP ID: EP001</b>	<b>Facility Source:</b>

Chemicals	Monitoring Requirements
NITRITE - 1041	Not Required
NITRATE - 1040	1 Sample(s) Required between 1/1/2016 and 5/31/2016

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



**Failing to sample for total coliform or nitrate will cost you \$150 or more in penalties for each monitoring violation. A list of drinking water sample collection services that can assist you with collecting water samples is located at: <http://epa.ohio.gov/portals/28/documents/PWS/DWSample.pdf>.**

**Save a dime. Sample on time!**



**OH3139912 CINCINNATI CHILDRENS HOSP IONIZATION SYS**

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

<b>Sampling</b>	Facility ID: <b>3162411</b>	Facility Name: <b>CINCINNATI CHILDRENS HOSP IONIZATION SYS</b>
<b>Location</b>	SMP ID: <b>EP001</b>	Facility Source: <b>Surface 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. Also, monitoring schedules may be revised during the year based on sampling results.

**For water emergencies that occur after hours, please call 800-282-9378**

<b>Chemicals</b>	<b>Monitoring Requirements</b>
SILVER - 1050	1 Sample(s) Required between 1/1/2016 and 1/31/2016
	1 Sample(s) Required between 2/1/2016 and 2/29/2016
	1 Sample(s) Required between 3/1/2016 and 3/31/2016
	1 Sample(s) Required between 4/1/2016 and 4/30/2016
	1 Sample(s) Required between 5/1/2016 and 5/31/2016
	1 Sample(s) Required between 6/1/2016 and 6/30/2016
	1 Sample(s) Required between 7/1/2016 and 7/31/2016
	1 Sample(s) Required between 8/1/2016 and 8/31/2016
	1 Sample(s) Required between 9/1/2016 and 9/30/2016
	1 Sample(s) Required between 10/1/2016 and 10/31/2016
	1 Sample(s) Required between 11/1/2016 and 11/30/2016
	1 Sample(s) Required between 12/1/2016 and 12/31/2016
COPPER - 1022	4 Sample(s) Required between 1/1/2016 and 1/31/2016
	4 Sample(s) Required between 2/1/2016 and 2/29/2016
	4 Sample(s) Required between 3/1/2016 and 3/31/2016
	4 Sample(s) Required between 4/1/2016 and 4/30/2016
	4 Sample(s) Required between 5/1/2016 and 5/31/2016
	4 Sample(s) Required between 6/1/2016 and 6/30/2016
	4 Sample(s) Required between 7/1/2016 and 7/31/2016
	4 Sample(s) Required between 8/1/2016 and 8/31/2016
	4 Sample(s) Required between 9/1/2016 and 9/30/2016
	4 Sample(s) Required between 10/1/2016 and 10/31/2016
	4 Sample(s) Required between 11/1/2016 and 11/30/2016
	4 Sample(s) Required between 12/1/2016 and 12/31/2016



Effective Date: 01/01/2016

2016 DISTRIBUTION SCHEDULE

**OH3139912 CINCINNATI CHILDRENS HOSP IONIZATION SYS**

System Type: Nontransient 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. Also, monitoring schedules may be revised during the year based on sampling results.

**For water emergencies that occur after hours, please call 800-282-9378**

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS000</b>	Facility Name: <b>CINCINNATI CHILDRENS HOSPITAL DIST</b>	Facility Class: <b>CLASS 1</b>
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**Chemicals Monitoring Requirements**

LEAD - 1030 AND COPPER - 1022	20 Sample(s) Required between 1/1/2016 and 6/30/2016
	20 Sample(s) Required between 7/1/2016 and 12/31/2016

*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>*



**OH3139913 UC HOSPITAL MAIN IONIZATION SYSTEM**

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

<b>Sampling</b>	Facility ID: <b>3162413</b>	Facility Name: <b>UCH MAIN HOSPITAL B 130 IONIZATION SYS</b>
<b>Location</b>	SMP ID: <b>EP001</b>	Facility Source: <b>Surface 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. Also, monitoring schedules may be revised during the year based on sampling results.

**For water emergencies that occur after hours, please call 800-282-9378**

<b>Chemicals</b>	<b>Monitoring Requirements</b>		
SILVER - 1050	1 Sample(s) Required between	1/1/2016 and	1/31/2016
	1 Sample(s) Required between	2/1/2016 and	2/29/2016
	1 Sample(s) Required between	3/1/2016 and	3/31/2016
	1 Sample(s) Required between	4/1/2016 and	4/30/2016
	1 Sample(s) Required between	5/1/2016 and	5/31/2016
	1 Sample(s) Required between	6/1/2016 and	6/30/2016
	1 Sample(s) Required between	7/1/2016 and	7/31/2016
	1 Sample(s) Required between	8/1/2016 and	8/31/2016
	1 Sample(s) Required between	9/1/2016 and	9/30/2016
	1 Sample(s) Required between	10/1/2016 and	10/31/2016
	1 Sample(s) Required between	11/1/2016 and	11/30/2016
	1 Sample(s) Required between	12/1/2016 and	12/31/2016
COPPER - 1022	4 Sample(s) Required between	1/1/2016 and	1/31/2016
	4 Sample(s) Required between	2/1/2016 and	2/29/2016
	4 Sample(s) Required between	3/1/2016 and	3/31/2016
	4 Sample(s) Required between	4/1/2016 and	4/30/2016
	4 Sample(s) Required between	5/1/2016 and	5/31/2016
	4 Sample(s) Required between	6/1/2016 and	6/30/2016
	4 Sample(s) Required between	7/1/2016 and	7/31/2016
	4 Sample(s) Required between	8/1/2016 and	8/31/2016
	4 Sample(s) Required between	9/1/2016 and	9/30/2016
	4 Sample(s) Required between	10/1/2016 and	10/31/2016
	4 Sample(s) Required between	11/1/2016 and	11/30/2016
	4 Sample(s) Required between	12/1/2016 and	12/31/2016



Effective Date: 01/01/2016

2016 DISTRIBUTION SCHEDULE

**OH3139913 UC HOSPITAL MAIN IONIZATION SYSTEM**

System Type: Nontransient 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. Also, monitoring schedules may be revised during the year based on sampling results.

**For water emergencies that occur after hours, please call 800-282-9378**

**DISTRIBUTION MONITORING SCHEDULE**

**Sampling Location** Facility ID: **DS1** Facility Name: **DISTRIBUTION**  
SMP ID: **DS000**

**Chemicals**

**Monitoring Requirements**

LEAD - 1030 AND COPPER - 1022

20 Sample(s) Required between 1/1/2016 and 6/30/2016

20 Sample(s) Required between 7/1/2016 and 12/31/2016

*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>*



**OH3139914 UCH OR-OB G003 IONIZATION SYSTEM**

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

<b>Sampling</b>	Facility ID: <b>3162414</b>	Facility Name: <b>UCH OR-OB G003 IONIZATION SYS</b>
<b>Location</b>	SMP ID: <b>EP001</b>	Facility Source:
		Facility Class: <b>CLASS 1</b>

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

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**For water emergencies that occur after hours, please call 800-282-9378**

<b>Chemicals</b>	<b>Monitoring Requirements</b>
SILVER - 1050	1 Sample(s) Required between 1/1/2016 and 1/31/2016
	1 Sample(s) Required between 2/1/2016 and 2/29/2016
	1 Sample(s) Required between 3/1/2016 and 3/31/2016
	1 Sample(s) Required between 4/1/2016 and 4/30/2016
	1 Sample(s) Required between 5/1/2016 and 5/31/2016
	1 Sample(s) Required between 6/1/2016 and 6/30/2016
	1 Sample(s) Required between 7/1/2016 and 7/31/2016
	1 Sample(s) Required between 8/1/2016 and 8/31/2016
	1 Sample(s) Required between 9/1/2016 and 9/30/2016
	1 Sample(s) Required between 10/1/2016 and 10/31/2016
	1 Sample(s) Required between 11/1/2016 and 11/30/2016
	1 Sample(s) Required between 12/1/2016 and 12/31/2016
COPPER - 1022	4 Sample(s) Required between 1/1/2016 and 1/31/2016
	4 Sample(s) Required between 2/1/2016 and 2/29/2016
	4 Sample(s) Required between 3/1/2016 and 3/31/2016
	4 Sample(s) Required between 4/1/2016 and 4/30/2016
	4 Sample(s) Required between 5/1/2016 and 5/31/2016
	4 Sample(s) Required between 6/1/2016 and 6/30/2016
	4 Sample(s) Required between 7/1/2016 and 7/31/2016
	4 Sample(s) Required between 8/1/2016 and 8/31/2016
	4 Sample(s) Required between 9/1/2016 and 9/30/2016
	4 Sample(s) Required between 10/1/2016 and 10/31/2016
	4 Sample(s) Required between 11/1/2016 and 11/30/2016
	4 Sample(s) Required between 12/1/2016 and 12/31/2016



Effective Date: 01/01/2016

2016 DISTRIBUTION SCHEDULE

**OH3139914 UCH OR-OB G003 IONIZATION SYSTEM**

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

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

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**For water emergencies that occur after hours, please call 800-282-9378**

**DISTRIBUTION MONITORING SCHEDULE**

**Sampling Location** Facility ID: **DS1** Facility Name: **DISTRIBUTION**  
SMP ID: **DS000**

**Chemicals**

**Monitoring Requirements**

LEAD - 1030 AND COPPER - 1022

10 Sample(s) Required between 1/1/2016 and 6/30/2016

10 Sample(s) Required between 7/1/2016 and 12/31/2016

*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>*



**OH3139915 UCH CCP 5TH FLOOR IONIZATION SYSTEM**

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

<b>Sampling</b>	Facility ID: <b>3162415</b>	Facility Name: <b>UCH CCP 5TH FLOOR IONIZATION SYS</b>
<b>Location</b>	SMP ID: <b>EP001</b>	Facility Source: <b>Surface Water</b>
		Facility Class: <b>CLASS 1</b>

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

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**For water emergencies that occur after hours, please call 800-282-9378**

<b>Chemicals</b>	<b>Monitoring Requirements</b>
SILVER - 1050	1 Sample(s) Required between 1/1/2016 and 1/31/2016
	1 Sample(s) Required between 2/1/2016 and 2/29/2016
	1 Sample(s) Required between 3/1/2016 and 3/31/2016
	1 Sample(s) Required between 4/1/2016 and 4/30/2016
	1 Sample(s) Required between 5/1/2016 and 5/31/2016
	1 Sample(s) Required between 6/1/2016 and 6/30/2016
	1 Sample(s) Required between 7/1/2016 and 7/31/2016
	1 Sample(s) Required between 8/1/2016 and 8/31/2016
	1 Sample(s) Required between 9/1/2016 and 9/30/2016
	1 Sample(s) Required between 10/1/2016 and 10/31/2016
	1 Sample(s) Required between 11/1/2016 and 11/30/2016
	1 Sample(s) Required between 12/1/2016 and 12/31/2016
COPPER - 1022	4 Sample(s) Required between 1/1/2016 and 1/31/2016
	4 Sample(s) Required between 2/1/2016 and 2/29/2016
	4 Sample(s) Required between 3/1/2016 and 3/31/2016
	4 Sample(s) Required between 4/1/2016 and 4/30/2016
	4 Sample(s) Required between 5/1/2016 and 5/31/2016
	4 Sample(s) Required between 6/1/2016 and 6/30/2016
	4 Sample(s) Required between 7/1/2016 and 7/31/2016
	4 Sample(s) Required between 8/1/2016 and 8/31/2016
	4 Sample(s) Required between 9/1/2016 and 9/30/2016
	4 Sample(s) Required between 10/1/2016 and 10/31/2016
	4 Sample(s) Required between 11/1/2016 and 11/30/2016
	4 Sample(s) Required between 12/1/2016 and 12/31/2016



Effective Date: 01/01/2016

2016 DISTRIBUTION SCHEDULE

**OH3139915 UCH CCP 5TH FLOOR IONIZATION SYSTEM**

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

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

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**For water emergencies that occur after hours, please call 800-282-9378**

**DISTRIBUTION MONITORING SCHEDULE**

**Sampling Location** Facility ID: **DS1** Facility Name: **DISTRIBUTION**  
SMP ID: **DS000**

**Chemicals**

**Monitoring Requirements**

LEAD - 1030 AND COPPER - 1022

10 Sample(s) Required between 1/1/2016 and 6/30/2016

10 Sample(s) Required between 7/1/2016 and 12/31/2016

*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>*