



OH2200203 ERIE CO MARGARETTA DISTRICT

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, 2020

DISTRIBUTION MONITORING SCHEDULE

|                          |                         |   |                                |
|--------------------------|-------------------------|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b> | Facility Name: <b>ERIE CO. MARGARETTA DIST DISTRIBUTION</b> | Facility Class: <b>CLASS 1</b> |
|                          | SMP ID: <b>DS000</b>    |   |                                |

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

|                 |  |
|-----------------|--|
| ASBESTOS - 1094 | 1 Sample(s) Required between 6/1/2020 and 10/31/2020 |
|-----------------|--|

Collect one sample at a tap served by asbestos-cement pipe. Due to limited Laboratory capacity and a 48 hour filtering requirement, contact your lab early in the monitoring period to schedule a sampling date.

|                             |   |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 6 Sample(s) Required between 1/1/2020 and 1/31/2020   |
|                             | 6 Sample(s) Required between 2/1/2020 and 2/29/2020   |
|                             | 6 Sample(s) Required between 3/1/2020 and 3/31/2020   |
|                             | 6 Sample(s) Required between 4/1/2020 and 4/30/2020   |
|                             | 6 Sample(s) Required between 5/1/2020 and 5/31/2020   |
|                             | 6 Sample(s) Required between 6/1/2020 and 6/30/2020   |
|                             | 6 Sample(s) Required between 7/1/2020 and 7/31/2020   |
|                             | 6 Sample(s) Required between 8/1/2020 and 8/31/2020   |
|                             | 6 Sample(s) Required between 9/1/2020 and 9/30/2020   |
|                             | 6 Sample(s) Required between 10/1/2020 and 10/31/2020 |
|                             | 6 Sample(s) Required between 11/1/2020 and 11/30/2020 |
|                             | 6 Sample(s) Required between 12/1/2020 and 12/31/2020 |

|                       |   |
|-----------------------|---|
| TOTAL CHLORINE - 1000 | 6 Sample(s) Required between 1/1/2020 and 1/31/2020   |
|                       | 6 Sample(s) Required between 2/1/2020 and 2/29/2020   |
|                       | 6 Sample(s) Required between 3/1/2020 and 3/31/2020   |
|                       | 6 Sample(s) Required between 4/1/2020 and 4/30/2020   |
|                       | 6 Sample(s) Required between 5/1/2020 and 5/31/2020   |
|                       | 6 Sample(s) Required between 6/1/2020 and 6/30/2020   |
|                       | 6 Sample(s) Required between 7/1/2020 and 7/31/2020   |
|                       | 6 Sample(s) Required between 8/1/2020 and 8/31/2020   |
|                       | 6 Sample(s) Required between 9/1/2020 and 9/30/2020   |
|                       | 6 Sample(s) Required between 10/1/2020 and 10/31/2020 |
|                       | 6 Sample(s) Required between 11/1/2020 and 11/30/2020 |
|                       | 6 Sample(s) Required between 12/1/2020 and 12/31/2020 |

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>ERIE CO. MARGARETTA DIST DISTRIBUTION</b> | Facility Class: <b>CLASS 1</b> |
|                          | SMP ID: <b>DS201</b>    | <b>803 EAST BAYVIEW</b>                                     |                                |

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

|                         |  |
|-------------------------|--|
| DISINFECTION BYPRODUCTS | Dual Sample Required between 3/1/2020 and 3/7/2020 at: DS201 |
|                         | Dual Sample Required between 6/1/2020 and 6/7/2020 at: DS201 |
|                         | Dual Sample Required between 9/1/2020 and 9/7/2020 at: DS201 |



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DISTRIBUTION MONITORING SCHEDULE

|                          |   |  |                                |
|--------------------------|---|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS201</b> | Facility Name: <b>ERIE CO. MARGARETTA DIST DISTRIBUTION</b><br><b>803 EAST BAYVIEW</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

Chemicals Monitoring Requirements

DISINFECTION BYPRODUCTS Dual Sample Required between 12/1/2020 and 12/7/2020 at: 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><br>SMP ID: <b>DS202</b> | Facility Name: <b>ERIE CO. MARGARETTA DIST DISTRIBUTION</b><br><b>BILLINGS ROAD</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

Chemicals Monitoring Requirements

DISINFECTION BYPRODUCTS

Dual Sample Required between 3/1/2020 and 3/7/2020 at: DS202

Dual Sample Required between 6/1/2020 and 6/7/2020 at: DS202

Dual Sample Required between 9/1/2020 and 9/7/2020 at: DS202

Dual Sample Required between 12/1/2020 and 12/7/2020 at: 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><br>SMP ID: <b>LC###</b> | Facility Name: <b>ERIE CO. MARGARETTA DIST DISTRIBUTION</b><br><b>Refer to your Lead and Copper plan for SMP IDs</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

Chemicals Monitoring Requirements

LEAD - 1030 AND COPPER - 1022 Not Required



OH2200403 ERIE CO HURON EAST DISTRICT

System Type: Community

Operating Period: 1/1 to 12/31

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DISTRIBUTION MONITORING SCHEDULE

|                          |   |   |                                |
|--------------------------|---|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS000</b> | Facility Name: <b>ERIE CO. HURON EAST DIST DISTRIBUTION</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

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

|                             |   |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 2 Sample(s) Required between 1/1/2020 and 1/31/2020   |
|                             | 2 Sample(s) Required between 2/1/2020 and 2/29/2020   |
|                             | 2 Sample(s) Required between 3/1/2020 and 3/31/2020   |
|                             | 2 Sample(s) Required between 4/1/2020 and 4/30/2020   |
|                             | 2 Sample(s) Required between 5/1/2020 and 5/31/2020   |
|                             | 2 Sample(s) Required between 6/1/2020 and 6/30/2020   |
|                             | 2 Sample(s) Required between 7/1/2020 and 7/31/2020   |
|                             | 2 Sample(s) Required between 8/1/2020 and 8/31/2020   |
|                             | 2 Sample(s) Required between 9/1/2020 and 9/30/2020   |
|                             | 2 Sample(s) Required between 10/1/2020 and 10/31/2020 |
|                             | 2 Sample(s) Required between 11/1/2020 and 11/30/2020 |
|                             | 2 Sample(s) Required between 12/1/2020 and 12/31/2020 |

|                       |   |
|-----------------------|---|
| TOTAL CHLORINE - 1000 | 2 Sample(s) Required between 1/1/2020 and 1/31/2020   |
|                       | 2 Sample(s) Required between 2/1/2020 and 2/29/2020   |
|                       | 2 Sample(s) Required between 3/1/2020 and 3/31/2020   |
|                       | 2 Sample(s) Required between 4/1/2020 and 4/30/2020   |
|                       | 2 Sample(s) Required between 5/1/2020 and 5/31/2020   |
|                       | 2 Sample(s) Required between 6/1/2020 and 6/30/2020   |
|                       | 2 Sample(s) Required between 7/1/2020 and 7/31/2020   |
|                       | 2 Sample(s) Required between 8/1/2020 and 8/31/2020   |
|                       | 2 Sample(s) Required between 9/1/2020 and 9/30/2020   |
|                       | 2 Sample(s) Required between 10/1/2020 and 10/31/2020 |
|                       | 2 Sample(s) Required between 11/1/2020 and 11/30/2020 |
|                       | 2 Sample(s) Required between 12/1/2020 and 12/31/2020 |

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

|                          |   |   |                                |
|--------------------------|---|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS201</b> | Facility Name: <b>ERIE CO. HURON EAST DIST DISTRIBUTION</b><br><b>EAST CLEVELAND ROAD</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

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

|                         |   |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | Dual Sample Required between 2/8/2020 and 2/14/2020 at: DS201   |
|                         | Dual Sample Required between 5/8/2020 and 5/14/2020 at: DS201   |
|                         | Dual Sample Required between 8/8/2020 and 8/14/2020 at: DS201   |
|                         | Dual Sample Required between 11/8/2020 and 11/14/2020 at: DS201 |

Sample for all the analytes listed below:

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



**OH2200403 ERIE CO HURON EAST DISTRICT**

System Type: Community

Operating Period: 1/1 to 12/31

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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, 2020**

**DISTRIBUTION MONITORING SCHEDULE**

|                          |   |   |                                |
|--------------------------|---|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS202</b> | Facility Name: <b>ERIE CO. HURON EAST DIST DISTRIBUTION</b><br><b>ADDRESS NOT KNOWN</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

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

|                         |   |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | Dual Sample Required between 2/8/2020 and 2/14/2020 at: DS202   |
|                         | Dual Sample Required between 5/8/2020 and 5/14/2020 at: DS202   |
|                         | Dual Sample Required between 8/8/2020 and 8/14/2020 at: DS202   |
|                         | Dual Sample Required between 11/8/2020 and 11/14/2020 at: 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><br>SMP ID: <b>LC###</b> | Facility Name: <b>ERIE CO. HURON EAST DIST DISTRIBUTION</b><br><b>Refer to your Lead and Copper plan for SMP IDs</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

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

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



OH2200603 ERIE CO PERKINS DISTRICT

System Type: Community

Operating Period: 1/1 to 12/31

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2020

DISTRIBUTION MONITORING SCHEDULE

|                          |   |   |                                |
|--------------------------|---|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS000</b> | Facility Name: <b>ERIE CO. PERKINS DISTRIC DISTRIBUTION</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

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

|                 |  |
|-----------------|--|
| ASBESTOS - 1094 | 1 Sample(s) Required between 6/1/2020 and 10/31/2020 |
|-----------------|--|

Collect one sample at a tap served by asbestos-cement pipe. Due to limited Laboratory capacity and a 48 hour filtering requirement, contact your lab early in the monitoring period to schedule a sampling date.

|                             |  |
|-----------------------------|--|
| TOTAL COLIFORM (TCR) - 3100 | 20 Sample(s) Required between 1/1/2020 and 1/31/2020   |
|                             | 20 Sample(s) Required between 2/1/2020 and 2/29/2020   |
|                             | 20 Sample(s) Required between 3/1/2020 and 3/31/2020   |
|                             | 20 Sample(s) Required between 4/1/2020 and 4/30/2020   |
|                             | 20 Sample(s) Required between 5/1/2020 and 5/31/2020   |
|                             | 20 Sample(s) Required between 6/1/2020 and 6/30/2020   |
|                             | 20 Sample(s) Required between 7/1/2020 and 7/31/2020   |
|                             | 20 Sample(s) Required between 8/1/2020 and 8/31/2020   |
|                             | 20 Sample(s) Required between 9/1/2020 and 9/30/2020   |
|                             | 20 Sample(s) Required between 10/1/2020 and 10/31/2020 |
|                             | 20 Sample(s) Required between 11/1/2020 and 11/30/2020 |
|                             | 20 Sample(s) Required between 12/1/2020 and 12/31/2020 |

|                       |  |
|-----------------------|--|
| TOTAL CHLORINE - 1000 | 20 Sample(s) Required between 1/1/2020 and 1/31/2020   |
|                       | 20 Sample(s) Required between 2/1/2020 and 2/29/2020   |
|                       | 20 Sample(s) Required between 3/1/2020 and 3/31/2020   |
|                       | 20 Sample(s) Required between 4/1/2020 and 4/30/2020   |
|                       | 20 Sample(s) Required between 5/1/2020 and 5/31/2020   |
|                       | 20 Sample(s) Required between 6/1/2020 and 6/30/2020   |
|                       | 20 Sample(s) Required between 7/1/2020 and 7/31/2020   |
|                       | 20 Sample(s) Required between 8/1/2020 and 8/31/2020   |
|                       | 20 Sample(s) Required between 9/1/2020 and 9/30/2020   |
|                       | 20 Sample(s) Required between 10/1/2020 and 10/31/2020 |
|                       | 20 Sample(s) Required between 11/1/2020 and 11/30/2020 |
|                       | 20 Sample(s) Required between 12/1/2020 and 12/31/2020 |

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

|                          |   |  |                                |
|--------------------------|---|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS201</b> | Facility Name: <b>ERIE CO. PERKINS DISTRIC DISTRIBUTION</b><br><b>KELLEY ROAD TANK</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

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

|                         |  |
|-------------------------|--|
| DISINFECTION BYPRODUCTS | Dual Sample Required between 3/1/2020 and 3/7/2020 at: DS201 |
|                         | Dual Sample Required between 6/1/2020 and 6/7/2020 at: DS201 |
|                         | Dual Sample Required between 9/1/2020 and 9/7/2020 at: DS201 |



OH2200603 ERIE CO PERKINS DISTRICT

System Type: Community

Operating Period: 1/1 to 12/31

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DISTRIBUTION MONITORING SCHEDULE

|                          |   |  |                                |
|--------------------------|---|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS201</b> | Facility Name: <b>ERIE CO. PERKINS DISTRIC DISTRIBUTION</b><br><b>KELLEY ROAD TANK</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

Chemicals Monitoring Requirements

DISINFECTION BYPRODUCTS Dual Sample Required between 12/1/2020 and 12/7/2020 at: 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><br>SMP ID: <b>DS202</b> | Facility Name: <b>ERIE CO. PERKINS DISTRIC DISTRIBUTION</b><br><b>HAYES AVENUE (ROUTE FOUR TOWER)</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

Chemicals Monitoring Requirements

DISINFECTION BYPRODUCTS

Dual Sample Required between 3/1/2020 and 3/7/2020 at: DS202

Dual Sample Required between 6/1/2020 and 6/7/2020 at: DS202

Dual Sample Required between 9/1/2020 and 9/7/2020 at: DS202

Dual Sample Required between 12/1/2020 and 12/7/2020 at: 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><br>SMP ID: <b>LC###</b> | Facility Name: <b>ERIE CO. PERKINS DISTRIC DISTRIBUTION</b><br><b>Refer to your Lead and Copper plan for SMP IDs</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

Chemicals Monitoring Requirements

LEAD - 1030 AND COPPER - 1022 Not Required



OH2200703 ERIE CO HURON SOUTH DISTRICT

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.

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2020

DISTRIBUTION MONITORING SCHEDULE

|                          |                         |   |                                |
|--------------------------|-------------------------|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b> | Facility Name: <b>ERIE CO.HURON SOUTH DIST DISTRIBUTION</b> | Facility Class: <b>CLASS 1</b> |
|                          | SMP ID: <b>DS000</b>    |   |                                |

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

|                 |  |
|-----------------|--|
| ASBESTOS - 1094 | 1 Sample(s) Required between 6/1/2020 and 10/31/2020 |
|-----------------|--|

Collect one sample at a tap served by asbestos-cement pipe. Due to limited Laboratory capacity and a 48 hour filtering requirement, contact your lab early in the monitoring period to schedule a sampling date.

|                             |   |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 2 Sample(s) Required between 1/1/2020 and 1/31/2020   |
|                             | 2 Sample(s) Required between 2/1/2020 and 2/29/2020   |
|                             | 2 Sample(s) Required between 3/1/2020 and 3/31/2020   |
|                             | 2 Sample(s) Required between 4/1/2020 and 4/30/2020   |
|                             | 2 Sample(s) Required between 5/1/2020 and 5/31/2020   |
|                             | 2 Sample(s) Required between 6/1/2020 and 6/30/2020   |
|                             | 2 Sample(s) Required between 7/1/2020 and 7/31/2020   |
|                             | 2 Sample(s) Required between 8/1/2020 and 8/31/2020   |
|                             | 2 Sample(s) Required between 9/1/2020 and 9/30/2020   |
|                             | 2 Sample(s) Required between 10/1/2020 and 10/31/2020 |
|                             | 2 Sample(s) Required between 11/1/2020 and 11/30/2020 |
|                             | 2 Sample(s) Required between 12/1/2020 and 12/31/2020 |

|                       |   |
|-----------------------|---|
| TOTAL CHLORINE - 1000 | 2 Sample(s) Required between 1/1/2020 and 1/31/2020   |
|                       | 2 Sample(s) Required between 2/1/2020 and 2/29/2020   |
|                       | 2 Sample(s) Required between 3/1/2020 and 3/31/2020   |
|                       | 2 Sample(s) Required between 4/1/2020 and 4/30/2020   |
|                       | 2 Sample(s) Required between 5/1/2020 and 5/31/2020   |
|                       | 2 Sample(s) Required between 6/1/2020 and 6/30/2020   |
|                       | 2 Sample(s) Required between 7/1/2020 and 7/31/2020   |
|                       | 2 Sample(s) Required between 8/1/2020 and 8/31/2020   |
|                       | 2 Sample(s) Required between 9/1/2020 and 9/30/2020   |
|                       | 2 Sample(s) Required between 10/1/2020 and 10/31/2020 |
|                       | 2 Sample(s) Required between 11/1/2020 and 11/30/2020 |
|                       | 2 Sample(s) Required between 12/1/2020 and 12/31/2020 |

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>ERIE CO.HURON SOUTH DIST DISTRIBUTION</b> | Facility Class: <b>CLASS 1</b> |
|                          | SMP ID: <b>DS201</b>    | <b>BERLIN HEIGHTS TOWER</b>                                 |                                |

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

|                         |   |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | Dual Sample Required between 2/8/2020 and 2/14/2020 at: DS201 |
|                         | Dual Sample Required between 5/8/2020 and 5/14/2020 at: DS201 |
|                         | Dual Sample Required between 8/8/2020 and 8/14/2020 at: DS201 |





OH2200703 ERIE CO HURON SOUTH DISTRICT

System Type: Community

Operating Period: 1/1 to 12/31

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DISTRIBUTION MONITORING SCHEDULE

|                          |   |  |                                |
|--------------------------|---|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS201</b> | Facility Name: <b>ERIE CO.HURON SOUTH DIST DISTRIBUTION</b><br><b>BERLIN HEIGHTS TOWER</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

Chemicals Monitoring Requirements

DISINFECTION BYPRODUCTS Dual Sample Required between 11/8/2020 and 11/14/2020 at: 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><br>SMP ID: <b>DS202</b> | Facility Name: <b>ERIE CO.HURON SOUTH DIST DISTRIBUTION</b><br><b>RIVER ROAD (HURON SOUTH)</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

Chemicals Monitoring Requirements

DISINFECTION BYPRODUCTS

Dual Sample Required between 2/8/2020 and 2/14/2020 at: DS202

Dual Sample Required between 5/8/2020 and 5/14/2020 at: DS202

Dual Sample Required between 8/8/2020 and 8/14/2020 at: DS202

Dual Sample Required between 11/8/2020 and 11/14/2020 at: 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><br>SMP ID: <b>LC###</b> | Facility Name: <b>ERIE CO.HURON SOUTH DIST DISTRIBUTION</b><br><b>Refer to your Lead and Copper plan for SMP IDs</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

Chemicals Monitoring Requirements

LEAD - 1030 AND COPPER - 1022 10 Sample(s) Required between 6/1/2020 and 9/30/2020

Lead consumer notice must be completed no later than two business days after receipt of the sample results. The verification form for consumer notice must be submitted to Ohio EPA no later than five business days after receipt of the sample results. Lead and copper sample monitoring point (SMP) IDs (LC###) must be current and reflect properly tiered sites according to OAC Rule 3745-81-86. Submit lead and copper SMP ID revisions to your Ohio EPA District Office. Forms and templates are available online at http://epa.ohio.gov/ddagw/pws/leadandcopper.aspx. For questions contact your Ohio EPA District Office representative.





OH2200803 ERIE CO VERMILION DISTRICT

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, 2020

DISTRIBUTION MONITORING SCHEDULE

|                          |   |  |                                |
|--------------------------|---|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS000</b> | Facility Name: <b>ERIE CO. VERMILION DIST DISTRIBUTION</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

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

|                             |   |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2020 and 1/31/2020   |
|                             | 1 Sample(s) Required between 2/1/2020 and 2/29/2020   |
|                             | 1 Sample(s) Required between 3/1/2020 and 3/31/2020   |
|                             | 1 Sample(s) Required between 4/1/2020 and 4/30/2020   |
|                             | 1 Sample(s) Required between 5/1/2020 and 5/31/2020   |
|                             | 1 Sample(s) Required between 6/1/2020 and 6/30/2020   |
|                             | 1 Sample(s) Required between 7/1/2020 and 7/31/2020   |
|                             | 1 Sample(s) Required between 8/1/2020 and 8/31/2020   |
|                             | 1 Sample(s) Required between 9/1/2020 and 9/30/2020   |
|                             | 1 Sample(s) Required between 10/1/2020 and 10/31/2020 |
|                             | 1 Sample(s) Required between 11/1/2020 and 11/30/2020 |
|                             | 1 Sample(s) Required between 12/1/2020 and 12/31/2020 |

|                       |   |
|-----------------------|---|
| TOTAL CHLORINE - 1000 | 1 Sample(s) Required between 1/1/2020 and 1/31/2020   |
|                       | 1 Sample(s) Required between 2/1/2020 and 2/29/2020   |
|                       | 1 Sample(s) Required between 3/1/2020 and 3/31/2020   |
|                       | 1 Sample(s) Required between 4/1/2020 and 4/30/2020   |
|                       | 1 Sample(s) Required between 5/1/2020 and 5/31/2020   |
|                       | 1 Sample(s) Required between 6/1/2020 and 6/30/2020   |
|                       | 1 Sample(s) Required between 7/1/2020 and 7/31/2020   |
|                       | 1 Sample(s) Required between 8/1/2020 and 8/31/2020   |
|                       | 1 Sample(s) Required between 9/1/2020 and 9/30/2020   |
|                       | 1 Sample(s) Required between 10/1/2020 and 10/31/2020 |
|                       | 1 Sample(s) Required between 11/1/2020 and 11/30/2020 |
|                       | 1 Sample(s) Required between 12/1/2020 and 12/31/2020 |

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

|                          |   |   |                                |
|--------------------------|---|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS201</b> | Facility Name: <b>ERIE CO. VERMILION DIST DISTRIBUTION</b><br><b>STATE ROUTE 60</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

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

|                         |  |
|-------------------------|--|
| DISINFECTION BYPRODUCTS | Dual Sample Required between 3/1/2020 and 3/7/2020 at: DS201   |
|                         | Dual Sample Required between 6/1/2020 and 6/7/2020 at: DS201   |
|                         | Dual Sample Required between 9/1/2020 and 9/7/2020 at: DS201   |
|                         | Dual Sample Required between 12/1/2020 and 12/7/2020 at: DS201 |

Sample for all the analytes listed below:

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



**OH2200803 ERIE CO VERMILION DISTRICT**

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, 2020**

**DISTRIBUTION MONITORING SCHEDULE**

|                          |   |  |                                |
|--------------------------|---|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS202</b> | Facility Name: <b>ERIE CO. VERMILION DIST DISTRIBUTION</b><br><b>ADDRESS NOT KNOWN</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

**Chemicals Monitoring Requirements**

|                         |  |
|-------------------------|--|
| DISINFECTION BYPRODUCTS | Dual Sample Required between 3/1/2020 and 3/7/2020 at: DS202   |
|                         | Dual Sample Required between 6/1/2020 and 6/7/2020 at: DS202   |
|                         | Dual Sample Required between 9/1/2020 and 9/7/2020 at: DS202   |
|                         | Dual Sample Required between 12/1/2020 and 12/7/2020 at: 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><br>SMP ID: <b>LC###</b> | Facility Name: <b>ERIE CO. VERMILION DIST DISTRIBUTION</b><br><b>Refer to your Lead and Copper plan for SMP IDs</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

**Chemicals Monitoring Requirements**

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



OH2201011 HURON CITY

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                          |   |   |                                |
|--------------------------|---|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>2253912</b><br>SMP ID: <b>EP001</b> | Facility Name: <b>HURON CITY</b><br>Facility Source: <b>Surface Water</b> | Facility Class: <b>CLASS 3</b> |
|--------------------------|---|---|--------------------------------|

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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, 2020

| Chemicals  | Monitoring Requirements  |
|--|--|
| INORGANICS   | 1 Sample(s) Required between 1/1/2020 and 5/31/2020  |
| <i>Sample for all the analytes listed below:</i>   |  |
| ANTIMONY, TOTAL - 1074 ARSENIC - 1005 BARIUM - 1010 BERYLLIUM, TOTAL - 1075 CADMIUM - 1015 CHROMIUM - 1020<br>CYANIDE - 1024 FLUORIDE - 1025 MERCURY - 1035 NICKEL - 1036 SELENIUM - 1045 THALLIUM, TOTAL - 1085 |  |
| NITRITE - 1041   | 1 Sample(s) Required between 1/1/2020 and 5/31/2020  |
| NITRATE - 1040   | 1 Sample(s) Required between 1/1/2020 and 1/31/2020<br>1 Sample(s) Required between 2/1/2020 and 2/29/2020<br>1 Sample(s) Required between 3/1/2020 and 3/31/2020<br>1 Sample(s) Required between 4/1/2020 and 4/30/2020<br>1 Sample(s) Required between 5/1/2020 and 5/31/2020<br>1 Sample(s) Required between 6/1/2020 and 6/30/2020<br>1 Sample(s) Required between 7/1/2020 and 7/31/2020<br>1 Sample(s) Required between 8/1/2020 and 8/31/2020<br>1 Sample(s) Required between 9/1/2020 and 9/30/2020<br>1 Sample(s) Required between 10/1/2020 and 10/31/2020<br>1 Sample(s) Required between 11/1/2020 and 11/30/2020<br>1 Sample(s) Required between 12/1/2020 and 12/31/2020   |
| RADIOLOGICALS  | 1 Sample(s) Required between 6/1/2020 and 10/31/2020   |
| <i>Sample for all the analytes listed below:</i>   |  |
| GROSS ALPHA - 4002 RADIUM-228 - 4030   |  |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1  | 1 Sample(s) Required between 4/1/2020 and 6/30/2020  |
| <i>Sample for all the analytes listed below:</i>   |  |
| ALACHLOR (LASSO) - 2051 ATRAZINE - 2050 SIMAZINE - 2037  |  |
| VOLATILE ORGANIC CHEMICALS (VOC)   | 1 Sample(s) Required between 1/1/2020 and 5/31/2020  |
| TOTAL ORGANIC CARBON (TOC)   | 1 Paired Sample Set Required between 1/1/2020 and 1/31/2020<br>1 Paired Sample Set Required between 2/1/2020 and 2/29/2020<br>1 Paired Sample Set Required between 3/1/2020 and 3/31/2020<br>1 Paired Sample Set Required between 4/1/2020 and 4/30/2020<br>1 Paired Sample Set Required between 5/1/2020 and 5/31/2020<br>1 Paired Sample Set Required between 6/1/2020 and 6/30/2020<br>1 Paired Sample Set Required between 7/1/2020 and 7/31/2020<br>1 Paired Sample Set Required between 8/1/2020 and 8/31/2020<br>1 Paired Sample Set Required between 9/1/2020 and 9/30/2020<br>1 Paired Sample Set Required between 10/1/2020 and 10/31/2020<br>1 Paired Sample Set Required between 11/1/2020 and 11/30/2020<br>1 Paired Sample Set Required between 12/1/2020 and 12/31/2020 |

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.



Effective Date: 04/17/2020

2020 ENTRY POINT SCHEDULE

OH2201011 HURON CITY

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                 |                             |                                       |                                |
|-----------------|-----------------------------|---------------------------------------|--------------------------------|
| <b>Sampling</b> | Facility ID: <b>2253912</b> | Facility Name: <b>HURON CITY</b>      |                                |
| <b>Location</b> | SMP ID: <b>EP001/LT2001</b> | Facility Source: <b>Surface Water</b> | Facility Class: <b>CLASS 3</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

\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2020

Chemicals

Monitoring Requirements

TOTAL MICROCYSTINS

1 Sample Set Required WEEKLY\*

Total microcystins sample set refers to one raw source water sample at LT2001 and one finished water sample at EP001. A week is defined as Sunday through Saturday.

\*Weekly sampling unless requirements for reduced monitoring are met. Current reduced monitoring schedules can be found at http://epa.ohio.gov/ddagw/HAB.aspx. Reduced monitoring is contingent on a public water system continuing to experience NO raw or finished water total microcystins detections. Any total microcystins detections during routine (weekly) or reduced sampling will trigger additional sampling. Please refer to the website above for specifics on follow-up sampling requirements.



OH2201011 HURON CITY

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                 |                             |                                       |                                |
|-----------------|-----------------------------|---------------------------------------|--------------------------------|
| <b>Sampling</b> | Facility ID: <b>2253912</b> | Facility Name: <b>HURON CITY</b>      |                                |
| <b>Location</b> | SMP ID: <b>LT2001</b>       | Facility Source: <b>Surface Water</b> | Facility Class: <b>CLASS 3</b> |

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2020

| Chemicals  | Monitoring Requirements                              |
|--|--|
| CYANOBACTERIA SCREENING                                | 1 Sample(s) Required between 12/29/2019 and 1/4/2020 |
|  | 1 Sample(s) Required between 1/12/2020 and 1/18/2020 |
|  | 1 Sample(s) Required between 1/26/2020 and 2/1/2020  |
|  | 1 Sample(s) Required between 2/9/2020 and 2/15/2020  |
|  | 1 Sample(s) Required between 2/23/2020 and 2/29/2020 |
|  | 1 Sample(s) Required between 3/8/2020 and 3/14/2020  |
|  | 1 Sample(s) Required between 3/22/2020 and 3/28/2020 |
|  | 1 Sample(s) Required between 4/5/2020 and 4/11/2020  |
|  | 1 Sample(s) Required between 4/19/2020 and 4/25/2020 |
|  | 1 Sample(s) Required between 5/3/2020 and 5/9/2020   |
|  | 1 Sample(s) Required between 5/17/2020 and 5/23/2020 |
|  | 1 Sample(s) Required between 5/31/2020 and 6/6/2020  |
|  | 1 Sample(s) Required between 6/14/2020 and 6/20/2020 |
|  | 1 Sample(s) Required between 6/28/2020 and 7/4/2020  |
|  | 1 Sample(s) Required between 7/12/2020 and 7/18/2020 |
|  | 1 Sample(s) Required between 7/26/2020 and 8/1/2020  |
|  | 1 Sample(s) Required between 8/9/2020 and 8/15/2020  |
|  | 1 Sample(s) Required between 8/23/2020 and 8/29/2020 |
|  | 1 Sample(s) Required between 9/6/2020 and 9/12/2020  |
|  | 1 Sample(s) Required between 9/20/2020 and 9/26/2020 |
| 1 Sample(s) Required between 10/4/2020 and 10/10/2020  |  |
| 1 Sample(s) Required between 10/18/2020 and 10/24/2020 |  |
| 1 Sample(s) Required between 11/1/2020 and 11/7/2020   |  |
| 1 Sample(s) Required between 11/15/2020 and 11/21/2020 |  |
| 1 Sample(s) Required between 11/29/2020 and 12/5/2020  |  |
| 1 Sample(s) Required between 12/13/2020 and 12/19/2020 |  |

Cyanobacteria screening sample is to be collected biweekly from raw source water at sample point LT2001 unless requirements for reduced monitoring are met. Current reduced monitoring schedules can be found at <http://epa.ohio.gov/ddagw/HAB.aspx>. As of 12/31/17, all public water systems are responsible for contracting with a lab certified to perform cyanobacteria screening (qPCR). Please review the website for further information pertaining to follow-up sampling requirements for cyanobacteria screening gene detections, and certified labs that can perform analysis.



**OH2201011 HURON CITY**

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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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, 2020**

**DISTRIBUTION MONITORING SCHEDULE**

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

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

|                             |   |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 8 Sample(s) Required between 1/1/2020 and 1/31/2020   |
|                             | 8 Sample(s) Required between 2/1/2020 and 2/29/2020   |
|                             | 8 Sample(s) Required between 3/1/2020 and 3/31/2020   |
|                             | 8 Sample(s) Required between 4/1/2020 and 4/30/2020   |
|                             | 8 Sample(s) Required between 5/1/2020 and 5/31/2020   |
|                             | 8 Sample(s) Required between 6/1/2020 and 6/30/2020   |
|                             | 8 Sample(s) Required between 7/1/2020 and 7/31/2020   |
|                             | 8 Sample(s) Required between 8/1/2020 and 8/31/2020   |
|                             | 8 Sample(s) Required between 9/1/2020 and 9/30/2020   |
|                             | 8 Sample(s) Required between 10/1/2020 and 10/31/2020 |
|                             | 8 Sample(s) Required between 11/1/2020 and 11/30/2020 |
|                             | 8 Sample(s) Required between 12/1/2020 and 12/31/2020 |

|                       |   |
|-----------------------|---|
| TOTAL CHLORINE - 1000 | 8 Sample(s) Required between 1/1/2020 and 1/31/2020   |
|                       | 8 Sample(s) Required between 2/1/2020 and 2/29/2020   |
|                       | 8 Sample(s) Required between 3/1/2020 and 3/31/2020   |
|                       | 8 Sample(s) Required between 4/1/2020 and 4/30/2020   |
|                       | 8 Sample(s) Required between 5/1/2020 and 5/31/2020   |
|                       | 8 Sample(s) Required between 6/1/2020 and 6/30/2020   |
|                       | 8 Sample(s) Required between 7/1/2020 and 7/31/2020   |
|                       | 8 Sample(s) Required between 8/1/2020 and 8/31/2020   |
|                       | 8 Sample(s) Required between 9/1/2020 and 9/30/2020   |
|                       | 8 Sample(s) Required between 10/1/2020 and 10/31/2020 |
|                       | 8 Sample(s) Required between 11/1/2020 and 11/30/2020 |
|                       | 8 Sample(s) Required between 12/1/2020 and 12/31/2020 |

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

|                          |   |   |                                |
|--------------------------|---|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS201</b> | Facility Name: <b>HURON, CITY OF DISTRIBUTION</b><br><b>HYDRANT UNIVERSITY DR S</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

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

|                         |   |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | Dual Sample Required between 7/1/2020 and 9/30/2020 at: DS201 |
|-------------------------|---|

Sample for all the analytes listed below:

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



**OH2201011 HURON CITY**

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, 2020**

**DISTRIBUTION MONITORING SCHEDULE**

|                          |   |  |                                |
|--------------------------|---|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS202</b> | Facility Name: <b>HURON, CITY OF DISTRIBUTION</b><br><b>HYDRANT LINCOLN/WASHINGTON</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS Dual Sample Required between 7/1/2020 and 9/30/2020 at: 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><br>SMP ID: <b>LC###</b> | Facility Name: <b>HURON, CITY OF DISTRIBUTION</b><br><b>Refer to your Lead and Copper plan for SMP IDs</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

**Chemicals Monitoring Requirements**

LEAD - 1030 AND COPPER - 1022 20 Sample(s) Required between 6/1/2020 and 9/30/2020

*Lead consumer notice must be completed no later than two business days after receipt of the sample results. The verification form for consumer notice must be submitted to Ohio EPA no later than five business days after receipt of the sample results. Lead and copper sample monitoring point (SMP) IDs (LC###) must be current and reflect properly tiered sites according to OAC Rule 3745-81-86. Submit lead and copper SMP ID revisions to your Ohio EPA District Office. Forms and templates are available online at <http://epa.ohio.gov/ddagw/pws/leadandcopper.aspx>. For questions contact your Ohio EPA District Office representative.*





OH2201111 KELLEYS ISLAND VILLAGE

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                          |                             |  |                                |
|--------------------------|-----------------------------|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>2253913</b> | Facility Name: <b>KELLEYS ISLAND VILLAGE</b> | Facility Class: <b>CLASS 3</b> |
|                          | SMP ID: <b>EP001</b>        | Facility Source: <b>Surface 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, 2020

| Chemicals  | Monitoring Requirements  |
|--|--|
| INORGANICS   | 1 Sample(s) Required between 1/1/2020 and 5/31/2020  |
| <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         |  |
| NITRITE - 1041   | 1 Sample(s) Required between 1/1/2020 and 5/31/2020  |
| NITRATE - 1040   | 1 Sample(s) Required between 1/1/2020 and 1/31/2020<br>1 Sample(s) Required between 2/1/2020 and 2/29/2020<br>1 Sample(s) Required between 3/1/2020 and 3/31/2020<br>1 Sample(s) Required between 4/1/2020 and 4/30/2020<br>1 Sample(s) Required between 5/1/2020 and 5/31/2020<br>1 Sample(s) Required between 6/1/2020 and 6/30/2020<br>1 Sample(s) Required between 7/1/2020 and 7/31/2020<br>1 Sample(s) Required between 8/1/2020 and 8/31/2020<br>1 Sample(s) Required between 9/1/2020 and 9/30/2020<br>1 Sample(s) Required between 10/1/2020 and 10/31/2020<br>1 Sample(s) Required between 11/1/2020 and 11/30/2020<br>1 Sample(s) Required between 12/1/2020 and 12/31/2020   |
| RADIOLOGICALS  | Not Required   |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1  | 1 Sample(s) Required between 4/1/2020 and 6/30/2020  |
| <i>Sample for all the analytes listed below:</i>   |  |
| ALACHLOR (LASSO) - 2051 ATRAZINE - 2050 SIMAZINE - 2037  |  |
| VOLATILE ORGANIC CHEMICALS (VOC)   | 1 Sample(s) Required between 1/1/2020 and 3/31/2020<br>1 Sample(s) Required between 4/1/2020 and 6/30/2020<br>1 Sample(s) Required between 7/1/2020 and 9/30/2020<br>1 Sample(s) Required between 10/1/2020 and 12/31/2020   |
| TOTAL ORGANIC CARBON (TOC)   | 1 Paired Sample Set Required between 1/1/2020 and 1/31/2020<br>1 Paired Sample Set Required between 2/1/2020 and 2/29/2020<br>1 Paired Sample Set Required between 3/1/2020 and 3/31/2020<br>1 Paired Sample Set Required between 4/1/2020 and 4/30/2020<br>1 Paired Sample Set Required between 5/1/2020 and 5/31/2020<br>1 Paired Sample Set Required between 6/1/2020 and 6/30/2020<br>1 Paired Sample Set Required between 7/1/2020 and 7/31/2020<br>1 Paired Sample Set Required between 8/1/2020 and 8/31/2020<br>1 Paired Sample Set Required between 9/1/2020 and 9/30/2020<br>1 Paired Sample Set Required between 10/1/2020 and 10/31/2020<br>1 Paired Sample Set Required between 11/1/2020 and 11/30/2020<br>1 Paired Sample Set Required between 12/1/2020 and 12/31/2020 |

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.



Effective Date: 01/01/2020

2020 ENTRY POINT SCHEDULE

OH2201111 KELLEYS ISLAND VILLAGE

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                 |                             |  |                                |
|-----------------|-----------------------------|--|--------------------------------|
| <b>Sampling</b> | Facility ID: <b>2253913</b> | Facility Name: <b>KELLEYS ISLAND VILLAGE</b> |                                |
| <b>Location</b> | SMP ID: <b>EP001/LT2001</b> | Facility Source: <b>Surface 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, 2020

Chemicals

Monitoring Requirements

TOTAL MICROCYSTINS

1 Sample Set Required WEEKLY\*

Total microcystins sample set refers to one raw source water sample at LT2001 and one finished water sample at EP001. A week is defined as Sunday through Saturday.

\*Weekly sampling unless requirements for reduced monitoring are met. Current reduced monitoring schedules can be found at http://epa.ohio.gov/ddagw/HAB.aspx. Reduced monitoring is contingent on a public water system continuing to experience NO raw or finished water total microcystins detections. Any total microcystins detections during routine (weekly) or reduced sampling will trigger additional sampling. Please refer to the website above for specifics on follow-up sampling requirements.



OH2201111 KELLEYS ISLAND VILLAGE

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                 |                             |  |                                |
|-----------------|-----------------------------|--|--------------------------------|
| <b>Sampling</b> | Facility ID: <b>2253913</b> | Facility Name: <b>KELLEYS ISLAND VILLAGE</b> |                                |
| <b>Location</b> | SMP ID: <b>LT2001</b>       | Facility Source: <b>Surface 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, 2020

| Chemicals  | Monitoring Requirements                              |
|--|--|
| CYANOBACTERIA SCREENING                                | 1 Sample(s) Required between 12/29/2019 and 1/4/2020 |
|  | 1 Sample(s) Required between 1/12/2020 and 1/18/2020 |
|  | 1 Sample(s) Required between 1/26/2020 and 2/1/2020  |
|  | 1 Sample(s) Required between 2/9/2020 and 2/15/2020  |
|  | 1 Sample(s) Required between 2/23/2020 and 2/29/2020 |
|  | 1 Sample(s) Required between 3/8/2020 and 3/14/2020  |
|  | 1 Sample(s) Required between 3/22/2020 and 3/28/2020 |
|  | 1 Sample(s) Required between 4/5/2020 and 4/11/2020  |
|  | 1 Sample(s) Required between 4/19/2020 and 4/25/2020 |
|  | 1 Sample(s) Required between 5/3/2020 and 5/9/2020   |
|  | 1 Sample(s) Required between 5/17/2020 and 5/23/2020 |
|  | 1 Sample(s) Required between 5/31/2020 and 6/6/2020  |
|  | 1 Sample(s) Required between 6/14/2020 and 6/20/2020 |
|  | 1 Sample(s) Required between 6/28/2020 and 7/4/2020  |
|  | 1 Sample(s) Required between 7/12/2020 and 7/18/2020 |
|  | 1 Sample(s) Required between 7/26/2020 and 8/1/2020  |
|  | 1 Sample(s) Required between 8/9/2020 and 8/15/2020  |
|  | 1 Sample(s) Required between 8/23/2020 and 8/29/2020 |
|  | 1 Sample(s) Required between 9/6/2020 and 9/12/2020  |
|  | 1 Sample(s) Required between 9/20/2020 and 9/26/2020 |
| 1 Sample(s) Required between 10/4/2020 and 10/10/2020  |  |
| 1 Sample(s) Required between 10/18/2020 and 10/24/2020 |  |
| 1 Sample(s) Required between 11/1/2020 and 11/7/2020   |  |
| 1 Sample(s) Required between 11/15/2020 and 11/21/2020 |  |
| 1 Sample(s) Required between 11/29/2020 and 12/5/2020  |  |
| 1 Sample(s) Required between 12/13/2020 and 12/19/2020 |  |

Cyanobacteria screening sample is to be collected biweekly from raw source water at sample point LT2001 unless requirements for reduced monitoring are met. Current reduced monitoring schedules can be found at <http://epa.ohio.gov/ddagw/HAB.aspx>. As of 12/31/17, all public water systems are responsible for contracting with a lab certified to perform cyanobacteria screening (qPCR). Please review the website for further information pertaining to follow-up sampling requirements for cyanobacteria screening gene detections, and certified labs that can perform analysis.



OH2201111 KELLEYS ISLAND VILLAGE

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, 2020

DISTRIBUTION MONITORING SCHEDULE

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

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

|                 |  |
|-----------------|--|
| ASBESTOS - 1094 | 1 Sample(s) Required between 6/1/2020 and 10/31/2020 |
|-----------------|--|

Collect one sample at a tap served by asbestos-cement pipe. Due to limited Laboratory capacity and a 48 hour filtering requirement, contact your lab early in the monitoring period to schedule a sampling date.

|                             |   |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 4 Sample(s) Required between 1/1/2020 and 1/31/2020   |
|                             | 4 Sample(s) Required between 2/1/2020 and 2/29/2020   |
|                             | 4 Sample(s) Required between 3/1/2020 and 3/31/2020   |
|                             | 4 Sample(s) Required between 4/1/2020 and 4/30/2020   |
|                             | 4 Sample(s) Required between 5/1/2020 and 5/31/2020   |
|                             | 4 Sample(s) Required between 6/1/2020 and 6/30/2020   |
|                             | 4 Sample(s) Required between 7/1/2020 and 7/31/2020   |
|                             | 4 Sample(s) Required between 8/1/2020 and 8/31/2020   |
|                             | 4 Sample(s) Required between 9/1/2020 and 9/30/2020   |
|                             | 4 Sample(s) Required between 10/1/2020 and 10/31/2020 |
|                             | 4 Sample(s) Required between 11/1/2020 and 11/30/2020 |
|                             | 4 Sample(s) Required between 12/1/2020 and 12/31/2020 |

|                       |   |
|-----------------------|---|
| TOTAL CHLORINE - 1000 | 4 Sample(s) Required between 1/1/2020 and 1/31/2020   |
|                       | 4 Sample(s) Required between 2/1/2020 and 2/29/2020   |
|                       | 4 Sample(s) Required between 3/1/2020 and 3/31/2020   |
|                       | 4 Sample(s) Required between 4/1/2020 and 4/30/2020   |
|                       | 4 Sample(s) Required between 5/1/2020 and 5/31/2020   |
|                       | 4 Sample(s) Required between 6/1/2020 and 6/30/2020   |
|                       | 4 Sample(s) Required between 7/1/2020 and 7/31/2020   |
|                       | 4 Sample(s) Required between 8/1/2020 and 8/31/2020   |
|                       | 4 Sample(s) Required between 9/1/2020 and 9/30/2020   |
|                       | 4 Sample(s) Required between 10/1/2020 and 10/31/2020 |
|                       | 4 Sample(s) Required between 11/1/2020 and 11/30/2020 |
|                       | 4 Sample(s) Required between 12/1/2020 and 12/31/2020 |

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

|                          |   |   |                                |
|--------------------------|---|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS201</b> | Facility Name: <b>KELLEYS ISLAND VILLAGE DISTRIBUTION</b><br><b>110 LAYIN</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

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

|                         |  |
|-------------------------|--|
| DISINFECTION BYPRODUCTS | Dual Sample Required between 1/1/2020 and 1/7/2020 at: DS201 |
|                         | Dual Sample Required between 4/1/2020 and 4/7/2020 at: DS201 |
|                         | Dual Sample Required between 7/1/2020 and 7/7/2020 at: DS201 |



**OH2201111 KELLEYS ISLAND VILLAGE**

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, 2020**

**DISTRIBUTION MONITORING SCHEDULE**

|                          |   |   |                                |
|--------------------------|---|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS201</b> | Facility Name: <b>KELLEYS ISLAND VILLAGE DISTRIBUTION</b><br><b>110 LAYIN</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS Dual Sample Required between 10/1/2020 and 10/7/2020 at: 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><br>SMP ID: <b>DS202</b> | Facility Name: <b>KELLEYS ISLAND VILLAGE DISTRIBUTION</b><br><b>402 SWEETVALLEY</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS

Dual Sample Required between 1/1/2020 and 1/7/2020 at: DS202

Dual Sample Required between 4/1/2020 and 4/7/2020 at: DS202

Dual Sample Required between 7/1/2020 and 7/7/2020 at: DS202

Dual Sample Required between 10/1/2020 and 10/7/2020 at: 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><br>SMP ID: <b>LC###</b> | Facility Name: <b>KELLEYS ISLAND VILLAGE DISTRIBUTION</b><br><b>Refer to your Lead and Copper plan for SMP IDs</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

**Chemicals Monitoring Requirements**

LEAD - 1030 AND COPPER - 1022 10 Sample(s) Required between 6/1/2020 and 9/30/2020

*Lead consumer notice must be completed no later than two business days after receipt of the sample results. The verification form for consumer notice must be submitted to Ohio EPA no later than five business days after receipt of the sample results. Lead and copper sample monitoring point (SMP) IDs (LC###) must be current and reflect properly tiered sites according to OAC Rule 3745-81-86. Submit lead and copper SMP ID revisions to your Ohio EPA District Office. Forms and templates are available online at <http://epa.ohio.gov/ddagw/pws/leadandcopper.aspx>. For questions contact your Ohio EPA District Office representative.*



**OH2201212 MILAN VILLAGE**

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, 2020**

**DISTRIBUTION MONITORING SCHEDULE**

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

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

|                 |  |
|-----------------|--|
| ASBESTOS - 1094 | 1 Sample(s) Required between 6/1/2020 and 10/31/2020 |
|-----------------|--|

*Collect one sample at a tap served by asbestos-cement pipe. Due to limited Laboratory capacity and a 48 hour filtering requirement, contact your lab early in the monitoring period to schedule a sampling date.*

|                             |   |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 2 Sample(s) Required between 1/1/2020 and 1/31/2020   |
|                             | 2 Sample(s) Required between 2/1/2020 and 2/29/2020   |
|                             | 2 Sample(s) Required between 3/1/2020 and 3/31/2020   |
|                             | 2 Sample(s) Required between 4/1/2020 and 4/30/2020   |
|                             | 2 Sample(s) Required between 5/1/2020 and 5/31/2020   |
|                             | 2 Sample(s) Required between 6/1/2020 and 6/30/2020   |
|                             | 2 Sample(s) Required between 7/1/2020 and 7/31/2020   |
|                             | 2 Sample(s) Required between 8/1/2020 and 8/31/2020   |
|                             | 2 Sample(s) Required between 9/1/2020 and 9/30/2020   |
|                             | 2 Sample(s) Required between 10/1/2020 and 10/31/2020 |
|                             | 2 Sample(s) Required between 11/1/2020 and 11/30/2020 |
|                             | 2 Sample(s) Required between 12/1/2020 and 12/31/2020 |

|                       |   |
|-----------------------|---|
| TOTAL CHLORINE - 1000 | 2 Sample(s) Required between 1/1/2020 and 1/31/2020   |
|                       | 2 Sample(s) Required between 2/1/2020 and 2/29/2020   |
|                       | 2 Sample(s) Required between 3/1/2020 and 3/31/2020   |
|                       | 2 Sample(s) Required between 4/1/2020 and 4/30/2020   |
|                       | 2 Sample(s) Required between 5/1/2020 and 5/31/2020   |
|                       | 2 Sample(s) Required between 6/1/2020 and 6/30/2020   |
|                       | 2 Sample(s) Required between 7/1/2020 and 7/31/2020   |
|                       | 2 Sample(s) Required between 8/1/2020 and 8/31/2020   |
|                       | 2 Sample(s) Required between 9/1/2020 and 9/30/2020   |
|                       | 2 Sample(s) Required between 10/1/2020 and 10/31/2020 |
|                       | 2 Sample(s) Required between 11/1/2020 and 11/30/2020 |
|                       | 2 Sample(s) Required between 12/1/2020 and 12/31/2020 |

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

|                          |   |  |                                |
|--------------------------|---|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS201</b> | Facility Name: <b>MILAN VILLAGE DISTRIBUTION SYSTEM</b><br><b>58 LOCKWOOD RD</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

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

|                         |  |
|-------------------------|--|
| DISINFECTION BYPRODUCTS | Dual Sample Required between 3/1/2020 and 3/7/2020 at: DS201 |
|                         | Dual Sample Required between 6/1/2020 and 6/7/2020 at: DS201 |
|                         | Dual Sample Required between 9/1/2020 and 9/7/2020 at: DS201 |



**OH2201212 MILAN VILLAGE**

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, 2020**

**DISTRIBUTION MONITORING SCHEDULE**

|                          |   |  |                                |
|--------------------------|---|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS201</b> | Facility Name: <b>MILAN VILLAGE DISTRIBUTION SYSTEM</b><br><b>58 LOCKWOOD RD</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS Dual Sample Required between 12/1/2020 and 12/7/2020 at: 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><br>SMP ID: <b>DS202</b> | Facility Name: <b>MILAN VILLAGE DISTRIBUTION SYSTEM</b><br><b>13317 RILEY RD</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS

Dual Sample Required between 3/1/2020 and 3/7/2020 at: DS202

Dual Sample Required between 6/1/2020 and 6/7/2020 at: DS202

Dual Sample Required between 9/1/2020 and 9/7/2020 at: DS202

Dual Sample Required between 12/1/2020 and 12/7/2020 at: 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><br>SMP ID: <b>LC###</b> | Facility Name: <b>MILAN VILLAGE DISTRIBUTION SYSTEM</b><br><b>Refer to your Lead and Copper plan for SMP IDs</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

**Chemicals Monitoring Requirements**

LEAD - 1030 AND COPPER - 1022 10 Sample(s) Required between 6/1/2020 and 9/30/2020

*Lead consumer notice must be completed no later than two business days after receipt of the sample results. The verification form for consumer notice must be submitted to Ohio EPA no later than five business days after receipt of the sample results. Lead and copper sample monitoring point (SMP) IDs (LC###) must be current and reflect properly tiered sites according to OAC Rule 3745-81-86. Submit lead and copper SMP ID revisions to your Ohio EPA District Office. Forms and templates are available online at <http://epa.ohio.gov/ddagw/pws/leadandcopper.aspx>. For questions contact your Ohio EPA District Office representative.*





OH2201411 SANDUSKY CITY

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                          |                             |                                       |                                |
|--------------------------|-----------------------------|---------------------------------------|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>2253916</b> | Facility Name: <b>SANDUSKY CITY</b>   | Facility Class: <b>CLASS 4</b> |
|                          | SMP ID: <b>EP001</b>        | Facility Source: <b>Surface 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

\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2020

| Chemicals   | Monitoring Requirements              |                          |
|---|--------------------------------------|--------------------------|
| INORGANICS  | 1 Sample(s) Required between         | 1/1/2020 and 5/31/2020   |
| NITRITE - 1041  | 1 Sample(s) Required between         | 1/1/2020 and 5/31/2020   |
| NITRATE - 1040  | 1 Sample(s) Required between         | 1/1/2020 and 1/31/2020   |
|   | 1 Sample(s) Required between         | 2/1/2020 and 2/29/2020   |
|   | 1 Sample(s) Required between         | 3/1/2020 and 3/31/2020   |
|   | 1 Sample(s) Required between         | 4/1/2020 and 4/30/2020   |
|   | 1 Sample(s) Required between         | 5/1/2020 and 5/31/2020   |
|   | 1 Sample(s) Required between         | 6/1/2020 and 6/30/2020   |
|   | 1 Sample(s) Required between         | 7/1/2020 and 7/31/2020   |
|   | 1 Sample(s) Required between         | 8/1/2020 and 8/31/2020   |
|   | 1 Sample(s) Required between         | 9/1/2020 and 9/30/2020   |
|   | 1 Sample(s) Required between         | 10/1/2020 and 10/31/2020 |
|   | 1 Sample(s) Required between         | 11/1/2020 and 11/30/2020 |
|   | 1 Sample(s) Required between         | 12/1/2020 and 12/31/2020 |
| RADIOLOGICALS   | Not Required                         |                          |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1               | 1 Sample(s) Required between         | 4/1/2020 and 6/30/2020   |
| <u>Sample for all the analytes listed below:</u>        |                                      |                          |
| ALACHLOR (LASSO) - 2051 ATRAZINE - 2050 SIMAZINE - 2037 |                                      |                          |
| VOLATILE ORGANIC CHEMICALS (VOC)                        | 1 Sample(s) Required between         | 1/1/2020 and 3/31/2020   |
| TOTAL ORGANIC CARBON (TOC)                              | 1 Paired Sample Set Required between | 1/1/2020 and 1/31/2020   |
|   | 1 Paired Sample Set Required between | 2/1/2020 and 2/29/2020   |
|   | 1 Paired Sample Set Required between | 3/1/2020 and 3/31/2020   |
|   | 1 Paired Sample Set Required between | 4/1/2020 and 4/30/2020   |
|   | 1 Paired Sample Set Required between | 5/1/2020 and 5/31/2020   |
|   | 1 Paired Sample Set Required between | 6/1/2020 and 6/30/2020   |
|   | 1 Paired Sample Set Required between | 7/1/2020 and 7/31/2020   |
|   | 1 Paired Sample Set Required between | 8/1/2020 and 8/31/2020   |
|   | 1 Paired Sample Set Required between | 9/1/2020 and 9/30/2020   |
|   | 1 Paired Sample Set Required between | 10/1/2020 and 10/31/2020 |
|   | 1 Paired Sample Set Required between | 11/1/2020 and 11/30/2020 |
|   | 1 Paired Sample Set Required between | 12/1/2020 and 12/31/2020 |

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.



Effective Date: 04/17/2020

2020 ENTRY POINT SCHEDULE

OH2201411 SANDUSKY CITY

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                 |                             |                                       |                                |
|-----------------|-----------------------------|---------------------------------------|--------------------------------|
| <b>Sampling</b> | Facility ID: <b>2253916</b> | Facility Name: <b>SANDUSKY CITY</b>   |                                |
| <b>Location</b> | SMP ID: <b>EP001/LT2001</b> | Facility Source: <b>Surface Water</b> | Facility Class: <b>CLASS 4</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.

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2020

Chemicals

Monitoring Requirements

TOTAL MICROCYSTINS

1 Sample Set Required WEEKLY\*

Total microcystins sample set refers to one raw source water sample at LT2001 and one finished water sample at EP001. A week is defined as Sunday through Saturday.

\*Weekly sampling unless requirements for reduced monitoring are met. Current reduced monitoring schedules can be found at http://epa.ohio.gov/ddagw/HAB.aspx. Reduced monitoring is contingent on a public water system continuing to experience NO raw or finished water total microcystins detections. Any total microcystins detections during routine (weekly) or reduced sampling will trigger additional sampling. Please refer to the website above for specifics on follow-up sampling requirements.



OH2201411 SANDUSKY CITY

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                 |                             |                                       |                                |
|-----------------|-----------------------------|---------------------------------------|--------------------------------|
| <b>Sampling</b> | Facility ID: <b>2253916</b> | Facility Name: <b>SANDUSKY CITY</b>   |                                |
| <b>Location</b> | SMP ID: <b>LT2001</b>       | Facility Source: <b>Surface Water</b> | Facility Class: <b>CLASS 4</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

\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2020

| Chemicals  | Monitoring Requirements                              |
|--|--|
| CYANOBACTERIA SCREENING                                | 1 Sample(s) Required between 12/29/2019 and 1/4/2020 |
|  | 1 Sample(s) Required between 1/12/2020 and 1/18/2020 |
|  | 1 Sample(s) Required between 1/26/2020 and 2/1/2020  |
|  | 1 Sample(s) Required between 2/9/2020 and 2/15/2020  |
|  | 1 Sample(s) Required between 2/23/2020 and 2/29/2020 |
|  | 1 Sample(s) Required between 3/8/2020 and 3/14/2020  |
|  | 1 Sample(s) Required between 3/22/2020 and 3/28/2020 |
|  | 1 Sample(s) Required between 4/5/2020 and 4/11/2020  |
|  | 1 Sample(s) Required between 4/19/2020 and 4/25/2020 |
|  | 1 Sample(s) Required between 5/3/2020 and 5/9/2020   |
|  | 1 Sample(s) Required between 5/17/2020 and 5/23/2020 |
|  | 1 Sample(s) Required between 5/31/2020 and 6/6/2020  |
|  | 1 Sample(s) Required between 6/14/2020 and 6/20/2020 |
|  | 1 Sample(s) Required between 6/28/2020 and 7/4/2020  |
|  | 1 Sample(s) Required between 7/12/2020 and 7/18/2020 |
|  | 1 Sample(s) Required between 7/26/2020 and 8/1/2020  |
|  | 1 Sample(s) Required between 8/9/2020 and 8/15/2020  |
|  | 1 Sample(s) Required between 8/23/2020 and 8/29/2020 |
|  | 1 Sample(s) Required between 9/6/2020 and 9/12/2020  |
|  | 1 Sample(s) Required between 9/20/2020 and 9/26/2020 |
| 1 Sample(s) Required between 10/4/2020 and 10/10/2020  |  |
| 1 Sample(s) Required between 10/18/2020 and 10/24/2020 |  |
| 1 Sample(s) Required between 11/1/2020 and 11/7/2020   |  |
| 1 Sample(s) Required between 11/15/2020 and 11/21/2020 |  |
| 1 Sample(s) Required between 11/29/2020 and 12/5/2020  |  |
| 1 Sample(s) Required between 12/13/2020 and 12/19/2020 |  |

Cyanobacteria screening sample is to be collected biweekly from raw source water at sample point LT2001 unless requirements for reduced monitoring are met. Current reduced monitoring schedules can be found at <http://epa.ohio.gov/ddagw/HAB.aspx>. As of 12/31/17, all public water systems are responsible for contracting with a lab certified to perform cyanobacteria screening (qPCR). Please review the website for further information pertaining to follow-up sampling requirements for cyanobacteria screening gene detections, and certified labs that can perform analysis.

**OH2201411 SANDUSKY CITY**

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

**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2020**

**DISTRIBUTION MONITORING SCHEDULE**

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

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

|   |  |
|---|--|
| ASBESTOS - 1094   | 1 Sample(s) Required between 6/1/2020 and 10/31/2020 |
| <i>Collect one sample at a tap served by asbestos-cement pipe. Due to limited Laboratory capacity and a 48 hour filtering requirement, contact your lab early in the monitoring period to schedule a sampling date.</i> |  |

|                             |  |
|-----------------------------|--|
| TOTAL COLIFORM (TCR) - 3100 | 30 Sample(s) Required between 1/1/2020 and 1/31/2020   |
|                             | 30 Sample(s) Required between 2/1/2020 and 2/29/2020   |
|                             | 30 Sample(s) Required between 3/1/2020 and 3/31/2020   |
|                             | 30 Sample(s) Required between 4/1/2020 and 4/30/2020   |
|                             | 30 Sample(s) Required between 5/1/2020 and 5/31/2020   |
|                             | 30 Sample(s) Required between 6/1/2020 and 6/30/2020   |
|                             | 30 Sample(s) Required between 7/1/2020 and 7/31/2020   |
|                             | 30 Sample(s) Required between 8/1/2020 and 8/31/2020   |
|                             | 30 Sample(s) Required between 9/1/2020 and 9/30/2020   |
|                             | 30 Sample(s) Required between 10/1/2020 and 10/31/2020 |
|                             | 30 Sample(s) Required between 11/1/2020 and 11/30/2020 |
|                             | 30 Sample(s) Required between 12/1/2020 and 12/31/2020 |

|                       |  |
|-----------------------|--|
| TOTAL CHLORINE - 1000 | 30 Sample(s) Required between 1/1/2020 and 1/31/2020   |
|                       | 30 Sample(s) Required between 2/1/2020 and 2/29/2020   |
|                       | 30 Sample(s) Required between 3/1/2020 and 3/31/2020   |
|                       | 30 Sample(s) Required between 4/1/2020 and 4/30/2020   |
|                       | 30 Sample(s) Required between 5/1/2020 and 5/31/2020   |
|                       | 30 Sample(s) Required between 6/1/2020 and 6/30/2020   |
|                       | 30 Sample(s) Required between 7/1/2020 and 7/31/2020   |
|                       | 30 Sample(s) Required between 8/1/2020 and 8/31/2020   |
|                       | 30 Sample(s) Required between 9/1/2020 and 9/30/2020   |
|                       | 30 Sample(s) Required between 10/1/2020 and 10/31/2020 |
|                       | 30 Sample(s) Required between 11/1/2020 and 11/30/2020 |
|                       | 30 Sample(s) Required between 12/1/2020 and 12/31/2020 |

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

|                          |   |  |                                |
|--------------------------|---|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS201</b> | Facility Name: <b>SANDUSKY CITY DISTRIBUTION SYSTEM</b><br><b>34 CEDAR POINT RD.</b> | Facility Class: <b>CLASS 2</b> |
|--------------------------|---|--|--------------------------------|

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

|                         |  |
|-------------------------|--|
| DISINFECTION BYPRODUCTS | Dual Sample Required between 3/1/2020 and 3/7/2020 at: DS201 |
|                         | Dual Sample Required between 6/1/2020 and 6/7/2020 at: DS201 |
|                         | Dual Sample Required between 9/1/2020 and 9/7/2020 at: DS201 |

**OH2201411 SANDUSKY CITY**

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, 2020**

**DISTRIBUTION MONITORING SCHEDULE**

|                          |   |  |                                |
|--------------------------|---|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS201</b> | Facility Name: <b>SANDUSKY CITY DISTRIBUTION SYSTEM</b><br><b>34 CEDAR POINT RD.</b> | Facility Class: <b>CLASS 2</b> |
|--------------------------|---|--|--------------------------------|

**Chemicals**

**Monitoring Requirements**

DISINFECTION BYPRODUCTS Dual Sample Required between 12/1/2020 and 12/7/2020 at: 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><br>SMP ID: <b>DS202</b> | Facility Name: <b>SANDUSKY CITY DISTRIBUTION SYSTEM</b><br><b>795 BARDSHAR RD.</b> | Facility Class: <b>CLASS 2</b> |
|--------------------------|---|--|--------------------------------|

**Chemicals**

**Monitoring Requirements**

DISINFECTION BYPRODUCTS

Dual Sample Required between 3/1/2020 and 3/7/2020 at: DS202

Dual Sample Required between 6/1/2020 and 6/7/2020 at: DS202

Dual Sample Required between 9/1/2020 and 9/7/2020 at: DS202

Dual Sample Required between 12/1/2020 and 12/7/2020 at: 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><br>SMP ID: <b>DS203</b> | Facility Name: <b>SANDUSKY CITY DISTRIBUTION SYSTEM</b><br><b>2235 STAHLWOOD DR.</b> | Facility Class: <b>CLASS 2</b> |
|--------------------------|---|--|--------------------------------|

**Chemicals**

**Monitoring Requirements**

DISINFECTION BYPRODUCTS

Dual Sample Required between 3/1/2020 and 3/7/2020 at: DS203

Dual Sample Required between 6/1/2020 and 6/7/2020 at: DS203

Dual Sample Required between 9/1/2020 and 9/7/2020 at: DS203

Dual Sample Required between 12/1/2020 and 12/7/2020 at: 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><br>SMP ID: <b>DS204</b> | Facility Name: <b>SANDUSKY CITY DISTRIBUTION SYSTEM</b><br><b>1024 CEMENT AVE.</b> | Facility Class: <b>CLASS 2</b> |
|--------------------------|---|--|--------------------------------|

**Chemicals**

**Monitoring Requirements**

DISINFECTION BYPRODUCTS

Dual Sample Required between 3/1/2020 and 3/7/2020 at: DS204

Dual Sample Required between 6/1/2020 and 6/7/2020 at: DS204

Dual Sample Required between 9/1/2020 and 9/7/2020 at: DS204



**OH2201411 SANDUSKY CITY**

System Type: Community

Operating Period: 1/1 to 12/31

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2020**

**DISTRIBUTION MONITORING SCHEDULE**

|                          |   |  |                                |
|--------------------------|---|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS204</b> | Facility Name: <b>SANDUSKY CITY DISTRIBUTION SYSTEM</b><br><b>1024 CEMENT AVE.</b> | Facility Class: <b>CLASS 2</b> |
|--------------------------|---|--|--------------------------------|

**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS Dual Sample Required between 12/1/2020 and 12/7/2020 at: DS204

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><br>SMP ID: <b>LC###</b> | Facility Name: <b>SANDUSKY CITY DISTRIBUTION SYSTEM</b><br><b>Refer to your Lead and Copper plan for SMP IDs</b> | Facility Class: <b>CLASS 2</b> |
|--------------------------|---|--|--------------------------------|

**Chemicals Monitoring Requirements**

LEAD - 1030 AND COPPER - 1022 30 Sample(s) Required between 6/1/2020 and 9/30/2020

*Lead consumer notice must be completed no later than two business days after receipt of the sample results. The verification form for consumer notice must be submitted to Ohio EPA no later than five business days after receipt of the sample results. Lead and copper sample monitoring point (SMP) IDs (LC###) must be current and reflect properly tiered sites according to OAC Rule 3745-81-86. Submit lead and copper SMP ID revisions to your Ohio EPA District Office. Forms and templates are available online at <http://epa.ohio.gov/ddagw/pws/leadandcopper.aspx>. For questions contact your Ohio EPA District Office representative.*



OH2201511 VERMILION CITY

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                          |   |   |                                |
|--------------------------|---|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>2253917</b><br>SMP ID: <b>EP001</b> | Facility Name: <b>VERMILION CITY</b><br>Facility Source: <b>Surface Water</b> | Facility Class: <b>CLASS 3</b> |
|--------------------------|---|---|--------------------------------|

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2020

| Chemicals  | Monitoring Requirements  |
|--|--|
| INORGANICS   | 1 Sample(s) Required between 1/1/2020 and 5/31/2020  |
| <i>Sample for all the analytes listed below:</i>   |  |
| ANTIMONY, TOTAL - 1074 ARSENIC - 1005 BARIUM - 1010 BERYLLIUM, TOTAL - 1075 CADMIUM - 1015 CHROMIUM - 1020<br>CYANIDE - 1024 FLUORIDE - 1025 MERCURY - 1035 NICKEL - 1036 SELENIUM - 1045 THALLIUM, TOTAL - 1085 |  |
| NITRITE - 1041   | 1 Sample(s) Required between 1/1/2020 and 5/31/2020  |
| NITRATE - 1040   | 1 Sample(s) Required between 1/1/2020 and 1/31/2020<br>1 Sample(s) Required between 2/1/2020 and 2/29/2020<br>1 Sample(s) Required between 3/1/2020 and 3/31/2020<br>1 Sample(s) Required between 4/1/2020 and 4/30/2020<br>1 Sample(s) Required between 5/1/2020 and 5/31/2020<br>1 Sample(s) Required between 6/1/2020 and 6/30/2020<br>1 Sample(s) Required between 7/1/2020 and 7/31/2020<br>1 Sample(s) Required between 8/1/2020 and 8/31/2020<br>1 Sample(s) Required between 9/1/2020 and 9/30/2020<br>1 Sample(s) Required between 10/1/2020 and 10/31/2020<br>1 Sample(s) Required between 11/1/2020 and 11/30/2020<br>1 Sample(s) Required between 12/1/2020 and 12/31/2020   |
| RADIOLOGICALS  | 1 Sample(s) Required between 6/1/2020 and 10/31/2020   |
| <i>Sample for all the analytes listed below:</i>   |  |
| GROSS ALPHA - 4002 RADIUM-228 - 4030   |  |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1  | 1 Sample(s) Required between 4/1/2020 and 6/30/2020  |
| <i>Sample for all the analytes listed below:</i>   |  |
| ALACHLOR (LASSO) - 2051 ATRAZINE - 2050 SIMAZINE - 2037  |  |
| VOLATILE ORGANIC CHEMICALS (VOC)   | 1 Sample(s) Required between 4/1/2020 and 6/30/2020  |
| TOTAL ORGANIC CARBON (TOC)   | 1 Paired Sample Set Required between 1/1/2020 and 1/31/2020<br>1 Paired Sample Set Required between 2/1/2020 and 2/29/2020<br>1 Paired Sample Set Required between 3/1/2020 and 3/31/2020<br>1 Paired Sample Set Required between 4/1/2020 and 4/30/2020<br>1 Paired Sample Set Required between 5/1/2020 and 5/31/2020<br>1 Paired Sample Set Required between 6/1/2020 and 6/30/2020<br>1 Paired Sample Set Required between 7/1/2020 and 7/31/2020<br>1 Paired Sample Set Required between 8/1/2020 and 8/31/2020<br>1 Paired Sample Set Required between 9/1/2020 and 9/30/2020<br>1 Paired Sample Set Required between 10/1/2020 and 10/31/2020<br>1 Paired Sample Set Required between 11/1/2020 and 11/30/2020<br>1 Paired Sample Set Required between 12/1/2020 and 12/31/2020 |

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.





Effective Date: 04/17/2020

2020 ENTRY POINT SCHEDULE

OH2201511 VERMILION CITY

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                 |                             |                                       |                                |
|-----------------|-----------------------------|---------------------------------------|--------------------------------|
| <b>Sampling</b> | Facility ID: <b>2253917</b> | Facility Name: <b>VERMILION CITY</b>  |                                |
| <b>Location</b> | SMP ID: <b>EP001/LT2001</b> | Facility Source: <b>Surface Water</b> | Facility Class: <b>CLASS 3</b> |

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2020

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

|                    |                               |
|--------------------|-------------------------------|
| TOTAL MICROCYSTINS | 1 Sample Set Required WEEKLY* |
|--------------------|-------------------------------|

Total microcystins sample set refers to one raw source water sample at LT2001 and one finished water sample at EP001. A week is defined as Sunday through Saturday.

\*Weekly sampling unless requirements for reduced monitoring are met. Current reduced monitoring schedules can be found at <http://epa.ohio.gov/ddagw/HAB.aspx>. Reduced monitoring is contingent on a public water system continuing to experience NO raw or finished water total microcystins detections. Any total microcystins detections during routine (weekly) or reduced sampling will trigger additional sampling. Please refer to the website above for specifics on follow-up sampling requirements.



**OH2201511 VERMILION CITY**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                 |                             |                                       |                                |
|-----------------|-----------------------------|---------------------------------------|--------------------------------|
| <b>Sampling</b> | Facility ID: <b>2253917</b> | Facility Name: <b>VERMILION CITY</b>  |                                |
| <b>Location</b> | SMP ID: <b>LT2001</b>       | Facility Source: <b>Surface Water</b> | Facility Class: <b>CLASS 3</b> |

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2020**

| <b>Chemicals</b>                                       | <b>Monitoring Requirements</b>                       |
|--|--|
| CYANOBACTERIA SCREENING                                | 1 Sample(s) Required between 12/29/2019 and 1/4/2020 |
|  | 1 Sample(s) Required between 1/12/2020 and 1/18/2020 |
|  | 1 Sample(s) Required between 1/26/2020 and 2/1/2020  |
|  | 1 Sample(s) Required between 2/9/2020 and 2/15/2020  |
|  | 1 Sample(s) Required between 2/23/2020 and 2/29/2020 |
|  | 1 Sample(s) Required between 3/8/2020 and 3/14/2020  |
|  | 1 Sample(s) Required between 3/22/2020 and 3/28/2020 |
|  | 1 Sample(s) Required between 4/5/2020 and 4/11/2020  |
|  | 1 Sample(s) Required between 4/19/2020 and 4/25/2020 |
|  | 1 Sample(s) Required between 5/3/2020 and 5/9/2020   |
|  | 1 Sample(s) Required between 5/17/2020 and 5/23/2020 |
|  | 1 Sample(s) Required between 5/31/2020 and 6/6/2020  |
|  | 1 Sample(s) Required between 6/14/2020 and 6/20/2020 |
|  | 1 Sample(s) Required between 6/28/2020 and 7/4/2020  |
|  | 1 Sample(s) Required between 7/12/2020 and 7/18/2020 |
|  | 1 Sample(s) Required between 7/26/2020 and 8/1/2020  |
|  | 1 Sample(s) Required between 8/9/2020 and 8/15/2020  |
|  | 1 Sample(s) Required between 8/23/2020 and 8/29/2020 |
|  | 1 Sample(s) Required between 9/6/2020 and 9/12/2020  |
|  | 1 Sample(s) Required between 9/20/2020 and 9/26/2020 |
| 1 Sample(s) Required between 10/4/2020 and 10/10/2020  |  |
| 1 Sample(s) Required between 10/18/2020 and 10/24/2020 |  |
| 1 Sample(s) Required between 11/1/2020 and 11/7/2020   |  |
| 1 Sample(s) Required between 11/15/2020 and 11/21/2020 |  |
| 1 Sample(s) Required between 11/29/2020 and 12/5/2020  |  |
| 1 Sample(s) Required between 12/13/2020 and 12/19/2020 |  |

*Cyanobacteria screening sample is to be collected biweekly from raw source water at sample point LT2001 unless requirements for reduced monitoring are met. Current reduced monitoring schedules can be found at <http://epa.ohio.gov/ddagw/HAB.aspx>. As of 12/31/17, all public water systems are responsible for contracting with a lab certified to perform cyanobacteria screening (qPCR). Please review the website for further information pertaining to follow-up sampling requirements for cyanobacteria screening gene detections, and certified labs that can perform analysis.*



OH2201511 VERMILION CITY

System Type: Community

Operating Period: 1/1 to 12/31

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2020

DISTRIBUTION MONITORING SCHEDULE

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

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

|   |  |
|---|--|
| ASBESTOS - 1094   | 1 Sample(s) Required between 6/1/2020 and 10/31/2020 |
| <i>Collect one sample at a tap served by asbestos-cement pipe. Due to limited Laboratory capacity and a 48 hour filtering requirement, contact your lab early in the monitoring period to schedule a sampling date.</i> |  |

|                             |  |
|-----------------------------|--|
| TOTAL COLIFORM (TCR) - 3100 | 10 Sample(s) Required between 1/1/2020 and 1/31/2020   |
|                             | 10 Sample(s) Required between 2/1/2020 and 2/29/2020   |
|                             | 10 Sample(s) Required between 3/1/2020 and 3/31/2020   |
|                             | 10 Sample(s) Required between 4/1/2020 and 4/30/2020   |
|                             | 10 Sample(s) Required between 5/1/2020 and 5/31/2020   |
|                             | 10 Sample(s) Required between 6/1/2020 and 6/30/2020   |
|                             | 10 Sample(s) Required between 7/1/2020 and 7/31/2020   |
|                             | 10 Sample(s) Required between 8/1/2020 and 8/31/2020   |
|                             | 10 Sample(s) Required between 9/1/2020 and 9/30/2020   |
|                             | 10 Sample(s) Required between 10/1/2020 and 10/31/2020 |
|                             | 10 Sample(s) Required between 11/1/2020 and 11/30/2020 |
|                             | 10 Sample(s) Required between 12/1/2020 and 12/31/2020 |

|                       |  |
|-----------------------|--|
| TOTAL CHLORINE - 1000 | 10 Sample(s) Required between 1/1/2020 and 1/31/2020   |
|                       | 10 Sample(s) Required between 2/1/2020 and 2/29/2020   |
|                       | 10 Sample(s) Required between 3/1/2020 and 3/31/2020   |
|                       | 10 Sample(s) Required between 4/1/2020 and 4/30/2020   |
|                       | 10 Sample(s) Required between 5/1/2020 and 5/31/2020   |
|                       | 10 Sample(s) Required between 6/1/2020 and 6/30/2020   |
|                       | 10 Sample(s) Required between 7/1/2020 and 7/31/2020   |
|                       | 10 Sample(s) Required between 8/1/2020 and 8/31/2020   |
|                       | 10 Sample(s) Required between 9/1/2020 and 9/30/2020   |
|                       | 10 Sample(s) Required between 10/1/2020 and 10/31/2020 |
|                       | 10 Sample(s) Required between 11/1/2020 and 11/30/2020 |
|                       | 10 Sample(s) Required between 12/1/2020 and 12/31/2020 |

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

|                          |   |   |                                |
|--------------------------|---|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS201</b> | Facility Name: <b>VERMILION, CITY OF DISTRIBUTION</b><br><b>HELEN DR. @ LIBERTY</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

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

|                         |  |
|-------------------------|--|
| DISINFECTION BYPRODUCTS | Dual Sample Required between 1/1/2020 and 1/7/2020 at: DS201 |
|                         | Dual Sample Required between 4/1/2020 and 4/7/2020 at: DS201 |
|                         | Dual Sample Required between 7/1/2020 and 7/7/2020 at: DS201 |



**OH2201511 VERMILION CITY**

System Type: Community

Operating Period: 1/1 to 12/31

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2020**

**DISTRIBUTION MONITORING SCHEDULE**

|                          |   |   |                                |
|--------------------------|---|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS201</b> | Facility Name: <b>VERMILION, CITY OF DISTRIBUTION</b><br><b>HELEN DR. @ LIBERTY</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS Dual Sample Required between 10/1/2020 and 10/7/2020 at: 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><br>SMP ID: <b>DS202</b> | Facility Name: <b>VERMILION, CITY OF DISTRIBUTION</b><br><b>1141 VERMILION</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS

Dual Sample Required between 1/1/2020 and 1/7/2020 at: DS202

Dual Sample Required between 4/1/2020 and 4/7/2020 at: DS202

Dual Sample Required between 7/1/2020 and 7/7/2020 at: DS202

Dual Sample Required between 10/1/2020 and 10/7/2020 at: 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><br>SMP ID: <b>DS203</b> | Facility Name: <b>VERMILION, CITY OF DISTRIBUTION</b><br><b>HTMH POORMAN RD.</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS

Dual Sample Required between 1/1/2020 and 1/7/2020 at: DS203

Dual Sample Required between 4/1/2020 and 4/7/2020 at: DS203

Dual Sample Required between 7/1/2020 and 7/7/2020 at: DS203

Dual Sample Required between 10/1/2020 and 10/7/2020 at: 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><br>SMP ID: <b>DS204</b> | Facility Name: <b>VERMILION, CITY OF DISTRIBUTION</b><br><b>960 SUNNYSIDE RD.</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS

Dual Sample Required between 1/1/2020 and 1/7/2020 at: DS204

Dual Sample Required between 4/1/2020 and 4/7/2020 at: DS204

Dual Sample Required between 7/1/2020 and 7/7/2020 at: DS204



**OH2201511 VERMILION CITY**

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, 2020**

**DISTRIBUTION MONITORING SCHEDULE**

|                          |   |   |                                |
|--------------------------|---|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS204</b> | Facility Name: <b>VERMILION, CITY OF DISTRIBUTION</b><br><b>960 SUNNYSIDE RD.</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS Dual Sample Required between 10/1/2020 and 10/7/2020 at: DS204

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><br>SMP ID: <b>LC###</b> | Facility Name: <b>VERMILION, CITY OF DISTRIBUTION</b><br><b>Refer to your Lead and Copper plan for SMP IDs</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

**Chemicals Monitoring Requirements**

LEAD - 1030 AND COPPER - 1022 30 Sample(s) Required between 6/1/2020 and 9/30/2020

*Lead consumer notice must be completed no later than two business days after receipt of the sample results. The verification form for consumer notice must be submitted to Ohio EPA no later than five business days after receipt of the sample results. Lead and copper sample monitoring point (SMP) IDs (LC###) must be current and reflect properly tiered sites according to OAC Rule 3745-81-86. Submit lead and copper SMP ID revisions to your Ohio EPA District Office. Forms and templates are available online at <http://epa.ohio.gov/ddagw/pws/leadandcopper.aspx>. For questions contact your Ohio EPA District Office representative.*



OH2201703 ERIE CO VERMILION W DISTRICT

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, 2020

DISTRIBUTION MONITORING SCHEDULE

Sampling Facility ID: DS1 Facility Name: ERIE CO WATER VERMILION WEST DISTRICT
Location SMP ID: DS000

Table with 2 columns: Chemicals and Monitoring Requirements. Rows include TOTAL COLIFORM (TCR) - 3100 and TOTAL CHLORINE - 1000, each with 12 sampling requirements.

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

Sampling Facility ID: DS1 Facility Name: ERIE CO WATER VERMILION WEST DISTRICT
Location SMP ID: DS201 BARNES ROAD

Table with 2 columns: Chemicals and Monitoring Requirements. Row includes DISINFECTION BYPRODUCTS with 4 sampling requirements.

Sample for all the analytes listed below:

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



Effective Date: 01/01/2020

2020 DISTRIBUTION SCHEDULE

**OH2201703 ERIE CO VERMILION W DISTRICT**

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, 2020**

**DISTRIBUTION MONITORING SCHEDULE**

|                          |                         |   |
|--------------------------|-------------------------|---|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b> | Facility Name: <b>ERIE CO WATER VERMILION WEST DISTRICT</b> |
|                          | SMP ID: <b>LC###</b>    | <b>Refer to your Lead and Copper plan for SMP IDs</b>       |

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

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





**OH2201803 NORTHERN OHIO RURAL WATER - NW DISTRICT**

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, 2020**

**DISTRIBUTION MONITORING SCHEDULE**

|                          |                         |   |                                |
|--------------------------|-------------------------|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b> | Facility Name: <b>NORTHERN OHIO RURAL WATER - NW DISTRI</b> | Facility Class: <b>CLASS 1</b> |
|                          | SMP ID: <b>DS000</b>    |   |                                |

| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 7 Sample(s) Required between 1/1/2020 and 1/31/2020   |
|                             | 7 Sample(s) Required between 2/1/2020 and 2/29/2020   |
|                             | 7 Sample(s) Required between 3/1/2020 and 3/31/2020   |
|                             | 7 Sample(s) Required between 4/1/2020 and 4/30/2020   |
|                             | 7 Sample(s) Required between 5/1/2020 and 5/31/2020   |
|                             | 7 Sample(s) Required between 6/1/2020 and 6/30/2020   |
|                             | 7 Sample(s) Required between 7/1/2020 and 7/31/2020   |
|                             | 7 Sample(s) Required between 8/1/2020 and 8/31/2020   |
|                             | 7 Sample(s) Required between 9/1/2020 and 9/30/2020   |
|                             | 7 Sample(s) Required between 10/1/2020 and 10/31/2020 |
|                             | 7 Sample(s) Required between 11/1/2020 and 11/30/2020 |
|                             | 7 Sample(s) Required between 12/1/2020 and 12/31/2020 |
| TOTAL CHLORINE - 1000       | 7 Sample(s) Required between 1/1/2020 and 1/31/2020   |
|                             | 7 Sample(s) Required between 2/1/2020 and 2/29/2020   |
|                             | 7 Sample(s) Required between 3/1/2020 and 3/31/2020   |
|                             | 7 Sample(s) Required between 4/1/2020 and 4/30/2020   |
|                             | 7 Sample(s) Required between 5/1/2020 and 5/31/2020   |
|                             | 7 Sample(s) Required between 6/1/2020 and 6/30/2020   |
|                             | 7 Sample(s) Required between 7/1/2020 and 7/31/2020   |
|                             | 7 Sample(s) Required between 8/1/2020 and 8/31/2020   |
|                             | 7 Sample(s) Required between 9/1/2020 and 9/30/2020   |
|                             | 7 Sample(s) Required between 10/1/2020 and 10/31/2020 |
|                             | 7 Sample(s) Required between 11/1/2020 and 11/30/2020 |
|                             | 7 Sample(s) Required between 12/1/2020 and 12/31/2020 |

*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>NORTHERN OHIO RURAL WATER - NW DISTRI</b> | Facility Class: <b>CLASS 1</b> |
|                          | SMP ID: <b>DS201</b>    | <b>CR 212 SAMPLING STATION</b>                              |                                |

| Chemicals               | Monitoring Requirements  |
|-------------------------|--|
| DISINFECTION BYPRODUCTS | Dual Sample Required between 3/1/2020 and 3/7/2020 at: DS201   |
|                         | Dual Sample Required between 6/1/2020 and 6/7/2020 at: DS201   |
|                         | Dual Sample Required between 9/1/2020 and 9/7/2020 at: DS201   |
|                         | Dual Sample Required between 12/1/2020 and 12/7/2020 at: DS201 |

Sample for all the analytes listed below:

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



**OH2201803 NORTHERN OHIO RURAL WATER - NW DISTRICT**

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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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, 2020**

**DISTRIBUTION MONITORING SCHEDULE**

|                          |   |  |                                |
|--------------------------|---|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS202</b> | Facility Name: <b>NORTHERN OHIO RURAL WATER - NW DISTRICT</b><br><b>CR 185 AND CR 195 SAMPLING STATION</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

**Chemicals Monitoring Requirements**

|                         |  |
|-------------------------|--|
| DISINFECTION BYPRODUCTS | Dual Sample Required between 3/1/2020 and 3/7/2020 at: DS202   |
|                         | Dual Sample Required between 6/1/2020 and 6/7/2020 at: DS202   |
|                         | Dual Sample Required between 9/1/2020 and 9/7/2020 at: DS202   |
|                         | Dual Sample Required between 12/1/2020 and 12/7/2020 at: 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><br>SMP ID: <b>LC###</b> | Facility Name: <b>NORTHERN OHIO RURAL WATER - NW DISTRICT</b><br><b>Refer to your Lead and Copper plan for SMP IDs</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

**Chemicals Monitoring Requirements**

|                               |  |
|-------------------------------|--|
| LEAD - 1030 AND COPPER - 1022 | 20 Sample(s) Required between 6/1/2020 and 9/30/2020 |
|-------------------------------|--|

*Lead consumer notice must be completed no later than two business days after receipt of the sample results. The verification form for consumer notice must be submitted to Ohio EPA no later than five business days after receipt of the sample results. Lead and copper sample monitoring point (SMP) IDs (LC###) must be current and reflect properly tiered sites according to OAC Rule 3745-81-86. Submit lead and copper SMP ID revisions to your Ohio EPA District Office. Forms and templates are available online at <http://epa.ohio.gov/ddagw/pws/leadandcopper.aspx>. For questions contact your Ohio EPA District Office representative.*

**OH2230411 CAMP PATMOS**

System Type: Transient Noncommunity

Operating Period: 6/1 to 10/31

**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**

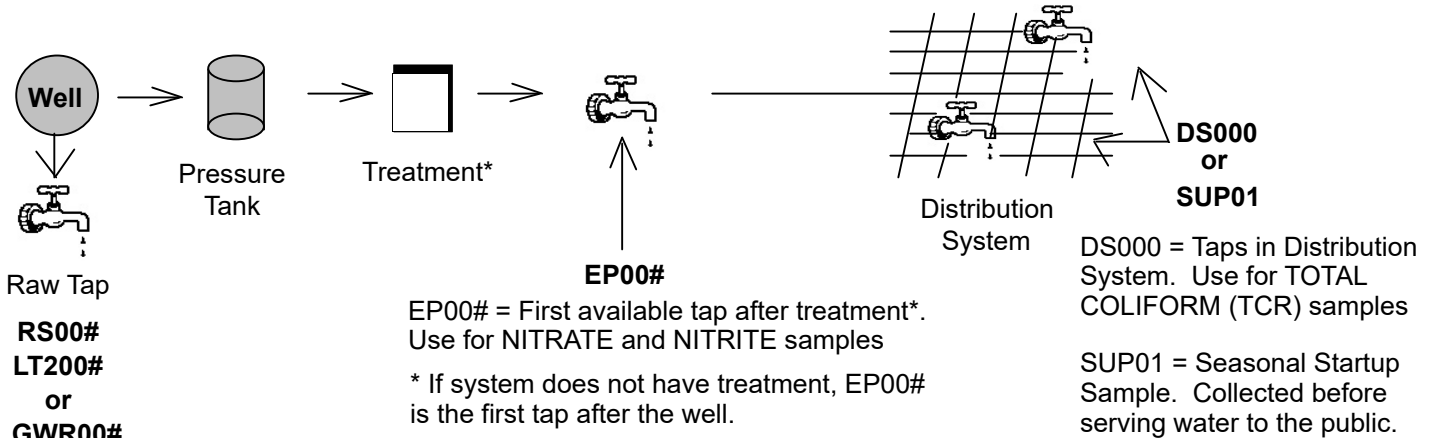
|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> CAMP PATMOS DISTRIBUTION |
| <b>Location SMP ID:</b> SUP01    | <b>Facility Source:</b> Surface Water          |
|                                  | <b>Facility Class:</b> CLASS 1                 |

**Chemicals Monitoring Requirements**

|  |  |
|--|--|
| <b>TOTAL COLIFORM - SEASONAL STARTUP</b> | At least 1 negative Total Coliform<br>Bacteria sample prior to serving water to the public |
|--|--|

\*\*\* Seasonal start-up sample does not count for routine compliance requirements. Collect at least one special purpose (SP) sample for total coliform (TC) analysis at the service connection considered to be most susceptible to contamination. The sample must be TC negative before the system may serve water to the public. If the sample is positive, contact your Ohio EPA District Representative for additional requirements. If your start date is different from last year, please contact your Ohio EPA District Representative.\*\*\*

**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!**

**OH2230411 CAMP PATMOS**

System Type: Transient Noncommunity

Operating Period: 6/1 to 10/31

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

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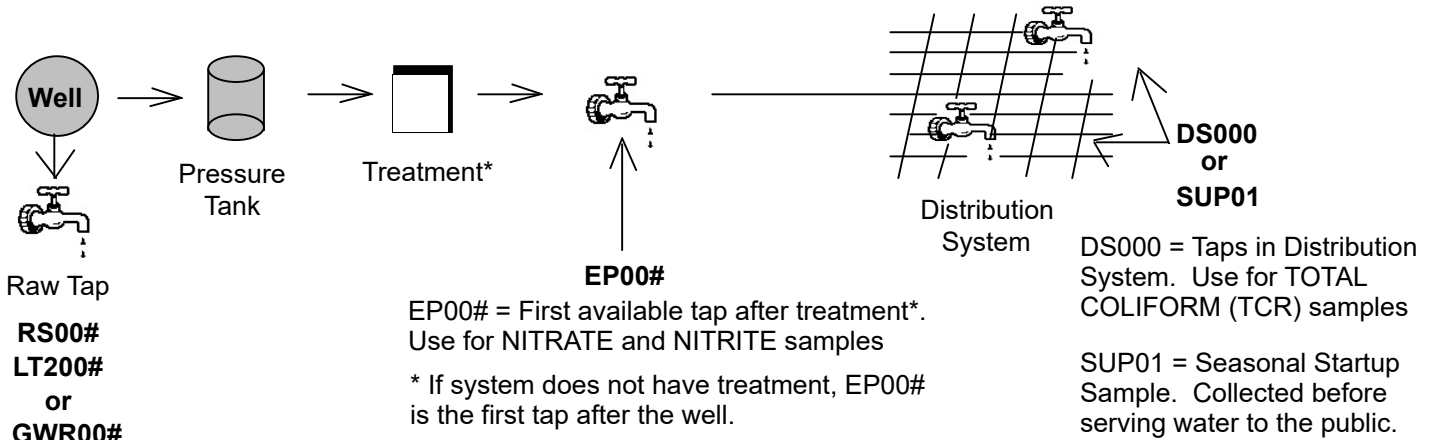
For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |                                |
|----------------------------------|--|--------------------------------|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> CAMP PATMOS DISTRIBUTION |                                |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Surface Water          | <b>Facility Class:</b> CLASS 1 |

| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 4 Sample(s) Required between 6/1/2020 and 6/30/2020   |
|                             | 4 Sample(s) Required between 7/1/2020 and 7/31/2020   |
|                             | 4 Sample(s) Required between 8/1/2020 and 8/31/2020   |
|                             | 4 Sample(s) Required between 9/1/2020 and 9/30/2020   |
|                             | 4 Sample(s) Required between 10/1/2020 and 10/30/2020 |

**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!**



**OH2230411 CAMP PATMOS**

System Type: Transient Noncommunity

Operating Period: 6/1 to 10/31

**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

**ENTRY POINT MONITORING SCHEDULE**

|                                      |   |
|--------------------------------------|---|
| <b>Sampling Facility ID: 2253920</b> | <b>Facility Name: CAMP PATMOS TREATMENT PLANT</b> |
| <b>Location SMP ID: LT2001</b>       | <b>Facility Source: Surface Water</b>             |
|                                      | <b>Facility Class: CLASS 3</b>                    |

| <b>Chemicals</b>        | <b>Monitoring Requirements</b>                        |
|-------------------------|---|
| CYANOBACTERIA SCREENING | 1 Sample(s) Required between 5/3/2020 and 5/9/2020    |
|                         | 1 Sample(s) Required between 5/17/2020 and 5/23/2020  |
|                         | 1 Sample(s) Required between 5/31/2020 and 6/6/2020   |
|                         | 1 Sample(s) Required between 6/14/2020 and 6/20/2020  |
|                         | 1 Sample(s) Required between 6/28/2020 and 7/4/2020   |
|                         | 1 Sample(s) Required between 7/12/2020 and 7/18/2020  |
|                         | 1 Sample(s) Required between 7/26/2020 and 8/1/2020   |
|                         | 1 Sample(s) Required between 8/9/2020 and 8/15/2020   |
|                         | 1 Sample(s) Required between 8/23/2020 and 8/29/2020  |
|                         | 1 Sample(s) Required between 9/6/2020 and 9/12/2020   |
|                         | 1 Sample(s) Required between 9/20/2020 and 9/26/2020  |
|                         | 1 Sample(s) Required between 10/4/2020 and 10/10/2020 |

**OH2230411 CAMP PATMOS**

System Type: Transient Noncommunity

Operating Period: 6/1 to 10/31

**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

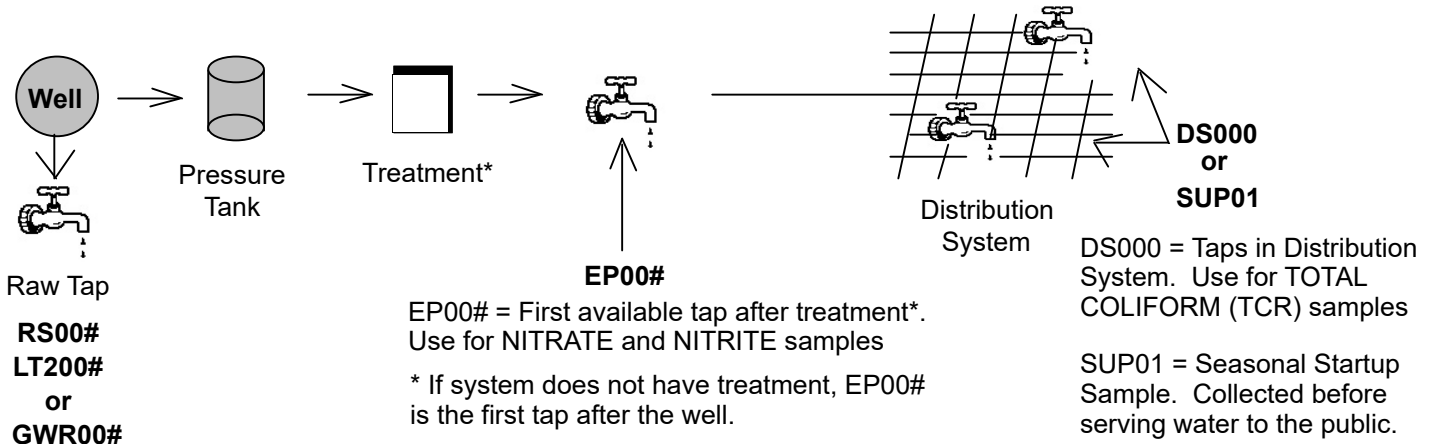
**ENTRY POINT MONITORING SCHEDULE**

|                                      |   |                                |
|--------------------------------------|---|--------------------------------|
| <b>Sampling Facility ID:</b> 2253920 | <b>Facility Name:</b> CAMP PATMOS TREATMENT PLANT |                                |
| <b>Location SMP ID:</b> LT2001       | <b>Facility Source:</b> Surface Water             | <b>Facility Class:</b> CLASS 3 |

| Chemicals               | Monitoring Requirements                                |
|-------------------------|--|
| CYANOBACTERIA SCREENING | 1 Sample(s) Required between 10/18/2020 and 10/24/2020 |

*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 (DES) BY NOON MONDAY THROUGH THURSDAY ONLY! If lab capacity is found to be adequate, cyanobacteria screening samples will no longer be analyzed, free of charge, by Ohio EPA DES beginning June 1, 2017.*

## 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!**

**OH2230411 CAMP PATMOS**

System Type: Transient Noncommunity

Operating Period: 6/1 to 10/31

**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

**ENTRY POINT MONITORING SCHEDULE**

|                                      |   |                                |
|--------------------------------------|---|--------------------------------|
| <b>Sampling Facility ID:</b> 2253920 | <b>Facility Name:</b> CAMP PATMOS TREATMENT PLANT |                                |
| <b>Location SMP ID:</b> EP001/LT200  | <b>Facility Source:</b> Surface Water             | <b>Facility Class:</b> CLASS 3 |

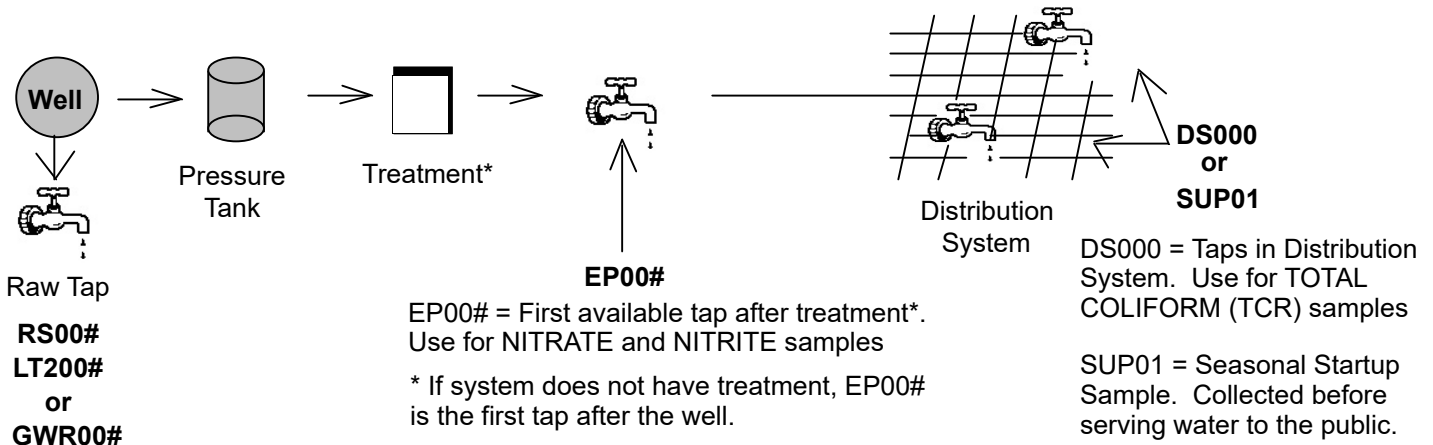
| Chemicals | Monitoring Requirements |
|-----------|-------------------------|
|-----------|-------------------------|

|                    |                               |
|--------------------|-------------------------------|
| TOTAL MICROCYSTINS | 1 Sample Set Required WEEKLY* |
|--------------------|-------------------------------|

Total microcystins sample set refers to one raw source water sample at LT200# and one finished water sample at EP00#. A week is defined as Sunday through Saturday.

*\*Weekly sampling unless requirements for seasonal reduced monitoring are met (November through April). Biweekly raw seasonal reduced monitoring must be conducted at the same time as cyanobacteria screening sample. Any microcystins detection during seasonal reduced monitoring triggers collection of raw and finished samples within 24 hours and a return to weekly monitoring at both raw and finished sample points. For questions about seasonal reduced monitoring please contact your Ohio EPA District Office HAB Coordinator.*

## 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!**



**OH2230411 CAMP PATMOS**

System Type: Transient Noncommunity

Operating Period: 6/1 to 10/31

**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.

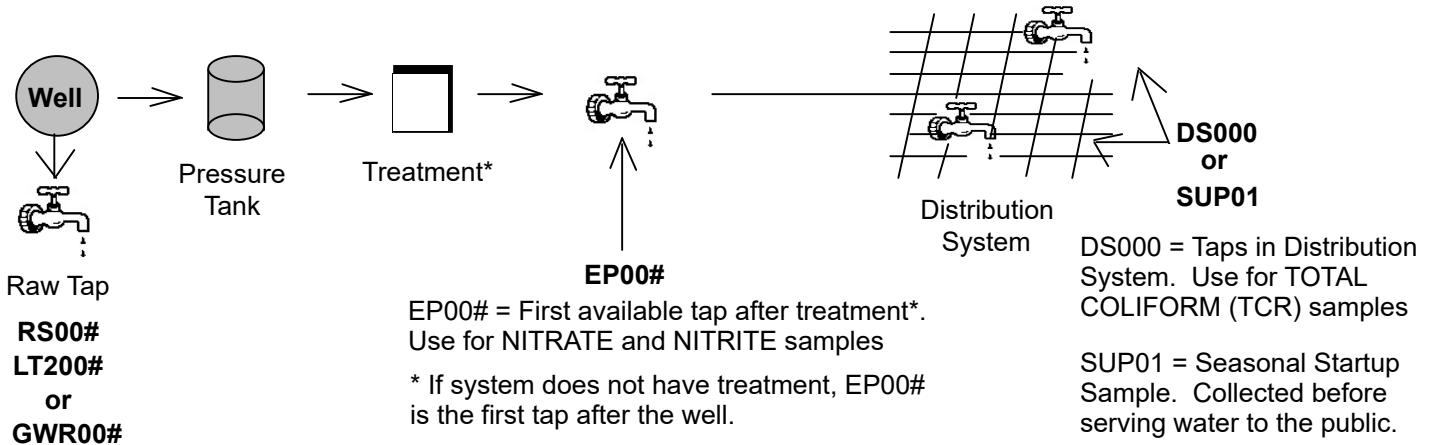
For water emergencies that occur after hours, please call 800-282-9378

**ENTRY POINT MONITORING SCHEDULE**

|                                      |   |                                |
|--------------------------------------|---|--------------------------------|
| <b>Sampling Facility ID:</b> 2253920 | <b>Facility Name:</b> CAMP PATMOS TREATMENT PLANT |                                |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Surface Water             | <b>Facility Class:</b> CLASS 3 |

| Chemicals      | Monitoring Requirements  |
|----------------|--|
| NITRITE - 1041 | 1 Sample(s) Required between 1/1/2020 and 5/31/2020  |
| NITRATE - 1040 | 1 Sample(s) Required between 5/1/2020 and 5/31/2020<br>1 Sample(s) Required between 6/1/2020 and 6/30/2020<br>1 Sample(s) Required between 7/1/2020 and 7/31/2020<br>1 Sample(s) Required between 8/1/2020 and 8/31/2020<br>1 Sample(s) Required between 9/1/2020 and 9/30/2020<br>1 Sample(s) Required between 10/1/2020 and 10/31/2020 |

**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!**