



Effective Date: 01/01/2015

2015 ENTRY POINT SCHEDULE

**OH7500012 ANNA**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                          |                             |                                      |                                |
|--------------------------|-----------------------------|--------------------------------------|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>7558193</b> | Facility Name: <b>ANNA VILLAGE</b>   | Facility Class: <b>CLASS 1</b> |
|                          | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b> |                                |

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

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

**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2015**

| <b>Chemicals</b>   | <b>Monitoring Requirements</b>                       |
|--|--|
| INORGANICS   | Not Required   |
| NITRITE - 1041   | Not Required   |
| NITRATE - 1040   | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |
| RADIOLOGICALS  | Not Required   |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1                      | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |
| <i>Sample for all the analytes listed below:</i>               |  |
| <b>ALACHLOR (LASSO) - 2051 ATRAZINE - 2050 SIMAZINE - 2037</b> |  |
| VOLATILE ORGANIC CHEMICALS (VOC)                               | Not Required   |



OH7500012 ANNA

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2015

DISTRIBUTION MONITORING SCHEDULE

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

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

|                               |  |
|-------------------------------|--|
| LEAD - 1030 AND COPPER - 1022 | 10 Sample(s) Required between 6/1/2015 and 9/30/2015 |
|-------------------------------|--|

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

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

|                             |   |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 2 Sample(s) Required between 1/1/2015 and 1/31/2015   |
|                             | 2 Sample(s) Required between 2/1/2015 and 2/28/2015   |
|                             | 2 Sample(s) Required between 3/1/2015 and 3/31/2015   |
|                             | 2 Sample(s) Required between 4/1/2015 and 4/30/2015   |
|                             | 2 Sample(s) Required between 5/1/2015 and 5/31/2015   |
|                             | 2 Sample(s) Required between 6/1/2015 and 6/30/2015   |
|                             | 2 Sample(s) Required between 7/1/2015 and 7/31/2015   |
|                             | 2 Sample(s) Required between 8/1/2015 and 8/31/2015   |
|                             | 2 Sample(s) Required between 9/1/2015 and 9/30/2015   |
|                             | 2 Sample(s) Required between 10/1/2015 and 10/31/2015 |
|                             | 2 Sample(s) Required between 11/1/2015 and 11/30/2015 |
|                             | 2 Sample(s) Required between 12/1/2015 and 12/31/2015 |

|                       |   |
|-----------------------|---|
| TOTAL CHLORINE - 1000 | 2 Sample(s) Required between 1/1/2015 and 1/31/2015   |
|                       | 2 Sample(s) Required between 2/1/2015 and 2/28/2015   |
|                       | 2 Sample(s) Required between 3/1/2015 and 3/31/2015   |
|                       | 2 Sample(s) Required between 4/1/2015 and 4/30/2015   |
|                       | 2 Sample(s) Required between 5/1/2015 and 5/31/2015   |
|                       | 2 Sample(s) Required between 6/1/2015 and 6/30/2015   |
|                       | 2 Sample(s) Required between 7/1/2015 and 7/31/2015   |
|                       | 2 Sample(s) Required between 8/1/2015 and 8/31/2015   |
|                       | 2 Sample(s) Required between 9/1/2015 and 9/30/2015   |
|                       | 2 Sample(s) Required between 10/1/2015 and 10/31/2015 |
|                       | 2 Sample(s) Required between 11/1/2015 and 11/30/2015 |
|                       | 2 Sample(s) Required between 12/1/2015 and 12/31/2015 |

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>ANNA, VILLAGE OF DISTRIBUTION</b><br><b>ADDRESS NOT KNOWN</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

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

|                         |   |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2015 and 9/30/2015 at SMP: DS201 |
|-------------------------|---|

Sample for all the analytes listed below:

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



Effective Date: 01/01/2015

2015 DISTRIBUTION SCHEDULE

**OH7500012 ANNA**

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2015**

**DISTRIBUTION MONITORING SCHEDULE**

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

| <b>Chemicals</b>        | <b>Monitoring Requirements</b>                                    |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2015 and 9/30/2015 at SMP: DS202 |

*Sample for all the analytes listed below:*

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



Effective Date: 01/01/2015

2015 ENTRY POINT SCHEDULE

**OH7500112 SHELBY COUNTY WATER AND SEWER PWS**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                          |                             |  |                                |
|--------------------------|-----------------------------|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>7558194</b> | Facility Name: <b>SHELBY CO W &amp; SD</b> | Facility Class: <b>CLASS 1</b> |
|                          | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>       |                                |

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| <b>Chemicals</b>   | <b>Monitoring Requirements</b>                       |
|--|--|
| INORGANICS   | Not Required   |
| NITRITE - 1041   | Not Required   |
| NITRATE - 1040   | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |
| RADIOLOGICALS  | Not Required   |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1                      | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |
| <i>Sample for all the analytes listed below:</i>               |  |
| <b>ALACHLOR (LASSO) - 2051 ATRAZINE - 2050 SIMAZINE - 2037</b> |  |
| VOLATILE ORGANIC CHEMICALS (VOC)                               | Not Required   |



OH7500112 SHELBY COUNTY WATER AND SEWER PWS

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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DISTRIBUTION MONITORING SCHEDULE

|                          |   |   |                                |
|--------------------------|---|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS000</b> | Facility Name: <b>SHELBY CO. WTR. AND SWR. DISTRIBUTION</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

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

|                               |   |
|-------------------------------|---|
| LEAD - 1030 AND COPPER - 1022 | 5 Sample(s) Required between 6/1/2015 and 9/30/2015 |
|-------------------------------|---|

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

|                             |   |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2015 and 1/31/2015   |
|                             | 1 Sample(s) Required between 2/1/2015 and 2/28/2015   |
|                             | 1 Sample(s) Required between 3/1/2015 and 3/31/2015   |
|                             | 1 Sample(s) Required between 4/1/2015 and 4/30/2015   |
|                             | 1 Sample(s) Required between 5/1/2015 and 5/31/2015   |
|                             | 1 Sample(s) Required between 6/1/2015 and 6/30/2015   |
|                             | 1 Sample(s) Required between 7/1/2015 and 7/31/2015   |
|                             | 1 Sample(s) Required between 8/1/2015 and 8/31/2015   |
|                             | 1 Sample(s) Required between 9/1/2015 and 9/30/2015   |
|                             | 1 Sample(s) Required between 10/1/2015 and 10/31/2015 |
|                             | 1 Sample(s) Required between 11/1/2015 and 11/30/2015 |
|                             | 1 Sample(s) Required between 12/1/2015 and 12/31/2015 |

|                       |   |
|-----------------------|---|
| TOTAL CHLORINE - 1000 | 1 Sample(s) Required between 1/1/2015 and 1/31/2015   |
|                       | 1 Sample(s) Required between 2/1/2015 and 2/28/2015   |
|                       | 1 Sample(s) Required between 3/1/2015 and 3/31/2015   |
|                       | 1 Sample(s) Required between 4/1/2015 and 4/30/2015   |
|                       | 1 Sample(s) Required between 5/1/2015 and 5/31/2015   |
|                       | 1 Sample(s) Required between 6/1/2015 and 6/30/2015   |
|                       | 1 Sample(s) Required between 7/1/2015 and 7/31/2015   |
|                       | 1 Sample(s) Required between 8/1/2015 and 8/31/2015   |
|                       | 1 Sample(s) Required between 9/1/2015 and 9/30/2015   |
|                       | 1 Sample(s) Required between 10/1/2015 and 10/31/2015 |
|                       | 1 Sample(s) Required between 11/1/2015 and 11/30/2015 |
|                       | 1 Sample(s) Required between 12/1/2015 and 12/31/2015 |

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>SHELBY CO. WTR. AND SWR. DISTRIBUTION</b><br><b>ADDRESS NOT KNOWN</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

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

|                         |   |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2015 and 9/30/2015 at SMP: DS201 |
|-------------------------|---|

Sample for all the analytes listed below:

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



Effective Date: 01/01/2015

2015 ENTRY POINT SCHEDULE

**OH7500212 BOTKINS VILLAGE PWS**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                          |                             |                                      |                                |
|--------------------------|-----------------------------|--------------------------------------|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>7558195</b> | Facility Name: <b>BOTKINS WTP</b>    | Facility Class: <b>CLASS 1</b> |
|                          | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b> |                                |

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| <b>Chemicals</b>   | <b>Monitoring Requirements</b>                       |
|--|--|
| INORGANICS   | Not Required   |
| NITRITE - 1041   | Not Required   |
| NITRATE - 1040   | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |
| RADIOLOGICALS  | Not Required   |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1                      | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |
| <i>Sample for all the analytes listed below:</i>               |  |
| <b>ALACHLOR (LASSO) - 2051 ATRAZINE - 2050 SIMAZINE - 2037</b> |  |
| VOLATILE ORGANIC CHEMICALS (VOC)                               | Not Required   |



**OH7500212 BOTKINS VILLAGE PWS**

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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**DISTRIBUTION MONITORING SCHEDULE**

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

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

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

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

|                             |                              |                          |
|-----------------------------|------------------------------|--------------------------|
| TOTAL COLIFORM (TCR) - 3100 | 2 Sample(s) Required between | 1/1/2015 and 1/31/2015   |
|                             | 2 Sample(s) Required between | 2/1/2015 and 2/28/2015   |
|                             | 2 Sample(s) Required between | 3/1/2015 and 3/31/2015   |
|                             | 2 Sample(s) Required between | 4/1/2015 and 4/30/2015   |
|                             | 2 Sample(s) Required between | 5/1/2015 and 5/31/2015   |
|                             | 2 Sample(s) Required between | 6/1/2015 and 6/30/2015   |
|                             | 2 Sample(s) Required between | 7/1/2015 and 7/31/2015   |
|                             | 2 Sample(s) Required between | 8/1/2015 and 8/31/2015   |
|                             | 2 Sample(s) Required between | 9/1/2015 and 9/30/2015   |
|                             | 2 Sample(s) Required between | 10/1/2015 and 10/31/2015 |
|                             | 2 Sample(s) Required between | 11/1/2015 and 11/30/2015 |
|                             | 2 Sample(s) Required between | 12/1/2015 and 12/31/2015 |

|                       |                              |                          |
|-----------------------|------------------------------|--------------------------|
| TOTAL CHLORINE - 1000 | 2 Sample(s) Required between | 1/1/2015 and 1/31/2015   |
|                       | 2 Sample(s) Required between | 2/1/2015 and 2/28/2015   |
|                       | 2 Sample(s) Required between | 3/1/2015 and 3/31/2015   |
|                       | 2 Sample(s) Required between | 4/1/2015 and 4/30/2015   |
|                       | 2 Sample(s) Required between | 5/1/2015 and 5/31/2015   |
|                       | 2 Sample(s) Required between | 6/1/2015 and 6/30/2015   |
|                       | 2 Sample(s) Required between | 7/1/2015 and 7/31/2015   |
|                       | 2 Sample(s) Required between | 8/1/2015 and 8/31/2015   |
|                       | 2 Sample(s) Required between | 9/1/2015 and 9/30/2015   |
|                       | 2 Sample(s) Required between | 10/1/2015 and 10/31/2015 |
|                       | 2 Sample(s) Required between | 11/1/2015 and 11/30/2015 |
|                       | 2 Sample(s) Required between | 12/1/2015 and 12/31/2015 |

*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>BOTKINS,VILLAGE OF DISTRIBUTION</b><br><b>ADDRESS NOT KNOWN</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

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

|                         |   |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2015 and 9/30/2015 at SMP: DS201 |
|-------------------------|---|

Sample for all the analytes listed below:

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



Effective Date: 01/01/2015

2015 DISTRIBUTION SCHEDULE

**OH7500212 BOTKINS VILLAGE PWS**

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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**DISTRIBUTION MONITORING SCHEDULE**

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

| <b>Chemicals</b>        | <b>Monitoring Requirements</b>                                    |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2015 and 9/30/2015 at SMP: DS202 |

*Sample for all the analytes listed below:*

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



**OH7500312 FORT LORAMIE VILLAGE OF PWS**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                          |                             |  |                                |
|--------------------------|-----------------------------|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>7562499</b> | Facility Name: <b>FORT LORAMIE WTP STU 2</b> | Facility Class: <b>CLASS 1</b> |
|                          | SMP ID: <b>EP002</b>        | Facility Source: <b>Ground Water</b>         |                                |

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| <b>Chemicals</b>  | <b>Monitoring Requirements</b>   |
|---|--|
| ARSENIC - 1005  | 1 Sample(s) Required between 1/1/2015 and 3/31/2015<br>1 Sample(s) Required between 4/1/2015 and 6/30/2015<br>1 Sample(s) Required between 7/1/2015 and 9/30/2015<br>1 Sample(s) Required between 10/1/2015 and 12/31/2015 |
| INORGANICS  | Not Required   |
| NITRITE - 1041  | Not Required   |
| NITRATE - 1040  | 1 Sample(s) Required between 6/1/2015 and 10/31/2015   |
| RADIOLOGICALS   | Not Required   |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1               | 1 Sample(s) Required between 6/1/2015 and 10/31/2015   |
| <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 1/1/2015 and 5/31/2015  |



**OH7500312 FORT LORAMIE VILLAGE OF PWS**

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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**DISTRIBUTION MONITORING SCHEDULE**

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

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

|                               |  |
|-------------------------------|--|
| LEAD - 1030 AND COPPER - 1022 | 10 Sample(s) Required between 6/1/2015 and 9/30/2015 |
|-------------------------------|--|

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

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

|                             |   |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 2 Sample(s) Required between 1/1/2015 and 1/31/2015   |
|                             | 2 Sample(s) Required between 2/1/2015 and 2/28/2015   |
|                             | 2 Sample(s) Required between 3/1/2015 and 3/31/2015   |
|                             | 2 Sample(s) Required between 4/1/2015 and 4/30/2015   |
|                             | 2 Sample(s) Required between 5/1/2015 and 5/31/2015   |
|                             | 2 Sample(s) Required between 6/1/2015 and 6/30/2015   |
|                             | 2 Sample(s) Required between 7/1/2015 and 7/31/2015   |
|                             | 2 Sample(s) Required between 8/1/2015 and 8/31/2015   |
|                             | 2 Sample(s) Required between 9/1/2015 and 9/30/2015   |
|                             | 2 Sample(s) Required between 10/1/2015 and 10/31/2015 |
|                             | 2 Sample(s) Required between 11/1/2015 and 11/30/2015 |
|                             | 2 Sample(s) Required between 12/1/2015 and 12/31/2015 |

|                       |   |
|-----------------------|---|
| TOTAL CHLORINE - 1000 | 2 Sample(s) Required between 1/1/2015 and 1/31/2015   |
|                       | 2 Sample(s) Required between 2/1/2015 and 2/28/2015   |
|                       | 2 Sample(s) Required between 3/1/2015 and 3/31/2015   |
|                       | 2 Sample(s) Required between 4/1/2015 and 4/30/2015   |
|                       | 2 Sample(s) Required between 5/1/2015 and 5/31/2015   |
|                       | 2 Sample(s) Required between 6/1/2015 and 6/30/2015   |
|                       | 2 Sample(s) Required between 7/1/2015 and 7/31/2015   |
|                       | 2 Sample(s) Required between 8/1/2015 and 8/31/2015   |
|                       | 2 Sample(s) Required between 9/1/2015 and 9/30/2015   |
|                       | 2 Sample(s) Required between 10/1/2015 and 10/31/2015 |
|                       | 2 Sample(s) Required between 11/1/2015 and 11/30/2015 |
|                       | 2 Sample(s) Required between 12/1/2015 and 12/31/2015 |

*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>FORT LORAMIE,VILLAGE OF DISTRIBUTION</b><br><b>ADDRESS NOT KNOWN</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

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

|                         |   |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2015 and 9/30/2015 at SMP: DS201 |
|-------------------------|---|

Sample for all the analytes listed below:

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



Effective Date: 01/01/2015

2015 DISTRIBUTION SCHEDULE

**OH7500312 FORT LORAMIE VILLAGE OF PWS**

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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

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

**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2015**

**DISTRIBUTION MONITORING SCHEDULE**

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

| <b>Chemicals</b>        | <b>Monitoring Requirements</b>                                    |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2015 and 9/30/2015 at SMP: DS202 |

*Sample for all the analytes listed below:*

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



Effective Date: 01/01/2015

2015 ENTRY POINT SCHEDULE

**OH7500412 HIDDEN VALLEY MHP PWS**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                          |                             |   |                                |
|--------------------------|-----------------------------|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>7558197</b> | Facility Name: <b>HIDDEN VALLEY MHP</b> | Facility Class: <b>CLASS A</b> |
|                          | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>    |                                |

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

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2015**

| <b>Chemicals</b>  | <b>Monitoring Requirements</b>   |
|---|--|
| ARSENIC - 1005  | 1 Sample(s) Required between 1/1/2015 and 3/31/2015<br>1 Sample(s) Required between 4/1/2015 and 6/30/2015<br>1 Sample(s) Required between 7/1/2015 and 9/30/2015<br>1 Sample(s) Required between 10/1/2015 and 12/31/2015 |
| INORGANICS  | Not Required   |
| NITRITE - 1041  | Not Required   |
| NITRATE - 1040  | 1 Sample(s) Required between 6/1/2015 and 10/31/2015   |
| RADIOLOGICALS   | Not Required   |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1               | 1 Sample(s) Required between 6/1/2015 and 10/31/2015   |
| <i>Sample for all the analytes listed below:</i>        |  |
| ALACHLOR (LASSO) - 2051 ATRAZINE - 2050 SIMAZINE - 2037 |  |
| VOLATILE ORGANIC CHEMICALS (VOC)                        | Not Required   |



OH7500412 HIDDEN VALLEY MHP PWS

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2015

DISTRIBUTION MONITORING SCHEDULE

Sampling Facility ID: DS1 Facility Name: HIDDEN VALLEY MHP DISTRIBUTION
Location SMP ID: DS000

Chemicals Monitoring Requirements

LEAD - 1030 AND COPPER - 1022 5 Sample(s) Required between 6/1/2015 and 9/30/2015

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

TOTAL COLIFORM (TCR) - 3100 1 Sample(s) Required between 1/1/2015 and 1/31/2015
1 Sample(s) Required between 2/1/2015 and 2/28/2015
1 Sample(s) Required between 3/1/2015 and 3/31/2015
1 Sample(s) Required between 4/1/2015 and 4/30/2015
1 Sample(s) Required between 5/1/2015 and 5/31/2015
1 Sample(s) Required between 6/1/2015 and 6/30/2015
1 Sample(s) Required between 7/1/2015 and 7/31/2015
1 Sample(s) Required between 8/1/2015 and 8/31/2015
1 Sample(s) Required between 9/1/2015 and 9/30/2015
1 Sample(s) Required between 10/1/2015 and 10/31/2015
1 Sample(s) Required between 11/1/2015 and 11/30/2015
1 Sample(s) Required between 12/1/2015 and 12/31/2015

TOTAL CHLORINE - 1000 1 Sample(s) Required between 1/1/2015 and 1/31/2015
1 Sample(s) Required between 2/1/2015 and 2/28/2015
1 Sample(s) Required between 3/1/2015 and 3/31/2015
1 Sample(s) Required between 4/1/2015 and 4/30/2015
1 Sample(s) Required between 5/1/2015 and 5/31/2015
1 Sample(s) Required between 6/1/2015 and 6/30/2015
1 Sample(s) Required between 7/1/2015 and 7/31/2015
1 Sample(s) Required between 8/1/2015 and 8/31/2015
1 Sample(s) Required between 9/1/2015 and 9/30/2015
1 Sample(s) Required between 10/1/2015 and 10/31/2015
1 Sample(s) Required between 11/1/2015 and 11/30/2015
1 Sample(s) Required between 12/1/2015 and 12/31/2015

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

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

Chemicals Monitoring Requirements

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 7/1/2015 and 9/30/2015 at SMP: DS201

Sample for all the analytes listed below:

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



Effective Date: 01/01/2015

2015 ENTRY POINT SCHEDULE

**OH7500512 JACKSON CENTER VILLAGE PWS**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                          |                             |   |
|--------------------------|-----------------------------|---|
| <b>Sampling Location</b> | Facility ID: <b>7558198</b> | Facility Name: <b>JACKSON CENTER WATER DEPT</b> |
|                          | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>            |
|                          |                             | Facility Class: <b>CLASS 1</b>                  |

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

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2015**

| <b>Chemicals</b>   | <b>Monitoring Requirements</b>                       |
|--|--|
| INORGANICS   | Not Required   |
| NITRITE - 1041   | Not Required   |
| NITRATE - 1040   | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |
| RADIOLOGICALS  | Not Required   |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1                      | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |
| <i>Sample for all the analytes listed below:</i>               |  |
| <b>ALACHLOR (LASSO) - 2051 ATRAZINE - 2050 SIMAZINE - 2037</b> |  |
| VOLATILE ORGANIC CHEMICALS (VOC)                               | Not Required   |



**OH7500512 JACKSON CENTER VILLAGE PWS**

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2015**

**DISTRIBUTION MONITORING SCHEDULE**

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

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

|                               |  |
|-------------------------------|--|
| LEAD - 1030 AND COPPER - 1022 | 10 Sample(s) Required between 6/1/2015 and 9/30/2015 |
|-------------------------------|--|

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

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

|                             |   |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 2 Sample(s) Required between 1/1/2015 and 1/31/2015   |
|                             | 2 Sample(s) Required between 2/1/2015 and 2/28/2015   |
|                             | 2 Sample(s) Required between 3/1/2015 and 3/31/2015   |
|                             | 2 Sample(s) Required between 4/1/2015 and 4/30/2015   |
|                             | 2 Sample(s) Required between 5/1/2015 and 5/31/2015   |
|                             | 2 Sample(s) Required between 6/1/2015 and 6/30/2015   |
|                             | 2 Sample(s) Required between 7/1/2015 and 7/31/2015   |
|                             | 2 Sample(s) Required between 8/1/2015 and 8/31/2015   |
|                             | 2 Sample(s) Required between 9/1/2015 and 9/30/2015   |
|                             | 2 Sample(s) Required between 10/1/2015 and 10/31/2015 |
|                             | 2 Sample(s) Required between 11/1/2015 and 11/30/2015 |
|                             | 2 Sample(s) Required between 12/1/2015 and 12/31/2015 |

|                       |   |
|-----------------------|---|
| TOTAL CHLORINE - 1000 | 2 Sample(s) Required between 1/1/2015 and 1/31/2015   |
|                       | 2 Sample(s) Required between 2/1/2015 and 2/28/2015   |
|                       | 2 Sample(s) Required between 3/1/2015 and 3/31/2015   |
|                       | 2 Sample(s) Required between 4/1/2015 and 4/30/2015   |
|                       | 2 Sample(s) Required between 5/1/2015 and 5/31/2015   |
|                       | 2 Sample(s) Required between 6/1/2015 and 6/30/2015   |
|                       | 2 Sample(s) Required between 7/1/2015 and 7/31/2015   |
|                       | 2 Sample(s) Required between 8/1/2015 and 8/31/2015   |
|                       | 2 Sample(s) Required between 9/1/2015 and 9/30/2015   |
|                       | 2 Sample(s) Required between 10/1/2015 and 10/31/2015 |
|                       | 2 Sample(s) Required between 11/1/2015 and 11/30/2015 |
|                       | 2 Sample(s) Required between 12/1/2015 and 12/31/2015 |

*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>JACKSON CENTER,VLG.OF DISTRIBUTION</b><br><b>ADDRESS NOT KNOWN</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

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

|                         |   |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2015 and 9/30/2015 at SMP: DS201 |
|-------------------------|---|

Sample for all the analytes listed below:

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



Effective Date: 01/01/2015

2015 DISTRIBUTION SCHEDULE

**OH7500512 JACKSON CENTER VILLAGE PWS**

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2015**

**DISTRIBUTION MONITORING SCHEDULE**

|                          |                         |  |                                |
|--------------------------|-------------------------|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b> | Facility Name: <b>JACKSON CENTER,VLG.OF DISTRIBUTION</b> | Facility Class: <b>CLASS 1</b> |
|                          | SMP ID: <b>DS202</b>    | <b>ADDRESS NOT KNOWN</b>                                 |                                |

| <b>Chemicals</b>        | <b>Monitoring Requirements</b>                                    |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2015 and 9/30/2015 at SMP: DS202 |

*Sample for all the analytes listed below:*

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



Effective Date: 01/01/2015

2015 ENTRY POINT SCHEDULE

**OH7500612 KETTLERSVILLE WELL ASSOCIATION PWS**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                          |                             |  |
|--------------------------|-----------------------------|--|
| <b>Sampling Location</b> | Facility ID: <b>7558199</b> | Facility Name: <b>KETTLERSVILLE WELL ASSOCIATION</b> |
|                          | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>                 |
|                          |                             | Facility Class: <b>CLASS A</b>                       |

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

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2015**

| <b>Chemicals</b>   | <b>Monitoring Requirements</b>                       |
|--|--|
| INORGANICS   | Not Required   |
| NITRITE - 1041   | Not Required   |
| NITRATE - 1040   | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |
| RADIOLOGICALS  | Not Required   |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1                      | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |
| <i>Sample for all the analytes listed below:</i>               |  |
| <b>ALACHLOR (LASSO) - 2051 ATRAZINE - 2050 SIMAZINE - 2037</b> |  |
| VOLATILE ORGANIC CHEMICALS (VOC)                               | Not Required   |



OH7500612 KETTLERSVILLE WELL ASSOCIATION PWS

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2015

DISTRIBUTION MONITORING SCHEDULE

Table with 2 columns: Sampling Location, Facility ID: DS1, Facility Name: KETTLERSVILLE WELL ASSOC DISTRIBUTIOI, SMP ID: DS000

Chemicals Monitoring Requirements

LEAD - 1030 AND COPPER - 1022 5 Sample(s) Required between 6/1/2015 and 9/30/2015

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

TOTAL COLIFORM (TCR) - 3100 1 Sample(s) Required between 1/1/2015 and 1/31/2015
1 Sample(s) Required between 2/1/2015 and 2/28/2015
1 Sample(s) Required between 3/1/2015 and 3/31/2015
1 Sample(s) Required between 4/1/2015 and 4/30/2015
1 Sample(s) Required between 5/1/2015 and 5/31/2015
1 Sample(s) Required between 6/1/2015 and 6/30/2015
1 Sample(s) Required between 7/1/2015 and 7/31/2015
1 Sample(s) Required between 8/1/2015 and 8/31/2015
1 Sample(s) Required between 9/1/2015 and 9/30/2015
1 Sample(s) Required between 10/1/2015 and 10/31/2015
1 Sample(s) Required between 11/1/2015 and 11/30/2015
1 Sample(s) Required between 12/1/2015 and 12/31/2015

TOTAL CHLORINE - 1000 1 Sample(s) Required between 1/1/2015 and 1/31/2015
1 Sample(s) Required between 2/1/2015 and 2/28/2015
1 Sample(s) Required between 3/1/2015 and 3/31/2015
1 Sample(s) Required between 4/1/2015 and 4/30/2015
1 Sample(s) Required between 5/1/2015 and 5/31/2015
1 Sample(s) Required between 6/1/2015 and 6/30/2015
1 Sample(s) Required between 7/1/2015 and 7/31/2015
1 Sample(s) Required between 8/1/2015 and 8/31/2015
1 Sample(s) Required between 9/1/2015 and 9/30/2015
1 Sample(s) Required between 10/1/2015 and 10/31/2015
1 Sample(s) Required between 11/1/2015 and 11/30/2015
1 Sample(s) Required between 12/1/2015 and 12/31/2015

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

Table with 2 columns: Sampling Location, Facility ID: DS1, Facility Name: KETTLERSVILLE WELL ASSOC DISTRIBUTIOI, SMP ID: DS201, ADDRESS NOT KNOWN

Chemicals Monitoring Requirements

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 7/1/2015 and 9/30/2015 at SMP: DS201

Sample for all the analytes listed below:

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



Effective Date: 01/01/2015

2015 ENTRY POINT SCHEDULE

**OH7500712 DOROTHY LOVE RETIREMENT CENTER PWS**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                          |                             |  |
|--------------------------|-----------------------------|--|
| <b>Sampling Location</b> | Facility ID: <b>7558200</b> | Facility Name: <b>DOROTHY LOVE RETIREMENT CENTER</b> |
|                          | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>                 |
|                          |                             | Facility Class: <b>CLASS 1</b>                       |

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2015**

| <b>Chemicals</b>   | <b>Monitoring Requirements</b>                       |
|--|--|
| INORGANICS   | Not Required   |
| NITRITE - 1041   | Not Required   |
| NITRATE - 1040   | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |
| RADIOLOGICALS  | Not Required   |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1                      | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |
| <i>Sample for all the analytes listed below:</i>               |  |
| <b>ALACHLOR (LASSO) - 2051 ATRAZINE - 2050 SIMAZINE - 2037</b> |  |
| VOLATILE ORGANIC CHEMICALS (VOC)                               | Not Required   |



**OH7500712 DOROTHY LOVE RETIREMENT CENTER PWS**

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2015**

**DISTRIBUTION MONITORING SCHEDULE**

|                          |   |   |                                |
|--------------------------|---|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS000</b> | Facility Name: <b>DOROTHY LOVE RETIRE. CTR DISTRIBUTION</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

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

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

|                             |                              |           |     |            |
|-----------------------------|------------------------------|-----------|-----|------------|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between | 1/1/2015  | and | 1/31/2015  |
|                             | 1 Sample(s) Required between | 2/1/2015  | and | 2/28/2015  |
|                             | 1 Sample(s) Required between | 3/1/2015  | and | 3/31/2015  |
|                             | 1 Sample(s) Required between | 4/1/2015  | and | 4/30/2015  |
|                             | 1 Sample(s) Required between | 5/1/2015  | and | 5/31/2015  |
|                             | 1 Sample(s) Required between | 6/1/2015  | and | 6/30/2015  |
|                             | 1 Sample(s) Required between | 7/1/2015  | and | 7/31/2015  |
|                             | 1 Sample(s) Required between | 8/1/2015  | and | 8/31/2015  |
|                             | 1 Sample(s) Required between | 9/1/2015  | and | 9/30/2015  |
|                             | 1 Sample(s) Required between | 10/1/2015 | and | 10/31/2015 |
|                             | 1 Sample(s) Required between | 11/1/2015 | and | 11/30/2015 |
|                             | 1 Sample(s) Required between | 12/1/2015 | and | 12/31/2015 |

|                       |                              |           |     |            |
|-----------------------|------------------------------|-----------|-----|------------|
| TOTAL CHLORINE - 1000 | 1 Sample(s) Required between | 1/1/2015  | and | 1/31/2015  |
|                       | 1 Sample(s) Required between | 2/1/2015  | and | 2/28/2015  |
|                       | 1 Sample(s) Required between | 3/1/2015  | and | 3/31/2015  |
|                       | 1 Sample(s) Required between | 4/1/2015  | and | 4/30/2015  |
|                       | 1 Sample(s) Required between | 5/1/2015  | and | 5/31/2015  |
|                       | 1 Sample(s) Required between | 6/1/2015  | and | 6/30/2015  |
|                       | 1 Sample(s) Required between | 7/1/2015  | and | 7/31/2015  |
|                       | 1 Sample(s) Required between | 8/1/2015  | and | 8/31/2015  |
|                       | 1 Sample(s) Required between | 9/1/2015  | and | 9/30/2015  |
|                       | 1 Sample(s) Required between | 10/1/2015 | and | 10/31/2015 |
|                       | 1 Sample(s) Required between | 11/1/2015 | and | 11/30/2015 |
|                       | 1 Sample(s) Required between | 12/1/2015 | and | 12/31/2015 |

*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>DOROTHY LOVE RETIRE. CTR DISTRIBUTION</b><br><b>ADDRESS NOT KNOWN</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

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

|                         |   |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2015 and 9/30/2015 at SMP: DS201 |
|-------------------------|---|

Sample for all the analytes listed below:

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



Effective Date: 01/01/2015

2015 DISTRIBUTION SCHEDULE

**OH7500712 DOROTHY LOVE RETIREMENT CENTER PWS**

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2015**

**DISTRIBUTION MONITORING SCHEDULE**

|                          |                         |   |                                |
|--------------------------|-------------------------|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b> | Facility Name: <b>DOROTHY LOVE RETIRE. CTR DISTRIBUTION</b> | Facility Class: <b>CLASS 1</b> |
|                          | SMP ID: <b>DS202</b>    | <b>ADDRESS NOT KNOWN</b>                                    |                                |

| <b>Chemicals</b>        | <b>Monitoring Requirements</b>                                    |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2015 and 9/30/2015 at SMP: DS202 |

*Sample for all the analytes listed below:*

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



Effective Date: 01/01/2015

2015 ENTRY POINT SCHEDULE

**OH7500812 MCCARTYVILLE WELL ASSOCIATION PWS**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                          |                             |   |
|--------------------------|-----------------------------|---|
| <b>Sampling Location</b> | Facility ID: <b>7558201</b> | Facility Name: <b>MCCARTYVILLE WELL ASSOC STU 1</b> |
|                          | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>                |
|                          |                             | Facility Class: <b>CLASS 1</b>                      |

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

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2015**

| <b>Chemicals</b>  | <b>Monitoring Requirements</b>   |
|---|--|
| ARSENIC - 1005  | 1 Sample(s) Required between 1/1/2015 and 3/31/2015<br>1 Sample(s) Required between 4/1/2015 and 6/30/2015<br>1 Sample(s) Required between 7/1/2015 and 9/30/2015<br>1 Sample(s) Required between 10/1/2015 and 12/31/2015 |
| INORGANICS  | Not Required   |
| NITRITE - 1041  | Not Required   |
| NITRATE - 1040  | 1 Sample(s) Required between 6/1/2015 and 10/31/2015   |
| RADIOLOGICALS   | Not Required   |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1                     | 1 Sample(s) Required between 6/1/2015 and 10/31/2015   |
| <i>Sample for all the analytes listed below:</i>              |  |
| ALACHLOR (LASSO) - 2051    ATRAZINE - 2050    SIMAZINE - 2037 |  |
| VOLATILE ORGANIC CHEMICALS (VOC)                              | Not Required   |



**OH7500812 MCCARTYVILLE WELL ASSOCIATION PWS**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                 |                             |  |
|-----------------|-----------------------------|--|
| <b>Sampling</b> | Facility ID: <b>7560596</b> | Facility Name: <b>MCCARTYVILLE WELL ASSOC. STU 2</b> |
| <b>Location</b> | SMP ID: <b>EP002</b>        | Facility Source: <b>Ground Water</b>                 |
|                 |                             | Facility Class: <b>CLASS 1</b>                       |

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

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2015**

| <b>Chemicals</b>   | <b>Monitoring Requirements</b>   |
|--|--|
| ARSENIC - 1005   | 1 Sample(s) Required between 1/1/2015 and 3/31/2015<br>1 Sample(s) Required between 4/1/2015 and 6/30/2015<br>1 Sample(s) Required between 7/1/2015 and 9/30/2015<br>1 Sample(s) Required between 10/1/2015 and 12/31/2015 |
| INORGANICS   | Not Required   |
| NITRITE - 1041   | Not Required   |
| NITRATE - 1040   | 1 Sample(s) Required between 6/1/2015 and 10/31/2015   |
| RADIOLOGICALS  | Not Required   |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1                      | 1 Sample(s) Required between 6/1/2015 and 10/31/2015   |
| <b><u>Sample for all the analytes listed below:</u></b>        |  |
| <b>ALACHLOR (LASSO) - 2051 ATRAZINE - 2050 SIMAZINE - 2037</b> |  |
| VOLATILE ORGANIC CHEMICALS (VOC)                               | Not Required   |

**OH7500812 MCCARTYVILLE WELL ASSOCIATION PWS**

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2015**

**DISTRIBUTION MONITORING SCHEDULE**

|                          |                         |  |
|--------------------------|-------------------------|--|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b> | Facility Name: <b>MCCARTYVILLE WELL ASSOC. DISTRIBUTIO</b> |
|                          | SMP ID: <b>DS000</b>    |  |

| Chemicals                     | Monitoring Requirements  |
|-------------------------------|--|
| LEAD - 1030 AND COPPER - 1022 | Not Required   |
| TOTAL COLIFORM (TCR) - 3100   | 1 Sample(s) Required between 1/1/2015 and 1/31/2015<br>1 Sample(s) Required between 2/1/2015 and 2/28/2015<br>1 Sample(s) Required between 3/1/2015 and 3/31/2015<br>1 Sample(s) Required between 4/1/2015 and 4/30/2015<br>1 Sample(s) Required between 5/1/2015 and 5/31/2015<br>1 Sample(s) Required between 6/1/2015 and 6/30/2015<br>1 Sample(s) Required between 7/1/2015 and 7/31/2015<br>1 Sample(s) Required between 8/1/2015 and 8/31/2015<br>1 Sample(s) Required between 9/1/2015 and 9/30/2015<br>1 Sample(s) Required between 10/1/2015 and 10/31/2015<br>1 Sample(s) Required between 11/1/2015 and 11/30/2015<br>1 Sample(s) Required between 12/1/2015 and 12/31/2015 |

|                       |  |
|-----------------------|--|
| TOTAL CHLORINE - 1000 | 1 Sample(s) Required between 1/1/2015 and 1/31/2015<br>1 Sample(s) Required between 2/1/2015 and 2/28/2015<br>1 Sample(s) Required between 3/1/2015 and 3/31/2015<br>1 Sample(s) Required between 4/1/2015 and 4/30/2015<br>1 Sample(s) Required between 5/1/2015 and 5/31/2015<br>1 Sample(s) Required between 6/1/2015 and 6/30/2015<br>1 Sample(s) Required between 7/1/2015 and 7/31/2015<br>1 Sample(s) Required between 8/1/2015 and 8/31/2015<br>1 Sample(s) Required between 9/1/2015 and 9/30/2015<br>1 Sample(s) Required between 10/1/2015 and 10/31/2015<br>1 Sample(s) Required between 11/1/2015 and 11/30/2015<br>1 Sample(s) Required between 12/1/2015 and 12/31/2015 |
|-----------------------|--|

*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>MCCARTYVILLE WELL ASSOC. DISTRIBUTIO</b> |
|                          | SMP ID: <b>DS201</b>    | <b>ADDRESS NOT KNOWN</b>                                   |

| Chemicals               | Monitoring Requirements   |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2015 and 9/30/2015 at SMP: DS201 |

Sample for all the analytes listed below:

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



**OH7500912 NORTHVIEW UTILITY CORP PWS**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                          |                             |   |
|--------------------------|-----------------------------|---|
| <b>Sampling Location</b> | Facility ID: <b>7562500</b> | Facility Name: <b>NORTHVIEW UTILITIES ASSOC WTP STU 2</b> |
|                          | SMP ID: <b>EP002</b>        | Facility Source: <b>Ground Water</b>                      |
|                          |                             | Facility Class: <b>CLASS 1</b>                            |

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

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2015**

| <b>Chemicals</b>  | <b>Monitoring Requirements</b>   |
|---|--|
| ARSENIC - 1005  | 1 Sample(s) Required between 1/1/2015 and 3/31/2015<br>1 Sample(s) Required between 4/1/2015 and 6/30/2015<br>1 Sample(s) Required between 7/1/2015 and 9/30/2015<br>1 Sample(s) Required between 10/1/2015 and 12/31/2015 |
| INORGANICS  | Not Required   |
| NITRITE - 1041  | Not Required   |
| NITRATE - 1040  | 1 Sample(s) Required between 6/1/2015 and 10/31/2015   |
| RADIOLOGICALS   | Not Required   |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1               | 1 Sample(s) Required between 6/1/2015 and 10/31/2015   |
| <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 1/1/2015 and 5/31/2015  |



**OH7500912 NORTHVIEW UTILITY CORP PWS**

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2015**

**DISTRIBUTION MONITORING SCHEDULE**

|                          |                         |   |
|--------------------------|-------------------------|---|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b> | Facility Name: <b>NORTHVIEW UTILITY CORP DISTRIBUTION</b> |
|                          | SMP ID: <b>DS000</b>    |   |

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

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

|                             |                              |           |     |            |
|-----------------------------|------------------------------|-----------|-----|------------|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between | 1/1/2015  | and | 1/31/2015  |
|                             | 1 Sample(s) Required between | 2/1/2015  | and | 2/28/2015  |
|                             | 1 Sample(s) Required between | 3/1/2015  | and | 3/31/2015  |
|                             | 1 Sample(s) Required between | 4/1/2015  | and | 4/30/2015  |
|                             | 1 Sample(s) Required between | 5/1/2015  | and | 5/31/2015  |
|                             | 1 Sample(s) Required between | 6/1/2015  | and | 6/30/2015  |
|                             | 1 Sample(s) Required between | 7/1/2015  | and | 7/31/2015  |
|                             | 1 Sample(s) Required between | 8/1/2015  | and | 8/31/2015  |
|                             | 1 Sample(s) Required between | 9/1/2015  | and | 9/30/2015  |
|                             | 1 Sample(s) Required between | 10/1/2015 | and | 10/31/2015 |
|                             | 1 Sample(s) Required between | 11/1/2015 | and | 11/30/2015 |
|                             | 1 Sample(s) Required between | 12/1/2015 | and | 12/31/2015 |

|                       |                              |           |     |            |
|-----------------------|------------------------------|-----------|-----|------------|
| TOTAL CHLORINE - 1000 | 1 Sample(s) Required between | 1/1/2015  | and | 1/31/2015  |
|                       | 1 Sample(s) Required between | 2/1/2015  | and | 2/28/2015  |
|                       | 1 Sample(s) Required between | 3/1/2015  | and | 3/31/2015  |
|                       | 1 Sample(s) Required between | 4/1/2015  | and | 4/30/2015  |
|                       | 1 Sample(s) Required between | 5/1/2015  | and | 5/31/2015  |
|                       | 1 Sample(s) Required between | 6/1/2015  | and | 6/30/2015  |
|                       | 1 Sample(s) Required between | 7/1/2015  | and | 7/31/2015  |
|                       | 1 Sample(s) Required between | 8/1/2015  | and | 8/31/2015  |
|                       | 1 Sample(s) Required between | 9/1/2015  | and | 9/30/2015  |
|                       | 1 Sample(s) Required between | 10/1/2015 | and | 10/31/2015 |
|                       | 1 Sample(s) Required between | 11/1/2015 | and | 11/30/2015 |
|                       | 1 Sample(s) Required between | 12/1/2015 | and | 12/31/2015 |

*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>NORTHVIEW UTILITY CORP DISTRIBUTION</b> |
|                          | SMP ID: <b>DS201</b>    | <b>ADDRESS NOT KNOWN</b>                                  |

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

|                         |                              |          |     |           |               |
|-------------------------|------------------------------|----------|-----|-----------|---------------|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between | 7/1/2015 | and | 9/30/2015 | at SMP: DS201 |
|-------------------------|------------------------------|----------|-----|-----------|---------------|

Sample for all the analytes listed below:

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



Effective Date: 01/01/2015

2015 ENTRY POINT SCHEDULE

**OH7501112 FAIRHAVEN-SHELBY CO HOME**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                          |                             |  |
|--------------------------|-----------------------------|--|
| <b>Sampling Location</b> | Facility ID: <b>7558204</b> | Facility Name: <b>FAIRHAVEN-SHELBY CO HOME</b> |
|                          | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>           |
|                          |                             | Facility Class: <b>CLASS 1</b>                 |

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

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2015**

| <b>Chemicals</b>   | <b>Monitoring Requirements</b>                       |
|--|--|
| INORGANICS   | Not Required   |
| NITRITE - 1041   | Not Required   |
| NITRATE - 1040   | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |
| RADIOLOGICALS  | Not Required   |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1                      | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |
| <i>Sample for all the analytes listed below:</i>               |  |
| <b>ALACHLOR (LASSO) - 2051 ATRAZINE - 2050 SIMAZINE - 2037</b> |  |
| VOLATILE ORGANIC CHEMICALS (VOC)                               | Not Required   |



**OH7501112 FAIRHAVEN-SHELBY CO HOME**

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2015**

**DISTRIBUTION MONITORING SCHEDULE**

|                          |   |  |                                |
|--------------------------|---|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS000</b> | Facility Name: <b>FAIRHAVEN-SHELBY CO HOME DISTRIBUTIO</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

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

|                               |   |
|-------------------------------|---|
| LEAD - 1030 AND COPPER - 1022 | 5 Sample(s) Required between 6/1/2015 and 9/30/2015 |
|-------------------------------|---|

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

|                             |   |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2015 and 1/31/2015   |
|                             | 1 Sample(s) Required between 2/1/2015 and 2/28/2015   |
|                             | 1 Sample(s) Required between 3/1/2015 and 3/31/2015   |
|                             | 1 Sample(s) Required between 4/1/2015 and 4/30/2015   |
|                             | 1 Sample(s) Required between 5/1/2015 and 5/31/2015   |
|                             | 1 Sample(s) Required between 6/1/2015 and 6/30/2015   |
|                             | 1 Sample(s) Required between 7/1/2015 and 7/31/2015   |
|                             | 1 Sample(s) Required between 8/1/2015 and 8/31/2015   |
|                             | 1 Sample(s) Required between 9/1/2015 and 9/30/2015   |
|                             | 1 Sample(s) Required between 10/1/2015 and 10/31/2015 |
|                             | 1 Sample(s) Required between 11/1/2015 and 11/30/2015 |
|                             | 1 Sample(s) Required between 12/1/2015 and 12/31/2015 |

|                       |   |
|-----------------------|---|
| TOTAL CHLORINE - 1000 | 1 Sample(s) Required between 1/1/2015 and 1/31/2015   |
|                       | 1 Sample(s) Required between 2/1/2015 and 2/28/2015   |
|                       | 1 Sample(s) Required between 3/1/2015 and 3/31/2015   |
|                       | 1 Sample(s) Required between 4/1/2015 and 4/30/2015   |
|                       | 1 Sample(s) Required between 5/1/2015 and 5/31/2015   |
|                       | 1 Sample(s) Required between 6/1/2015 and 6/30/2015   |
|                       | 1 Sample(s) Required between 7/1/2015 and 7/31/2015   |
|                       | 1 Sample(s) Required between 8/1/2015 and 8/31/2015   |
|                       | 1 Sample(s) Required between 9/1/2015 and 9/30/2015   |
|                       | 1 Sample(s) Required between 10/1/2015 and 10/31/2015 |
|                       | 1 Sample(s) Required between 11/1/2015 and 11/30/2015 |
|                       | 1 Sample(s) Required between 12/1/2015 and 12/31/2015 |

*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>FAIRHAVEN-SHELBY CO HOME DISTRIBUTIO</b><br><b>ADDRESS NOT KNOWN</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

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

|                         |   |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2015 and 9/30/2015 at SMP: DS201 |
|-------------------------|---|

Sample for all the analytes listed below:

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



**OH7501214 SIDNEY CITY PWS**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                          |                             |                                       |                                |
|--------------------------|-----------------------------|---------------------------------------|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>7558205</b> | Facility Name: <b>SIDNEY 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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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2015**

| <b>Chemicals</b>   | <b>Monitoring Requirements</b>   |
|--|--|
| INORGANICS   | 1 Sample(s) Required between 6/1/2015 and 10/31/2015   |
| <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   | Not Required   |
| NITRATE - 1040   | 1 Sample(s) Required between 1/1/2015 and 1/31/2015<br>1 Sample(s) Required between 2/1/2015 and 2/28/2015<br>1 Sample(s) Required between 3/1/2015 and 3/31/2015<br>1 Sample(s) Required between 4/1/2015 and 4/30/2015<br>1 Sample(s) Required between 5/1/2015 and 5/31/2015<br>1 Sample(s) Required between 6/1/2015 and 6/30/2015<br>1 Sample(s) Required between 7/1/2015 and 7/31/2015<br>1 Sample(s) Required between 8/1/2015 and 8/31/2015<br>1 Sample(s) Required between 9/1/2015 and 9/30/2015<br>1 Sample(s) Required between 10/1/2015 and 10/31/2015<br>1 Sample(s) Required between 11/1/2015 and 11/30/2015<br>1 Sample(s) Required between 12/1/2015 and 12/31/2015   |
| RADIOLOGICALS  | Not Required   |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1  | 1 Sample(s) Required between 4/1/2015 and 4/30/2015<br>1 Sample(s) Required between 5/1/2015 and 5/31/2015<br>1 Sample(s) Required between 6/1/2015 and 6/30/2015  |
| <i>Sample for all the analytes listed below:</i>   |  |
| ALACHLOR (LASSO) - 2051 ATRAZINE - 2050 SIMAZINE - 2037  |  |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 2  | Not Required   |
| VOLATILE ORGANIC CHEMICALS (VOC)   | 1 Sample(s) Required between 7/1/2015 and 9/30/2015  |
| TOTAL ORGANIC CARBON (TOC)   | 1 Paired Sample Set Required between 1/1/2015 and 1/31/2015<br>1 Paired Sample Set Required between 2/1/2015 and 2/28/2015<br>1 Paired Sample Set Required between 3/1/2015 and 3/31/2015<br>1 Paired Sample Set Required between 4/1/2015 and 4/30/2015<br>1 Paired Sample Set Required between 5/1/2015 and 5/31/2015<br>1 Paired Sample Set Required between 6/1/2015 and 6/30/2015<br>1 Paired Sample Set Required between 7/1/2015 and 7/31/2015<br>1 Paired Sample Set Required between 8/1/2015 and 8/31/2015<br>1 Paired Sample Set Required between 9/1/2015 and 9/30/2015<br>1 Paired Sample Set Required between 10/1/2015 and 10/31/2015<br>1 Paired Sample Set Required between 11/1/2015 and 11/30/2015<br>1 Paired Sample Set Required between 12/1/2015 and 12/31/2015 |

**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.**



**OH7501214 SIDNEY CITY PWS**

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, 2015**

**DISTRIBUTION MONITORING SCHEDULE**

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

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

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

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

|                             |                               |           |     |            |
|-----------------------------|-------------------------------|-----------|-----|------------|
| TOTAL COLIFORM (TCR) - 3100 | 20 Sample(s) Required between | 1/1/2015  | and | 1/31/2015  |
|                             | 20 Sample(s) Required between | 2/1/2015  | and | 2/28/2015  |
|                             | 20 Sample(s) Required between | 3/1/2015  | and | 3/31/2015  |
|                             | 20 Sample(s) Required between | 4/1/2015  | and | 4/30/2015  |
|                             | 20 Sample(s) Required between | 5/1/2015  | and | 5/31/2015  |
|                             | 20 Sample(s) Required between | 6/1/2015  | and | 6/30/2015  |
|                             | 20 Sample(s) Required between | 7/1/2015  | and | 7/31/2015  |
|                             | 20 Sample(s) Required between | 8/1/2015  | and | 8/31/2015  |
|                             | 20 Sample(s) Required between | 9/1/2015  | and | 9/30/2015  |
|                             | 20 Sample(s) Required between | 10/1/2015 | and | 10/31/2015 |
|                             | 20 Sample(s) Required between | 11/1/2015 | and | 11/30/2015 |
|                             | 20 Sample(s) Required between | 12/1/2015 | and | 12/31/2015 |

|                       |                               |           |     |            |
|-----------------------|-------------------------------|-----------|-----|------------|
| TOTAL CHLORINE - 1000 | 20 Sample(s) Required between | 1/1/2015  | and | 1/31/2015  |
|                       | 20 Sample(s) Required between | 2/1/2015  | and | 2/28/2015  |
|                       | 20 Sample(s) Required between | 3/1/2015  | and | 3/31/2015  |
|                       | 20 Sample(s) Required between | 4/1/2015  | and | 4/30/2015  |
|                       | 20 Sample(s) Required between | 5/1/2015  | and | 5/31/2015  |
|                       | 20 Sample(s) Required between | 6/1/2015  | and | 6/30/2015  |
|                       | 20 Sample(s) Required between | 7/1/2015  | and | 7/31/2015  |
|                       | 20 Sample(s) Required between | 8/1/2015  | and | 8/31/2015  |
|                       | 20 Sample(s) Required between | 9/1/2015  | and | 9/30/2015  |
|                       | 20 Sample(s) Required between | 10/1/2015 | and | 10/31/2015 |
|                       | 20 Sample(s) Required between | 11/1/2015 | and | 11/30/2015 |
|                       | 20 Sample(s) Required between | 12/1/2015 | and | 12/31/2015 |

*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>SIDNEY, CITY OF DISTRIBUTION</b><br><b>620 ARROWHEAD DRIVE</b> | Facility Class: <b>CLASS 2</b> |
|--------------------------|---|--|--------------------------------|

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

|                         |                              |           |     |           |               |
|-------------------------|------------------------------|-----------|-----|-----------|---------------|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between | 1/1/2015  | and | 1/7/2015  | at SMP: DS201 |
|                         | 1 Sample(s) Required between | 4/1/2015  | and | 4/7/2015  | at SMP: DS201 |
|                         | 1 Sample(s) Required between | 7/1/2015  | and | 7/7/2015  | at SMP: DS201 |
|                         | 1 Sample(s) Required between | 10/1/2015 | and | 10/7/2015 | at SMP: DS201 |

Sample for all the analytes listed below:

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



**OH7501214 SIDNEY CITY PWS**

System Type: Community

Operating Period: 1/1 to 12/31

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

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

**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2015**

**DISTRIBUTION MONITORING SCHEDULE**

|                          |   |   |                                |
|--------------------------|---|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS202</b> | Facility Name: <b>SIDNEY, CITY OF DISTRIBUTION</b><br><b>890 COUNTRYSIDE STREET</b> | Facility Class: <b>CLASS 2</b> |
|--------------------------|---|---|--------------------------------|

| Chemicals               | Monitoring Requirements      |               |                         |
|-------------------------|------------------------------|---------------|-------------------------|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between | 1/1/2015 and  | 1/7/2015 at SMP: DS202  |
|                         | 1 Sample(s) Required between | 4/1/2015 and  | 4/7/2015 at SMP: DS202  |
|                         | 1 Sample(s) Required between | 7/1/2015 and  | 7/7/2015 at SMP: DS202  |
|                         | 1 Sample(s) Required between | 10/1/2015 and | 10/7/2015 at SMP: DS202 |

Sample for all the analytes listed below:

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

|                          |   |   |                                |
|--------------------------|---|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS203</b> | Facility Name: <b>SIDNEY, CITY OF DISTRIBUTION</b><br><b>1898 CREEKSIDE COURT</b> | Facility Class: <b>CLASS 2</b> |
|--------------------------|---|---|--------------------------------|

| Chemicals               | Monitoring Requirements      |               |                         |
|-------------------------|------------------------------|---------------|-------------------------|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between | 1/1/2015 and  | 1/7/2015 at SMP: DS203  |
|                         | 1 Sample(s) Required between | 4/1/2015 and  | 4/7/2015 at SMP: DS203  |
|                         | 1 Sample(s) Required between | 7/1/2015 and  | 7/7/2015 at SMP: DS203  |
|                         | 1 Sample(s) Required between | 10/1/2015 and | 10/7/2015 at SMP: DS203 |

Sample for all the analytes listed below:

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

|                          |   |   |                                |
|--------------------------|---|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS204</b> | Facility Name: <b>SIDNEY, CITY OF DISTRIBUTION</b><br><b>710 COURTER AVENUE</b> | Facility Class: <b>CLASS 2</b> |
|--------------------------|---|---|--------------------------------|

| Chemicals               | Monitoring Requirements      |               |                         |
|-------------------------|------------------------------|---------------|-------------------------|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between | 1/1/2015 and  | 1/7/2015 at SMP: DS204  |
|                         | 1 Sample(s) Required between | 4/1/2015 and  | 4/7/2015 at SMP: DS204  |
|                         | 1 Sample(s) Required between | 7/1/2015 and  | 7/7/2015 at SMP: DS204  |
|                         | 1 Sample(s) Required between | 10/1/2015 and | 10/7/2015 at SMP: DS204 |

Sample for all the analytes listed below:

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



**OH7501312 LAKE VIEW VILLAGE MHP**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                          |                             |   |                                |
|--------------------------|-----------------------------|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>7558206</b> | Facility Name: <b>LAKE VIEW VILLAGE</b> | Facility Class: <b>CLASS 1</b> |
|                          | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>    |                                |

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

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

**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2015**

| <b>Chemicals</b>  | <b>Monitoring Requirements</b>   |
|---|--|
| ARSENIC - 1005  | 1 Sample(s) Required between 1/1/2015 and 3/31/2015<br>1 Sample(s) Required between 4/1/2015 and 6/30/2015<br>1 Sample(s) Required between 7/1/2015 and 9/30/2015<br>1 Sample(s) Required between 10/1/2015 and 12/31/2015 |
| INORGANICS  | Not Required   |
| NITRITE - 1041  | Not Required   |
| NITRATE - 1040  | 1 Sample(s) Required between 6/1/2015 and 10/31/2015   |
| RADIOLOGICALS   | Not Required   |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1               | 1 Sample(s) Required between 6/1/2015 and 10/31/2015   |
| <i>Sample for all the analytes listed below:</i>        |  |
| ALACHLOR (LASSO) - 2051 ATRAZINE - 2050 SIMAZINE - 2037 |  |
| VOLATILE ORGANIC CHEMICALS (VOC)                        | Not Required   |



**OH7501312 LAKE VIEW VILLAGE MHP**

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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

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

**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2015**

**DISTRIBUTION MONITORING SCHEDULE**

**Sampling Location** Facility ID: **DS1** Facility Name: **LAKE VIEW VILLAGE DISTRIBUTION**  
SMP ID: **DS000**

| Chemicals                     | Monitoring Requirements                              |
|-------------------------------|--|
| LEAD - 1030 AND COPPER - 1022 | 5 Sample(s) Required between 1/1/2015 and 6/30/2015  |
|                               | 5 Sample(s) Required between 7/1/2015 and 12/31/2015 |

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

|                             |   |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2015 and 1/31/2015   |
|                             | 1 Sample(s) Required between 2/1/2015 and 2/28/2015   |
|                             | 1 Sample(s) Required between 3/1/2015 and 3/31/2015   |
|                             | 1 Sample(s) Required between 4/1/2015 and 4/30/2015   |
|                             | 1 Sample(s) Required between 5/1/2015 and 5/31/2015   |
|                             | 1 Sample(s) Required between 6/1/2015 and 6/30/2015   |
|                             | 1 Sample(s) Required between 7/1/2015 and 7/31/2015   |
|                             | 1 Sample(s) Required between 8/1/2015 and 8/31/2015   |
|                             | 1 Sample(s) Required between 9/1/2015 and 9/30/2015   |
|                             | 1 Sample(s) Required between 10/1/2015 and 10/31/2015 |
|                             | 1 Sample(s) Required between 11/1/2015 and 11/30/2015 |
|                             | 1 Sample(s) Required between 12/1/2015 and 12/31/2015 |

|                       |   |
|-----------------------|---|
| TOTAL CHLORINE - 1000 | 1 Sample(s) Required between 1/1/2015 and 1/31/2015   |
|                       | 1 Sample(s) Required between 2/1/2015 and 2/28/2015   |
|                       | 1 Sample(s) Required between 3/1/2015 and 3/31/2015   |
|                       | 1 Sample(s) Required between 4/1/2015 and 4/30/2015   |
|                       | 1 Sample(s) Required between 5/1/2015 and 5/31/2015   |
|                       | 1 Sample(s) Required between 6/1/2015 and 6/30/2015   |
|                       | 1 Sample(s) Required between 7/1/2015 and 7/31/2015   |
|                       | 1 Sample(s) Required between 8/1/2015 and 8/31/2015   |
|                       | 1 Sample(s) Required between 9/1/2015 and 9/30/2015   |
|                       | 1 Sample(s) Required between 10/1/2015 and 10/31/2015 |
|                       | 1 Sample(s) Required between 11/1/2015 and 11/30/2015 |
|                       | 1 Sample(s) Required between 12/1/2015 and 12/31/2015 |

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

**Sampling Location** Facility ID: **DS1** Facility Name: **LAKE VIEW VILLAGE DISTRIBUTION**  
SMP ID: **DS201** ADDRESS NOT KNOWN

| Chemicals               | Monitoring Requirements   |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2015 and 9/30/2015 at SMP: DS201 |

Sample for all the analytes listed below:

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



Effective Date: 01/01/2015

2015 ENTRY POINT SCHEDULE

**OH7501412 THE WAY INTERNATIONAL**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                          |                             |   |                                |
|--------------------------|-----------------------------|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>7558207</b> | Facility Name: <b>THE WAY INTERNATIONAL STU 1</b> | Facility Class: <b>CLASS 1</b> |
|                          | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>              |                                |

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

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

**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2015**

| <b>Chemicals</b>   | <b>Monitoring Requirements</b>                       |
|--|--|
| INORGANICS   | Not Required   |
| NITRITE - 1041   | Not Required   |
| NITRATE - 1040   | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |
| RADIOLOGICALS  | Not Required   |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1                      | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |
| <i>Sample for all the analytes listed below:</i>               |  |
| <i>ALACHLOR (LASSO) - 2051 ATRAZINE - 2050 SIMAZINE - 2037</i> |  |
| VOLATILE ORGANIC CHEMICALS (VOC)                               | Not Required   |



Effective Date: 01/01/2015

2015 ENTRY POINT SCHEDULE

OH7501412 THE WAY INTERNATIONAL

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

Sampling Facility ID: 7560597 Facility Name: THE WAY INTERNATIONAL STU 2
Location SMP ID: EP002 Facility Source: Ground Water Facility Class: CLASS 1

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

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

\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2015

Table with 2 columns: Chemicals and Monitoring Requirements. Rows include INORGANICS, NITRITE - 1041, NITRATE - 1040, RADIOLOGICALS, SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1, and VOLATILE ORGANIC CHEMICALS (VOC).

Sample for all the analytes listed below:

ALACHLOR (LASSO) - 2051 ATRAZINE - 2050 SIMAZINE - 2037



**OH7501412 THE WAY INTERNATIONAL**

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2015**

**DISTRIBUTION MONITORING SCHEDULE**

|                          |   |  |                                |
|--------------------------|---|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS000</b> | Facility Name: <b>THE WAY INTERNATIONAL DISTRIBUTION</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

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

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

|                             |                              |           |     |            |
|-----------------------------|------------------------------|-----------|-----|------------|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between | 1/1/2015  | and | 1/31/2015  |
|                             | 1 Sample(s) Required between | 2/1/2015  | and | 2/28/2015  |
|                             | 1 Sample(s) Required between | 3/1/2015  | and | 3/31/2015  |
|                             | 1 Sample(s) Required between | 4/1/2015  | and | 4/30/2015  |
|                             | 1 Sample(s) Required between | 5/1/2015  | and | 5/31/2015  |
|                             | 1 Sample(s) Required between | 6/1/2015  | and | 6/30/2015  |
|                             | 1 Sample(s) Required between | 7/1/2015  | and | 7/31/2015  |
|                             | 1 Sample(s) Required between | 8/1/2015  | and | 8/31/2015  |
|                             | 1 Sample(s) Required between | 9/1/2015  | and | 9/30/2015  |
|                             | 1 Sample(s) Required between | 10/1/2015 | and | 10/31/2015 |
|                             | 1 Sample(s) Required between | 11/1/2015 | and | 11/30/2015 |
|                             | 1 Sample(s) Required between | 12/1/2015 | and | 12/31/2015 |

|                       |                              |           |     |            |
|-----------------------|------------------------------|-----------|-----|------------|
| TOTAL CHLORINE - 1000 | 1 Sample(s) Required between | 1/1/2015  | and | 1/31/2015  |
|                       | 1 Sample(s) Required between | 2/1/2015  | and | 2/28/2015  |
|                       | 1 Sample(s) Required between | 3/1/2015  | and | 3/31/2015  |
|                       | 1 Sample(s) Required between | 4/1/2015  | and | 4/30/2015  |
|                       | 1 Sample(s) Required between | 5/1/2015  | and | 5/31/2015  |
|                       | 1 Sample(s) Required between | 6/1/2015  | and | 6/30/2015  |
|                       | 1 Sample(s) Required between | 7/1/2015  | and | 7/31/2015  |
|                       | 1 Sample(s) Required between | 8/1/2015  | and | 8/31/2015  |
|                       | 1 Sample(s) Required between | 9/1/2015  | and | 9/30/2015  |
|                       | 1 Sample(s) Required between | 10/1/2015 | and | 10/31/2015 |
|                       | 1 Sample(s) Required between | 11/1/2015 | and | 11/30/2015 |
|                       | 1 Sample(s) Required between | 12/1/2015 | and | 12/31/2015 |

*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>THE WAY INTERNATIONAL DISTRIBUTION</b><br><b>19100 EAST SHELBY ROAD</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

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

|                         |   |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2015 and 9/30/2015 at SMP: DS201 |
|-------------------------|---|

Sample for all the analytes listed below:

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



Effective Date: 01/01/2015

2015 ENTRY POINT SCHEDULE

**OH7501512 WEST LAKE VILLAGE MHP PWS**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                          |                             |   |
|--------------------------|-----------------------------|---|
| <b>Sampling Location</b> | Facility ID: <b>7558208</b> | Facility Name: <b>WEST LAKE VILLAGE MHP INC</b> |
|                          | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>            |
|                          |                             | Facility Class: <b>CLASS 1</b>                  |

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

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2015**

| <b>Chemicals</b>  | <b>Monitoring Requirements</b>   |
|---|--|
| ARSENIC - 1005  | 1 Sample(s) Required between 1/1/2015 and 3/31/2015<br>1 Sample(s) Required between 4/1/2015 and 6/30/2015<br>1 Sample(s) Required between 7/1/2015 and 9/30/2015<br>1 Sample(s) Required between 10/1/2015 and 12/31/2015 |
| INORGANICS  | Not Required   |
| NITRITE - 1041  | Not Required   |
| NITRATE - 1040  | 1 Sample(s) Required between 6/1/2015 and 10/31/2015   |
| RADIOLOGICALS   | Not Required   |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1               | 1 Sample(s) Required between 6/1/2015 and 10/31/2015   |
| <i>Sample for all the analytes listed below:</i>        |  |
| ALACHLOR (LASSO) - 2051 ATRAZINE - 2050 SIMAZINE - 2037 |  |
| VOLATILE ORGANIC CHEMICALS (VOC)                        | Not Required   |



OH7501512 WEST LAKE VILLAGE MHP PWS

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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

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

\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2015

DISTRIBUTION MONITORING SCHEDULE

|                          |                         |   |
|--------------------------|-------------------------|---|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b> | Facility Name: <b>WEST LAKE VILLAGE M.H.P. DISTRIBUTION</b> |
|                          | SMP ID: <b>DS000</b>    |   |

| Chemicals                     | Monitoring Requirements  |
|-------------------------------|--|
| LEAD - 1030 AND COPPER - 1022 | Not Required   |
| TOTAL COLIFORM (TCR) - 3100   | 1 Sample(s) Required between 1/1/2015 and 1/31/2015<br>1 Sample(s) Required between 2/1/2015 and 2/28/2015<br>1 Sample(s) Required between 3/1/2015 and 3/31/2015<br>1 Sample(s) Required between 4/1/2015 and 4/30/2015<br>1 Sample(s) Required between 5/1/2015 and 5/31/2015<br>1 Sample(s) Required between 6/1/2015 and 6/30/2015<br>1 Sample(s) Required between 7/1/2015 and 7/31/2015<br>1 Sample(s) Required between 8/1/2015 and 8/31/2015<br>1 Sample(s) Required between 9/1/2015 and 9/30/2015<br>1 Sample(s) Required between 10/1/2015 and 10/31/2015<br>1 Sample(s) Required between 11/1/2015 and 11/30/2015<br>1 Sample(s) Required between 12/1/2015 and 12/31/2015 |

|                       |  |
|-----------------------|--|
| TOTAL CHLORINE - 1000 | 1 Sample(s) Required between 1/1/2015 and 1/31/2015<br>1 Sample(s) Required between 2/1/2015 and 2/28/2015<br>1 Sample(s) Required between 3/1/2015 and 3/31/2015<br>1 Sample(s) Required between 4/1/2015 and 4/30/2015<br>1 Sample(s) Required between 5/1/2015 and 5/31/2015<br>1 Sample(s) Required between 6/1/2015 and 6/30/2015<br>1 Sample(s) Required between 7/1/2015 and 7/31/2015<br>1 Sample(s) Required between 8/1/2015 and 8/31/2015<br>1 Sample(s) Required between 9/1/2015 and 9/30/2015<br>1 Sample(s) Required between 10/1/2015 and 10/31/2015<br>1 Sample(s) Required between 11/1/2015 and 11/30/2015<br>1 Sample(s) Required between 12/1/2015 and 12/31/2015 |
|-----------------------|--|

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>WEST LAKE VILLAGE M.H.P. DISTRIBUTION</b> |
|                          | SMP ID: <b>DS201</b>    | <b>ADDRESS NOT KNOWN</b>                                    |

| Chemicals               | Monitoring Requirements   |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2015 and 9/30/2015 at SMP: DS201 |

Sample for all the analytes listed below:

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

**OH7501612 LEHMKUHLS LANDING EAST PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Groundwater Rule Minimal Treatment System

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

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

**DISTRIBUTION MONITORING SCHEDULE**

**Sampling** Facility ID: **DS1** Facility Name: **LEHMKUHLS LANDING EAST DISTRIBUTION**  
**Location** SMP ID: **DS000** Facility Source: **Ground Water**

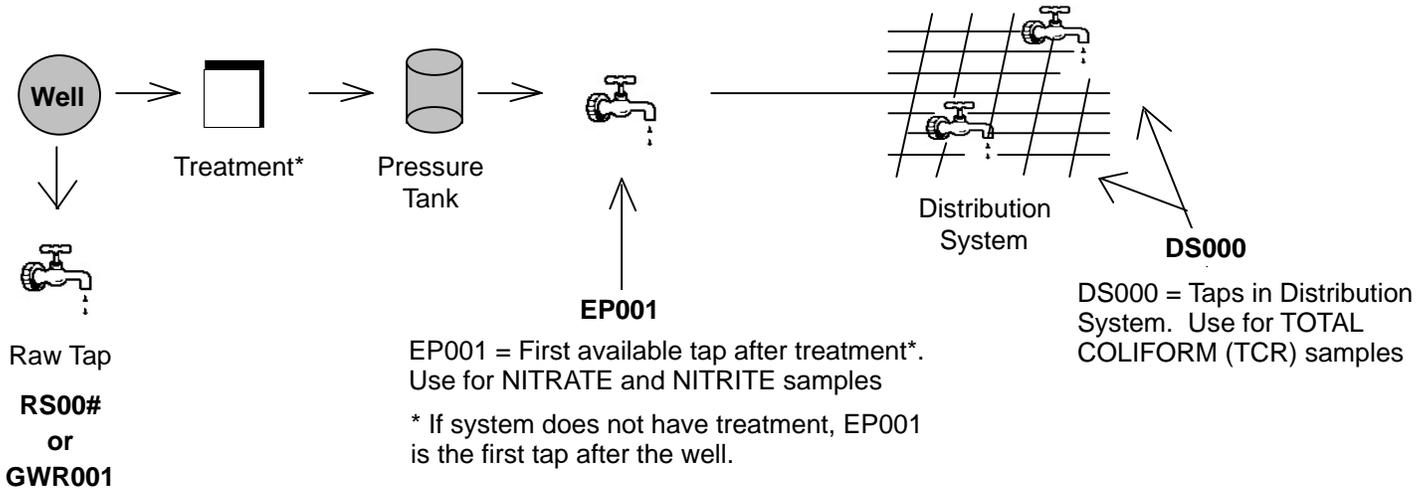
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2015 and 3/31/2015   |
|                             | 1 Sample(s) Required between 4/1/2015 and 6/30/2015   |
|                             | 1 Sample(s) Required between 7/1/2015 and 9/30/2015   |
|                             | 1 Sample(s) Required between 10/1/2015 and 12/31/2015 |

**ENTRY POINT MONITORING SCHEDULE**

**Sampling** Facility ID: **7558209** Facility Name: **LEHMKUHLS LANDING EAST**  
**Location** SMP ID: **EP001** Facility Source: **Ground Water**

| Chemicals      | Monitoring Requirements                              |
|----------------|--|
| NITRITE - 1041 | Not Required   |
| NITRATE - 1040 | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |

**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!**

**OH7501712 LEHMKUHLS LANDING-NORTH PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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

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

**DISTRIBUTION MONITORING SCHEDULE**

**Sampling** Facility ID: **DS1** Facility Name: **LEHMKUHLS LANDING-NORTH DISTRIBUTION**  
**Location** SMP ID: **DS000** Facility Source: **Ground Water**

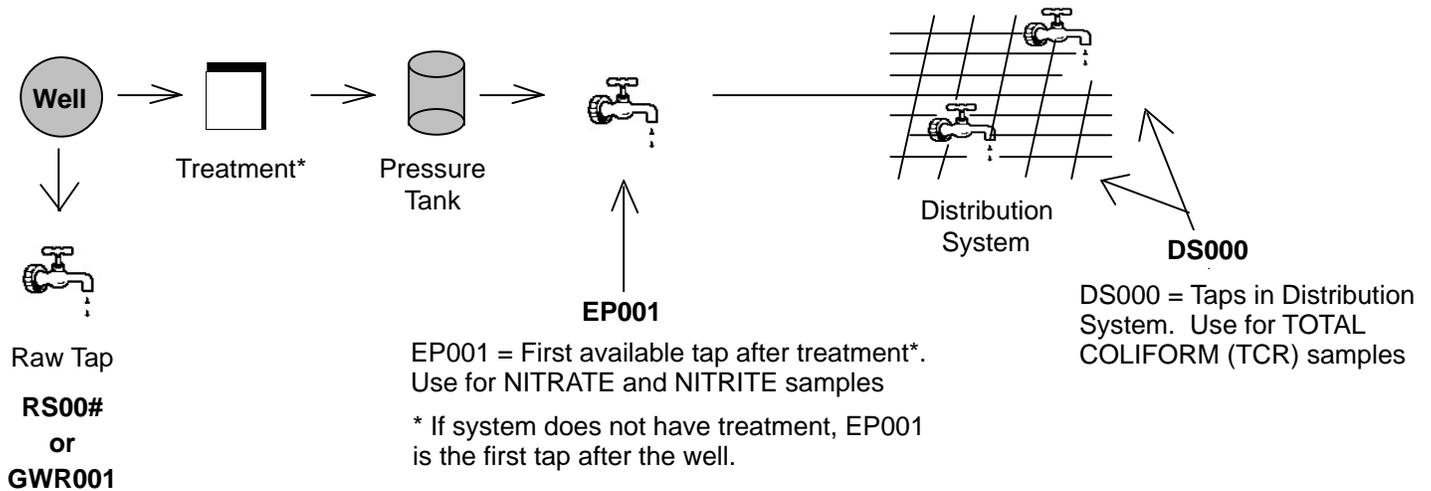
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2015 and 3/31/2015   |
|                             | 1 Sample(s) Required between 4/1/2015 and 6/30/2015   |
|                             | 1 Sample(s) Required between 7/1/2015 and 9/30/2015   |
|                             | 1 Sample(s) Required between 10/1/2015 and 12/31/2015 |

**ENTRY POINT MONITORING SCHEDULE**

**Sampling** Facility ID: **7558210** Facility Name: **LEHMKUHLS LANDING NORTH**  
**Location** SMP ID: **EP001** Facility Source: **Ground Water**

| Chemicals      | Monitoring Requirements                              |
|----------------|--|
| NITRITE - 1041 | Not Required   |
| NITRATE - 1040 | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |

**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!**

**OH7530112 ARROWHEAD PARK GOLF CLUB**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Groundwater Rule Minimal Treatment System

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

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

**DISTRIBUTION MONITORING SCHEDULE**

**Sampling** Facility ID: **DS1** Facility Name: **ARROWHEAD PARK GOLF CLUB DISTRIBUTION**  
**Location** SMP ID: **DS000** Facility Source: **Ground Water**

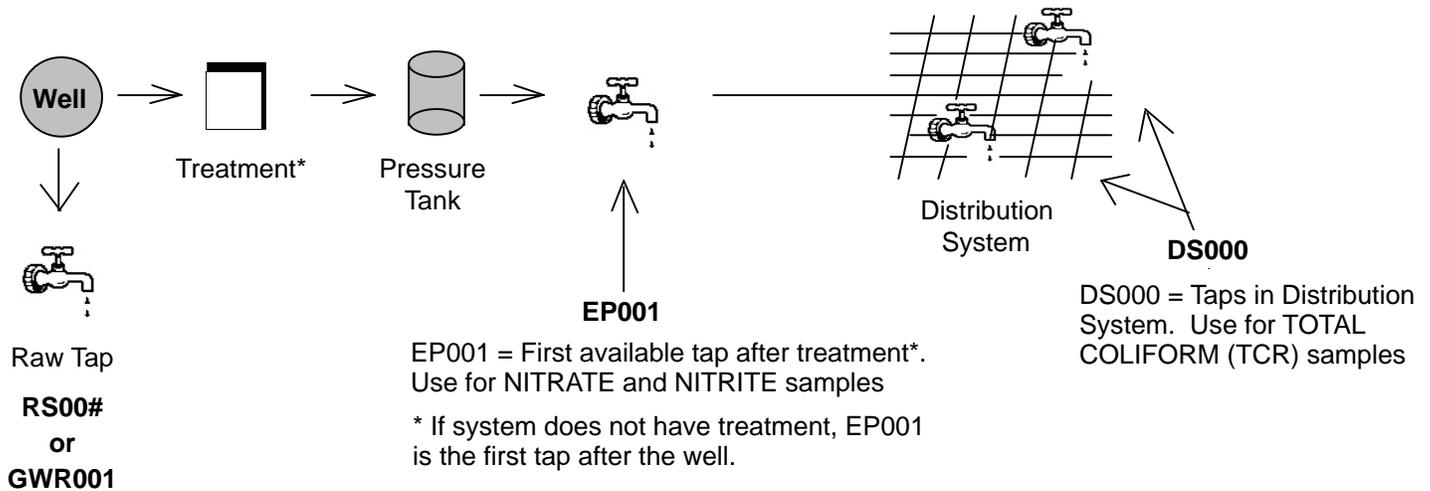
| Chemicals                   | Monitoring Requirements  |
|-----------------------------|--|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2015 and 3/31/2015<br>1 Sample(s) Required between 4/1/2015 and 6/30/2015<br>1 Sample(s) Required between 7/1/2015 and 9/30/2015<br>1 Sample(s) Required between 10/1/2015 and 12/31/2015 |

**ENTRY POINT MONITORING SCHEDULE**

**Sampling** Facility ID: **7558212** Facility Name: **ARROWHEAD PARK GOLF CLUB**  
**Location** SMP ID: **EP001** Facility Source: **Ground Water**

| Chemicals      | Monitoring Requirements                              |
|----------------|--|
| NITRITE - 1041 | Not Required   |
| NITRATE - 1040 | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |

**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!**

**OH7530212 AUTOVUE DRIVE IN THEATRE**

System Type: Transient Noncommunity

Operating Period: 5/1 to 8/31

Groundwater Rule Minimal Treatment System

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

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

**DISTRIBUTION MONITORING SCHEDULE**

**Sampling Facility ID: DS1 Facility Name: AUTOVUE DRIVE IN DISTRIBUTION**  
**Location SMP ID: DS000 Facility Source: Ground Water**

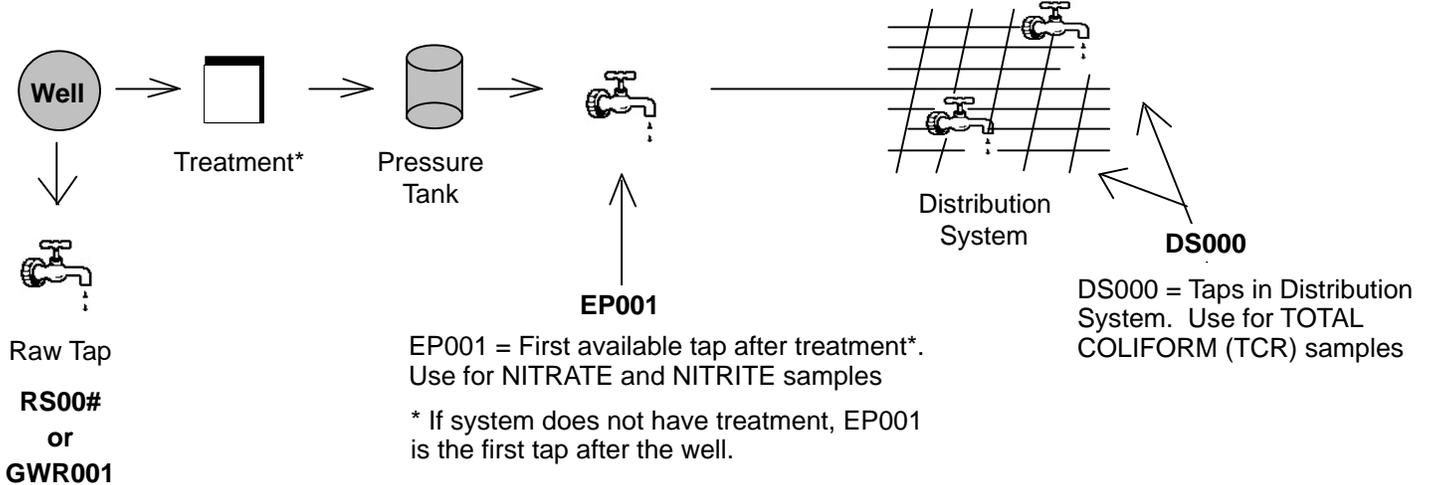
| Chemicals                   | Monitoring Requirements  |
|-----------------------------|--|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 4/1/2015 and 6/30/2015<br>1 Sample(s) Required between 7/1/2015 and 9/30/2015 |

**ENTRY POINT MONITORING SCHEDULE**

**Sampling Facility ID: 7558213 Facility Name: AUTOVIEW DRIVE IN THEATRE**  
**Location SMP ID: EP001 Facility Source: Ground Water**

| Chemicals      | Monitoring Requirements                              |
|----------------|--|
| NITRITE - 1041 | Not Required   |
| NITRATE - 1040 | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |

**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!**

**OH7530412 SHARPS BAR AND GRILL**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Groundwater Rule Minimal Treatment System

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

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

**DISTRIBUTION MONITORING SCHEDULE**

**Sampling** Facility ID: **DS1** Facility Name: **DISTRIBUTION**  
**Location** SMP ID: **DS000** Facility Source: **Ground Water**

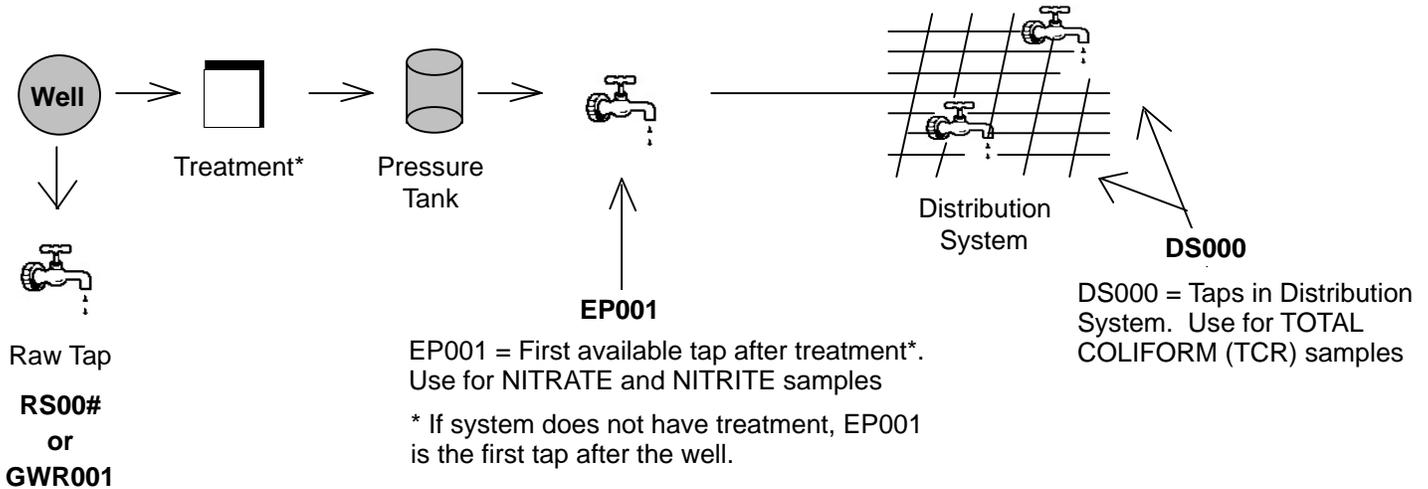
| Chemicals                   | Monitoring Requirements  |
|-----------------------------|--|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2015 and 3/31/2015<br>1 Sample(s) Required between 4/1/2015 and 6/30/2015<br>1 Sample(s) Required between 7/1/2015 and 9/30/2015<br>1 Sample(s) Required between 10/1/2015 and 12/31/2015 |

**ENTRY POINT MONITORING SCHEDULE**

**Sampling** Facility ID: **7558214** Facility Name: **SHARPS BAR AND GRILL**  
**Location** SMP ID: **EP001** Facility Source: **Ground Water**

| Chemicals      | Monitoring Requirements                              |
|----------------|--|
| NITRITE - 1041 | Not Required   |
| NITRATE - 1040 | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |

**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!**

**OH7530712 CAMP QTOKEE**

System Type: Transient Noncommunity

Operating Period: 4/1 to 10/31

Groundwater Rule Minimal Treatment System

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

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

**DISTRIBUTION MONITORING SCHEDULE**

**Sampling** Facility ID: **DS1** Facility Name: **CAMP QTOKEE DISTRIBUTION**  
**Location** SMP ID: **DS000** Facility Source: **Ground Water**

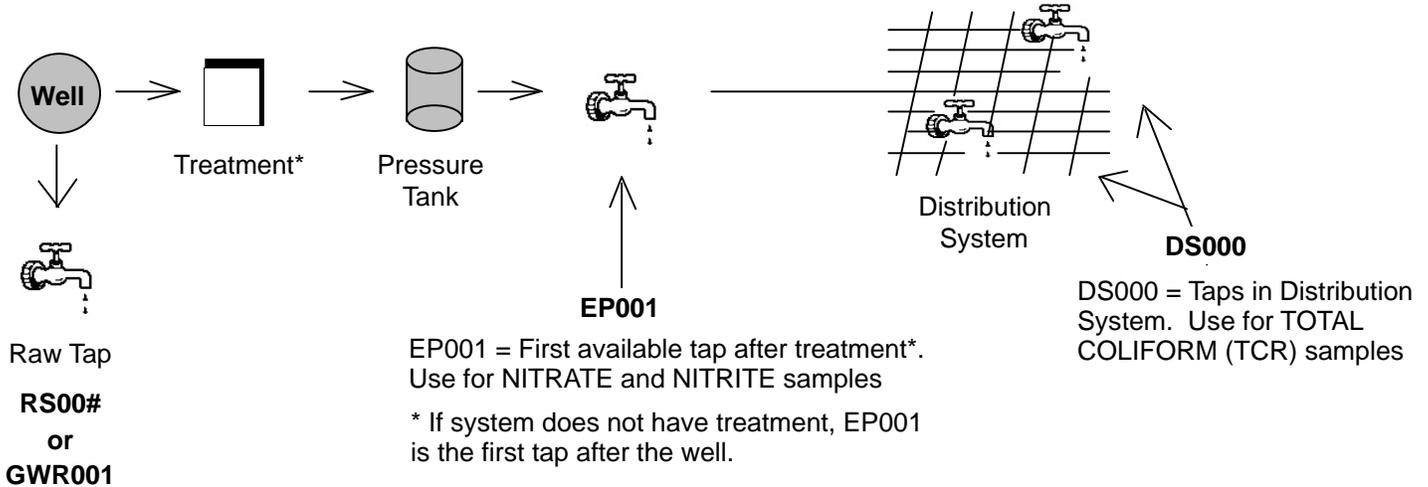
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 4/1/2015 and 6/30/2015   |
|                             | 1 Sample(s) Required between 7/1/2015 and 9/30/2015   |
|                             | 1 Sample(s) Required between 10/1/2015 and 12/31/2015 |

**ENTRY POINT MONITORING SCHEDULE**

**Sampling** Facility ID: **7558216** Facility Name: **CAMP QTOKEE**  
**Location** SMP ID: **EP001** Facility Source: **Ground Water**

| Chemicals      | Monitoring Requirements                              |
|----------------|--|
| NITRITE - 1041 | Not Required   |
| NITRATE - 1040 | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |

**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!**

**OH7532312 KEYHOLE TAVERN**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Groundwater Rule Minimal Treatment System

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

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

**DISTRIBUTION MONITORING SCHEDULE**

**Sampling** Facility ID: **DS1** Facility Name: **KEYHOLE TAVERN DISTRIBUTION**  
**Location** SMP ID: **DS000** Facility Source: **Ground Water**

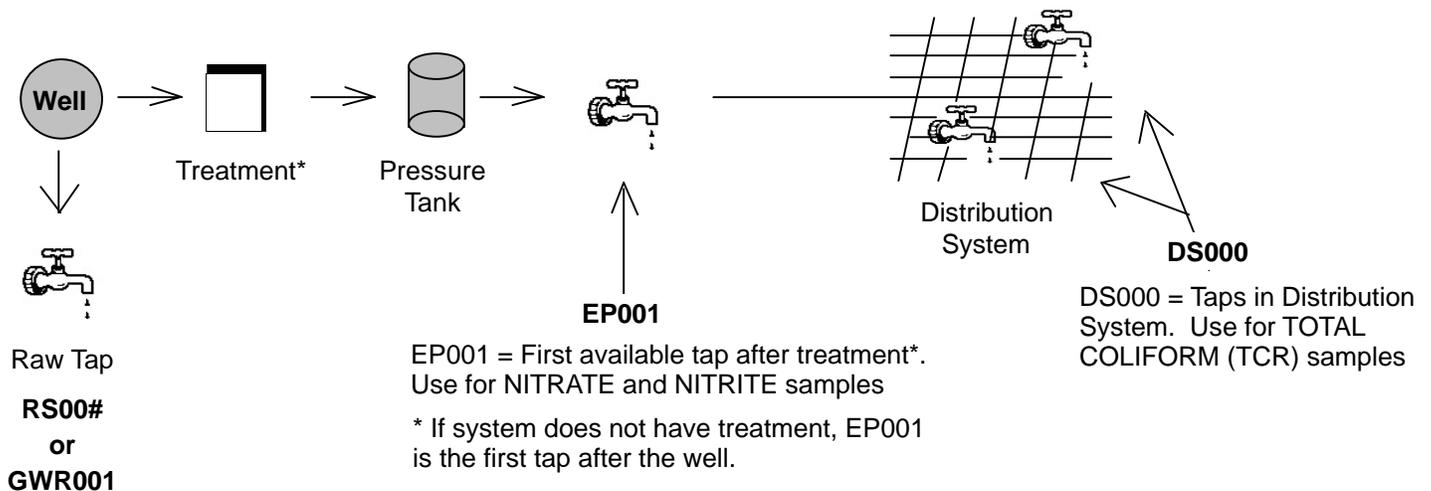
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2015 and 3/31/2015   |
|                             | 1 Sample(s) Required between 4/1/2015 and 6/30/2015   |
|                             | 1 Sample(s) Required between 7/1/2015 and 9/30/2015   |
|                             | 1 Sample(s) Required between 10/1/2015 and 12/31/2015 |

**ENTRY POINT MONITORING SCHEDULE**

**Sampling** Facility ID: **7558222** Facility Name: **KEYHOLE TAVERN**  
**Location** SMP ID: **EP001** Facility Source: **Ground Water**

| Chemicals      | Monitoring Requirements                              |
|----------------|--|
| NITRITE - 1041 | Not Required   |
| NITRATE - 1040 | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |

**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!**

**OH7532712 HUSSEYS RESTAURANT PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Groundwater Rule Minimal Treatment System

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

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

**DISTRIBUTION MONITORING SCHEDULE**

**Sampling** Facility ID: **DS1** Facility Name: **HUSSEYS RESTAURANT DISTRIBUTION**  
**Location** SMP ID: **DS000** Facility Source: **Ground Water**

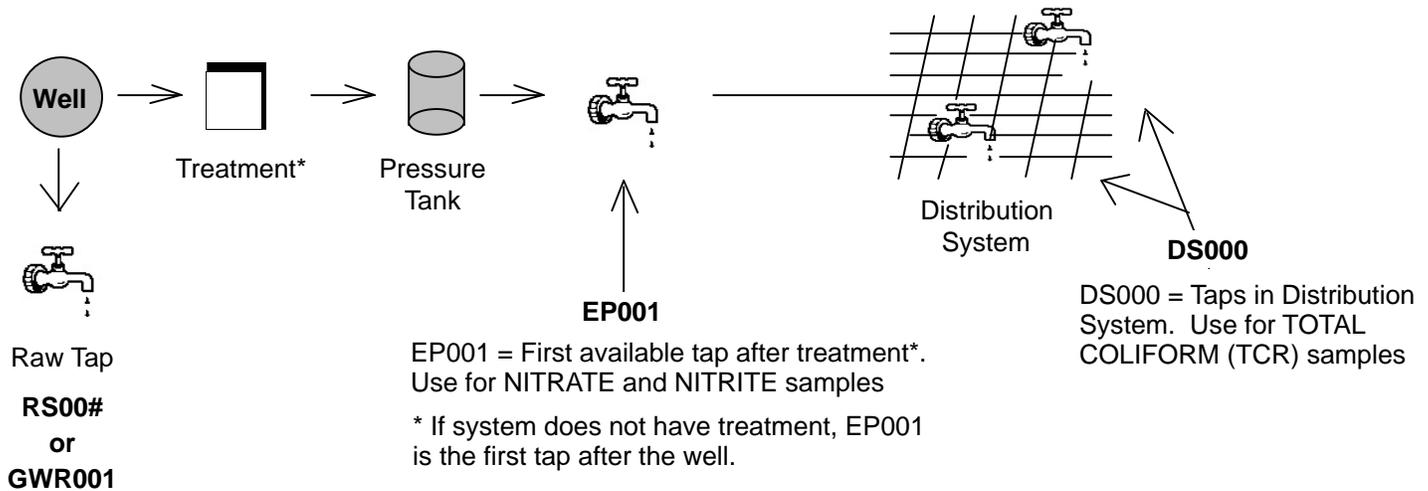
| Chemicals                   | Monitoring Requirements  |
|-----------------------------|--|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2015 and 3/31/2015<br>1 Sample(s) Required between 4/1/2015 and 6/30/2015<br>1 Sample(s) Required between 7/1/2015 and 9/30/2015<br>1 Sample(s) Required between 10/1/2015 and 12/31/2015 |

**ENTRY POINT MONITORING SCHEDULE**

**Sampling** Facility ID: **7558225** Facility Name: **HUSSEYS RESTAURANT**  
**Location** SMP ID: **EP001** Facility Source: **Ground Water**

| Chemicals      | Monitoring Requirements                              |
|----------------|--|
| NITRITE - 1041 | Not Required   |
| NITRATE - 1040 | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |

**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!**

**OH7533012 RIVERS EDGE SPORTS BAR PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Groundwater Rule Minimal Treatment System

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

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

**DISTRIBUTION MONITORING SCHEDULE**

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

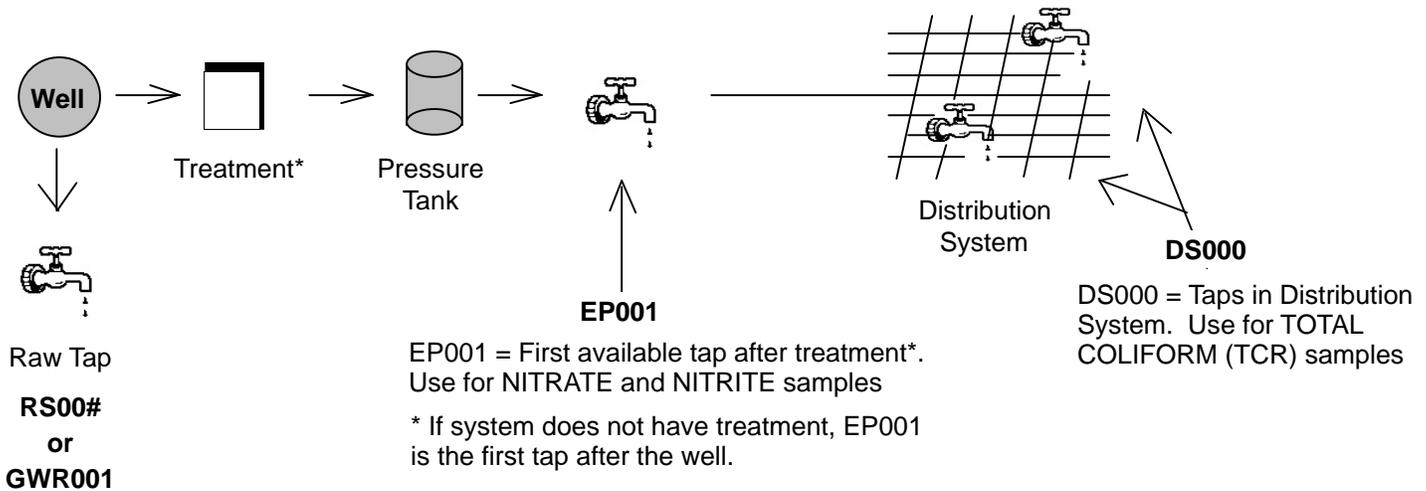
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2015 and 3/31/2015   |
|                             | 1 Sample(s) Required between 4/1/2015 and 6/30/2015   |
|                             | 1 Sample(s) Required between 7/1/2015 and 9/30/2015   |
|                             | 1 Sample(s) Required between 10/1/2015 and 12/31/2015 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |  |
|--------------------------------------|--|
| <b>Sampling Facility ID:</b> 7558227 | <b>Facility Name:</b> RIVERS EDGE SPORTS BAR |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water         |

| Chemicals      | Monitoring Requirements                              |
|----------------|--|
| NITRITE - 1041 | Not Required   |
| NITRATE - 1040 | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |

**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!**

**OH7533512 SCUDS LLC**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Groundwater Rule Minimal Treatment System

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

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

**DISTRIBUTION MONITORING SCHEDULE**

**Sampling** Facility ID: **DS1** Facility Name: **SCUDS DISTRIBUTION**  
**Location** SMP ID: **DS000** Facility Source: **Ground Water**

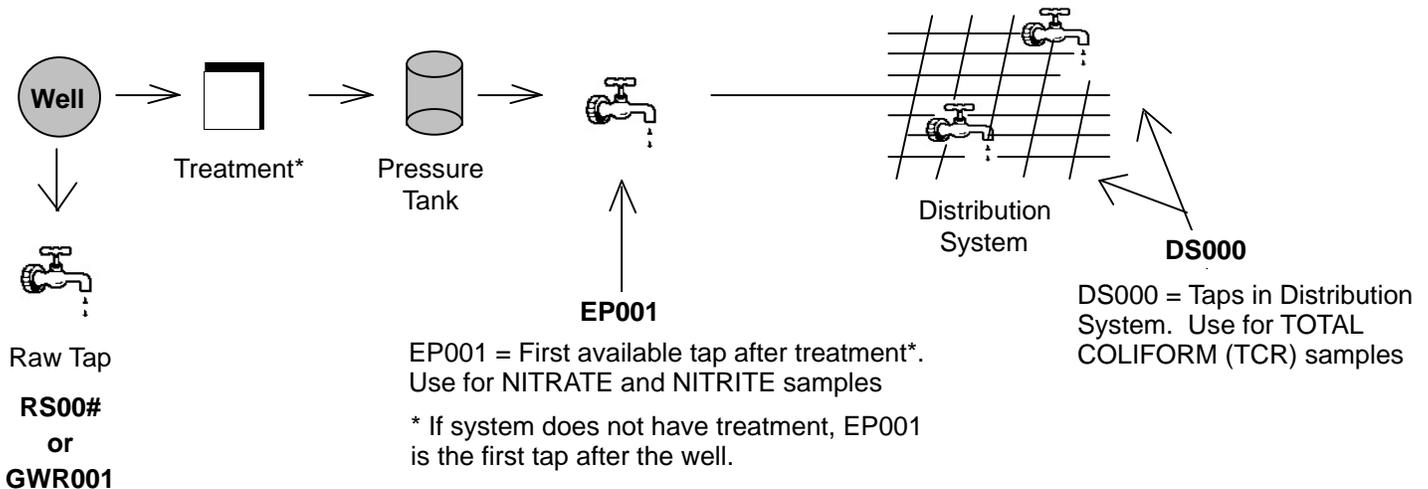
| Chemicals                   | Monitoring Requirements  |
|-----------------------------|--|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2015 and 3/31/2015<br>1 Sample(s) Required between 4/1/2015 and 6/30/2015<br>1 Sample(s) Required between 7/1/2015 and 9/30/2015<br>1 Sample(s) Required between 10/1/2015 and 12/31/2015 |

**ENTRY POINT MONITORING SCHEDULE**

**Sampling** Facility ID: **7558228** Facility Name: **SCUDS LLC**  
**Location** SMP ID: **EP001** Facility Source: **Ground Water**

| Chemicals      | Monitoring Requirements                              |
|----------------|--|
| NITRITE - 1041 | Not Required   |
| NITRATE - 1040 | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |

**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!**

**OH7534412 47 BAR AND GRILL**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Groundwater Rule Minimal Treatment System

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

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

**DISTRIBUTION MONITORING SCHEDULE**

**Sampling** Facility ID: **DS1** Facility Name: **47 BAR AND GRILL DISTRIBUTION**  
**Location** SMP ID: **DS000** Facility Source: **Ground Water**

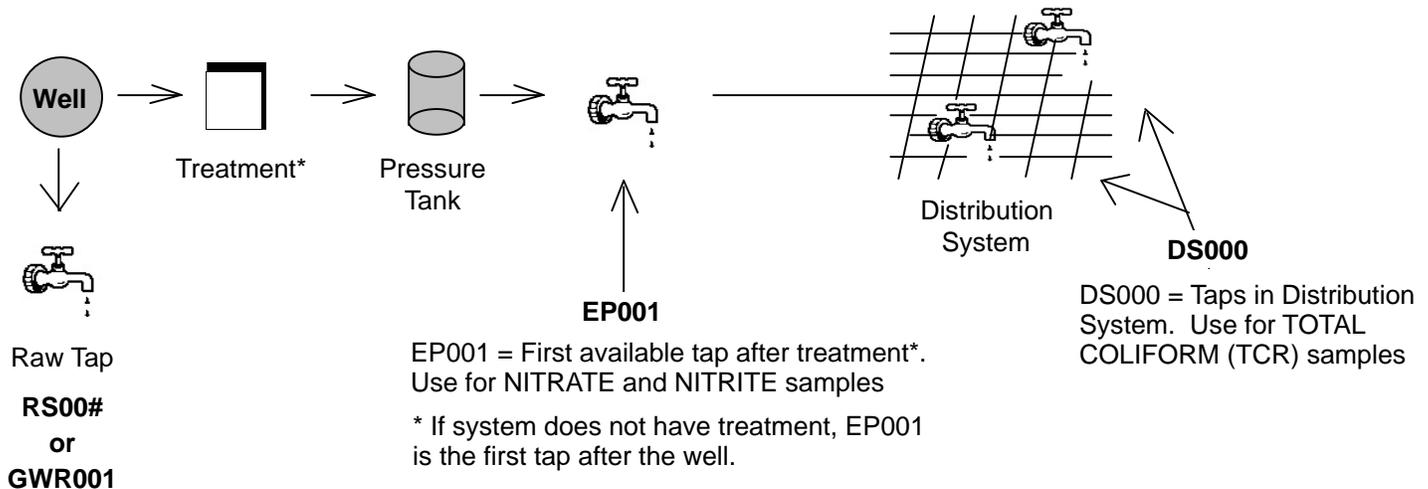
| Chemicals                   | Monitoring Requirements  |
|-----------------------------|--|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2015 and 3/31/2015<br>1 Sample(s) Required between 4/1/2015 and 6/30/2015<br>1 Sample(s) Required between 7/1/2015 and 9/30/2015<br>1 Sample(s) Required between 10/1/2015 and 12/31/2015 |

**ENTRY POINT MONITORING SCHEDULE**

**Sampling** Facility ID: **7558231** Facility Name: **47 BAR AND GRILL WTP**  
**Location** SMP ID: **EP001** Facility Source: **Ground Water**

| Chemicals      | Monitoring Requirements                              |
|----------------|--|
| NITRITE - 1041 | Not Required   |
| NITRATE - 1040 | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |

**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!**

**OH7534512 ANNA TRUCK STOP LLC**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

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

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

**DISTRIBUTION MONITORING SCHEDULE**

**Sampling** Facility ID: **DS1** Facility Name: **ANNA TRUCK STOP DISTRIBUTION**  
**Location** SMP ID: **DS000** Facility Source: **Ground Water**

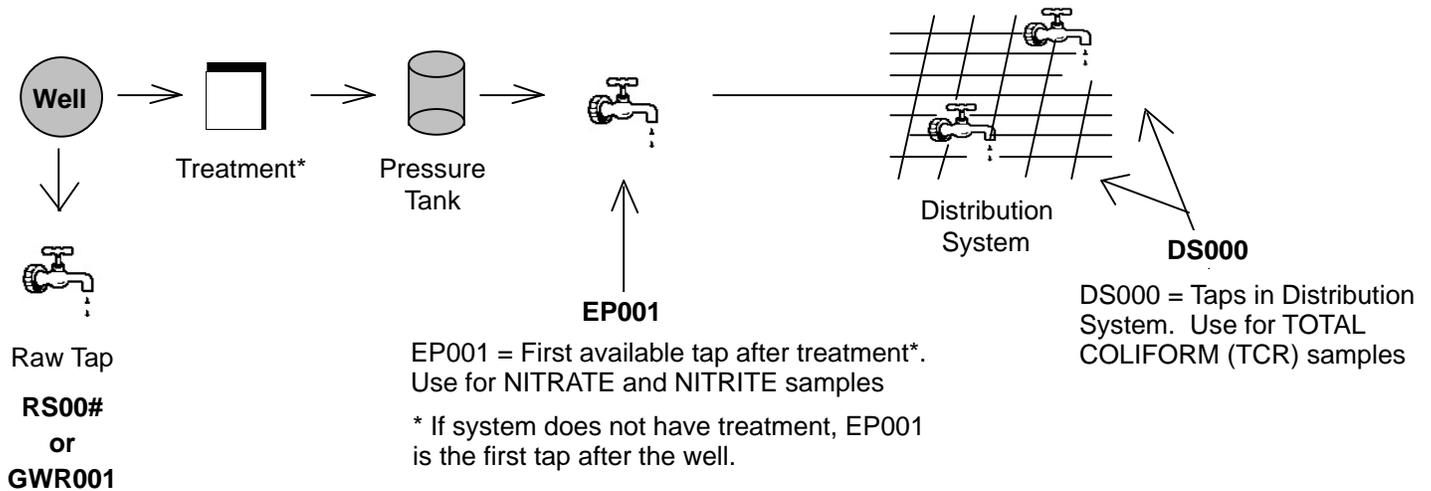
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2015 and 3/31/2015   |
|                             | 1 Sample(s) Required between 4/1/2015 and 6/30/2015   |
|                             | 1 Sample(s) Required between 7/1/2015 and 9/30/2015   |
|                             | 1 Sample(s) Required between 10/1/2015 and 12/31/2015 |

**ENTRY POINT MONITORING SCHEDULE**

**Sampling** Facility ID: **7558232** Facility Name: **ANNA TRUCK STOP LLC**  
**Location** SMP ID: **EP001** Facility Source: **Ground Water** Facility Class: **CLASS A**

| Chemicals      | Monitoring Requirements                              |
|----------------|--|
| NITRITE - 1041 | Not Required   |
| NITRATE - 1040 | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |

**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!**

**OH7535612 WESTERN BUCKEYE CHRISTIAN SERVICE CAMP**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Groundwater Rule Minimal Treatment System

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

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

**DISTRIBUTION MONITORING SCHEDULE**

**Sampling** Facility ID: **DS1** Facility Name: **WESTERN BUCKEYE CHRISTIAN SERVICE CAMP**  
**Location** SMP ID: **DS000** Facility Source: **Ground Water**

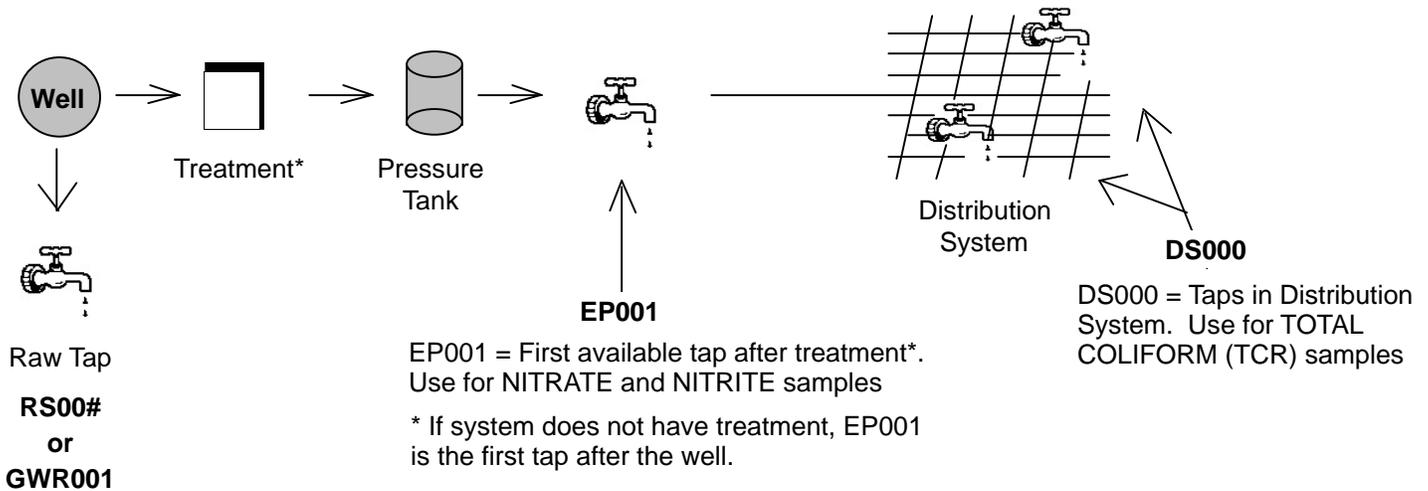
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2015 and 3/31/2015   |
|                             | 1 Sample(s) Required between 4/1/2015 and 6/30/2015   |
|                             | 1 Sample(s) Required between 7/1/2015 and 9/30/2015   |
|                             | 1 Sample(s) Required between 10/1/2015 and 12/31/2015 |

**ENTRY POINT MONITORING SCHEDULE**

**Sampling** Facility ID: **7558233** Facility Name: **WESTERN BUCKEYE CHRISTIAN SERVICE CAMP**  
**Location** SMP ID: **EP001** Facility Source: **Ground Water**

| Chemicals      | Monitoring Requirements                              |
|----------------|--|
| NITRITE - 1041 | Not Required   |
| NITRATE - 1040 | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |

**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!**

**OH7536212 HICKORY HILLS LAKE CAMP**

System Type: Transient Noncommunity

Operating Period: 4/1 to 9/30

Groundwater Rule Minimal Treatment System

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

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

**DISTRIBUTION MONITORING SCHEDULE**

**Sampling** Facility ID: **DS1** Facility Name: **HICKORY HILLS LAKE CAMP DISTRIBUTION**  
**Location** SMP ID: **DS000** Facility Source: **Ground Water**

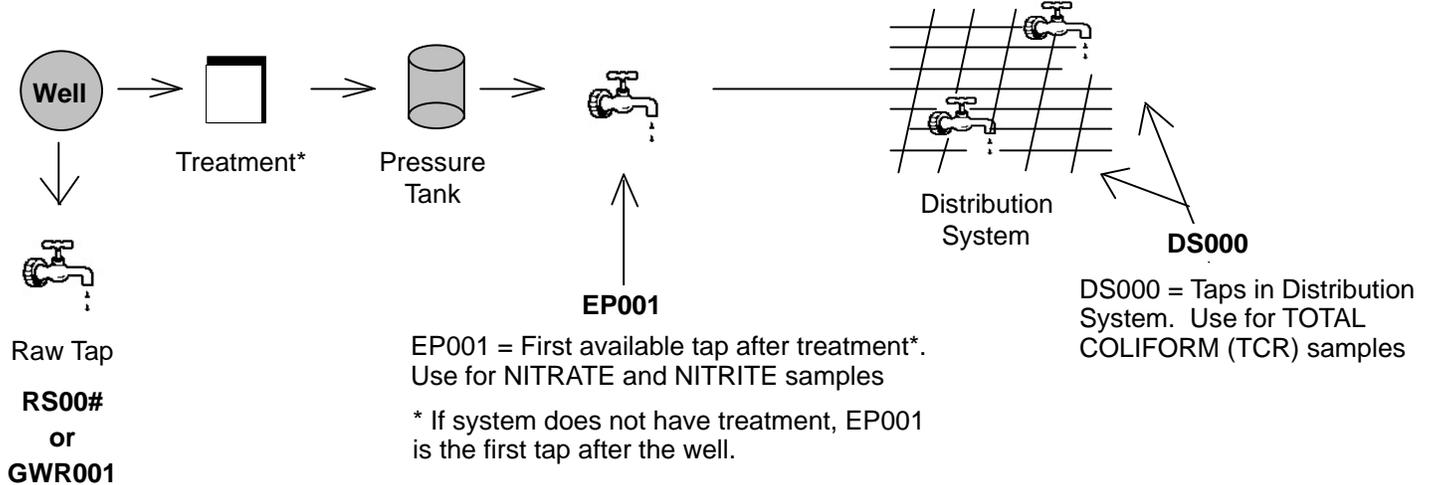
| Chemicals                   | Monitoring Requirements  |
|-----------------------------|--|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 4/1/2015 and 6/30/2015<br>1 Sample(s) Required between 7/1/2015 and 9/30/2015 |

**ENTRY POINT MONITORING SCHEDULE**

**Sampling** Facility ID: **7558235** Facility Name: **HICKORY HILL LAKES CAMPGROUNDS 1**  
**Location** SMP ID: **EP001** Facility Source: **Ground Water**

| Chemicals      | Monitoring Requirements                              |
|----------------|--|
| NITRITE - 1041 | Not Required   |
| NITRATE - 1040 | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |

**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!**

**OH7536212 HICKORY HILLS LAKE CAMP**

System Type: Transient Noncommunity

Operating Period: 4/1 to 9/30

Groundwater Rule Minimal Treatment System

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

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

**DISTRIBUTION MONITORING SCHEDULE**

**Sampling** Facility ID: **DS1** Facility Name: **HICKORY HILLS LAKE CAMP DISTRIBUTION**  
**Location** SMP ID: **DS000** Facility Source: **Ground Water**

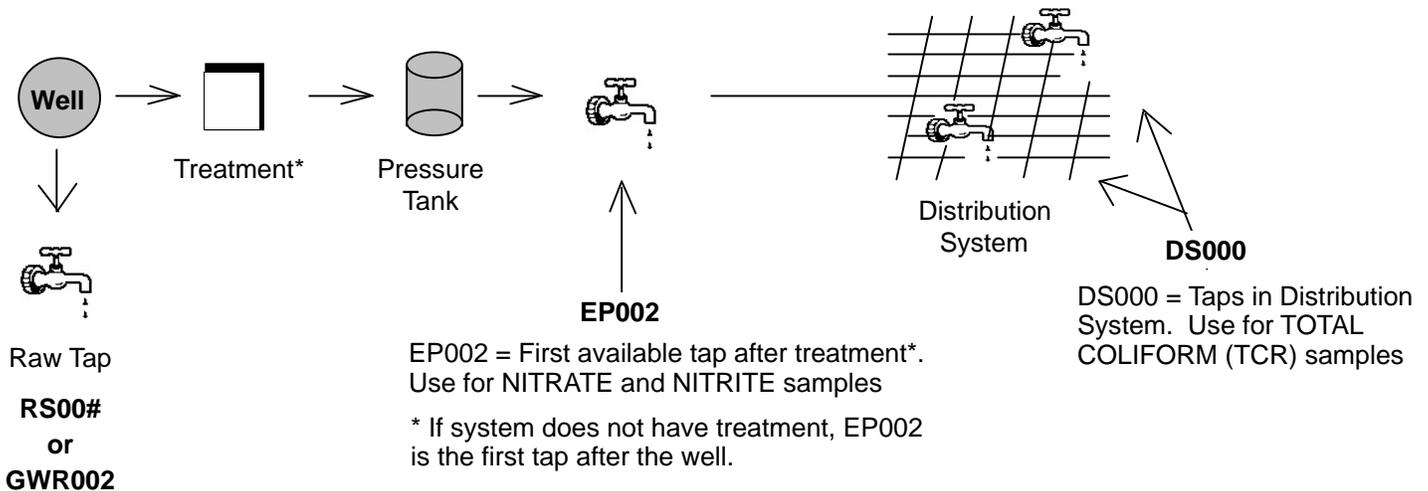
| Chemicals                   | Monitoring Requirements  |
|-----------------------------|--|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 4/1/2015 and 6/30/2015<br>1 Sample(s) Required between 7/1/2015 and 9/30/2015 |

**ENTRY POINT MONITORING SCHEDULE**

**Sampling** Facility ID: **7562210** Facility Name: **HICKORY HILL LAKES CAMPGROUNDS 2**  
**Location** SMP ID: **EP002** Facility Source: **Ground Water**

| Chemicals      | Monitoring Requirements                              |
|----------------|--|
| NITRITE - 1041 | Not Required   |
| NITRATE - 1040 | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |

**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!**

**OH7536512 SHELBY OAKS GOLF CLUB CLUBHOUSE**

System Type: Transient Noncommunity

Operating Period: 3/1 to 11/30

Groundwater Rule Substantial Treatment System

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

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

**DISTRIBUTION MONITORING SCHEDULE**

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

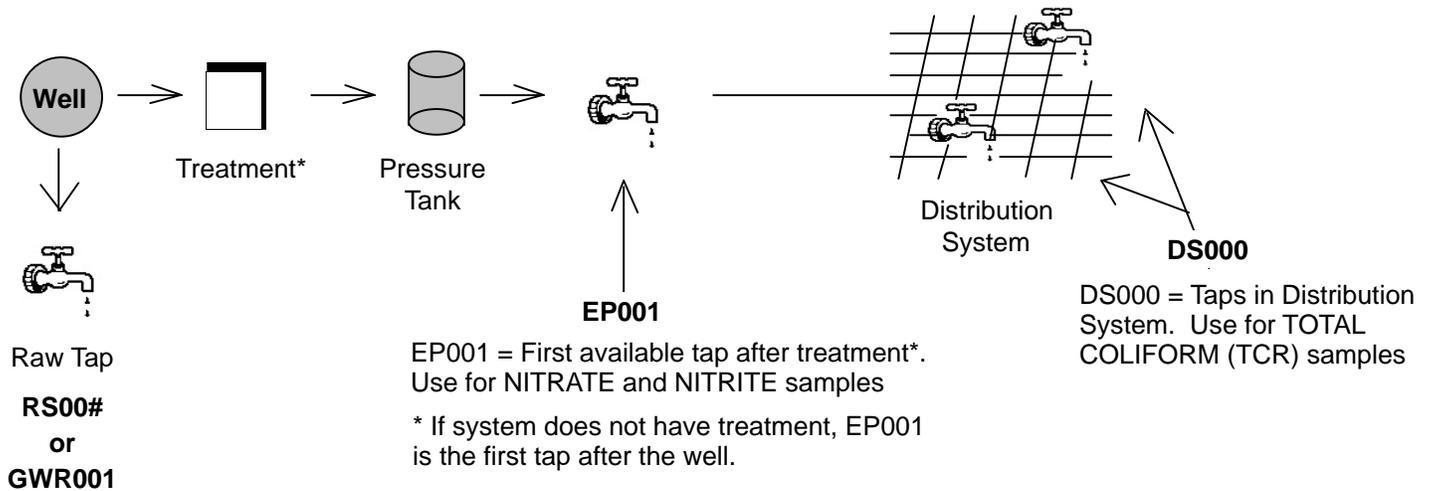
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2015 and 3/31/2015   |
|                             | 1 Sample(s) Required between 4/1/2015 and 6/30/2015   |
|                             | 1 Sample(s) Required between 7/1/2015 and 9/30/2015   |
|                             | 1 Sample(s) Required between 10/1/2015 and 12/31/2015 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |  |
|--------------------------------------|--|
| <b>Sampling Facility ID:</b> 7558238 | <b>Facility Name:</b> SHELBY OAKS GOLF CLUBHOUSE |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water             |

| Chemicals      | Monitoring Requirements                              |
|----------------|--|
| NITRITE - 1041 | Not Required   |
| NITRATE - 1040 | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |

**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!**



Effective Date: 01/01/2015

2015 ENTRY POINT SCHEDULE

**OH7537812 HONDA - ANNA ENGINE PLANT**

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                          |                             |   |                                |
|--------------------------|-----------------------------|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>7558242</b> | Facility Name: <b>HONDA-ANNA ENGINE PLANT</b> | Facility Class: <b>CLASS 1</b> |
|                          | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>          |                                |

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

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

| <b>Chemicals</b>   | <b>Monitoring Requirements</b>                       |
|--|--|
| DIOXIN - 2063  | Not Required   |
| INORGANICS   | Not Required   |
| NITRITE - 1041   | Not Required   |
| NITRATE - 1040   | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1                      | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |
| <i>Sample for all the analytes listed below:</i>               |  |
| <b>ALACHLOR (LASSO) - 2051 ATRAZINE - 2050 SIMAZINE - 2037</b> |  |
| VOLATILE ORGANIC CHEMICALS (VOC)                               | 1 Sample(s) Required between 1/1/2015 and 5/31/2015  |



**OH7537812 HONDA - ANNA ENGINE PLANT**

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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

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

**DISTRIBUTION MONITORING SCHEDULE**

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

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

|                               |  |
|-------------------------------|--|
| LEAD - 1030 AND COPPER - 1022 | 10 Sample(s) Required between 6/1/2015 and 9/30/2015 |
|-------------------------------|--|

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

|                             |   |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 3 Sample(s) Required between 1/1/2015 and 1/31/2015   |
|                             | 3 Sample(s) Required between 2/1/2015 and 2/28/2015   |
|                             | 3 Sample(s) Required between 3/1/2015 and 3/31/2015   |
|                             | 3 Sample(s) Required between 4/1/2015 and 4/30/2015   |
|                             | 3 Sample(s) Required between 5/1/2015 and 5/31/2015   |
|                             | 3 Sample(s) Required between 6/1/2015 and 6/30/2015   |
|                             | 3 Sample(s) Required between 7/1/2015 and 7/31/2015   |
|                             | 3 Sample(s) Required between 8/1/2015 and 8/31/2015   |
|                             | 3 Sample(s) Required between 9/1/2015 and 9/30/2015   |
|                             | 3 Sample(s) Required between 10/1/2015 and 10/31/2015 |
|                             | 3 Sample(s) Required between 11/1/2015 and 11/30/2015 |
|                             | 3 Sample(s) Required between 12/1/2015 and 12/31/2015 |

|                       |   |
|-----------------------|---|
| TOTAL CHLORINE - 1000 | 3 Sample(s) Required between 1/1/2015 and 1/31/2015   |
|                       | 3 Sample(s) Required between 2/1/2015 and 2/28/2015   |
|                       | 3 Sample(s) Required between 3/1/2015 and 3/31/2015   |
|                       | 3 Sample(s) Required between 4/1/2015 and 4/30/2015   |
|                       | 3 Sample(s) Required between 5/1/2015 and 5/31/2015   |
|                       | 3 Sample(s) Required between 6/1/2015 and 6/30/2015   |
|                       | 3 Sample(s) Required between 7/1/2015 and 7/31/2015   |
|                       | 3 Sample(s) Required between 8/1/2015 and 8/31/2015   |
|                       | 3 Sample(s) Required between 9/1/2015 and 9/30/2015   |
|                       | 3 Sample(s) Required between 10/1/2015 and 10/31/2015 |
|                       | 3 Sample(s) Required between 11/1/2015 and 11/30/2015 |
|                       | 3 Sample(s) Required between 12/1/2015 and 12/31/2015 |

*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>HONDA-ANNA DISTRIBUTION</b><br><b>ADDRESS NOT KNOWN</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

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

|                         |  |
|-------------------------|--|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 2/1/2015 and 2/7/2015 at SMP: DS201   |
|                         | 1 Sample(s) Required between 5/1/2015 and 5/7/2015 at SMP: DS201   |
|                         | 1 Sample(s) Required between 8/1/2015 and 8/7/2015 at SMP: DS201   |
|                         | 1 Sample(s) Required between 11/1/2015 and 11/7/2015 at SMP: DS201 |

Sample for all the analytes listed below:

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



Effective Date: 01/01/2015

2015 DISTRIBUTION SCHEDULE

**OH7537812 HONDA - ANNA ENGINE PLANT**

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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

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

**DISTRIBUTION MONITORING SCHEDULE**

|                          |                         |   |                                |
|--------------------------|-------------------------|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b> | Facility Name: <b>HONDA-ANNA DISTRIBUTION</b> | Facility Class: <b>CLASS 1</b> |
|                          | SMP ID: <b>DS202</b>    | <b>ADDRESS NOT KNOWN</b>                      |                                |

| <b>Chemicals</b>        | <b>Monitoring Requirements</b>                                     |
|-------------------------|--|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 2/1/2015 and 2/7/2015 at SMP: DS202   |
|                         | 1 Sample(s) Required between 5/1/2015 and 5/7/2015 at SMP: DS202   |
|                         | 1 Sample(s) Required between 8/1/2015 and 8/7/2015 at SMP: DS202   |
|                         | 1 Sample(s) Required between 11/1/2015 and 11/7/2015 at SMP: DS202 |

Sample for all the analytes listed below:

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

**OH7539112 CHRIST THE KING CHURCH**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Groundwater Rule Minimal Treatment System

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

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

**DISTRIBUTION MONITORING SCHEDULE**

**Sampling** Facility ID: **DS1** Facility Name: **CHRIST THE KING CHURCH DISTRIBUTION**  
**Location** SMP ID: **DS000** Facility Source: **Ground Water**

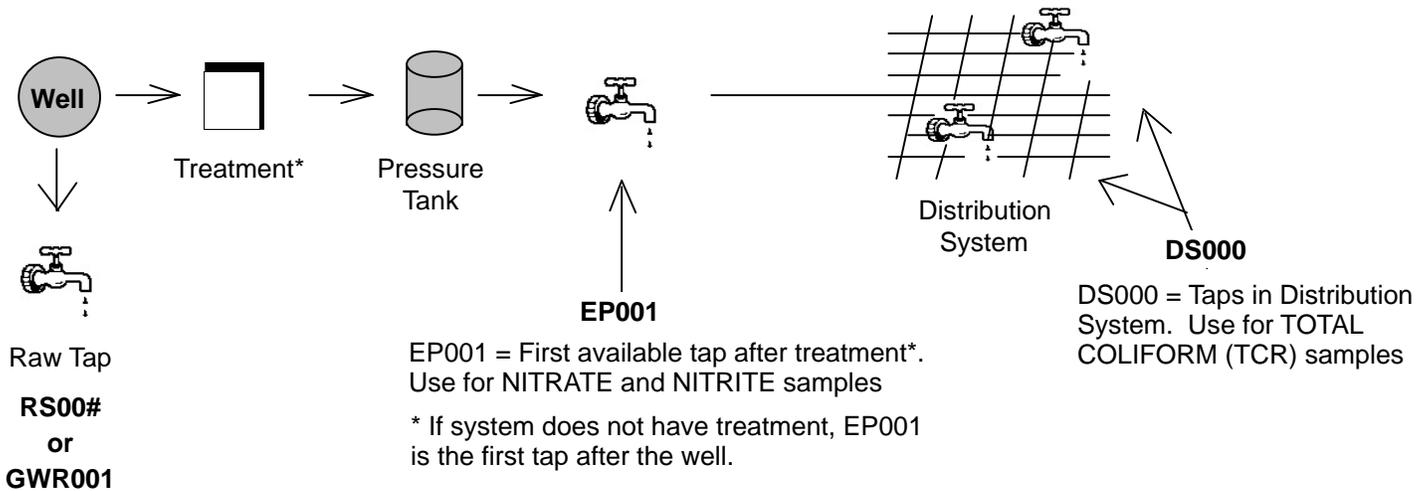
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2015 and 3/31/2015   |
|                             | 1 Sample(s) Required between 4/1/2015 and 6/30/2015   |
|                             | 1 Sample(s) Required between 7/1/2015 and 9/30/2015   |
|                             | 1 Sample(s) Required between 10/1/2015 and 12/31/2015 |

**ENTRY POINT MONITORING SCHEDULE**

**Sampling** Facility ID: **7558254** Facility Name: **CHRIST THE KING CHURCH**  
**Location** SMP ID: **EP001** Facility Source: **Ground Water**

| Chemicals      | Monitoring Requirements                              |
|----------------|--|
| NITRITE - 1041 | Not Required   |
| NITRATE - 1040 | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |

**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!**

**OH7539712 LEHMKUHLS LANDING SOUTH PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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

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

**DISTRIBUTION MONITORING SCHEDULE**

**Sampling** Facility ID: **DS1** Facility Name: **LEHMKUHL LANDING-SOUTH DISTRIBUTION**  
**Location** SMP ID: **DS000** Facility Source: **Ground Water**

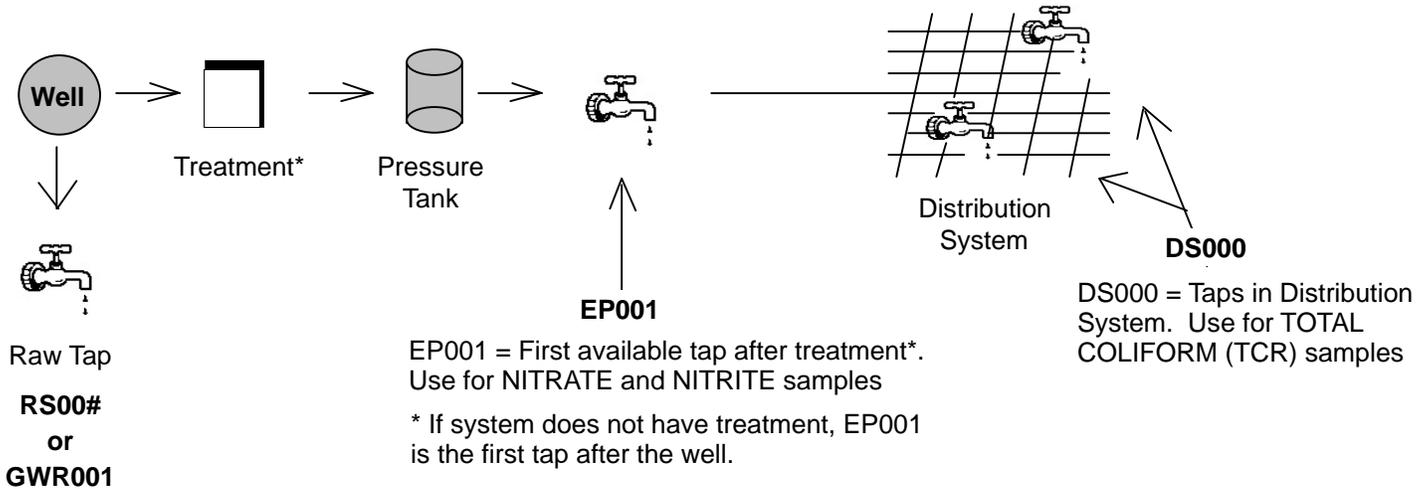
| Chemicals                   | Monitoring Requirements  |
|-----------------------------|--|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2015 and 3/31/2015<br>1 Sample(s) Required between 4/1/2015 and 6/30/2015<br>1 Sample(s) Required between 7/1/2015 and 9/30/2015<br>1 Sample(s) Required between 10/1/2015 and 12/31/2015 |

**ENTRY POINT MONITORING SCHEDULE**

**Sampling** Facility ID: **7558259** Facility Name: **LEHMKUHLS LANDING SOUTH**  
**Location** SMP ID: **EP001** Facility Source: **Ground Water**

| Chemicals      | Monitoring Requirements                              |
|----------------|--|
| NITRITE - 1041 | Not Required   |
| NITRATE - 1040 | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |

**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!**

**OH7540312 RED ROCKET CAFE**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Groundwater Rule Minimal Treatment System

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

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

**DISTRIBUTION MONITORING SCHEDULE**

**Sampling** Facility ID: **DS1** Facility Name: **RED ROCKET CAFE DISTRIBUTION**  
**Location** SMP ID: **DS000** Facility Source: **Ground Water**

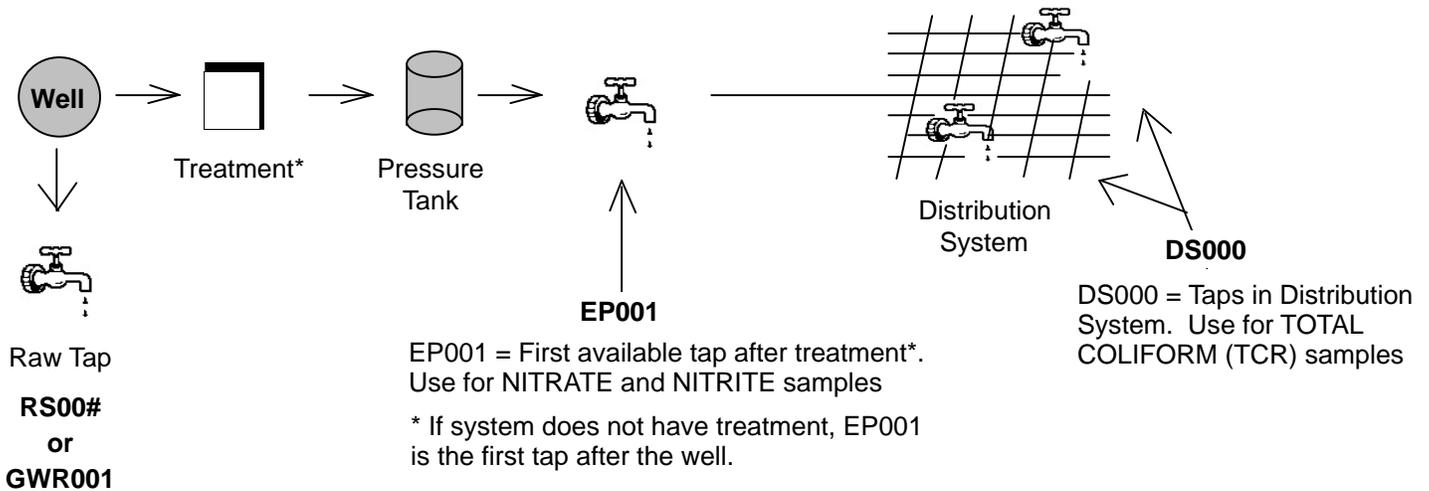
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2015 and 3/31/2015   |
|                             | 1 Sample(s) Required between 4/1/2015 and 6/30/2015   |
|                             | 1 Sample(s) Required between 7/1/2015 and 9/30/2015   |
|                             | 1 Sample(s) Required between 10/1/2015 and 12/31/2015 |

**ENTRY POINT MONITORING SCHEDULE**

**Sampling** Facility ID: **7558264** Facility Name: **RED ROCKET CAFE**  
**Location** SMP ID: **EP001** Facility Source: **Ground Water**

| Chemicals      | Monitoring Requirements                              |
|----------------|--|
| NITRITE - 1041 | Not Required   |
| NITRATE - 1040 | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |

**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!**

**OH7540412 STOP 99/L AND O TIRE SERVICE**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Groundwater Rule Minimal Treatment System

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

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

**DISTRIBUTION MONITORING SCHEDULE**

**Sampling** Facility ID: **DS1** Facility Name: **STOP 99/L&O TIRE SERVICE DISTRIBUTION**  
**Location** SMP ID: **DS000** Facility Source: **Ground Water**

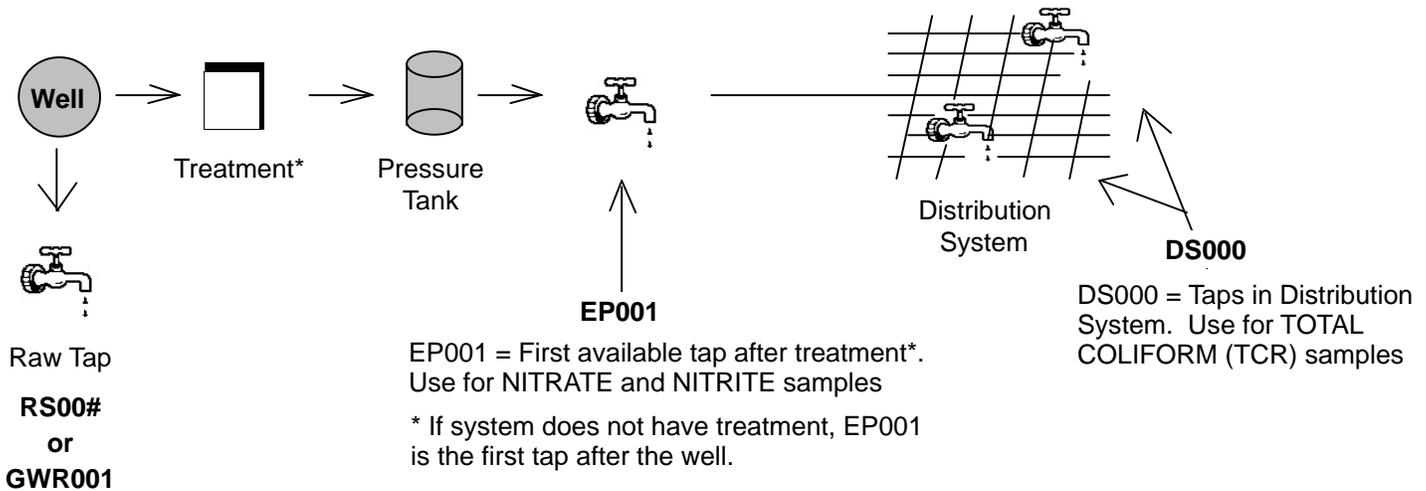
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2015 and 3/31/2015   |
|                             | 1 Sample(s) Required between 4/1/2015 and 6/30/2015   |
|                             | 1 Sample(s) Required between 7/1/2015 and 9/30/2015   |
|                             | 1 Sample(s) Required between 10/1/2015 and 12/31/2015 |

**ENTRY POINT MONITORING SCHEDULE**

**Sampling** Facility ID: **7558265** Facility Name: **STOP 99/L&O TIRE SERVICE**  
**Location** SMP ID: **EP001** Facility Source: **Ground Water**

| Chemicals      | Monitoring Requirements                              |
|----------------|--|
| NITRITE - 1041 | Not Required   |
| NITRATE - 1040 | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |

**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!**

**OH7540712 SHELBY OAKS GOLF CLUB SHELTER HOUSE**

System Type: Transient Noncommunity

Operating Period: 4/1 to 9/30

Groundwater Rule Minimal Treatment System

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

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

**DISTRIBUTION MONITORING SCHEDULE**

**Sampling** Facility ID: **DS1** Facility Name: **SHELBY OAKS GOLF CL-SHELTER DISTRIBUTION**  
**Location** SMP ID: **DS000** Facility Source: **Ground Water**

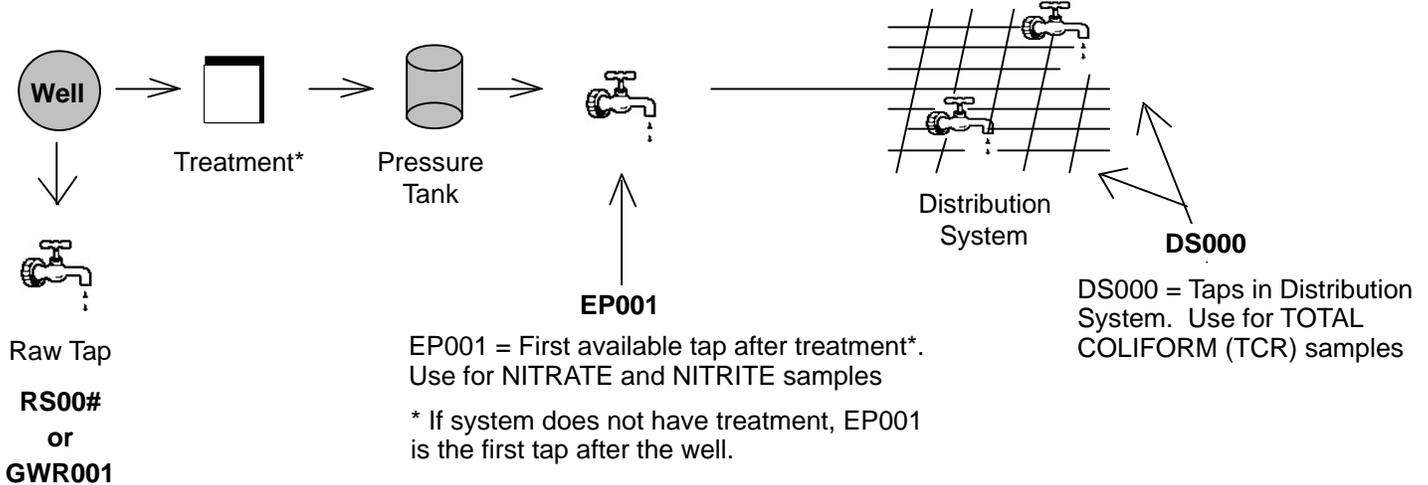
| Chemicals                   | Monitoring Requirements  |
|-----------------------------|--|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 4/1/2015 and 6/30/2015<br>1 Sample(s) Required between 7/1/2015 and 9/30/2015 |

**ENTRY POINT MONITORING SCHEDULE**

**Sampling** Facility ID: **7558268** Facility Name: **SHELBY OAKS GOLF CLUB SHELTER HOUSE**  
**Location** SMP ID: **EP001** Facility Source: **Ground Water**

| Chemicals      | Monitoring Requirements                              |
|----------------|--|
| NITRITE - 1041 | Not Required   |
| NITRATE - 1040 | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |

**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!**

**OH7541012 CALVARY UNITED BAPTIST CHURCH PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Groundwater Rule Minimal Treatment System

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

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

**DISTRIBUTION MONITORING SCHEDULE**

**Sampling** Facility ID: **DS1** Facility Name: **CALVARY UNITED BAPTIST CHURCH DISTRIBUTI**  
**Location** SMP ID: **DS000** Facility Source: **Ground Water**

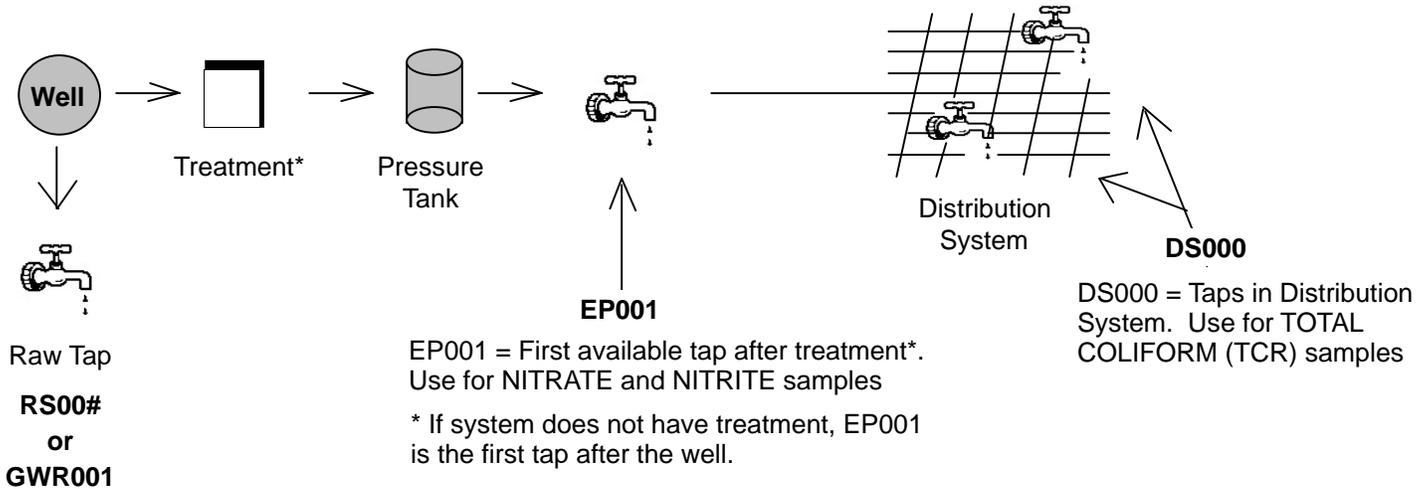
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2015 and 3/31/2015   |
|                             | 1 Sample(s) Required between 4/1/2015 and 6/30/2015   |
|                             | 1 Sample(s) Required between 7/1/2015 and 9/30/2015   |
|                             | 1 Sample(s) Required between 10/1/2015 and 12/31/2015 |

**ENTRY POINT MONITORING SCHEDULE**

**Sampling** Facility ID: **7560778** Facility Name: **CALVARY UNITED BAPTIST CHURCH**  
**Location** SMP ID: **EP001** Facility Source: **Ground Water**

| Chemicals      | Monitoring Requirements                              |
|----------------|--|
| NITRITE - 1041 | Not Required   |
| NITRATE - 1040 | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |

**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!**



Effective Date: 01/01/2015

2015 ENTRY POINT SCHEDULE

**OH7541912 RUSSIA PWS**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                          |                             |                                      |                                |
|--------------------------|-----------------------------|--------------------------------------|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>7561885</b> | Facility Name: <b>RUSSIA WTP</b>     | Facility Class: <b>CLASS 1</b> |
|                          | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b> |                                |

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

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

**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2015**

| <b>Chemicals</b>   | <b>Monitoring Requirements</b>                       |
|--|--|
| INORGANICS   | Not Required   |
| NITRITE - 1041   | Not Required   |
| NITRATE - 1040   | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |
| RADIOLOGICALS  | Not Required   |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1                      | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |
| <i>Sample for all the analytes listed below:</i>               |  |
| <b>ALACHLOR (LASSO) - 2051 ATRAZINE - 2050 SIMAZINE - 2037</b> |  |
| VOLATILE ORGANIC CHEMICALS (VOC)                               | 1 Sample(s) Required between 1/1/2015 and 3/31/2015  |



**OH7541912 RUSSIA PWS**

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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

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

**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2015**

**DISTRIBUTION MONITORING SCHEDULE**

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

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

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

|                             |   |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2015 and 1/31/2015   |
|                             | 1 Sample(s) Required between 2/1/2015 and 2/28/2015   |
|                             | 1 Sample(s) Required between 3/1/2015 and 3/31/2015   |
|                             | 1 Sample(s) Required between 4/1/2015 and 4/30/2015   |
|                             | 1 Sample(s) Required between 5/1/2015 and 5/31/2015   |
|                             | 1 Sample(s) Required between 6/1/2015 and 6/30/2015   |
|                             | 1 Sample(s) Required between 7/1/2015 and 7/31/2015   |
|                             | 1 Sample(s) Required between 8/1/2015 and 8/31/2015   |
|                             | 1 Sample(s) Required between 9/1/2015 and 9/30/2015   |
|                             | 1 Sample(s) Required between 10/1/2015 and 10/31/2015 |
|                             | 1 Sample(s) Required between 11/1/2015 and 11/30/2015 |
|                             | 1 Sample(s) Required between 12/1/2015 and 12/31/2015 |

|                       |   |
|-----------------------|---|
| TOTAL CHLORINE - 1000 | 1 Sample(s) Required between 1/1/2015 and 1/31/2015   |
|                       | 1 Sample(s) Required between 2/1/2015 and 2/28/2015   |
|                       | 1 Sample(s) Required between 3/1/2015 and 3/31/2015   |
|                       | 1 Sample(s) Required between 4/1/2015 and 4/30/2015   |
|                       | 1 Sample(s) Required between 5/1/2015 and 5/31/2015   |
|                       | 1 Sample(s) Required between 6/1/2015 and 6/30/2015   |
|                       | 1 Sample(s) Required between 7/1/2015 and 7/31/2015   |
|                       | 1 Sample(s) Required between 8/1/2015 and 8/31/2015   |
|                       | 1 Sample(s) Required between 9/1/2015 and 9/30/2015   |
|                       | 1 Sample(s) Required between 10/1/2015 and 10/31/2015 |
|                       | 1 Sample(s) Required between 11/1/2015 and 11/30/2015 |
|                       | 1 Sample(s) Required between 12/1/2015 and 12/31/2015 |

*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>RUSSIA DISTRIBUTION</b><br><b>ADDRESS NOT KNOWN</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

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

|                         |   |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2015 and 9/30/2015 at SMP: DS201 |
|-------------------------|---|

Sample for all the analytes listed below:

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



Effective Date: 01/01/2015

2015 DISTRIBUTION SCHEDULE

**OH7541912 RUSSIA PWS**

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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

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

**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2015**

**DISTRIBUTION MONITORING SCHEDULE**

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

| Chemicals               | Monitoring Requirements   |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2015 and 9/30/2015 at SMP: DS202 |

**Sample for all the analytes listed below:**

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

**OH7542012 SOLID ROCK PENTECOSTAL CHURCH PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Groundwater Rule Minimal Treatment System

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

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

**DISTRIBUTION MONITORING SCHEDULE**

**Sampling** Facility ID: **DS1** Facility Name: **SOLID ROCK PENTECOSTAL CHURCH DISTRIBUTI**  
**Location** SMP ID: **DS000** Facility Source: **Ground Water**

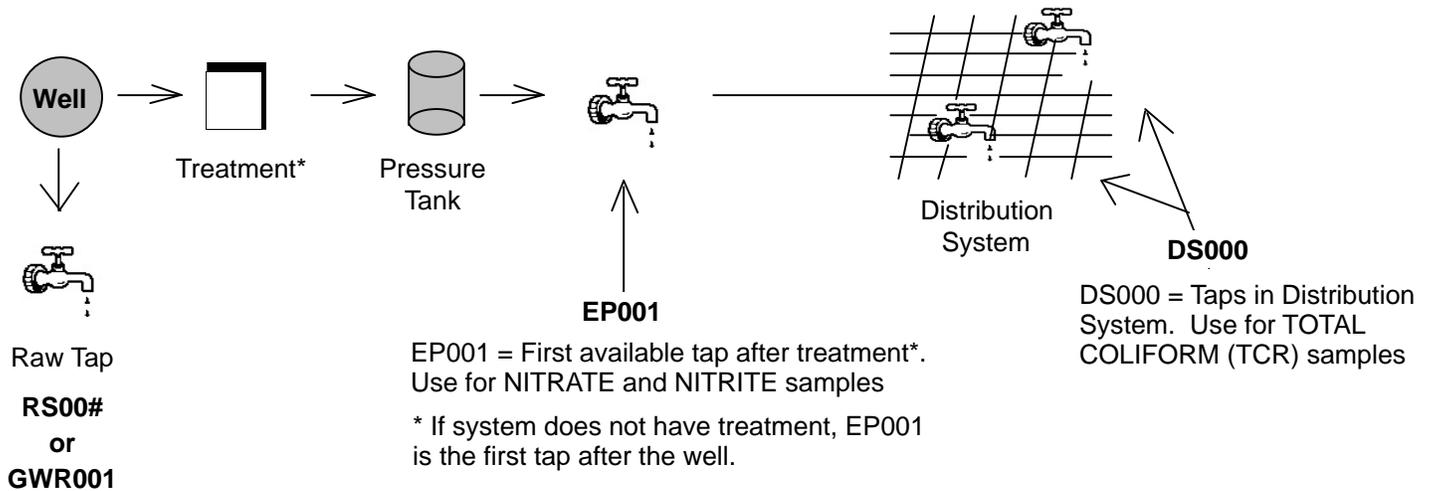
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2015 and 3/31/2015   |
|                             | 1 Sample(s) Required between 4/1/2015 and 6/30/2015   |
|                             | 1 Sample(s) Required between 7/1/2015 and 9/30/2015   |
|                             | 1 Sample(s) Required between 10/1/2015 and 12/31/2015 |

**ENTRY POINT MONITORING SCHEDULE**

**Sampling** Facility ID: **7562060** Facility Name: **SOLID ROCK PENTECOSTAL CHURCH**  
**Location** SMP ID: **EP001** Facility Source: **Ground Water**

| Chemicals      | Monitoring Requirements                              |
|----------------|--|
| NITRITE - 1041 | Not Required   |
| NITRATE - 1040 | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |

**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!**

**OH7542212 SIDNEY KINGDOM HALL OF JEHOVAHS WITNESSE**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Groundwater Rule Minimal Treatment System

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

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

**DISTRIBUTION MONITORING SCHEDULE**

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

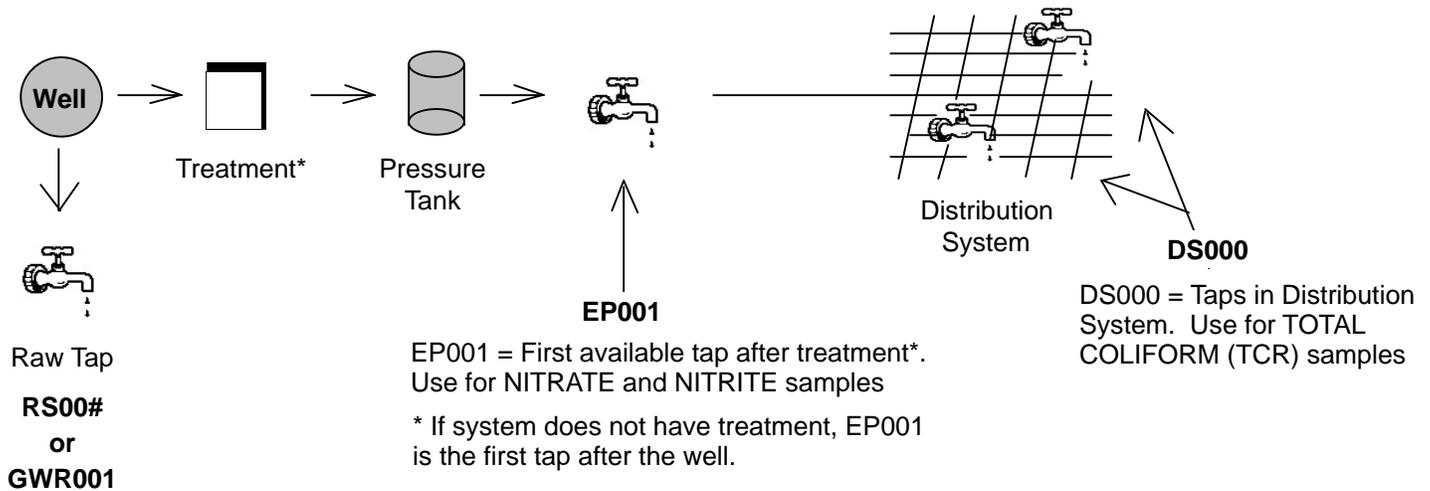
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2015 and 3/31/2015   |
|                             | 1 Sample(s) Required between 4/1/2015 and 6/30/2015   |
|                             | 1 Sample(s) Required between 7/1/2015 and 9/30/2015   |
|                             | 1 Sample(s) Required between 10/1/2015 and 12/31/2015 |

**ENTRY POINT MONITORING SCHEDULE**

|                                      |   |
|--------------------------------------|---|
| <b>Sampling Facility ID:</b> 7562194 | <b>Facility Name:</b> KINGDOM HALL-SIDNEY |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water      |

| Chemicals      | Monitoring Requirements                              |
|----------------|--|
| NITRITE - 1041 | Not Required   |
| NITRATE - 1040 | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |

**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!**



Effective Date: 01/01/2015

2015 ENTRY POINT SCHEDULE

**OH7542312 HOUSTON K-12 SCHOOL**

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                          |                             |   |                                |
|--------------------------|-----------------------------|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>7562324</b> | Facility Name: <b>HARDIN HOUSTON K-12</b> | Facility Class: <b>CLASS 1</b> |
|                          | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>      |                                |

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

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

| <b>Chemicals</b>  | <b>Monitoring Requirements</b>   |
|---|--|
| ARSENIC - 1005  | 1 Sample(s) Required between 1/1/2015 and 3/31/2015<br>1 Sample(s) Required between 4/1/2015 and 6/30/2015<br>1 Sample(s) Required between 7/1/2015 and 9/30/2015<br>1 Sample(s) Required between 10/1/2015 and 12/31/2015 |
| INORGANICS  | Not Required   |
| NITRITE - 1041  | Not Required   |
| NITRATE - 1040  | 1 Sample(s) Required between 6/1/2015 and 10/31/2015   |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1               | 1 Sample(s) Required between 6/1/2015 and 10/31/2015   |
| <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 1/1/2015 and 5/31/2015  |



**OH7542312 HOUSTON K-12 SCHOOL**

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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

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**DISTRIBUTION MONITORING SCHEDULE**

|                          |                         |  |
|--------------------------|-------------------------|--|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b> | Facility Name: <b>HARDIN HOUSTON K-12 DISTRIBUTION</b> |
|                          | SMP ID: <b>DS000</b>    |  |

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

|                               |  |
|-------------------------------|--|
| LEAD - 1030 AND COPPER - 1022 | 10 Sample(s) Required between 6/1/2015 and 9/30/2015 |
|-------------------------------|--|

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

|                             |   |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2015 and 3/31/2015   |
|                             | 1 Sample(s) Required between 4/1/2015 and 6/30/2015   |
|                             | 1 Sample(s) Required between 7/1/2015 and 9/30/2015   |
|                             | 1 Sample(s) Required between 10/1/2015 and 12/31/2015 |

|                          |                         |  |
|--------------------------|-------------------------|--|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b> | Facility Name: <b>HARDIN HOUSTON K-12 DISTRIBUTION</b> |
|                          | SMP ID: <b>DS201</b>    | <b>ADDRESS NOT KNOWN</b>                               |

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

|                         |   |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2015 and 9/30/2015 at SMP: DS201 |
|-------------------------|---|

Sample for all the analytes listed below:

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

|                          |                         |  |
|--------------------------|-------------------------|--|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b> | Facility Name: <b>HARDIN HOUSTON K-12 DISTRIBUTION</b> |
|                          | SMP ID: <b>DS202</b>    | <b>ADDRESS NOT KNOWN</b>                               |

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

|                         |   |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2015 and 9/30/2015 at SMP: DS202 |
|-------------------------|---|

Sample for all the analytes listed below:

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

**OH7542412 NEW LIFE CHURCH PJBC PWS**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Groundwater Rule Minimal Treatment System

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

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**DISTRIBUTION MONITORING SCHEDULE**

**Sampling** Facility ID: **DS1** Facility Name: **NEW LIFE CHURCH PJBC DISTRIBUTION**  
**Location** SMP ID: **DS000** Facility Source: **Ground Water**

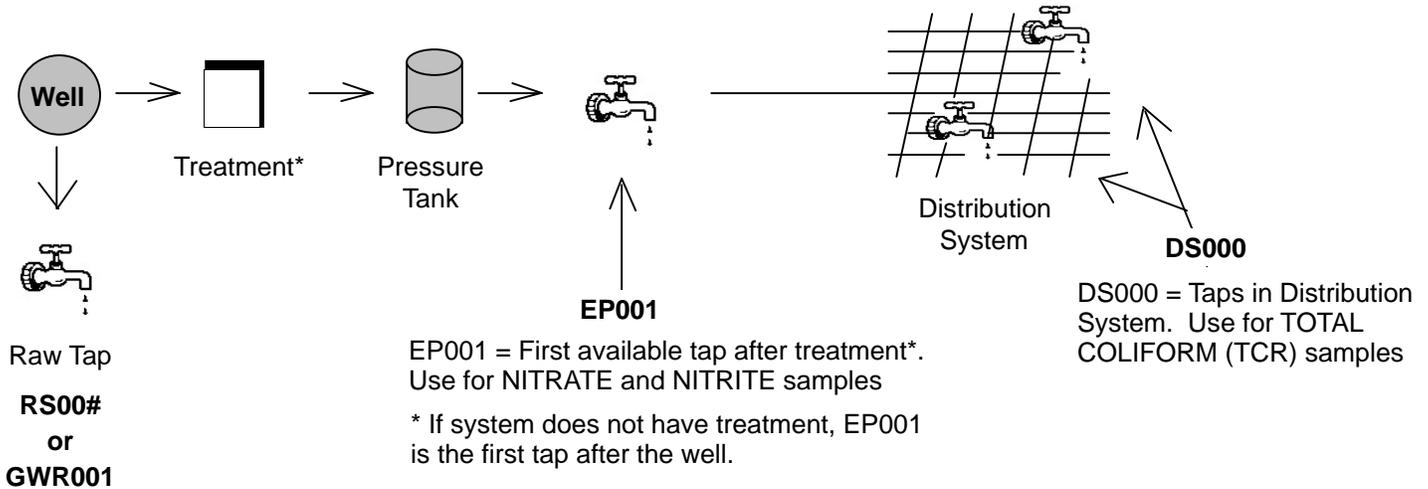
| Chemicals                   | Monitoring Requirements  |
|-----------------------------|--|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2015 and 3/31/2015<br>1 Sample(s) Required between 4/1/2015 and 6/30/2015<br>1 Sample(s) Required between 7/1/2015 and 9/30/2015<br>1 Sample(s) Required between 10/1/2015 and 12/31/2015 |

**ENTRY POINT MONITORING SCHEDULE**

**Sampling** Facility ID: **7562351** Facility Name: **NEW LIFE CHURCH PJBC**  
**Location** SMP ID: **EP001** Facility Source:

| Chemicals      | Monitoring Requirements                              |
|----------------|--|
| NITRITE - 1041 | Not Required   |
| NITRATE - 1040 | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |

**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!**



Effective Date: 01/01/2015

2015 ENTRY POINT SCHEDULE

**OH7542512 FAIRLAWN K-12 SCHOOL**

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                          |                             |  |                                |
|--------------------------|-----------------------------|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>7562397</b> | Facility Name: <b>FAIRLAWN K-12 SCHOOL</b> | Facility Class: <b>CLASS 1</b> |
|                          | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>       |                                |

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

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| <b>Chemicals</b>   | <b>Monitoring Requirements</b>                       |
|--|--|
| INORGANICS   | Not Required   |
| NITRITE - 1041   | Not Required   |
| NITRATE - 1040   | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1                      | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |
| <i>Sample for all the analytes listed below:</i>               |  |
| <i>ALACHLOR (LASSO) - 2051 ATRAZINE - 2050 SIMAZINE - 2037</i> |  |
| VOLATILE ORGANIC CHEMICALS (VOC)                               | 1 Sample(s) Required between 1/1/2015 and 5/31/2015  |

**OH7542512 FAIRLAWN K-12 SCHOOL**

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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

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

**DISTRIBUTION MONITORING SCHEDULE**

|                          |                         |   |
|--------------------------|-------------------------|---|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b> | Facility Name: <b>FAIRLAWN K-12 SCHOOL DISTRIBUTION</b> |
|                          | SMP ID: <b>DS000</b>    |   |

| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2015 and 3/31/2015   |
|                             | 1 Sample(s) Required between 4/1/2015 and 6/30/2015   |
|                             | 1 Sample(s) Required between 7/1/2015 and 9/30/2015   |
|                             | 1 Sample(s) Required between 10/1/2015 and 12/31/2015 |

|                          |                         |   |
|--------------------------|-------------------------|---|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b> | Facility Name: <b>FAIRLAWN K-12 SCHOOL DISTRIBUTION</b> |
|                          | SMP ID: <b>DS201</b>    | <b>ADDRESS NOT KNOWN</b>                                |

| Chemicals               | Monitoring Requirements   |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2015 and 9/30/2015 at SMP: DS201 |

Sample for all the analytes listed below:

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

|                          |                         |   |
|--------------------------|-------------------------|---|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b> | Facility Name: <b>FAIRLAWN K-12 SCHOOL DISTRIBUTION</b> |
|                          | SMP ID: <b>DS202</b>    | <b>ADDRESS NOT KNOWN</b>                                |

| Chemicals               | Monitoring Requirements   |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 7/1/2015 and 9/30/2015 at SMP: DS202 |

Sample for all the analytes listed below:

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

**OH7542612 SIDNEY NEW HOPE UNITED METH CHURCH**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

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

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

**DISTRIBUTION MONITORING SCHEDULE**

**Sampling** Facility ID: **DS1** Facility Name: **NEW HOPE UNITED METH CHURCH DISTRIBUTION**  
**Location** SMP ID: **DS000** Facility Source:

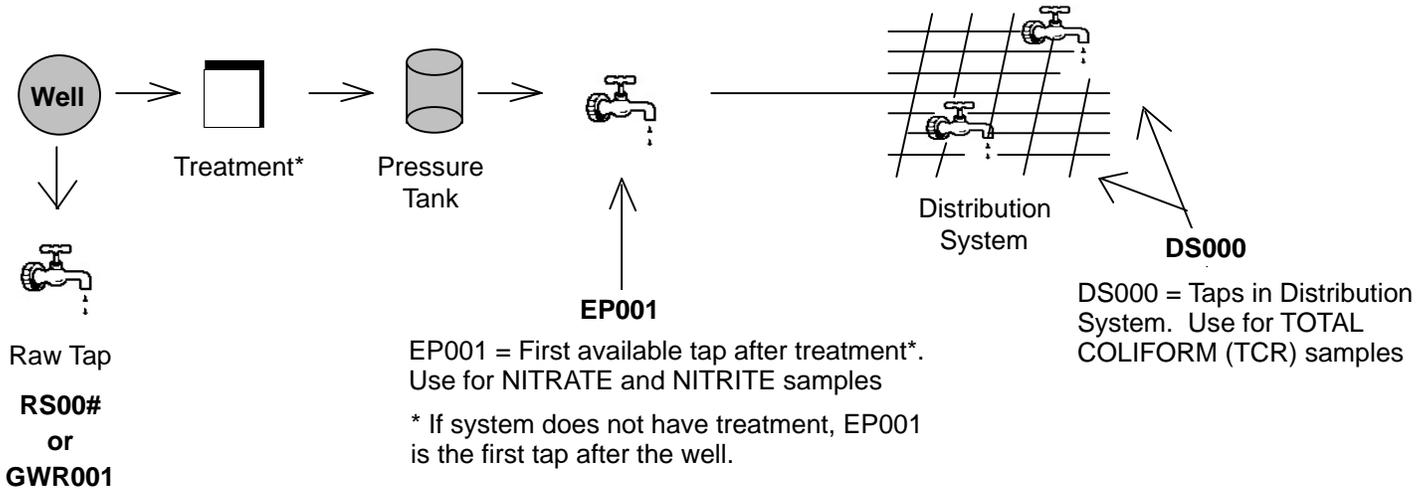
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2015 and 3/31/2015   |
|                             | 1 Sample(s) Required between 4/1/2015 and 6/30/2015   |
|                             | 1 Sample(s) Required between 7/1/2015 and 9/30/2015   |
|                             | 1 Sample(s) Required between 10/1/2015 and 12/31/2015 |

**ENTRY POINT MONITORING SCHEDULE**

**Sampling** Facility ID: **7562409** Facility Name: **NEW HOPE UNITED METH CHURCH**  
**Location** SMP ID: **EP001** Facility Source: **Ground Water**

| Chemicals      | Monitoring Requirements                              |
|----------------|--|
| NITRITE - 1041 | Not Required   |
| NITRATE - 1040 | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |

**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!**