



**OH6000212 DRESDEN PWS**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                          |                             |                                      |                                |
|--------------------------|-----------------------------|--------------------------------------|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>6056810</b> | Facility Name: <b>DRESDEN 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   | 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 |  |
| CYANIDE - 1024 FLUORIDE - 1025 MERCURY - 1035 NICKEL - 1036 SELENIUM - 1045 THALLIUM, TOTAL - 1085         |  |
| NITRITE - 1041   | Not Required   |
| NITRATE - 1040   | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |
| RADIOLOGICALS  | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |
| <i>Sample for all the analytes listed below:</i>   |  |
| GROSS ALPHA - 4002 RADIUM-228 - 4030   |  |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1  | Not Required   |
| VOLATILE ORGANIC CHEMICALS (VOC)   | 1 Sample(s) Required between 7/1/2015 and 9/30/2015  |



**OH6000212 DRESDEN 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>DRESDEN 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 | 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>DRESDEN 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

**OH6000212 DRESDEN 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>DRESDEN 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



OH6000303 DUNFALLS ASSOCIATION, INC.

System Type: Community

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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DISTRIBUTION MONITORING SCHEDULE

Table with 4 columns: Sampling Location, Facility ID, Facility Name, Facility Class. Values: DS1, DS000, DUNFALLS ASSOCIATION, IN DISTRIBUTION, CLASS A

Chemicals Monitoring Requirements

LEAD - 1030 AND COPPER - 1022 Not Required

Table with 3 columns: Chemical Name, Sample(s) Required, Date Range. Lists 12 monthly samples for TOTAL COLIFORM (TCR) - 3100 from 1/1/2015 to 12/31/2015.

Table with 3 columns: Chemical Name, Sample(s) Required, Date Range. Lists 12 monthly samples for TOTAL CHLORINE - 1000 from 1/1/2015 to 12/31/2015.

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

Table with 4 columns: Sampling Location, Facility ID, Facility Name, Facility Class. Values: DS201, ADDRESS NOT KNOWN, DUNFALLS ASSOCIATION, IN DISTRIBUTION, CLASS A

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



**OH6000412 MUSKINGUM COUNTY WATER - SE**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                          |                             |   |
|--------------------------|-----------------------------|---|
| <b>Sampling Location</b> | Facility ID: <b>6056812</b> | Facility Name: <b>MUSKINGUM COUNTY WATER - SE</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**

**Chemicals**

**Monitoring Requirements**

INORGANICS 1 Sample(s) Required between 6/1/2015 and 10/31/2015

Sample for all the analytes listed below:

ANTIMONY, TOTAL - 1074 ARSENIC - 1005 BARIUM - 1010 BERYLLIUM, TOTAL - 1075 CADMIUM - 1015 CHROMIUM - 1020

CYANIDE - 1024 FLUORIDE - 1025 MERCURY - 1035 NICKEL - 1036 SELENIUM - 1045 THALLIUM, TOTAL - 1085

NITRITE - 1041 Not Required

NITRATE - 1040 1 Sample(s) Required between 6/1/2015 and 10/31/2015

RADIOLOGICALS 1 Sample(s) Required between 6/1/2015 and 10/31/2015

Sample for all the analytes listed below:

GROSS ALPHA - 4002 RADIUM-228 - 4030

SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 Not Required

VOLATILE ORGANIC CHEMICALS (VOC) 1 Sample(s) Required between 6/1/2015 and 10/31/2015

**OH6000412 MUSKINGUM COUNTY WATER - SE**

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>MUSKINGUM COUNTY WATER - SE DISTRIBU</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

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

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

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

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

|                       |                               |           |     |            |
|-----------------------|-------------------------------|-----------|-----|------------|
| TOTAL CHLORINE - 1000 | 10 Sample(s) Required between | 1/1/2015  | and | 1/31/2015  |
|                       | 10 Sample(s) Required between | 2/1/2015  | and | 2/28/2015  |
|                       | 10 Sample(s) Required between | 3/1/2015  | and | 3/31/2015  |
|                       | 10 Sample(s) Required between | 4/1/2015  | and | 4/30/2015  |
|                       | 10 Sample(s) Required between | 5/1/2015  | and | 5/31/2015  |
|                       | 10 Sample(s) Required between | 6/1/2015  | and | 6/30/2015  |
|                       | 10 Sample(s) Required between | 7/1/2015  | and | 7/31/2015  |
|                       | 10 Sample(s) Required between | 8/1/2015  | and | 8/31/2015  |
|                       | 10 Sample(s) Required between | 9/1/2015  | and | 9/30/2015  |
|                       | 10 Sample(s) Required between | 10/1/2015 | and | 10/31/2015 |
|                       | 10 Sample(s) Required between | 11/1/2015 | and | 11/30/2015 |
|                       | 10 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>MUSKINGUM COUNTY WATER - SE DISTRIBU</b> | Facility Class: <b>CLASS 1</b> |
|                          |   | <b>5345 MOLLIES ROCK RD.</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

**OH6000412 MUSKINGUM COUNTY WATER - SE**

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>MUSKINGUM COUNTY WATER - SE DISTRIBU</b><br><b>8895 TUMBLIN RD.</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: 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

|                          |   |  |                                |
|--------------------------|---|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS203</b> | Facility Name: <b>MUSKINGUM COUNTY WATER - SE DISTRIBU</b><br><b>4055 EDWARDS. DR.</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: DS203   |
|                         | 1 Sample(s) Required between 5/1/2015 and 5/7/2015 at SMP: DS203   |
|                         | 1 Sample(s) Required between 8/1/2015 and 8/7/2015 at SMP: DS203   |
|                         | 1 Sample(s) Required between 11/1/2015 and 11/7/2015 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>MUSKINGUM COUNTY WATER - SE DISTRIBU</b><br><b>375 RICHARDS RD.</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: DS204   |
|                         | 1 Sample(s) Required between 5/1/2015 and 5/7/2015 at SMP: DS204   |
|                         | 1 Sample(s) Required between 8/1/2015 and 8/7/2015 at SMP: DS204   |
|                         | 1 Sample(s) Required between 11/1/2015 and 11/7/2015 at SMP: DS204 |

Sample for all the analytes listed below:

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



**OH6000503 MUSKINGUM COUNTY WATER - NW**

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>MUSKINGUM COUNTY WATER DISTRIBUTION</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

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

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

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

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

|                       |  |
|-----------------------|--|
| TOTAL CHLORINE - 1000 | 10 Sample(s) Required between 1/1/2015 and 1/31/2015   |
|                       | 10 Sample(s) Required between 2/1/2015 and 2/28/2015   |
|                       | 10 Sample(s) Required between 3/1/2015 and 3/31/2015   |
|                       | 10 Sample(s) Required between 4/1/2015 and 4/30/2015   |
|                       | 10 Sample(s) Required between 5/1/2015 and 5/31/2015   |
|                       | 10 Sample(s) Required between 6/1/2015 and 6/30/2015   |
|                       | 10 Sample(s) Required between 7/1/2015 and 7/31/2015   |
|                       | 10 Sample(s) Required between 8/1/2015 and 8/31/2015   |
|                       | 10 Sample(s) Required between 9/1/2015 and 9/30/2015   |
|                       | 10 Sample(s) Required between 10/1/2015 and 10/31/2015 |
|                       | 10 Sample(s) Required between 11/1/2015 and 11/30/2015 |
|                       | 10 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>MUSKINGUM COUNTY WATER DISTRIBUTION</b><br><b>7156 NATIONAL RD.</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 |

**OH6000503 MUSKINGUM COUNTY WATER - NW**

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>DS201</b> | Facility Name: <b>MUSKINGUM COUNTY WATER DISTRIBUTION</b><br><b>7156 NATIONAL RD.</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

| Chemicals               | Monitoring Requirements  |
|-------------------------|--|
| DISINFECTION BYPRODUCTS | 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

|                          |   |  |                                |
|--------------------------|---|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS202</b> | Facility Name: <b>MUSKINGUM COUNTY WATER DISTRIBUTION</b><br><b>6735 SADDLEBROOK DR.</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: 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

|                          |   |  |                                |
|--------------------------|---|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS203</b> | Facility Name: <b>MUSKINGUM COUNTY WATER DISTRIBUTION</b><br><b>5555 EDEN PARK</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: DS203   |
|                         | 1 Sample(s) Required between 5/1/2015 and 5/7/2015 at SMP: DS203   |
|                         | 1 Sample(s) Required between 8/1/2015 and 8/7/2015 at SMP: DS203   |
|                         | 1 Sample(s) Required between 11/1/2015 and 11/7/2015 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>MUSKINGUM COUNTY WATER DISTRIBUTION</b><br><b>7585 ELM DRIVE</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: DS204   |
|                         | 1 Sample(s) Required between 5/1/2015 and 5/7/2015 at SMP: DS204   |
|                         | 1 Sample(s) Required between 8/1/2015 and 8/7/2015 at SMP: DS204   |
|                         | 1 Sample(s) Required between 11/1/2015 and 11/7/2015 at SMP: DS204 |

Sample for all the analytes listed below:

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



OH6000612 FRAZEYSBURG PWS

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                          |                             |                                      |                                |
|--------------------------|-----------------------------|--------------------------------------|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>6056814</b> | Facility Name: <b>FRAZEYSBURG</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

| Chemicals  | Monitoring Requirements  |
|--|--|
| 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   | 1 Sample(s) Required between 6/1/2015 and 10/31/2015   |
| <i>Sample for all the analytes listed below:</i>   |  |
| ANTIMONY, TOTAL - 1074 BARIUM - 1010 BERYLLIUM, TOTAL - 1015 CADMIUM - 1015 CHROMIUM - 1020 CYANIDE - 1024<br>FLUORIDE - 1025 MERCURY - 1035 NICKEL - 1036 SELENIUM - 1045 THALLIUM, TOTAL |  |
| NITRITE - 1041   | Not Required   |
| NITRATE - 1040   | 1 Sample(s) Required between 6/1/2015 and 10/31/2015   |
| RADIOLOGICALS  | 1 Sample(s) Required between 6/1/2015 and 10/31/2015   |
| <i>Sample for all the analytes listed below:</i>   |  |
| GROSS ALPHA - 4002 RADIUM-228 - 4030   |  |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1  | Not Required   |
| VOLATILE ORGANIC CHEMICALS (VOC)   | 1 Sample(s) Required between 6/1/2015 and 10/31/2015   |

**OH6000612 FRAZEYSBURG 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>FRAZEYSBURG DISTRIBUTION</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

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

|                               |              |
|-------------------------------|--------------|
| LEAD - 1030 AND COPPER - 1022 | 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>FRAZEYSBURG 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

**OH6000612 FRAZEYSBURG 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>FRAZEYSBURG 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



OH6001411 MAYSVILLE REGIONAL WATER

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                          |                             |   |
|--------------------------|-----------------------------|---|
| <b>Sampling Location</b> | Facility ID: <b>6056818</b> | Facility Name: <b>MAYSVILLE REGIONAL WATER DISTRICT</b> |
|                          | SMP ID: <b>EP001</b>        | Facility Source: <b>Surface Water</b>                   |
|                          |                             | Facility Class: <b>CLASS 3</b>                          |

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

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

|            |  |
|------------|--|
| INORGANICS | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |
|------------|--|

Sample for all the analytes listed below:

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

|                |              |
|----------------|--------------|
| NITRITE - 1041 | Not Required |
|----------------|--------------|

|                |   |
|----------------|---|
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2015 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 |

|               |  |
|---------------|--|
| RADIOLOGICALS | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |
|---------------|--|

Sample for all the analytes listed below:

GROSS ALPHA - 4002 RADIUM-228 - 4030

|   |   |
|---|---|
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | 1 Sample(s) Required between 4/1/2015 and 6/30/2015 |
|---|---|

Sample for all the analytes listed below:

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

|                                  |   |
|----------------------------------|---|
| 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   |
|                            | 1 Paired Sample Set Required between 2/1/2015 and 2/28/2015   |
|                            | 1 Paired Sample Set Required between 3/1/2015 and 3/31/2015   |
|                            | 1 Paired Sample Set Required between 4/1/2015 and 4/30/2015   |
|                            | 1 Paired Sample Set Required between 5/1/2015 and 5/31/2015   |
|                            | 1 Paired Sample Set Required between 6/1/2015 and 6/30/2015   |
|                            | 1 Paired Sample Set Required between 7/1/2015 and 7/31/2015   |
|                            | 1 Paired Sample Set Required between 8/1/2015 and 8/31/2015   |
|                            | 1 Paired Sample Set Required between 9/1/2015 and 9/30/2015   |
|                            | 1 Paired Sample Set Required between 10/1/2015 and 10/31/2015 |
|                            | 1 Paired Sample Set Required between 11/1/2015 and 11/30/2015 |
|                            | 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.



OH6001411 MAYSVILLE REGIONAL WATER

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

Table with 4 columns: Sampling Location, Facility ID, Facility Name, Facility Class. Values: DS1, MAYSVILLE REGIONAL WATER DISTRIBUTION, CLASS 1, DS000.

Chemicals Monitoring Requirements

LEAD - 1030 AND COPPER - 1022 Not Required

Table for TOTAL COLIFORM (TCR) - 3100 with 12 rows of monitoring requirements between 1/1/2015 and 12/31/2015.

Table for TOTAL CHLORINE - 1000 with 12 rows of monitoring requirements between 1/1/2015 and 12/31/2015.

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

Table with 4 columns: Sampling Location, Facility ID, Facility Name, Facility Class. Values: DS201, 870 LENT ROAD, CLASS 1.

Chemicals Monitoring Requirements

Table for DISINFECTION BYPRODUCTS with 4 rows of monitoring requirements between 1/8/2015 and 10/14/2015 at SMP: DS201.

Sample for all the analytes listed below:

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



**OH6001411 MAYSVILLE REGIONAL WATER**

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> | Facility Name: <b>MAYSVILLE REGIONAL WATER DISTRIBUTIOI</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 1/8/2015 and 1/14/2015 at SMP: DS202   |
|                         | 1 Sample(s) Required between 4/8/2015 and 4/14/2015 at SMP: DS202   |
|                         | 1 Sample(s) Required between 7/8/2015 and 7/14/2015 at SMP: DS202   |
|                         | 1 Sample(s) Required between 10/8/2015 and 10/14/2015 at SMP: DS202 |

Sample for all the analytes listed below:

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



OH6001711 NEW CONCORD PWS

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                          |                             |                                       |                                |
|--------------------------|-----------------------------|---------------------------------------|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>6056819</b> | Facility Name: <b>NEW CONCORD WTP</b> | Facility Class: <b>CLASS 3</b> |
|                          | SMP ID: <b>EP001</b>        | Facility Source: <b>Surface Water</b> |                                |

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

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

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

|            |  |
|------------|--|
| INORGANICS | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |
|------------|--|

Sample for all the analytes listed below:

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

|                |              |
|----------------|--------------|
| NITRITE - 1041 | Not Required |
|----------------|--------------|

|                |   |
|----------------|---|
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2015 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 |

|               |  |
|---------------|--|
| RADIOLOGICALS | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |
|---------------|--|

Sample for all the analytes listed below:

GROSS ALPHA - 4002    RADIUM-228 - 4030

|   |   |
|---|---|
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | 1 Sample(s) Required between 4/1/2015 and 6/30/2015 |
|---|---|

Sample for all the analytes listed below:

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

|                                  |  |
|----------------------------------|--|
| VOLATILE ORGANIC CHEMICALS (VOC) | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |
|----------------------------------|--|

|                            |   |
|----------------------------|---|
| TOTAL ORGANIC CARBON (TOC) | 1 Paired Sample Set Required between 1/1/2015 and 1/31/2015   |
|                            | 1 Paired Sample Set Required between 2/1/2015 and 2/28/2015   |
|                            | 1 Paired Sample Set Required between 3/1/2015 and 3/31/2015   |
|                            | 1 Paired Sample Set Required between 4/1/2015 and 4/30/2015   |
|                            | 1 Paired Sample Set Required between 5/1/2015 and 5/31/2015   |
|                            | 1 Paired Sample Set Required between 6/1/2015 and 6/30/2015   |
|                            | 1 Paired Sample Set Required between 7/1/2015 and 7/31/2015   |
|                            | 1 Paired Sample Set Required between 8/1/2015 and 8/31/2015   |
|                            | 1 Paired Sample Set Required between 9/1/2015 and 9/30/2015   |
|                            | 1 Paired Sample Set Required between 10/1/2015 and 10/31/2015 |
|                            | 1 Paired Sample Set Required between 11/1/2015 and 11/30/2015 |
|                            | 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.



**OH6001711 NEW CONCORD 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>NEW CONCORD 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   | 4 Sample(s) Required between 1/1/2015 and 1/31/2015<br>4 Sample(s) Required between 2/1/2015 and 2/28/2015<br>4 Sample(s) Required between 3/1/2015 and 3/31/2015<br>4 Sample(s) Required between 4/1/2015 and 4/30/2015<br>4 Sample(s) Required between 5/1/2015 and 5/31/2015<br>4 Sample(s) Required between 6/1/2015 and 6/30/2015<br>4 Sample(s) Required between 7/1/2015 and 7/31/2015<br>4 Sample(s) Required between 8/1/2015 and 8/31/2015<br>4 Sample(s) Required between 9/1/2015 and 9/30/2015<br>4 Sample(s) Required between 10/1/2015 and 10/31/2015<br>4 Sample(s) Required between 11/1/2015 and 11/30/2015<br>4 Sample(s) Required between 12/1/2015 and 12/31/2015 |
| TOTAL CHLORINE - 1000         | 4 Sample(s) Required between 1/1/2015 and 1/31/2015<br>4 Sample(s) Required between 2/1/2015 and 2/28/2015<br>4 Sample(s) Required between 3/1/2015 and 3/31/2015<br>4 Sample(s) Required between 4/1/2015 and 4/30/2015<br>4 Sample(s) Required between 5/1/2015 and 5/31/2015<br>4 Sample(s) Required between 6/1/2015 and 6/30/2015<br>4 Sample(s) Required between 7/1/2015 and 7/31/2015<br>4 Sample(s) Required between 8/1/2015 and 8/31/2015<br>4 Sample(s) Required between 9/1/2015 and 9/30/2015<br>4 Sample(s) Required between 10/1/2015 and 10/31/2015<br>4 Sample(s) Required between 11/1/2015 and 11/30/2015<br>4 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>NEW CONCORD DISTRIBUTION</b><br><b>2255 FRIENDSHIP DRIVE</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

| Chemicals               | Monitoring Requirements  |
|-------------------------|--|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 1/1/2015 and 1/7/2015 at SMP: DS201<br>1 Sample(s) Required between 4/1/2015 and 4/7/2015 at SMP: DS201<br>1 Sample(s) Required between 7/1/2015 and 7/7/2015 at SMP: DS201<br>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



**OH6001711 NEW CONCORD PWS**

System Type: Community

Operating Period: 1/1 to 12/31

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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>DS202</b> | Facility Name: <b>NEW CONCORD DISTRIBUTION</b><br><b>294 OLD RIX MILLS ROAD</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

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



Effective Date: 01/01/2015

2015 ENTRY POINT SCHEDULE

**OH6001912 PHILO**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                          |                             |                                      |                                |
|--------------------------|-----------------------------|--------------------------------------|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>6056821</b> | Facility Name: <b>PHILO 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.**

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

**Chemicals**

**Monitoring Requirements**

INORGANICS 1 Sample(s) Required between 6/1/2015 and 10/31/2015

*Sample for all the analytes listed below:*

ANTIMONY, TOTAL - 1074 ARSENIC - 1005 BARIUM - 1010 BERYLLIUM, TOTAL - 1075 CADMIUM - 1015 CHROMIUM - 1020

CYANIDE - 1024 FLUORIDE - 1025 MERCURY - 1035 NICKEL - 1036 SELENIUM - 1045 THALLIUM, TOTAL - 1085

NITRITE - 1041 Not Required

NITRATE - 1040 1 Sample(s) Required between 6/1/2015 and 10/31/2015

RADIOLOGICALS Not Required

SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 Not Required

VOLATILE ORGANIC CHEMICALS (VOC) 1 Sample(s) Required between 6/1/2015 and 10/31/2015



**OH6001912 PHILO**

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>PHILO DISTRIBUTION</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

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

|                               |              |
|-------------------------------|--------------|
| LEAD - 1030 AND COPPER - 1022 | 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>PHILO 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

OH6001912 PHILO

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>PHILO DISTRIBUTION</b> | Facility Class: <b>CLASS 1</b> |
|                          | SMP ID: <b>DS202</b>    | <b>ADDRESS NOT KNOWN</b>                 |                                |

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

Sample for all the analytes listed below:

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



**OH6002112 ROSEVILLE PWS**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                          |                             |                                      |                                |
|--------------------------|-----------------------------|--------------------------------------|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>6056823</b> | Facility Name: <b>ROSEVILLE WTP</b>  | Facility Class: <b>CLASS 2</b> |
|                          | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b> |                                |

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 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 |  |
| CYANIDE - 1024 FLUORIDE - 1025 MERCURY - 1035 NICKEL - 1036 SELENIUM - 1045 THALLIUM, TOTAL - 1085         |  |
| NITRITE - 1041   | Not Required   |
| NITRATE - 1040   | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |
| RADIOLOGICALS  | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |
| <i>Sample for all the analytes listed below:</i>   |  |
| GROSS ALPHA - 4002 RADIUM-228 - 4030   |  |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1  | Not Required   |
| VOLATILE ORGANIC CHEMICALS (VOC)   | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |



**OH6002112 ROSEVILLE 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>ROSEVILLE 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>ROSEVILLE 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

**OH6002112 ROSEVILLE 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>DS202</b> | Facility Name: <b>ROSEVILLE 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



OH6002212 SOUTH ZANESVILLE PWS

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                          |                             |  |                                |
|--------------------------|-----------------------------|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>6056824</b> | Facility Name: <b>SOUTH ZANESVILLE</b> | Facility Class: <b>CLASS 1</b> |
|                          | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b>   |                                |

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

| Chemicals  | Monitoring Requirements                              |
|--|--|
| 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 |  |
| CYANIDE - 1024 FLUORIDE - 1025 MERCURY - 1035 NICKEL - 1036 SELENIUM - 1045 THALLIUM, TOTAL - 1085         |  |
| NITRITE - 1041   | Not Required   |
| NITRATE - 1040   | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |
| RADIOLOGICALS  | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |
| <i>Sample for all the analytes listed below:</i>   |  |
| GROSS ALPHA - 4002 RADIUM-228 - 4030   |  |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1  | Not Required   |
| VOLATILE ORGANIC CHEMICALS (VOC)   | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |



OH6002212 SOUTH ZANESVILLE 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>SOUTH ZANESVILLE 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>SOUTH ZANESVILLE 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

**OH6002212 SOUTH ZANESVILLE 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> | Facility Name: <b>SOUTH ZANESVILLE 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



**OH6002512 WARNER ESTATES LLC**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                          |                             |                                      |                                |
|--------------------------|-----------------------------|--------------------------------------|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>6056825</b> | Facility Name: <b>WARNER ESTATES</b> | Facility Class: <b>CLASS A</b> |
|                          | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b> |                                |

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 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 |  |
| CYANIDE - 1024 FLUORIDE - 1025 MERCURY - 1035 NICKEL - 1036 SELENIUM - 1045 THALLIUM, TOTAL - 1085         |  |
| NITRITE - 1041   | Not Required   |
| NITRATE - 1040   | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |
| RADIOLOGICALS  | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |
| <i>Sample for all the analytes listed below:</i>   |  |
| GROSS ALPHA - 4002 RADIUM-228 - 4030   |  |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1  | Not Required   |
| VOLATILE ORGANIC CHEMICALS (VOC)   | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |



OH6002512 WARNER ESTATES LLC

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>WARNER ESTATES 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>WARNER ESTATES 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



OH6002712 ZANESVILLE PWS

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                          |                             |                                      |                                |
|--------------------------|-----------------------------|--------------------------------------|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>6056826</b> | Facility Name: <b>ZANESVILLE</b>     | Facility Class: <b>CLASS 3</b> |
|                          | SMP ID: <b>EP001</b>        | Facility Source: <b>Ground Water</b> |                                |

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

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

| Chemicals  | Monitoring Requirements                              |
|--|--|
| 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 6/1/2015 and 10/31/2015 |
| RADIOLOGICALS  | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |
| <i>Sample for all the analytes listed below:</i>   |  |
| GROSS ALPHA - 4002 RADIUM-228 - 4030   |  |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1  | Not Required   |
| VOLATILE ORGANIC CHEMICALS (VOC)   | 1 Sample(s) Required between 7/1/2015 and 9/30/2015  |



**OH6002712 ZANESVILLE 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>ZANESVILLE 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 | 30 Sample(s) Required between | 1/1/2015  | and | 1/31/2015  |
|                             | 30 Sample(s) Required between | 2/1/2015  | and | 2/28/2015  |
|                             | 30 Sample(s) Required between | 3/1/2015  | and | 3/31/2015  |
|                             | 30 Sample(s) Required between | 4/1/2015  | and | 4/30/2015  |
|                             | 30 Sample(s) Required between | 5/1/2015  | and | 5/31/2015  |
|                             | 30 Sample(s) Required between | 6/1/2015  | and | 6/30/2015  |
|                             | 30 Sample(s) Required between | 7/1/2015  | and | 7/31/2015  |
|                             | 30 Sample(s) Required between | 8/1/2015  | and | 8/31/2015  |
|                             | 30 Sample(s) Required between | 9/1/2015  | and | 9/30/2015  |
|                             | 30 Sample(s) Required between | 10/1/2015 | and | 10/31/2015 |
|                             | 30 Sample(s) Required between | 11/1/2015 | and | 11/30/2015 |
|                             | 30 Sample(s) Required between | 12/1/2015 | and | 12/31/2015 |

|                       |                               |           |     |            |
|-----------------------|-------------------------------|-----------|-----|------------|
| TOTAL CHLORINE - 1000 | 30 Sample(s) Required between | 1/1/2015  | and | 1/31/2015  |
|                       | 30 Sample(s) Required between | 2/1/2015  | and | 2/28/2015  |
|                       | 30 Sample(s) Required between | 3/1/2015  | and | 3/31/2015  |
|                       | 30 Sample(s) Required between | 4/1/2015  | and | 4/30/2015  |
|                       | 30 Sample(s) Required between | 5/1/2015  | and | 5/31/2015  |
|                       | 30 Sample(s) Required between | 6/1/2015  | and | 6/30/2015  |
|                       | 30 Sample(s) Required between | 7/1/2015  | and | 7/31/2015  |
|                       | 30 Sample(s) Required between | 8/1/2015  | and | 8/31/2015  |
|                       | 30 Sample(s) Required between | 9/1/2015  | and | 9/30/2015  |
|                       | 30 Sample(s) Required between | 10/1/2015 | and | 10/31/2015 |
|                       | 30 Sample(s) Required between | 11/1/2015 | and | 11/30/2015 |
|                       | 30 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>ZANESVILLE DISTRIBUTION</b><br><b>1403 JEWETT DR.</b> | Facility Class: <b>CLASS 2</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



OH6002712 ZANESVILLE 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>DS202</b> | Facility Name: <b>ZANESVILLE DISTRIBUTION</b><br><b>1275 E. MARKET ST.</b> | Facility Class: <b>CLASS 2</b> |
|--------------------------|---|--|--------------------------------|

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

|                          |   |   |                                |
|--------------------------|---|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS203</b> | Facility Name: <b>ZANESVILLE DISTRIBUTION</b><br><b>3575 MAPLE AVE.</b> | Facility Class: <b>CLASS 2</b> |
|--------------------------|---|---|--------------------------------|

| Chemicals               | Monitoring Requirements  |
|-------------------------|--|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 2/1/2015 and 2/7/2015 at SMP: DS203   |
|                         | 1 Sample(s) Required between 5/1/2015 and 5/7/2015 at SMP: DS203   |
|                         | 1 Sample(s) Required between 8/1/2015 and 8/7/2015 at SMP: DS203   |
|                         | 1 Sample(s) Required between 11/1/2015 and 11/7/2015 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>ZANESVILLE DISTRIBUTION</b><br><b>1407 R. NATIONAL WAY</b> | Facility Class: <b>CLASS 2</b> |
|--------------------------|---|--|--------------------------------|

| Chemicals               | Monitoring Requirements  |
|-------------------------|--|
| DISINFECTION BYPRODUCTS | 1 Sample(s) Required between 2/1/2015 and 2/7/2015 at SMP: DS204   |
|                         | 1 Sample(s) Required between 5/1/2015 and 5/7/2015 at SMP: DS204   |
|                         | 1 Sample(s) Required between 8/1/2015 and 8/7/2015 at SMP: DS204   |
|                         | 1 Sample(s) Required between 11/1/2015 and 11/7/2015 at SMP: DS204 |

Sample for all the analytes listed below:

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



**OH6002903 MUSKINGUM COUNTY WATER - HOME ACRES**

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>MUSKINGUM COUNTY WATER - HOME ACRES</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>MUSKINGUM COUNTY WATER - HOME ACRES</b><br><b>804 GROVE 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

**OH6033312 WILD BILLS CAMPGROUND**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Groundwater Rule Minimal Treatment System

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

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

**DISTRIBUTION MONITORING SCHEDULE**

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

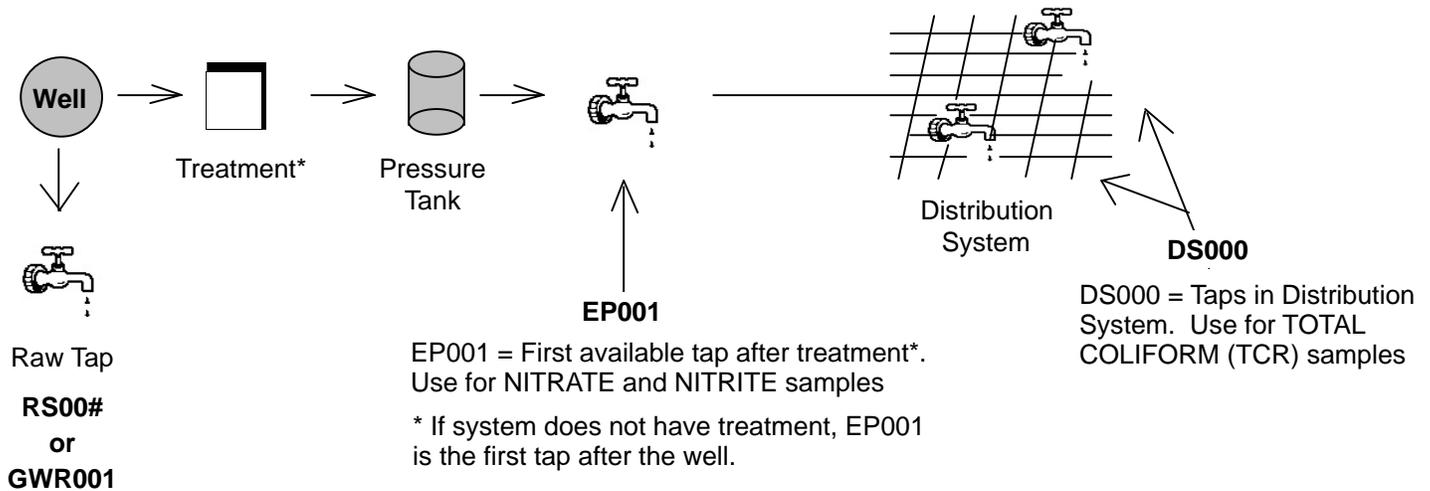
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2015 and 3/31/2015   |
|                             | 1 Sample(s) Required between 4/1/2015 and 6/30/2015   |
|                             | 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: **6056837** Facility Name: **WILD BILLS CAMPGROUND**  
**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!**

**OH6035512 OHIO OIL GATHERING CORP**

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: **OHIO OIL GATHERING CORP DISTRIBUTION**  
**Location** SMP ID: **DS000** Facility Source: **Ground Water**

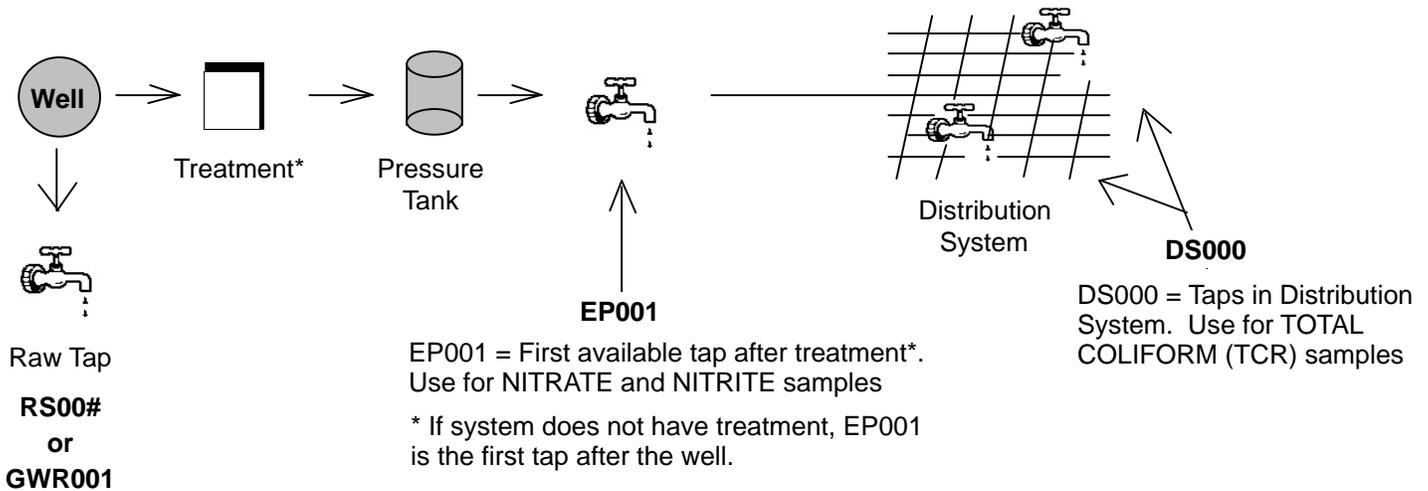
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2015 and 3/31/2015   |
|                             | 1 Sample(s) Required between 4/1/2015 and 6/30/2015   |
|                             | 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: **6056842** Facility Name: **OHIO OIL GATHERING CORP II BLACK RUN FAC**  
**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!**

**OH6035612 FRIENDLY HILLS GRANGE CAMP**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Groundwater Rule Substantial Treatment System

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

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**DISTRIBUTION MONITORING SCHEDULE**

|                                  |   |
|----------------------------------|---|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> FRIENDLY HILLS GRANGE CA DISTRIBUTION |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                        |

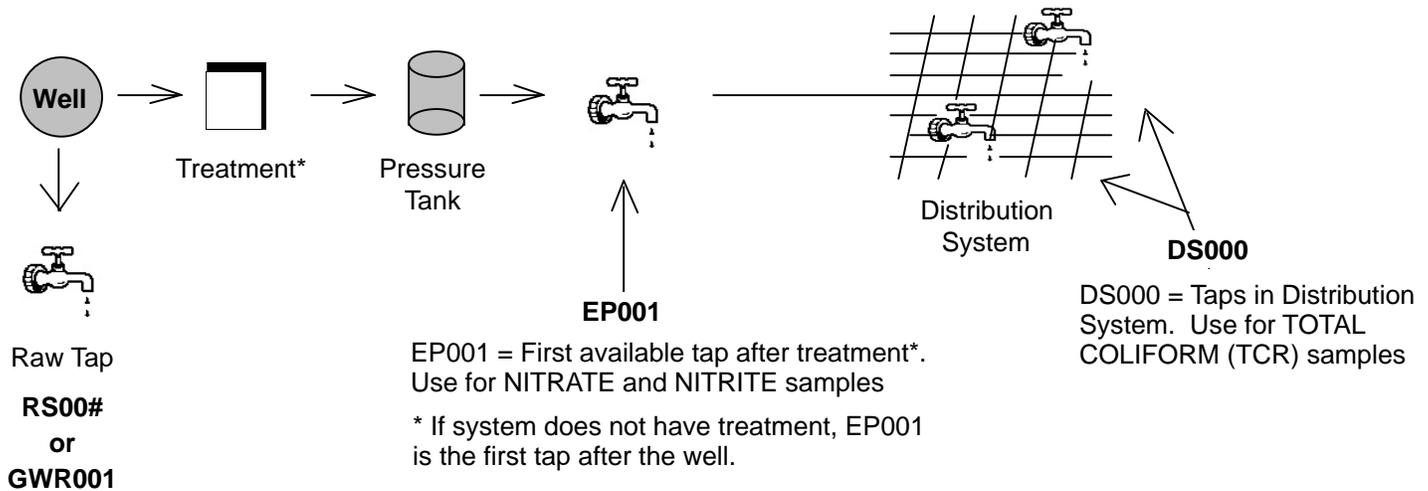
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2015 and 3/31/2015   |
|                             | 1 Sample(s) Required between 4/1/2015 and 6/30/2015   |
|                             | 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> 6056843 | <b>Facility Name:</b> FRIENDLY HILLS GRANGE CAMP |
| <b>Location SMP ID:</b> EP001        | <b>Facility Source:</b> Ground Water             |

| Chemicals      | Monitoring Requirements                              |
|----------------|--|
| NITRITE - 1041 | Not Required   |
| NITRATE - 1040 | 1 Sample(s) Required between 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!**

**OH6036712 OLD RIVER ROAD RIVERSIDE CAFE 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.**

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**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> OLD RIVER ROAD RIVERSIDE CAFE DIST |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                     |

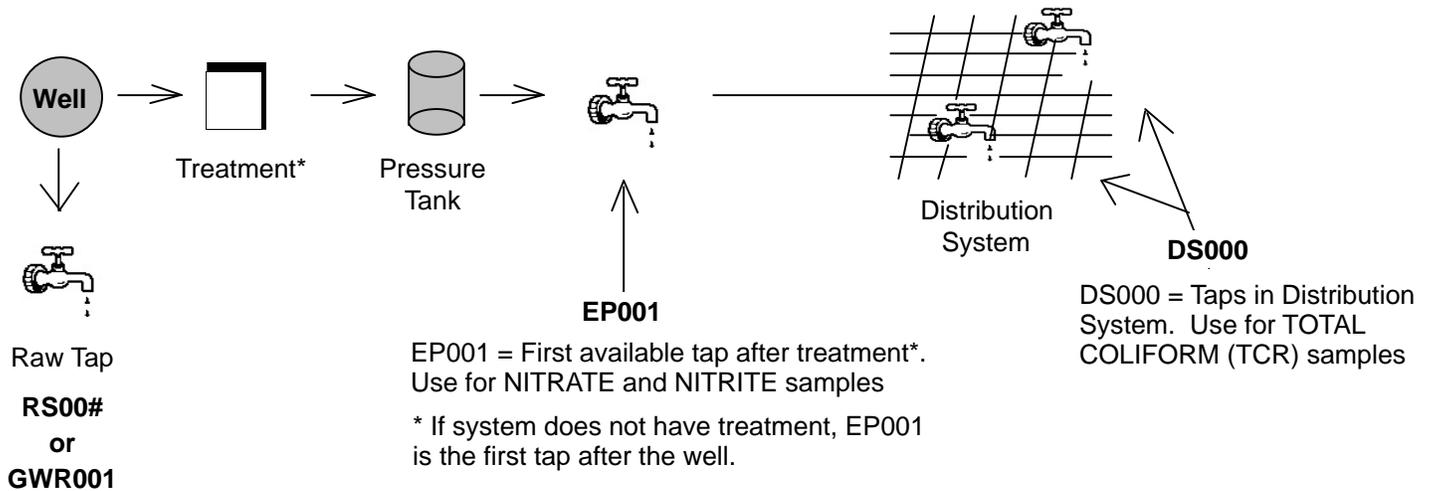
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2015 and 3/31/2015   |
|                             | 1 Sample(s) Required between 4/1/2015 and 6/30/2015   |
|                             | 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> 6056846 | <b>Facility Name:</b> OLD RIVER ROAD RIVERSIDE CAFE |
| <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!**

**OH6037212 ROUTE 60 SALOON**

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: **GREENS TEA ROOM DISTRIBUTION**  
**Location** SMP ID: **DS000** Facility Source: **Ground Water**

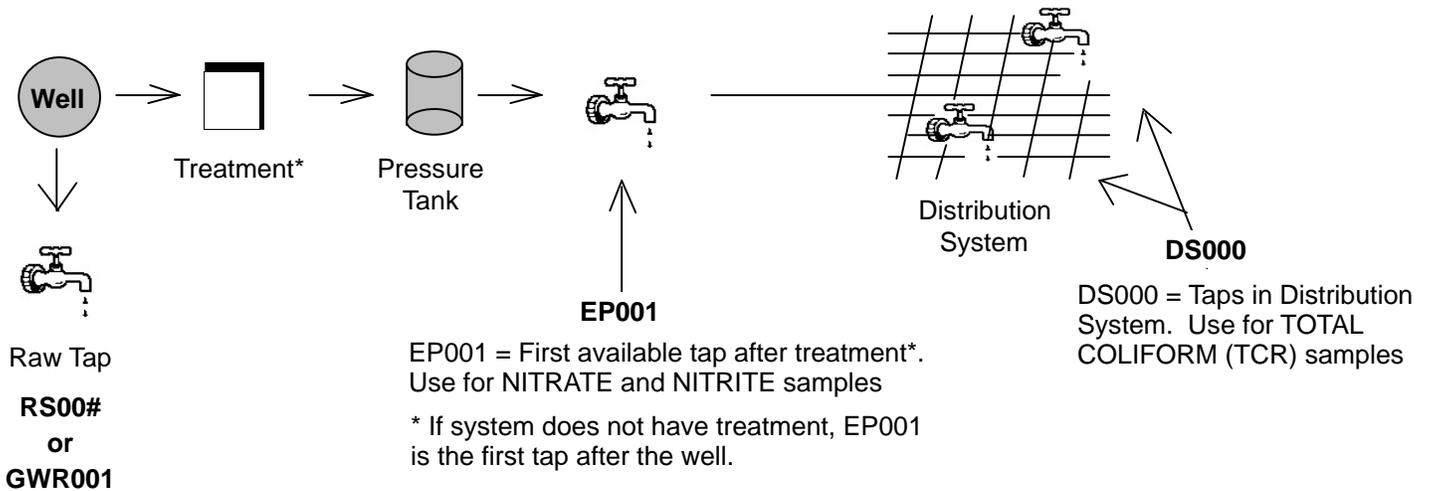
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2015 and 3/31/2015   |
|                             | 1 Sample(s) Required between 4/1/2015 and 6/30/2015   |
|                             | 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: **6056848** Facility Name: **GREENS TEA ROOM**  
**Location** SMP ID: **EP001** Facility Source: **Ground Water**

| Chemicals      | Monitoring Requirements                               |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 10/1/2015 and 12/31/2015 |

**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!**

**OH6037912 WILDFIRE GOLF CLUB**

System Type: Transient Noncommunity

Operating Period: 3/1 to 11/30

Groundwater Rule Minimal Treatment System

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

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

**DISTRIBUTION MONITORING SCHEDULE**

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

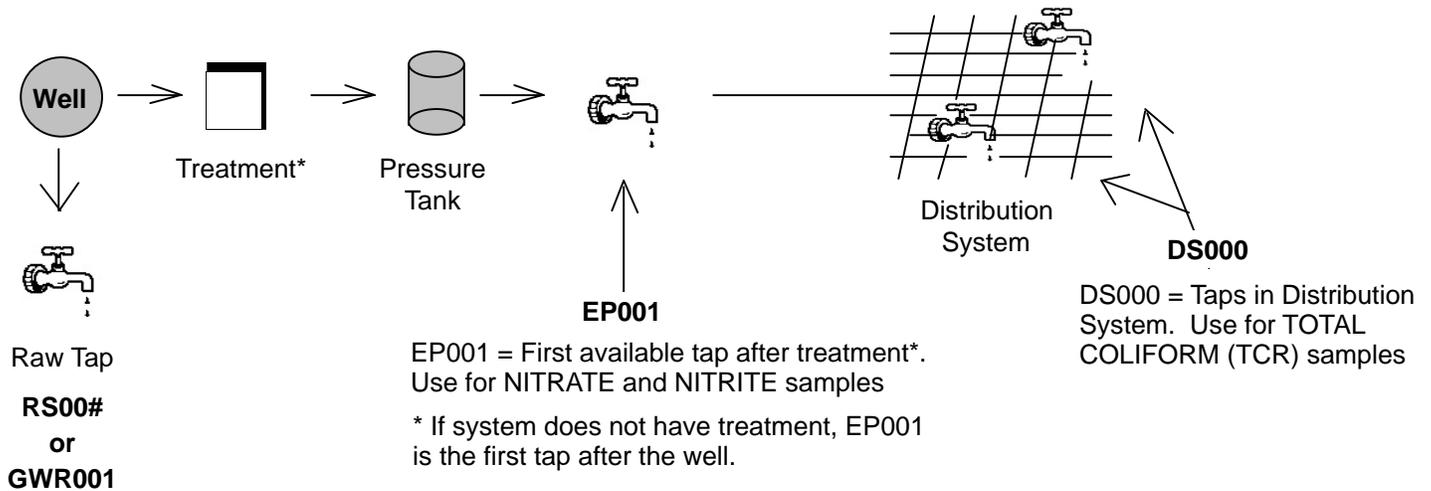
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2015 and 3/31/2015   |
|                             | 1 Sample(s) Required between 4/1/2015 and 6/30/2015   |
|                             | 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> 6056850 | <b>Facility Name:</b> WILDFIRE GOLF CLUB |
| <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!**

**OH6041312 ODNR-DILLON STATE PARK SPORTS**

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: **ODNR-DILLON ST PK SPORTS DISTRIBUTION**  
**Location** SMP ID: **DS000** Facility Source: **Ground Water**

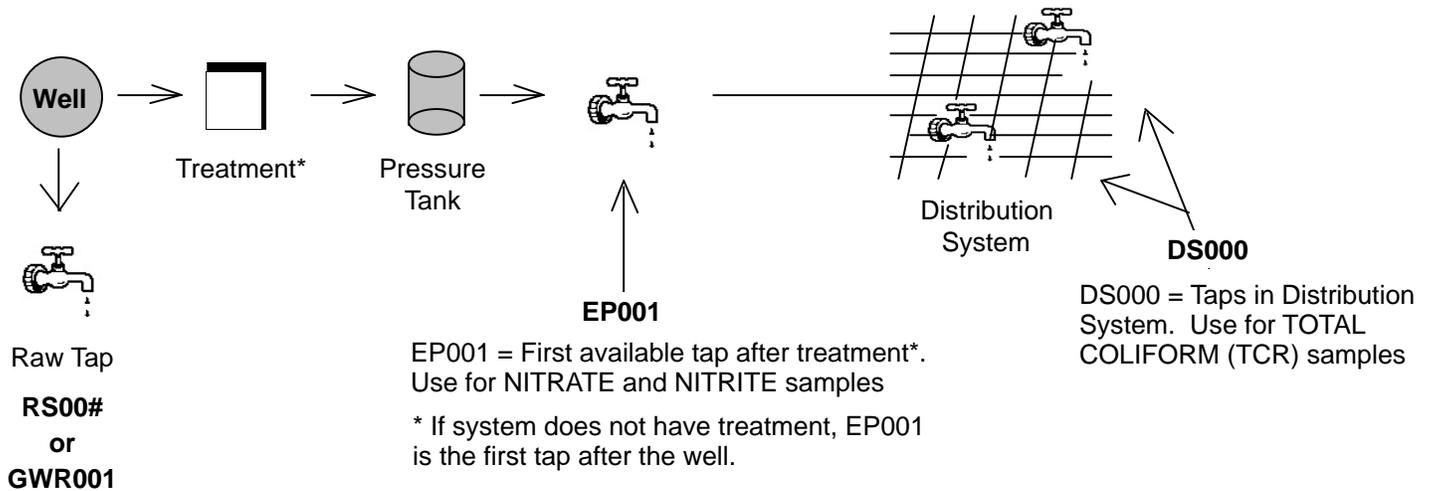
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2015 and 3/31/2015   |
|                             | 1 Sample(s) Required between 4/1/2015 and 6/30/2015   |
|                             | 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: **6056856** Facility Name: **ODNR DILLON ST PK SPORTSMAN CR**  
**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!**

**OH6041612 ODNR-ELLIS LOCK AND DAM 11**

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: **ODNR-ELLIS LOCK & DAM 11 DISTRIBUTION**  
**Location** SMP ID: **DS000** Facility Source: **Ground Water**

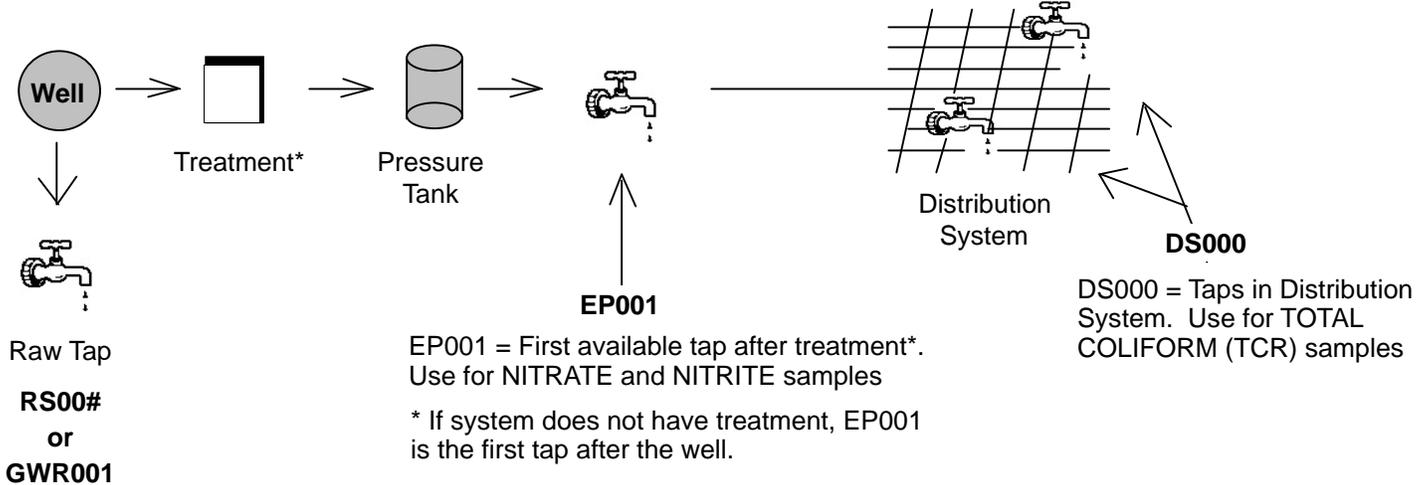
| Chemicals                   | Monitoring Requirements  |
|-----------------------------|--|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 4/1/2015 and 6/30/2015<br>1 Sample(s) Required between 7/1/2015 and 9/30/2015 |

**ENTRY POINT MONITORING SCHEDULE**

**Sampling** Facility ID: **6056858** Facility Name: **ODNR ELLIS LOCK & DAM NO 11**  
**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

**OH6042812 THE LONGABERGER COMPANY**

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                          |                             |  |                                |
|--------------------------|-----------------------------|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>6056864</b> | Facility Name: <b>LONGABERGER CO 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

**Chemicals**

**Monitoring Requirements**

INORGANICS 1 Sample(s) Required between 6/1/2015 and 10/31/2015

*Sample for all the analytes listed below:*

ANTIMONY, TOTAL - 1074 ARSENIC - 1005 BARIUM - 1010 BERYLLIUM, TOTAL - 1075 CADMIUM - 1015 CHROMIUM - 1020

CYANIDE - 1024 FLUORIDE - 1025 MERCURY - 1035 NICKEL - 1036 SELENIUM - 1045 THALLIUM, TOTAL - 1085

NITRITE - 1041 Not Required

NITRATE - 1040 1 Sample(s) Required between 6/1/2015 and 10/31/2015

SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 Not Required

VOLATILE ORGANIC CHEMICALS (VOC) 1 Sample(s) Required between 6/1/2015 and 10/31/2015



**OH6042812 THE LONGABERGER COMPANY**

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                 |                             |  |                                |
|-----------------|-----------------------------|--|--------------------------------|
| <b>Sampling</b> | Facility ID: <b>6060574</b> | Facility Name: <b>LONGABERGER CO 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.**

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

**Chemicals**

**Monitoring Requirements**

|                |                              |               |            |
|----------------|------------------------------|---------------|------------|
| ARSENIC - 1005 | 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 |

|            |                              |              |            |
|------------|------------------------------|--------------|------------|
| INORGANICS | 1 Sample(s) Required between | 6/1/2015 and | 10/31/2015 |
|------------|------------------------------|--------------|------------|

*Sample for all the analytes listed below:*

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

|                |              |
|----------------|--------------|
| NITRITE - 1041 | Not Required |
|----------------|--------------|

|                |                              |              |            |
|----------------|------------------------------|--------------|------------|
| NITRATE - 1040 | 1 Sample(s) Required between | 6/1/2015 and | 10/31/2015 |
|----------------|------------------------------|--------------|------------|

|   |              |
|---|--------------|
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 | Not Required |
|---|--------------|

|                                  |                              |              |            |
|----------------------------------|------------------------------|--------------|------------|
| VOLATILE ORGANIC CHEMICALS (VOC) | 1 Sample(s) Required between | 6/1/2015 and | 10/31/2015 |
|----------------------------------|------------------------------|--------------|------------|

**OH6042812 THE LONGABERGER COMPANY**

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>THE LONGABERGER COMPANY DISTRIBUTIC</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

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

|                               |              |
|-------------------------------|--------------|
| LEAD - 1030 AND COPPER - 1022 | 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>THE LONGABERGER COMPANY DISTRIBUTIC</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

**OH6042812 THE LONGABERGER COMPANY**

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>THE LONGABERGER COMPANY DISTRIBUTIC</b> | Facility Class: <b>CLASS 1</b> |
|                          | SMP ID: <b>DS202</b>    | <b>ADDRESS NOT KNOWN</b>                                  |                                |

**Chemicals**

**Monitoring Requirements**

DISINFECTION BYPRODUCTS

1 Sample(s) Required between 7/1/2015 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

**OH6042912 THE WILDS**

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                          |                             |                                      |                                |
|--------------------------|-----------------------------|--------------------------------------|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>6056865</b> | Facility Name: <b>THE WILDS</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.**

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

**Chemicals**

**Monitoring Requirements**

INORGANICS 1 Sample(s) Required between 6/1/2015 and 10/31/2015

*Sample for all the analytes listed below:*

ANTIMONY, TOTAL - 1074 ARSENIC - 1005 BARIUM - 1010 BERYLLIUM, TOTAL - 1075 CADMIUM - 1015 CHROMIUM - 1020

CYANIDE - 1024 FLUORIDE - 1025 MERCURY - 1035 NICKEL - 1036 SELENIUM - 1045 THALLIUM, TOTAL - 1085

NITRITE - 1041 Not Required

NITRATE - 1040 1 Sample(s) Required between 6/1/2015 and 10/31/2015

SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 Not Required

VOLATILE ORGANIC CHEMICALS (VOC) 1 Sample(s) Required between 6/1/2015 and 10/31/2015



**OH6042912 THE WILDS**

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>THE WILDS 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 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 |

|                       |   |
|-----------------------|---|
| TOTAL CHLORINE - 1000 | 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 |

*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 WILDS 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

|                          |   |  |                                |
|--------------------------|---|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS202</b> | Facility Name: <b>THE WILDS 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

**OH6043112 NORTHGATE OPEN BIBLE CHURCH**

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: **NORTHGATE OPEN BIBLE CHURCH DISTRIBUTION**  
**Location** SMP ID: **DS000** Facility Source: **Ground Water**

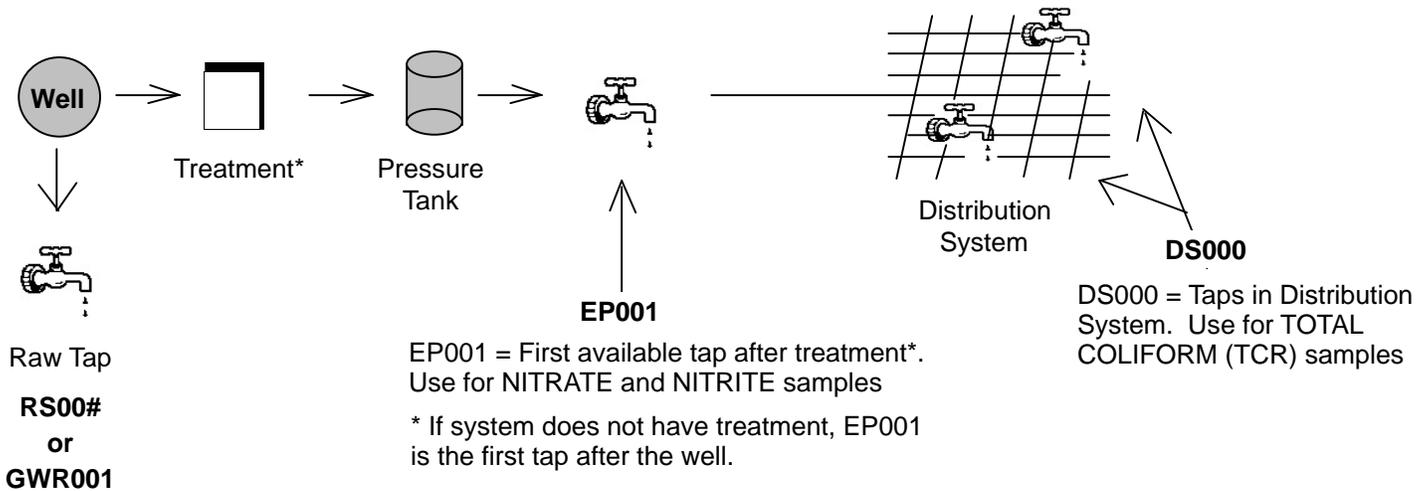
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2015 and 3/31/2015   |
|                             | 1 Sample(s) Required between 4/1/2015 and 6/30/2015   |
|                             | 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: **6056866** Facility Name: **NORTHGATE OPEN BIBLE 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

**OH6045112 AEP DRESDEN FACILITY ADM PWS**

System Type: Nontransient Noncommunity

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                          |                             |  |                                |
|--------------------------|-----------------------------|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>6061559</b> | Facility Name: <b>AEP DRESDEN FACILITY ADM</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.**

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

**Chemicals**

**Monitoring Requirements**

INORGANICS 1 Sample(s) Required between 6/1/2015 and 10/31/2015

*Sample for all the analytes listed below:*

ANTIMONY, TOTAL - 1074 ARSENIC - 1005 BARIUM - 1010 BERYLLIUM, TOTAL - 1075 CADMIUM - 1015 CHROMIUM - 1020

CYANIDE - 1024 FLUORIDE - 1025 MERCURY - 1035 NICKEL - 1036 SELENIUM - 1045 THALLIUM, TOTAL - 1085

NITRATE - 1040 1 Sample(s) Required between 6/1/2015 and 10/31/2015

SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1 Not Required

VOLATILE ORGANIC CHEMICALS (VOC) 1 Sample(s) Required between 4/1/2015 and 6/30/2015



**OH6045312 RHEMA HOUSE OF WORSHIP 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: **RHEMA HOUSE OF WORSHIP DISTRIBUTION**  
**Location** SMP ID: **DS000** Facility Source: **Ground Water**

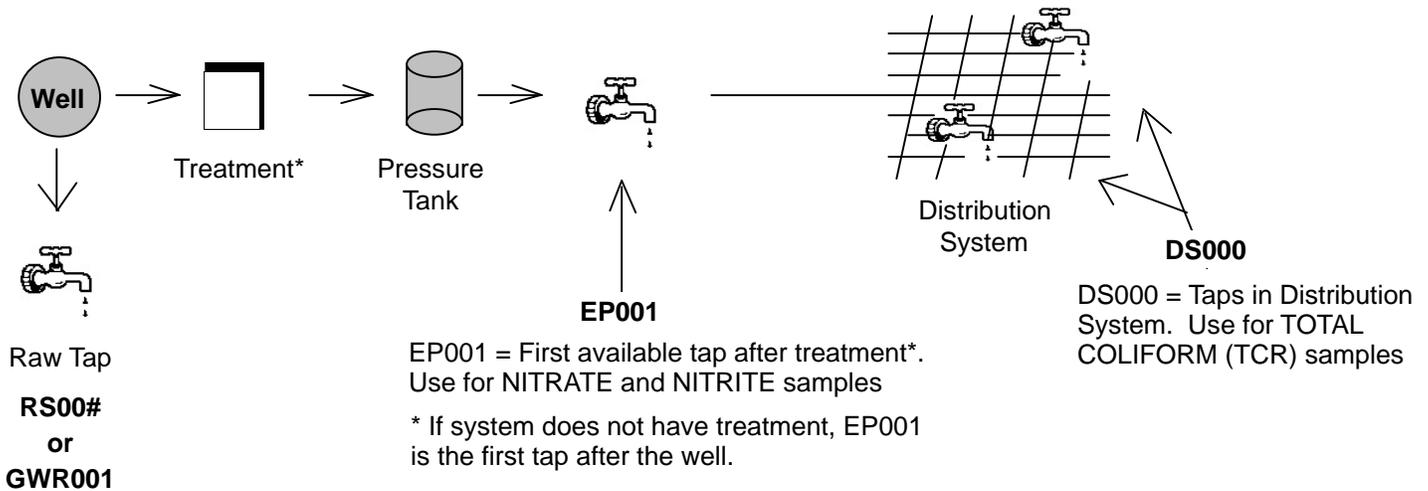
| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2015 and 3/31/2015   |
|                             | 1 Sample(s) Required between 4/1/2015 and 6/30/2015   |
|                             | 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: **6062267** Facility Name: **RHEMA HOUSE OF WORSHIP**  
**Location** SMP ID: **EP001** Facility Source: **Ground Water**

| Chemicals      | Monitoring Requirements                              |
|----------------|--|
| NITRITE - 1041 | 1 Sample(s) Required between 6/1/2015 and 10/31/2015 |
| 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!**