



**OH730003 NORTHWEST REGIONAL WATER DISTRICT**

System Type: Community

Operating Period: 1/1 to 12/31

Ground Water Rule Substantial System

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

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. Also, monitoring schedules may be revised during the year based on sampling results.

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

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

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS000</b>	Facility Name: <b>DISTRIBUTION-NORTHWEST WATER</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	1/1/2016	and	1/31/2016
	10 Sample(s) Required between	2/1/2016	and	2/29/2016
	10 Sample(s) Required between	3/1/2016	and	3/31/2016
	10 Sample(s) Required between	4/1/2016	and	4/30/2016
	10 Sample(s) Required between	5/1/2016	and	5/31/2016
	10 Sample(s) Required between	6/1/2016	and	6/30/2016
	10 Sample(s) Required between	7/1/2016	and	7/31/2016
	10 Sample(s) Required between	8/1/2016	and	8/31/2016
	10 Sample(s) Required between	9/1/2016	and	9/30/2016
	10 Sample(s) Required between	10/1/2016	and	10/31/2016
	10 Sample(s) Required between	11/1/2016	and	11/30/2016
	10 Sample(s) Required between	12/1/2016	and	12/31/2016

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

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

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS201</b>	Facility Name: <b>DISTRIBUTION-NORTHWEST WATER</b> <b>ADDRESS NOT KNOWN</b>	Facility Class: <b>CLASS 1</b>
--------------------------	---	--	--------------------------------

**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS	1 Sample(s) Required between	2/1/2016	and	2/7/2016	at SMP: DS201
	1 Sample(s) Required between	5/1/2016	and	5/7/2016	at SMP: DS201
	1 Sample(s) Required between	8/1/2016	and	8/7/2016	at SMP: DS201



**OH7300003 NORTHWEST REGIONAL WATER DISTRICT**

System Type: Community

Operating Period: 1/1 to 12/31

Ground Water Rule Substantial System

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

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. Also, monitoring schedules may be revised during the year based on sampling results.

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

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

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS201</b>	Facility Name: <b>DISTRIBUTION-NORTHWEST WATER</b> <b>ADDRESS NOT KNOWN</b>	Facility Class: <b>CLASS 1</b>
--------------------------	---	--	--------------------------------

**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 11/1/2016 and 11/7/2016 at SMP: DS201

Sample for all the analytes listed below:

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

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

**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS

1 Sample(s) Required between 2/1/2016 and 2/7/2016 at SMP: DS202

1 Sample(s) Required between 5/1/2016 and 5/7/2016 at SMP: DS202

1 Sample(s) Required between 8/1/2016 and 8/7/2016 at SMP: DS202

1 Sample(s) Required between 11/1/2016 and 11/7/2016 at SMP: DS202

Sample for all the analytes listed below:

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

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS203</b>	Facility Name: <b>DISTRIBUTION-NORTHWEST WATER</b> <b>ADDRESS NOT KNOWN</b>	Facility Class: <b>CLASS 1</b>
--------------------------	---	--	--------------------------------

**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS

1 Sample(s) Required between 2/1/2016 and 2/7/2016 at SMP: DS203

1 Sample(s) Required between 5/1/2016 and 5/7/2016 at SMP: DS203

1 Sample(s) Required between 8/1/2016 and 8/7/2016 at SMP: DS203

1 Sample(s) Required between 11/1/2016 and 11/7/2016 at SMP: DS203

Sample for all the analytes listed below:

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

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS204</b>	Facility Name: <b>DISTRIBUTION-NORTHWEST WATER</b> <b>ADDRESS NOT KNOWN</b>	Facility Class: <b>CLASS 1</b>
--------------------------	---	--	--------------------------------

**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS

1 Sample(s) Required between 2/1/2016 and 2/7/2016 at SMP: DS204

1 Sample(s) Required between 5/1/2016 and 5/7/2016 at SMP: DS204

1 Sample(s) Required between 8/1/2016 and 8/7/2016 at SMP: DS204

1 Sample(s) Required between 11/1/2016 and 11/7/2016 at SMP: DS204

Sample for all the analytes listed below:

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



**OH7300111 PORTSMOUTH PUBLIC WATER SYSTEM**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>7358057</b>	Facility Name: <b>WTP-PORTSMOUTH</b>	Facility Class: <b>CLASS 4</b>
	SMP ID: <b>EP001</b>	Facility Source: <b>Surface Water</b>	

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

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. Also, monitoring schedules may be revised during the year based on sampling results.

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

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

<b>Chemicals</b>	<b>Monitoring Requirements</b>
INORGANICS	1 Sample(s) Required between 6/1/2016 and 10/31/2016
<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 1/1/2016 and 1/31/2016 1 Sample(s) Required between 2/1/2016 and 2/29/2016 1 Sample(s) Required between 3/1/2016 and 3/31/2016 1 Sample(s) Required between 4/1/2016 and 4/30/2016 1 Sample(s) Required between 5/1/2016 and 5/31/2016 1 Sample(s) Required between 6/1/2016 and 6/30/2016 1 Sample(s) Required between 7/1/2016 and 7/31/2016 1 Sample(s) Required between 8/1/2016 and 8/31/2016 1 Sample(s) Required between 9/1/2016 and 9/30/2016 1 Sample(s) Required between 10/1/2016 and 10/31/2016 1 Sample(s) Required between 11/1/2016 and 11/30/2016 1 Sample(s) Required between 12/1/2016 and 12/31/2016
RADIOLOGICALS	Not Required
SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1	1 Sample(s) Required between 4/1/2016 and 4/30/2016 1 Sample(s) Required between 5/1/2016 and 5/31/2016 1 Sample(s) Required between 6/1/2016 and 6/30/2016
VOLATILE ORGANIC CHEMICALS (VOC)	1 Sample(s) Required between 6/1/2016 and 10/31/2016
TOTAL ORGANIC CARBON (TOC)	1 Paired Sample Set Required between 1/1/2016 and 1/31/2016 1 Paired Sample Set Required between 2/1/2016 and 2/29/2016 1 Paired Sample Set Required between 3/1/2016 and 3/31/2016 1 Paired Sample Set Required between 4/1/2016 and 4/30/2016 1 Paired Sample Set Required between 5/1/2016 and 5/31/2016 1 Paired Sample Set Required between 6/1/2016 and 6/30/2016 1 Paired Sample Set Required between 7/1/2016 and 7/31/2016 1 Paired Sample Set Required between 8/1/2016 and 8/31/2016 1 Paired Sample Set Required between 9/1/2016 and 9/30/2016 1 Paired Sample Set Required between 10/1/2016 and 10/31/2016 1 Paired Sample Set Required between 11/1/2016 and 11/30/2016 1 Paired Sample Set Required between 12/1/2016 and 12/31/2016

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



Effective Date: 05/13/2016

2016 ENTRY POINT SCHEDULE

**OH7300111 PORTSMOUTH PUBLIC WATER SYSTEM**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>7358057</b>	Facility Name: <b>WTP-PORTSMOUTH</b>	Facility Class: <b>CLASS 4</b>
	SMP ID: <b>EP001/LT2001</b>	Facility Source: <b>Surface Water</b>	

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

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. Also, monitoring schedules may be revised during the year based on sampling results.

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

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

**Chemicals**

**Monitoring Requirements**

TOTAL MICROCYSTINS

1 Sample Set Required WEEKLY  
starting June 5

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



OH7300111 PORTSMOUTH PUBLIC WATER SYSTEM

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

<b>Sampling Location</b>	Facility ID: <b>7358057</b> SMP ID: <b>LT2001</b>	Facility Name: <b>WTP-PORTSMOUTH</b> Facility Source: <b>Surface Water</b>	Facility Class: <b>CLASS 4</b>
--------------------------	--	---	--------------------------------

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

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. Also, monitoring schedules may be revised during the year based on sampling results.

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

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

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

CYANOBACTERIA SCREENING	1 Sample(s) Required between 6/12/2016 and 6/18/2016
	1 Sample(s) Required between 6/26/2016 and 7/2/2016
	1 Sample(s) Required between 7/10/2016 and 7/16/2016
	1 Sample(s) Required between 7/24/2016 and 7/30/2016
	1 Sample(s) Required between 8/7/2016 and 8/13/2016
	1 Sample(s) Required between 8/21/2016 and 8/27/2016
	1 Sample(s) Required between 9/4/2016 and 9/10/2016
	1 Sample(s) Required between 9/18/2016 and 9/24/2016
	1 Sample(s) Required between 10/2/2016 and 10/8/2016
	1 Sample(s) Required between 10/16/2016 and 10/22/2016
	1 Sample(s) Required between 10/30/2016 and 11/5/2016
	1 Sample(s) Required between 11/13/2016 and 11/19/2016
	1 Sample(s) Required between 11/27/2016 and 12/3/2016
	1 Sample(s) Required between 12/11/2016 and 12/17/2016
	1 Sample(s) Required between 12/25/2016 and 12/31/2016

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

LT2 MONITORING	1 Sample(s) Required between 1/11/2016 and 1/15/2016
	1 Sample(s) Required between 2/8/2016 and 2/12/2016
	1 Sample(s) Required between 3/14/2016 and 3/18/2016
	1 Sample(s) Required between 4/11/2016 and 4/15/2016
	1 Sample(s) Required between 5/9/2016 and 5/13/2016
	1 Sample(s) Required between 6/13/2016 and 6/17/2016
	1 Sample(s) Required between 7/11/2016 and 7/15/2016
	1 Sample(s) Required between 8/8/2016 and 8/12/2016
	1 Sample(s) Required between 9/12/2016 and 9/16/2016
	1 Sample(s) Required between 10/10/2016 and 10/14/2016
	1 Sample(s) Required between 11/14/2016 and 11/18/2016
	1 Sample(s) Required between 12/12/2016 and 12/16/2016

Monitor for: Cryptosporidium - 2078, E-coli count - 3014, Turbidity - 0100

LT2 MATRIX SPIKE SAMPLE	1 Sample(s) Required between 1/11/2016 and 1/15/2016
-------------------------	--



**OH7300111 PORTSMOUTH PUBLIC WATER SYSTEM**

System Type: Community

Operating Period: 1/1 to 12/31

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

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. Also, monitoring schedules may be revised during the year based on sampling results.

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

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

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS000</b>	Facility Name: <b>DISTRIBUTION-PORTSMOUTH</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	40 Sample(s) Required between	1/1/2016	and	1/31/2016
	40 Sample(s) Required between	2/1/2016	and	2/29/2016
	40 Sample(s) Required between	3/1/2016	and	3/31/2016
	40 Sample(s) Required between	4/1/2016	and	4/30/2016
	40 Sample(s) Required between	5/1/2016	and	5/31/2016
	40 Sample(s) Required between	6/1/2016	and	6/30/2016
	40 Sample(s) Required between	7/1/2016	and	7/31/2016
	40 Sample(s) Required between	8/1/2016	and	8/31/2016
	40 Sample(s) Required between	9/1/2016	and	9/30/2016
	40 Sample(s) Required between	10/1/2016	and	10/31/2016
	40 Sample(s) Required between	11/1/2016	and	11/30/2016
	40 Sample(s) Required between	12/1/2016	and	12/31/2016

TOTAL CHLORINE - 1000	40 Sample(s) Required between	1/1/2016	and	1/31/2016
	40 Sample(s) Required between	2/1/2016	and	2/29/2016
	40 Sample(s) Required between	3/1/2016	and	3/31/2016
	40 Sample(s) Required between	4/1/2016	and	4/30/2016
	40 Sample(s) Required between	5/1/2016	and	5/31/2016
	40 Sample(s) Required between	6/1/2016	and	6/30/2016
	40 Sample(s) Required between	7/1/2016	and	7/31/2016
	40 Sample(s) Required between	8/1/2016	and	8/31/2016
	40 Sample(s) Required between	9/1/2016	and	9/30/2016
	40 Sample(s) Required between	10/1/2016	and	10/31/2016
	40 Sample(s) Required between	11/1/2016	and	11/30/2016
	40 Sample(s) Required between	12/1/2016	and	12/31/2016

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

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS201</b>	Facility Name: <b>DISTRIBUTION-PORTSMOUTH</b> <b>MCDONALDS OLD SCIOTO TRAIL R</b>	Facility Class: <b>CLASS 2</b>
--------------------------	---	--	--------------------------------

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

DISINFECTION BYPRODUCTS	1 Sample(s) Required between	1/1/2016	and	1/7/2016 at SMP: DS201
	1 Sample(s) Required between	4/1/2016	and	4/7/2016 at SMP: DS201
	1 Sample(s) Required between	7/1/2016	and	7/7/2016 at SMP: DS201



**OH7300111 PORTSMOUTH PUBLIC WATER SYSTEM**

System Type: Community

Operating Period: 1/1 to 12/31

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

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. Also, monitoring schedules may be revised during the year based on sampling results.

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

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

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS201</b>	Facility Name: <b>DISTRIBUTION-PORTSMOUTH</b> <b>MCDONALDS OLD SCIOTO TRAIL R</b>	Facility Class: <b>CLASS 2</b>
--------------------------	---	--	--------------------------------

**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 10/1/2016 and 10/7/2016 at SMP: DS201

Sample for all the analytes listed below:

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

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS202</b>	Facility Name: <b>DISTRIBUTION-PORTSMOUTH</b> <b>WENDYS 316 CENTER ST. WHEEL</b>	Facility Class: <b>CLASS 2</b>
--------------------------	---	---	--------------------------------

**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 1/1/2016 and 1/7/2016 at SMP: DS202  
 1 Sample(s) Required between 4/1/2016 and 4/7/2016 at SMP: DS202  
 1 Sample(s) Required between 7/1/2016 and 7/7/2016 at SMP: DS202  
 1 Sample(s) Required between 10/1/2016 and 10/7/2016 at SMP: DS202

Sample for all the analytes listed below:

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

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS203</b>	Facility Name: <b>DISTRIBUTION-PORTSMOUTH</b> <b>SUNRISE AVE. PORTSMOUTH</b>	Facility Class: <b>CLASS 2</b>
--------------------------	---	---	--------------------------------

**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 1/1/2016 and 1/7/2016 at SMP: DS203  
 1 Sample(s) Required between 4/1/2016 and 4/7/2016 at SMP: DS203  
 1 Sample(s) Required between 7/1/2016 and 7/7/2016 at SMP: DS203  
 1 Sample(s) Required between 10/1/2016 and 10/7/2016 at SMP: DS203

Sample for all the analytes listed below:

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

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS204</b>	Facility Name: <b>DISTRIBUTION-PORTSMOUTH</b> <b>MARNE AVE. WEST PORTS</b>	Facility Class: <b>CLASS 2</b>
--------------------------	---	---	--------------------------------

**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS 1 Sample(s) Required between 1/1/2016 and 1/7/2016 at SMP: DS204  
 1 Sample(s) Required between 4/1/2016 and 4/7/2016 at SMP: DS204  
 1 Sample(s) Required between 7/1/2016 and 7/7/2016 at SMP: DS204  
 1 Sample(s) Required between 10/1/2016 and 10/7/2016 at SMP: DS204

Sample for all the analytes listed below:

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



**OH7300212 SCIOTO CO. REGIONAL WATER DISTRICT #1**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

<b>Sampling</b>	Facility ID: <b>7358058</b>	Facility Name: <b>WTP-SCIOTO CO REGIONAL WATER</b>
<b>Location</b>	SMP ID: <b>EP001</b>	Facility Source: <b>Ground Water</b> Facility Class: <b>CLASS 2</b>

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

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. Also, monitoring schedules may be revised during the year based on sampling results.

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

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

<b>Chemicals</b>	<b>Monitoring Requirements</b>
INORGANICS	1 Sample(s) Required between 1/1/2016 and 5/31/2016
<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 6/1/2016 and 10/31/2016
RADIOLOGICALS	1 Sample(s) Required between 1/1/2016 and 5/31/2016
SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1	Not Required
VOLATILE ORGANIC CHEMICALS (VOC)	1 Sample(s) Required between 1/1/2016 and 5/31/2016



**OH7300212 SCIOTO CO. REGIONAL WATER DISTRICT #1**

System Type: Community

Operating Period: 1/1 to 12/31

Ground Water Rule Substantial System

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

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. Also, monitoring schedules may be revised during the year based on sampling results.

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

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

**DISTRIBUTION MONITORING SCHEDULE**

**Sampling Location** Facility ID: **DS1** Facility Name: **DISTRIBUTION-SCIOTO CO REGIONAL WATE** Facility Class: **CLASS 1**  
SMP ID: **DS000**

**Chemicals Monitoring Requirements**

LEAD - 1030 AND COPPER - 1022 Not Required

ASBESTOS - 1094 Not Required

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

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

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

**Sampling Location** Facility ID: **DS1** Facility Name: **DISTRIBUTION-SCIOTO CO REGIONAL WATE** Facility Class: **CLASS 1**  
SMP ID: **DS201** **11075 MAIN ST. SOUTH WEBSTER**

**Chemicals Monitoring Requirements**

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

Sample for all the analytes listed below:

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



Effective Date: 07/15/2016

2016 DISTRIBUTION SCHEDULE

**OH7300212 SCIOTO CO. REGIONAL WATER DISTRICT #1**

System Type: Community

Operating Period: 1/1 to 12/31

Ground Water Rule Substantial System

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

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. Also, monitoring schedules may be revised during the year based on sampling results.

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

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

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b>	Facility Name: <b>DISTRIBUTION-SCIOTO CO REGIONAL WATER</b>	Facility Class: <b>CLASS 1</b>
	SMP ID: <b>DS202</b>	<b>142 JONES RD. WHEELERSBURG</b>	

**Chemicals**

**Monitoring Requirements**

DISINFECTION BYPRODUCTS

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

Sample for all the analytes listed below:

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



**OH7300303 SCIOTO WATER, INC.-ROSE HILL**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>7358059</b>	Facility Name: <b>WTP-ROSE HILL</b>	Facility Class: <b>CLASS 1</b>
	SMP ID: <b>EP001</b>	Facility Source: <b>Ground Water</b>	

**THIS SCHEDULE MAY NOT INCLUDE ALL MONITORING REQUIREMENTS FOR YOUR SYSTEM.**  
 Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule.  
 Also, monitoring schedules may be revised during the year based on sampling results.

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

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

<b>Chemicals</b>	<b>Monitoring Requirements</b>
INORGANICS	1 Sample(s) Required between 1/1/2016 and 5/31/2016
<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 6/1/2016 and 10/31/2016
RADIOLOGICALS	Not Required
SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1	Not Required
VOLATILE ORGANIC CHEMICALS (VOC)	1 Sample(s) Required between 1/1/2016 and 5/31/2016



**OH7300303 SCIOTO WATER, INC.-ROSE HILL**

System Type: Community

Operating Period: 1/1 to 12/31

Ground Water Rule Substantial System

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

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. Also, monitoring schedules may be revised during the year based on sampling results.

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

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

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS000</b>	Facility Name: <b>DISTRIBUTION-SWI-ROSEHILL</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	1/1/2016	and	1/31/2016
	10 Sample(s) Required between	2/1/2016	and	2/29/2016
	10 Sample(s) Required between	3/1/2016	and	3/31/2016
	10 Sample(s) Required between	4/1/2016	and	4/30/2016
	10 Sample(s) Required between	5/1/2016	and	5/31/2016
	10 Sample(s) Required between	6/1/2016	and	6/30/2016
	10 Sample(s) Required between	7/1/2016	and	7/31/2016
	10 Sample(s) Required between	8/1/2016	and	8/31/2016
	10 Sample(s) Required between	9/1/2016	and	9/30/2016
	10 Sample(s) Required between	10/1/2016	and	10/31/2016
	10 Sample(s) Required between	11/1/2016	and	11/30/2016
	10 Sample(s) Required between	12/1/2016	and	12/31/2016

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

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

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS201</b>	Facility Name: <b>DISTRIBUTION-SWI-ROSEHILL</b> <b>25331 ST. RT. 93 OAK HILL</b>	Facility Class: <b>CLASS 1</b>
--------------------------	---	---	--------------------------------

**Chemicals Monitoring Requirements**

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

Sample for all the analytes listed below:

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



Effective Date: 01/01/2016

2016 DISTRIBUTION SCHEDULE

**OH7300303 SCIOTO WATER, INC.-ROSE HILL**

System Type: Community

Operating Period: 1/1 to 12/31

Ground Water Rule Substantial System

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

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. Also, monitoring schedules may be revised during the year based on sampling results.

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

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

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS202</b>	Facility Name: <b>DISTRIBUTION-SWI-ROSEHILL</b> <b>508 BRADY CREEK SOUTH WEBSTE</b>	Facility Class: <b>CLASS 1</b>
--------------------------	---	--	--------------------------------

**Chemicals**

**Monitoring Requirements**

DISINFECTION BYPRODUCTS

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

Sample for all the analytes listed below:

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



**OH7300803 SCIOTO WATER INC - STONY RUN**

System Type: Community

Operating Period: 1/1 to 12/31

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

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. Also, monitoring schedules may be revised during the year based on sampling results.

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

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

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS000</b>	Facility Name: <b>DISTRIBUTION-SWI-STONY RUN</b>	Facility Class: <b>CLASS 1</b>
--------------------------	---	--	--------------------------------

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

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

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

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

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

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS201</b>	Facility Name: <b>DISTRIBUTION-SWI-STONY RUN</b> <b>1595 STONEY RUN</b>	Facility Class: <b>CLASS 1</b>
--------------------------	---	--	--------------------------------

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

DISINFECTION BYPRODUCTS	1 Sample(s) Required between 2/8/2016 and 2/14/2016 at SMP: DS201
	1 Sample(s) Required between 5/8/2016 and 5/14/2016 at SMP: DS201
	1 Sample(s) Required between 8/8/2016 and 8/14/2016 at SMP: DS201
	1 Sample(s) Required between 11/8/2016 and 11/14/2016 at SMP: DS201

Sample for all the analytes listed below:

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



**OH7300903 SCIOTO WATER, INC.-SUGAR CAMP**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>7360679</b>	Facility Name: <b>SCIOTO WATER INC SUGAR CAMP 2</b>	Facility Class: <b>CLASS 1</b>
	SMP ID: <b>EP002</b>	Facility Source: <b>Ground Water</b>	

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

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. Also, monitoring schedules may be revised during the year based on sampling results.

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

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

<b>Chemicals</b>	<b>Monitoring Requirements</b>
INORGANICS	1 Sample(s) Required between 1/1/2016 and 5/31/2016
<i>Sample for all the analytes listed below:</i>	
ANTIMONY, TOTAL - 1074 ARSENIC - 1005 BARIUM - 1010 BERYLLIUM, TOTAL - 1075 CADMIUM - 1015 CHROMIUM - 1020 CYANIDE - 1024 FLUORIDE - 1025 MERCURY - 1035 NICKEL - 1036 SELENIUM - 1045 THALLIUM, TOTAL - 1085	
NITRITE - 1041	1 Sample(s) Required between 6/1/2016 and 10/31/2016
NITRATE - 1040	1 Sample(s) Required between 6/1/2016 and 10/31/2016
RADIOLOGICALS	1 Sample(s) Required between 1/1/2016 and 3/31/2016 1 Sample(s) Required between 4/1/2016 and 6/30/2016 1 Sample(s) Required between 7/1/2016 and 9/30/2016 1 Sample(s) Required between 10/1/2016 and 12/31/2016
SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1	1 Sample(s) Required between 1/1/2016 and 5/31/2016
VOLATILE ORGANIC CHEMICALS (VOC)	1 Sample(s) Required between 1/1/2016 and 3/31/2016 1 Sample(s) Required between 4/1/2016 and 6/30/2016 1 Sample(s) Required between 7/1/2016 and 9/30/2016 1 Sample(s) Required between 10/1/2016 and 12/31/2016



**OH7300903 SCIOTO WATER, INC.-SUGAR CAMP**

System Type: Community

Operating Period: 1/1 to 12/31

Ground Water Rule Substantial System

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

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. Also, monitoring schedules may be revised during the year based on sampling results.

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

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

**DISTRIBUTION MONITORING SCHEDULE**

**Sampling Location** Facility ID: **DS1** Facility Name: **SCIOTO WATER, INC.-SUGAR DISTRIBUTION** Facility Class: **CLASS 1**  
SMP ID: **DS000**

**Chemicals**

**Monitoring Requirements**

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

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

ASBESTOS - 1094 Not Required

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

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

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



**OH7300903 SCIOTO WATER, INC.-SUGAR CAMP**

System Type: Community

Operating Period: 1/1 to 12/31

Ground Water Rule Substantial System

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

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. Also, monitoring schedules may be revised during the year based on sampling results.

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

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

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS201</b>	Facility Name: <b>SCIOTO WATER, INC.-SUGAR DISTRIBUTION</b> <b>1767 COUNTY RD. 1-A IRONTON</b>	Facility Class: <b>CLASS 1</b>
--------------------------	---	---	--------------------------------

**Chemicals**

**Monitoring Requirements**

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

Sample for all the analytes listed below:

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

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS202</b>	Facility Name: <b>SCIOTO WATER, INC.-SUGAR DISTRIBUTION</b> <b>319 OHIO FEE IRONTON</b>	Facility Class: <b>CLASS 1</b>
--------------------------	---	--	--------------------------------

**Chemicals**

**Monitoring Requirements**

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

Sample for all the analytes listed below:

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



**OH7301203 SCIOTO WATER, INC-SR125**

System Type: Community

Operating Period: 1/1 to 12/31

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

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. Also, monitoring schedules may be revised during the year based on sampling results.

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

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

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS000</b>	Facility Name: <b>DISTRIBUTION-SWI-SR 125</b>	Facility Class: <b>CLASS 1</b>
--------------------------	---	---	--------------------------------

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

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

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

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

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

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS201</b>	Facility Name: <b>DISTRIBUTION-SWI-SR 125</b> <b>4404 ST. RT. 125 WEST PORTSMOU</b>	Facility Class: <b>CLASS 1</b>
--------------------------	---	--	--------------------------------

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

DISINFECTION BYPRODUCTS	1 Sample(s) Required between 1/1/2016 and 1/7/2016 at SMP: DS201
	1 Sample(s) Required between 4/1/2016 and 4/7/2016 at SMP: DS201
	1 Sample(s) Required between 7/1/2016 and 7/7/2016 at SMP: DS201
	1 Sample(s) Required between 10/1/2016 and 10/7/2016 at SMP: DS201

Sample for all the analytes listed below:

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



**OH7301203 SCIOTO WATER, INC-SR125**

System Type: Community

Operating Period: 1/1 to 12/31

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

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. Also, monitoring schedules may be revised during the year based on sampling results.

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

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

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS202</b>	Facility Name: <b>DISTRIBUTION-SWI-SR 125</b> <b>9804 ST RT 125 WEST PORTSMOUI</b>	Facility Class: <b>CLASS 1</b>
--------------------------	---	---	--------------------------------

**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS	1 Sample(s) Required between	1/1/2016 and	1/7/2016 at SMP: DS202
	1 Sample(s) Required between	4/1/2016 and	4/7/2016 at SMP: DS202
	1 Sample(s) Required between	7/1/2016 and	7/7/2016 at SMP: DS202
	1 Sample(s) Required between	10/1/2016 and	10/7/2016 at SMP: DS202

Sample for all the analytes listed below:

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



**OH7301303 SCIOTO WATER INC. - POND RUN**

System Type: Community

Operating Period: 1/1 to 12/31

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

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. Also, monitoring schedules may be revised during the year based on sampling results.

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

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

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS000</b>	Facility Name: <b>DISTRIBUTION-SWI-POND RUN</b>	Facility Class: <b>CLASS 1</b>
--------------------------	---	---	--------------------------------

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

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

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

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

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

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS201</b>	Facility Name: <b>DISTRIBUTION-SWI-POND RUN</b> <b>24464 ST. RT. 52 STOUT</b>	Facility Class: <b>CLASS 1</b>
--------------------------	---	--	--------------------------------

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

DISINFECTION BYPRODUCTS	1 Sample(s) Required between 1/1/2016 and 1/7/2016 at SMP: DS201
	1 Sample(s) Required between 4/1/2016 and 4/7/2016 at SMP: DS201
	1 Sample(s) Required between 7/1/2016 and 7/7/2016 at SMP: DS201
	1 Sample(s) Required between 10/1/2016 and 10/7/2016 at SMP: DS201

Sample for all the analytes listed below:

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



Effective Date: 01/01/2016

2016 DISTRIBUTION SCHEDULE

**OH7301303 SCIOTO WATER INC. - POND RUN**

System Type: Community

Operating Period: 1/1 to 12/31

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

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. Also, monitoring schedules may be revised during the year based on sampling results.

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

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

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS202</b>	Facility Name: <b>DISTRIBUTION-SWI-POND RUN</b> <b>176 SANDY SPRING STOUT</b>	Facility Class: <b>CLASS 1</b>
--------------------------	---	--	--------------------------------

<b>Chemicals</b>	<b>Monitoring Requirements</b>		
DISINFECTION BYPRODUCTS	1 Sample(s) Required between	1/1/2016 and	1/7/2016 at SMP: DS202
	1 Sample(s) Required between	4/1/2016 and	4/7/2016 at SMP: DS202
	1 Sample(s) Required between	7/1/2016 and	7/7/2016 at SMP: DS202
	1 Sample(s) Required between	10/1/2016 and	10/7/2016 at SMP: DS202

Sample for all the analytes listed below:

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



**OH7301503 SCIOTO WATER INC. - ZEIGLER LANE**

System Type: Community

Operating Period: 1/1 to 12/31

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

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. Also, monitoring schedules may be revised during the year based on sampling results.

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

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

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS000</b>	Facility Name: <b>DISTRIBUTION-SWI-ZEIGLER LANE</b>	Facility Class: <b>CLASS 1</b>
--------------------------	---	---	--------------------------------

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

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

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

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

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

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS201</b>	Facility Name: <b>DISTRIBUTION-SWI-ZEIGLER LANE</b> <b>121 ZEIGLER LANE</b>	Facility Class: <b>CLASS 1</b>
--------------------------	---	--	--------------------------------

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

DISINFECTION BYPRODUCTS	1 Sample(s) Required between 2/8/2016 and 2/14/2016 at SMP: DS201
	1 Sample(s) Required between 5/8/2016 and 5/14/2016 at SMP: DS201
	1 Sample(s) Required between 8/8/2016 and 8/14/2016 at SMP: DS201
	1 Sample(s) Required between 11/8/2016 and 11/14/2016 at SMP: DS201

Sample for all the analytes listed below:

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



**OH7301603 SCIOTO WATER INC.-SLAB RUN**

System Type: Community

Operating Period: 1/1 to 12/31

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

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. Also, monitoring schedules may be revised during the year based on sampling results.

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

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

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS000</b>	Facility Name: <b>DISTRIBUTION-SWI-SLAB RUN</b>	Facility Class: <b>CLASS 1</b>
--------------------------	---	---	--------------------------------

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

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

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

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

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

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS201</b>	Facility Name: <b>DISTRIBUTION-SWI-SLAB RUN</b> <b>1957 SLAB RUN</b>	Facility Class: <b>CLASS 1</b>
--------------------------	---	---	--------------------------------

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

DISINFECTION BYPRODUCTS	1 Sample(s) Required between 2/8/2016 and 2/14/2016 at SMP: DS201
	1 Sample(s) Required between 5/8/2016 and 5/14/2016 at SMP: DS201
	1 Sample(s) Required between 8/8/2016 and 8/14/2016 at SMP: DS201
	1 Sample(s) Required between 11/8/2016 and 11/14/2016 at SMP: DS201

Sample for all the analytes listed below:

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



**OH7301703 SCIOTO WATER INC.-CAREY'S RUN**

System Type: Community

Operating Period: 1/1 to 12/31

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

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. Also, monitoring schedules may be revised during the year based on sampling results.

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

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

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS000</b>	Facility Name: <b>DISTRIBUTION-SWI-CAREYS RUN</b>	Facility Class: <b>CLASS 1</b>
--------------------------	---	---	--------------------------------

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

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

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

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

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

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS201</b>	Facility Name: <b>DISTRIBUTION-SWI-CAREYS RUN</b> <b>4173 CAREY'S RUN</b>	Facility Class: <b>CLASS 1</b>
--------------------------	---	--	--------------------------------

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

DISINFECTION BYPRODUCTS	1 Sample(s) Required between 2/8/2016 and 2/14/2016 at SMP: DS201
	1 Sample(s) Required between 5/8/2016 and 5/14/2016 at SMP: DS201
	1 Sample(s) Required between 8/8/2016 and 8/14/2016 at SMP: DS201
	1 Sample(s) Required between 11/8/2016 and 11/14/2016 at SMP: DS201

Sample for all the analytes listed below:

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



**OH7301903 SCIOTO WATER INC.-HYGEAN RUN**

System Type: Community

Operating Period: 1/1 to 12/31

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

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. Also, monitoring schedules may be revised during the year based on sampling results.

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

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

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS000</b>	Facility Name: <b>DISTRIBUTION-SWI-HYGEAN RUN</b>	Facility Class: <b>CLASS 1</b>
--------------------------	---	---	--------------------------------

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

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

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

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

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

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS201</b>	Facility Name: <b>DISTRIBUTION-SWI-HYGEAN RUN</b> <b>1267 HYGEAN RUN</b>	Facility Class: <b>CLASS 1</b>
--------------------------	---	---	--------------------------------

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

DISINFECTION BYPRODUCTS	1 Sample(s) Required between 2/8/2016 and 2/14/2016 at SMP: DS201
	1 Sample(s) Required between 5/8/2016 and 5/14/2016 at SMP: DS201
	1 Sample(s) Required between 8/8/2016 and 8/14/2016 at SMP: DS201
	1 Sample(s) Required between 11/8/2016 and 11/14/2016 at SMP: DS201

Sample for all the analytes listed below:

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



**OH7302103 SCIOTO WATER INC.-NACE'S RUN**

System Type: Community

Operating Period: 1/1 to 12/31

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

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. Also, monitoring schedules may be revised during the year based on sampling results.

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

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

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS000</b>	Facility Name: <b>DISTRIBUTION-SWI-NACES RUN</b>	Facility Class: <b>CLASS 1</b>
--------------------------	---	--	--------------------------------

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

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

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

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

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

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS201</b>	Facility Name: <b>DISTRIBUTION-SWI-NACES RUN</b> <b>1325 NACE'S RUN</b>	Facility Class: <b>CLASS 1</b>
--------------------------	---	--	--------------------------------

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

DISINFECTION BYPRODUCTS	1 Sample(s) Required between 2/8/2016 and 2/14/2016 at SMP: DS201
	1 Sample(s) Required between 5/8/2016 and 5/14/2016 at SMP: DS201
	1 Sample(s) Required between 8/8/2016 and 8/14/2016 at SMP: DS201
	1 Sample(s) Required between 11/8/2016 and 11/14/2016 at SMP: DS201

Sample for all the analytes listed below:

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



**OH7302203 SCIOTO WATER INC.-OAKWOOD**

System Type: Community

Operating Period: 1/1 to 12/31

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

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. Also, monitoring schedules may be revised during the year based on sampling results.

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

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

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS000</b>	Facility Name: <b>DISTRIBUTION-SWI-OAKWOOD</b>	Facility Class: <b>CLASS 1</b>
--------------------------	---	--	--------------------------------

**Chemicals Monitoring Requirements**

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

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

TOTAL COLIFORM (TCR) - 3100

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

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

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

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

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

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

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

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

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

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

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

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

TOTAL CHLORINE - 1000

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS201</b>	Facility Name: <b>DISTRIBUTION-SWI-OAKWOOD</b> <b>344 OAKWOOD</b>	Facility Class: <b>CLASS 1</b>
--------------------------	---	--	--------------------------------

**Chemicals Monitoring Requirements**

DISINFECTION BYPRODUCTS

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

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

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



Effective Date: 01/01/2016

2016 DISTRIBUTION SCHEDULE

**OH7302203 SCIOTO WATER INC.-OAKWOOD**

System Type: Community

Operating Period: 1/1 to 12/31

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

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. Also, monitoring schedules may be revised during the year based on sampling results.

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

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

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS201</b>	Facility Name: <b>DISTRIBUTION-SWI-OAKWOOD</b> <b>344 OAKWOOD</b>	Facility Class: <b>CLASS 1</b>
--------------------------	---	--	--------------------------------

**Chemicals Monitoring Requirements**

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

Sample for all the analytes listed below:

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



**OH7302403 SCIOTO WATER INC.- SHEILA BLVD**

System Type: Community

Operating Period: 1/1 to 12/31

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

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. Also, monitoring schedules may be revised during the year based on sampling results.

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

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

**DISTRIBUTION MONITORING SCHEDULE**

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS000</b>	Facility Name: <b>SCIOTO WATER, INC.-SHEIL DISTRIBUTION</b>	Facility Class: <b>CLASS 1</b>
--------------------------	---	---	--------------------------------

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

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

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

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

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

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS201</b>	Facility Name: <b>SCIOTO WATER, INC.-SHEIL DISTRIBUTION</b> <b>746 - A SHEILA BLVD.</b>	Facility Class: <b>CLASS 1</b>
--------------------------	---	--	--------------------------------

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

DISINFECTION BYPRODUCTS	1 Sample(s) Required between 9/8/2016 and 9/14/2016 at SMP: DS201
	1 Sample(s) Required between 12/8/2016 and 12/14/2016 at SMP: DS201

Sample for all the analytes listed below:

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



**OH7302503 SCIOTO WATER, INC.-DAVIS CAMP**

System Type: Community

Operating Period: 1/1 to 12/31

Ground Water Rule Substantial System

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

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. Also, monitoring schedules may be revised during the year based on sampling results.

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

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

**DISTRIBUTION MONITORING SCHEDULE**

**Sampling** Facility ID: **DS1** Facility Name: **DISTRIBUTION-SWI-DAVIS CAMP**  
**Location** SMP ID: **DS000**

**Chemicals**

**Monitoring Requirements**

LEAD - 1030 AND COPPER - 1022

Not Required

TOTAL COLIFORM (TCR) - 3100

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

TOTAL CHLORINE - 1000

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

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

**Sampling** Facility ID: **DS1** Facility Name: **DISTRIBUTION-SWI-DAVIS CAMP**  
**Location** SMP ID: **DS201** **46 DAVIS CAMP**

**Chemicals**

**Monitoring Requirements**

DISINFECTION BYPRODUCTS

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

Sample for all the analytes listed below:

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



**OH7332513 SCIOTO WATER INC. - GLIEM RD PWS**

System Type: Community

Operating Period: 1/1 to 12/31

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

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule. Also, monitoring schedules may be revised during the year based on sampling results.

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

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

**DISTRIBUTION MONITORING SCHEDULE**

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

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

LEAD - 1030 AND COPPER - 1022	5 Sample(s) Required between	1/1/2016	and	6/30/2016
	5 Sample(s) Required between	7/1/2016	and	12/31/2016

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

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

<b>Sampling Location</b>	Facility ID: <b>DS1</b> SMP ID: <b>DS201</b>	Facility Name: <b>DISTRIBUTION</b> <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	9/8/2016	and	9/14/2016 at SMP: DS201
	1 Sample(s) Required between	12/8/2016	and	12/14/2016 at SMP: DS201

Sample for all the analytes listed below:

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