



Effective Date: 10/13/2017

2017 ENTRY POINT SCHEDULE

**OH1700011 BUCYRUS CITY**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                 |                             |                                       |                                |
|-----------------|-----------------------------|---------------------------------------|--------------------------------|
| <b>Sampling</b> | Facility ID: <b>1762226</b> | Facility Name: <b>BUCYRUS CITY</b>    |                                |
| <b>Location</b> | SMP ID: <b>EP002</b>        | Facility Source: <b>Surface Water</b> | Facility Class: <b>CLASS 3</b> |

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

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule.

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

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

**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2017**

| <b>Chemicals</b> | <b>Monitoring Requirements</b>  |
|------------------|---|
| NITRITE - 1041   | 1 Sample(s) Required between 10/1/2017 and 12/31/2017   |
| NITRATE - 1040   | 1 Sample(s) Required between 10/1/2017 and 10/31/2017<br>1 Sample(s) Required between 11/1/2017 and 11/30/2017<br>1 Sample(s) Required between 12/1/2017 and 12/31/2017 |



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2017 ENTRY POINT SCHEDULE

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System Type: Community

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**ENTRY POINT MONITORING SCHEDULE**

|                 |                             |                                       |                                |
|-----------------|-----------------------------|---------------------------------------|--------------------------------|
| <b>Sampling</b> | Facility ID: <b>1762226</b> | Facility Name: <b>BUCYRUS CITY</b>    |                                |
| <b>Location</b> | SMP ID: <b>EP002/LT2002</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, 2017**

**Chemicals**

**Monitoring Requirements**

TOTAL MICROCYSTINS

1 Sample Set Required WEEKLY\*

*Total microcystins sample set refers to one raw source water sample at LT2002 and one finished water sample at EP002. A week is defined as Sunday through Saturday.*

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



OH1700011 BUCYRUS CITY

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                 |                             |                                       |                                |
|-----------------|-----------------------------|---------------------------------------|--------------------------------|
| <b>Sampling</b> | Facility ID: <b>1762226</b> | Facility Name: <b>BUCYRUS CITY</b>    |                                |
| <b>Location</b> | SMP ID: <b>LT2002</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, 2017

| Chemicals               | Monitoring Requirements                                |
|-------------------------|--|
| CYANOBACTERIA SCREENING | 1 Sample(s) Required between 9/24/2017 and 9/30/2017   |
|                         | 1 Sample(s) Required between 10/8/2017 and 10/14/2017  |
|                         | 1 Sample(s) Required between 10/22/2017 and 10/28/2017 |
|                         | 1 Sample(s) Required between 11/5/2017 and 11/11/2017  |
|                         | 1 Sample(s) Required between 11/19/2017 and 11/25/2017 |
|                         | 1 Sample(s) Required between 12/3/2017 and 12/9/2017   |
|                         | 1 Sample(s) Required between 12/17/2017 and 12/23/2017 |
|                         | 1 Sample(s) Required between 12/31/2017 and 1/6/2018   |

Cyanobacteria screening sample is to be collected biweekly from raw source water at sample point LT2002. SAMPLES MUST BE SHIPPED OVERNIGHT ON ICE ON THE DAY OF COLLECTION AND ARRIVE AT OHIO EPA DIVISION OF ENVIRONMENTAL SERVICES (DES) BY NOON MONDAY THROUGH THURSDAY ONLY! Ohio EPA has agreed to fund the analysis of cyanobacteria screening samples until December 31, 2017. Public water systems remain responsible for ensuring that samples are shipped via approved regional shipping hubs or other means. Please review the website for http://epa.ohio.gov/ddagw/HAB.aspx for further information pertaining to follow-up sampling requirements for cyanobacteria screening gene detections.

**OH1700011 BUCYRUS CITY**

System Type: Community

Operating Period: 1/1 to 12/31

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2017**

**DISTRIBUTION MONITORING SCHEDULE**

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

| Chemicals                   | Monitoring Requirements  |
|-----------------------------|--|
| ASBESTOS - 1094             | Not Required   |
| TOTAL COLIFORM (TCR) - 3100 | 10 Sample(s) Required between 1/1/2017 and 1/31/2017<br>10 Sample(s) Required between 2/1/2017 and 2/28/2017<br>10 Sample(s) Required between 3/1/2017 and 3/31/2017<br>10 Sample(s) Required between 4/1/2017 and 4/30/2017<br>10 Sample(s) Required between 5/1/2017 and 5/31/2017<br>10 Sample(s) Required between 6/1/2017 and 6/30/2017<br>10 Sample(s) Required between 7/1/2017 and 7/31/2017<br>10 Sample(s) Required between 8/1/2017 and 8/31/2017<br>10 Sample(s) Required between 9/1/2017 and 9/30/2017<br>10 Sample(s) Required between 10/1/2017 and 10/31/2017<br>10 Sample(s) Required between 11/1/2017 and 11/30/2017<br>10 Sample(s) Required between 12/1/2017 and 12/31/2017 |
| TOTAL CHLORINE - 1000       | 10 Sample(s) Required between 1/1/2017 and 1/31/2017<br>10 Sample(s) Required between 2/1/2017 and 2/28/2017<br>10 Sample(s) Required between 3/1/2017 and 3/31/2017<br>10 Sample(s) Required between 4/1/2017 and 4/30/2017<br>10 Sample(s) Required between 5/1/2017 and 5/31/2017<br>10 Sample(s) Required between 6/1/2017 and 6/30/2017<br>10 Sample(s) Required between 7/1/2017 and 7/31/2017<br>10 Sample(s) Required between 8/1/2017 and 8/31/2017<br>10 Sample(s) Required between 9/1/2017 and 9/30/2017<br>10 Sample(s) Required between 10/1/2017 and 10/31/2017<br>10 Sample(s) Required between 11/1/2017 and 11/30/2017<br>10 Sample(s) Required between 12/1/2017 and 12/31/2017 |

*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>BUCYRUS CITY DISTRIBUTION SYSTEM</b><br><b>200 CRYSTAL CRESENT</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

| Chemicals               | Monitoring Requirements  |
|-------------------------|--|
| DISINFECTION BYPRODUCTS | Dual Sample Required between 2/1/2017 and 2/7/2017at: DS201<br>Dual Sample Required between 5/1/2017 and 5/7/2017at: DS201<br>Dual Sample Required between 8/1/2017 and 8/7/2017at: DS201<br>Dual Sample Required between 11/1/2017 and 11/7/2017at: DS201 |

Sample for all the analytes listed below:

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

**OH1700011 BUCYRUS CITY**

System Type: Community

Operating Period: 1/1 to 12/31

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**DISTRIBUTION MONITORING SCHEDULE**

|                          |   |  |                                |
|--------------------------|---|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS202</b> | Facility Name: <b>BUCYRUS CITY DISTRIBUTION SYSTEM</b><br><b>CARTER LUMBER MARION ROAD</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

| Chemicals               | Monitoring Requirements                                       |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | Dual Sample Required between 2/1/2017 and 2/7/2017at: DS202   |
|                         | Dual Sample Required between 5/1/2017 and 5/7/2017at: DS202   |
|                         | Dual Sample Required between 8/1/2017 and 8/7/2017at: DS202   |
|                         | Dual Sample Required between 11/1/2017 and 11/7/2017at: 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>BUCYRUS CITY DISTRIBUTION SYSTEM</b><br><b>575 S. SANDUSKY TACO BELL</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

| Chemicals               | Monitoring Requirements                                       |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | Dual Sample Required between 2/1/2017 and 2/7/2017at: DS203   |
|                         | Dual Sample Required between 5/1/2017 and 5/7/2017at: DS203   |
|                         | Dual Sample Required between 8/1/2017 and 8/7/2017at: DS203   |
|                         | Dual Sample Required between 11/1/2017 and 11/7/2017at: 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>BUCYRUS CITY DISTRIBUTION SYSTEM</b><br><b>1433 WHETSTONE ST.</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

| Chemicals               | Monitoring Requirements                                       |
|-------------------------|---|
| DISINFECTION BYPRODUCTS | Dual Sample Required between 2/1/2017 and 2/7/2017at: DS204   |
|                         | Dual Sample Required between 5/1/2017 and 5/7/2017at: DS204   |
|                         | Dual Sample Required between 8/1/2017 and 8/7/2017at: DS204   |
|                         | Dual Sample Required between 11/1/2017 and 11/7/2017at: DS204 |

Sample for all the analytes listed below:

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



OH1700112 CRESTLINE CITY PWS

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                          |   |  |                                |
|--------------------------|---|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>1753657</b><br>SMP ID: <b>EP001</b> | Facility Name: <b>CRESTLINE CITY</b><br>Facility Source: <b>Ground Water</b> | Facility Class: <b>CLASS 2</b> |
|--------------------------|---|--|--------------------------------|

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| Chemicals  | Monitoring Requirements                              |
|--|--|
| INORGANICS   | 1 Sample(s) Required between 6/1/2017 and 10/31/2017 |
| <i>Sample for all the analytes listed below:</i>   |  |
| ANTIMONY, TOTAL - 1074 ARSENIC - 1005 BARIUM - 1010 BERYLLIUM, TOTAL - 1075 CADMIUM - 1015 CHROMIUM - 1020<br>CYANIDE - 1024 FLUORIDE - 1025 MERCURY - 1035 NICKEL - 1036 SELENIUM - 1045 THALLIUM, TOTAL - 1085 |  |
| NITRITE - 1041   | Not Required   |
| NITRATE - 1040   | 1 Sample(s) Required between 1/1/2017 and 5/31/2017  |
| RADIOLOGICALS  | 1 Sample(s) Required between 6/1/2017 and 10/31/2017 |
| <i>Sample for all the analytes listed below:</i>   |  |
| GROSS ALPHA - 4002 RADIUM-228 - 4030   |  |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1  | 1 Sample(s) Required between 1/1/2017 and 5/31/2017  |
| <i>Sample for all the analytes listed below:</i>   |  |
| ALACHLOR (LASSO) - 2051 ATRAZINE - 2050 SIMAZINE - 2037  |  |
| VOLATILE ORGANIC CHEMICALS (VOC)   | 1 Sample(s) Required between 6/1/2017 and 10/31/2017 |



OH1700112 CRESTLINE CITY PWS

System Type: Community

Operating Period: 1/1 to 12/31

Ground Water Rule Substantial System

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DISTRIBUTION MONITORING SCHEDULE

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

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

|                               |  |
|-------------------------------|--|
| LEAD - 1030 AND COPPER - 1022 | 20 Sample(s) Required between 6/1/2017 and 9/30/2017 |
|-------------------------------|--|

*Lead consumer notice must be completed no later than two business days after receipt of the sample results. The verification form for consumer notice must be submitted to Ohio EPA no later than five business days after receipt of the sample results. Form 5105 with appendix must be submitted to Ohio EPA within ten days from the end of the month(s) in which samples are collected. Forms are available online at: <http://epa.ohio.gov/ddagw/reporting.aspx>. For questions contact your Ohio EPA District Office representative.*

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

|                             |   |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 5 Sample(s) Required between 1/1/2017 and 1/31/2017   |
|                             | 5 Sample(s) Required between 2/1/2017 and 2/28/2017   |
|                             | 5 Sample(s) Required between 3/1/2017 and 3/31/2017   |
|                             | 5 Sample(s) Required between 4/1/2017 and 4/30/2017   |
|                             | 5 Sample(s) Required between 5/1/2017 and 5/31/2017   |
|                             | 5 Sample(s) Required between 6/1/2017 and 6/30/2017   |
|                             | 5 Sample(s) Required between 7/1/2017 and 7/31/2017   |
|                             | 5 Sample(s) Required between 8/1/2017 and 8/31/2017   |
|                             | 5 Sample(s) Required between 9/1/2017 and 9/30/2017   |
|                             | 5 Sample(s) Required between 10/1/2017 and 10/31/2017 |
|                             | 5 Sample(s) Required between 11/1/2017 and 11/30/2017 |
|                             | 5 Sample(s) Required between 12/1/2017 and 12/31/2017 |

|                       |   |
|-----------------------|---|
| TOTAL CHLORINE - 1000 | 5 Sample(s) Required between 1/1/2017 and 1/31/2017   |
|                       | 5 Sample(s) Required between 2/1/2017 and 2/28/2017   |
|                       | 5 Sample(s) Required between 3/1/2017 and 3/31/2017   |
|                       | 5 Sample(s) Required between 4/1/2017 and 4/30/2017   |
|                       | 5 Sample(s) Required between 5/1/2017 and 5/31/2017   |
|                       | 5 Sample(s) Required between 6/1/2017 and 6/30/2017   |
|                       | 5 Sample(s) Required between 7/1/2017 and 7/31/2017   |
|                       | 5 Sample(s) Required between 8/1/2017 and 8/31/2017   |
|                       | 5 Sample(s) Required between 9/1/2017 and 9/30/2017   |
|                       | 5 Sample(s) Required between 10/1/2017 and 10/31/2017 |
|                       | 5 Sample(s) Required between 11/1/2017 and 11/30/2017 |
|                       | 5 Sample(s) Required between 12/1/2017 and 12/31/2017 |

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



OH1700112 CRESTLINE CITY PWS

System Type: Community

Operating Period: 1/1 to 12/31

Ground Water Rule Substantial System

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DISTRIBUTION MONITORING SCHEDULE

|                          |   |   |                                |
|--------------------------|---|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS201</b> | Facility Name: <b>CRESTLINE CITY DISTRIBUTION</b><br><b>ADDRESS NOT KNOWN</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

Chemicals Monitoring Requirements

DISINFECTION BYPRODUCTS Dual Sample Required between 7/1/2017 and 9/30/2017at: 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>CRESTLINE CITY DISTRIBUTION</b><br><b>ADDRESS NOT KNOWN</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

Chemicals Monitoring Requirements

DISINFECTION BYPRODUCTS Dual Sample Required between 7/1/2017 and 9/30/2017at: DS202

Sample for all the analytes listed below:

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





**OH1700211 GALION CITY**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                          |                             |                                       |                                |
|--------------------------|-----------------------------|---------------------------------------|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>1753658</b> | Facility Name: <b>GALION CITY</b>     | Facility Class: <b>CLASS 3</b> |
|                          | SMP ID: <b>EP001</b>        | Facility Source: <b>Surface Water</b> |                                |

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| <b>Chemicals</b>   | <b>Monitoring Requirements</b>   |
|--|--|
| INORGANICS   | 1 Sample(s) Required between 1/1/2017 and 5/31/2017  |
| <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 1/1/2017 and 1/31/2017<br>1 Sample(s) Required between 2/1/2017 and 2/28/2017<br>1 Sample(s) Required between 3/1/2017 and 3/31/2017<br>1 Sample(s) Required between 4/1/2017 and 4/30/2017<br>1 Sample(s) Required between 5/1/2017 and 5/31/2017<br>1 Sample(s) Required between 6/1/2017 and 6/30/2017<br>1 Sample(s) Required between 7/1/2017 and 7/31/2017<br>1 Sample(s) Required between 8/1/2017 and 8/31/2017<br>1 Sample(s) Required between 9/1/2017 and 9/30/2017<br>1 Sample(s) Required between 10/1/2017 and 10/31/2017<br>1 Sample(s) Required between 11/1/2017 and 11/30/2017<br>1 Sample(s) Required between 12/1/2017 and 12/31/2017   |
| RADIOLOGICALS  | Not Required   |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1  | 1 Sample(s) Required between 4/1/2017 and 6/30/2017  |
| <i>Sample for all the analytes listed below:</i>   |  |
| ALACHLOR (LASSO) - 2051 ATRAZINE - 2050 SIMAZINE - 2037  |  |
| VOLATILE ORGANIC CHEMICALS (VOC)   | 1 Sample(s) Required between 4/1/2017 and 6/30/2017  |
| TOTAL ORGANIC CARBON (TOC)   | 1 Paired Sample Set Required between 1/1/2017 and 1/31/2017<br>1 Paired Sample Set Required between 2/1/2017 and 2/28/2017<br>1 Paired Sample Set Required between 3/1/2017 and 3/31/2017<br>1 Paired Sample Set Required between 4/1/2017 and 4/30/2017<br>1 Paired Sample Set Required between 5/1/2017 and 5/31/2017<br>1 Paired Sample Set Required between 6/1/2017 and 6/30/2017<br>1 Paired Sample Set Required between 7/1/2017 and 7/31/2017<br>1 Paired Sample Set Required between 8/1/2017 and 8/31/2017<br>1 Paired Sample Set Required between 9/1/2017 and 9/30/2017<br>1 Paired Sample Set Required between 10/1/2017 and 10/31/2017<br>1 Paired Sample Set Required between 11/1/2017 and 11/30/2017<br>1 Paired Sample Set Required between 12/1/2017 and 12/31/2017 |

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.



**OH1700211 GALION CITY**

System Type: Community

Operating Period: 1/1 to 12/31

**ENTRY POINT MONITORING SCHEDULE**

|                 |                             |                                       |                                |
|-----------------|-----------------------------|---------------------------------------|--------------------------------|
| <b>Sampling</b> | Facility ID: <b>1753658</b> | Facility Name: <b>GALION CITY</b>     |                                |
| <b>Location</b> | SMP ID: <b>EP001/LT2001</b> | Facility Source: <b>Surface Water</b> | Facility Class: <b>CLASS 3</b> |

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**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2017**

**Chemicals**

**Monitoring Requirements**

TOTAL MICROCYSTINS

1 Sample Set Required WEEKLY\*

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

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



OH1700211 GALION CITY

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Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                 |                             |                                       |                                |
|-----------------|-----------------------------|---------------------------------------|--------------------------------|
| <b>Sampling</b> | Facility ID: <b>1753658</b> | Facility Name: <b>GALION CITY</b>     |                                |
| <b>Location</b> | SMP ID: <b>LT2001</b>       | Facility Source: <b>Surface Water</b> | Facility Class: <b>CLASS 3</b> |

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

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\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2017

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

|                         |  |
|-------------------------|--|
| CYANOBACTERIA SCREENING | 1 Sample(s) Required between 1/1/2017 and 1/7/2017     |
|                         | 1 Sample(s) Required between 1/15/2017 and 1/21/2017   |
|                         | 1 Sample(s) Required between 1/29/2017 and 2/4/2017    |
|                         | 1 Sample(s) Required between 2/12/2017 and 2/18/2017   |
|                         | 1 Sample(s) Required between 2/26/2017 and 3/4/2017    |
|                         | 1 Sample(s) Required between 3/12/2017 and 3/18/2017   |
|                         | 1 Sample(s) Required between 3/26/2017 and 4/1/2017    |
|                         | 1 Sample(s) Required between 4/9/2017 and 4/15/2017    |
|                         | 1 Sample(s) Required between 4/23/2017 and 4/29/2017   |
|                         | 1 Sample(s) Required between 5/7/2017 and 5/13/2017    |
|                         | 1 Sample(s) Required between 5/21/2017 and 5/27/2017   |
|                         | 1 Sample(s) Required between 6/4/2017 and 6/10/2017    |
|                         | 1 Sample(s) Required between 6/18/2017 and 6/24/2017   |
|                         | 1 Sample(s) Required between 7/2/2017 and 7/8/2017     |
|                         | 1 Sample(s) Required between 7/16/2017 and 7/22/2017   |
|                         | 1 Sample(s) Required between 7/30/2017 and 8/5/2017    |
|                         | 1 Sample(s) Required between 8/13/2017 and 8/19/2017   |
|                         | 1 Sample(s) Required between 8/27/2017 and 9/2/2017    |
|                         | 1 Sample(s) Required between 9/10/2017 and 9/16/2017   |
|                         | 1 Sample(s) Required between 9/24/2017 and 9/30/2017   |
|                         | 1 Sample(s) Required between 10/8/2017 and 10/14/2017  |
|                         | 1 Sample(s) Required between 10/22/2017 and 10/28/2017 |
|                         | 1 Sample(s) Required between 11/5/2017 and 11/11/2017  |
|                         | 1 Sample(s) Required between 11/19/2017 and 11/25/2017 |
|                         | 1 Sample(s) Required between 12/3/2017 and 12/9/2017   |
|                         | 1 Sample(s) Required between 12/17/2017 and 12/23/2017 |
|                         | 1 Sample(s) Required between 12/31/2017 and 1/6/2018   |

Cyanobacteria screening sample is to be collected biweekly from raw source water at sample point LT2001. SAMPLES MUST BE SHIPPED OVERNIGHT ON ICE ON THE DAY OF COLLECTION AND ARRIVE AT OHIO EPA DIVISION OF ENVIRONMENTAL SERVICES (DES) BY NOON MONDAY THROUGH THURSDAY ONLY! Ohio EPA has agreed to fund the analysis of cyanobacteria screening samples until December 31, 2017. Public water systems remain responsible for ensuring that samples are shipped via approved regional shipping hubs or other means. Please review the website for http://epa.ohio.gov/ddagw/HAB.aspx for further information pertaining to follow-up sampling requirements for cyanobacteria screening gene detections.

|                |  |
|----------------|--|
| LT2 MONITORING | 1 Sample(s) Required between 1/1/2017 and 1/5/2017   |
|                | 1 Sample(s) Required between 2/5/2017 and 2/9/2017   |
|                | 1 Sample(s) Required between 3/5/2017 and 3/9/2017   |
|                | 1 Sample(s) Required between 4/2/2017 and 4/6/2017   |
|                | 1 Sample(s) Required between 4/30/2017 and 5/4/2017  |
|                | 1 Sample(s) Required between 6/4/2017 and 6/8/2017   |
|                | 1 Sample(s) Required between 7/9/2017 and 7/13/2017  |
|                | 1 Sample(s) Required between 8/6/2017 and 8/10/2017  |
|                | 1 Sample(s) Required between 9/3/2017 and 9/7/2017   |
|                | 1 Sample(s) Required between 10/1/2017 and 10/5/2017 |
|                | 1 Sample(s) Required between 11/5/2017 and 11/9/2017 |



Effective Date: 01/01/2017

2017 ENTRY POINT SCHEDULE

OH1700211 GALION CITY

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                 |                             |                                       |                                |
|-----------------|-----------------------------|---------------------------------------|--------------------------------|
| <b>Sampling</b> | Facility ID: <b>1753658</b> | Facility Name: <b>GALION CITY</b>     |                                |
| <b>Location</b> | SMP ID: <b>LT2001</b>       | Facility Source: <b>Surface Water</b> | Facility Class: <b>CLASS 3</b> |

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

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule.

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

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

\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2017

Chemicals

Monitoring Requirements

LT2 MONITORING

1 Sample(s) Required between 12/3/2017 and 12/7/2017

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



OH1700211 GALION CITY

System Type: Community

Operating Period: 1/1 to 12/31

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

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

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

\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2017

DISTRIBUTION MONITORING SCHEDULE

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

Chemicals Monitoring Requirements

LEAD - 1030 AND COPPER - 1022 30 Sample(s) Required between 6/1/2017 and 9/30/2017

Lead consumer notice must be completed no later than two business days after receipt of the sample results. The verification form for consumer notice must be submitted to Ohio EPA no later than five business days after receipt of the sample results. Form 5105 with appendix must be submitted to Ohio EPA within ten days from the end of the month(s) in which samples are collected. Forms are available online at: http://epa.ohio.gov/ddagw/reporting.aspx. For questions contact your Ohio EPA District Office representative.

ASBESTOS - 1094 Not Required

TOTAL COLIFORM (TCR) - 3100 10 Sample(s) Required between 1/1/2017 and 1/31/2017
10 Sample(s) Required between 2/1/2017 and 2/28/2017
10 Sample(s) Required between 3/1/2017 and 3/31/2017
10 Sample(s) Required between 4/1/2017 and 4/30/2017
10 Sample(s) Required between 5/1/2017 and 5/31/2017
10 Sample(s) Required between 6/1/2017 and 6/30/2017
10 Sample(s) Required between 7/1/2017 and 7/31/2017
10 Sample(s) Required between 8/1/2017 and 8/31/2017
10 Sample(s) Required between 9/1/2017 and 9/30/2017
10 Sample(s) Required between 10/1/2017 and 10/31/2017
10 Sample(s) Required between 11/1/2017 and 11/30/2017
10 Sample(s) Required between 12/1/2017 and 12/31/2017

TOTAL CHLORINE - 1000 10 Sample(s) Required between 1/1/2017 and 1/31/2017
10 Sample(s) Required between 2/1/2017 and 2/28/2017
10 Sample(s) Required between 3/1/2017 and 3/31/2017
10 Sample(s) Required between 4/1/2017 and 4/30/2017
10 Sample(s) Required between 5/1/2017 and 5/31/2017
10 Sample(s) Required between 6/1/2017 and 6/30/2017
10 Sample(s) Required between 7/1/2017 and 7/31/2017
10 Sample(s) Required between 8/1/2017 and 8/31/2017
10 Sample(s) Required between 9/1/2017 and 9/30/2017
10 Sample(s) Required between 10/1/2017 and 10/31/2017
10 Sample(s) Required between 11/1/2017 and 11/30/2017
10 Sample(s) Required between 12/1/2017 and 12/31/2017

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>GALION CITY DISTRIBUTION</b><br><b>7792 ST. RT. 309</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

Chemicals Monitoring Requirements

DISINFECTION BYPRODUCTS Dual Sample Required between 1/8/2017 and 1/14/2017at: DS201
Dual Sample Required between 4/8/2017 and 4/14/2017at: DS201



**OH1700211 GALION CITY**

System Type: Community

Operating Period: 1/1 to 12/31

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

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

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

**\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2017**

**DISTRIBUTION MONITORING SCHEDULE**

|                          |   |   |                                |
|--------------------------|---|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS201</b> | Facility Name: <b>GALION CITY DISTRIBUTION</b><br><b>7792 ST. RT. 309</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

**Chemicals Monitoring Requirements**

|                         |   |           |
|-------------------------|---|-----------|
| DISINFECTION BYPRODUCTS | Dual Sample Required between 7/8/2017 and 7/14/2017   | at: DS201 |
|                         | Dual Sample Required between 10/8/2017 and 10/14/2017 | at: DS201 |

Sample for all the analytes listed below:

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

|                          |   |  |                                |
|--------------------------|---|--|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS202</b> | Facility Name: <b>GALION CITY DISTRIBUTION</b><br><b>199 SIXTH ST.</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|--|--------------------------------|

**Chemicals Monitoring Requirements**

|                         |   |           |
|-------------------------|---|-----------|
| DISINFECTION BYPRODUCTS | Dual Sample Required between 1/8/2017 and 1/14/2017   | at: DS202 |
|                         | Dual Sample Required between 4/8/2017 and 4/14/2017   | at: DS202 |
|                         | Dual Sample Required between 7/8/2017 and 7/14/2017   | at: DS202 |
|                         | Dual Sample Required between 10/8/2017 and 10/14/2017 | at: DS202 |

Sample for all the analytes listed below:

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

|                          |   |   |                                |
|--------------------------|---|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS203</b> | Facility Name: <b>GALION CITY DISTRIBUTION</b><br><b>1200 ST. RT. 598</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

**Chemicals Monitoring Requirements**

|                         |   |           |
|-------------------------|---|-----------|
| DISINFECTION BYPRODUCTS | Dual Sample Required between 1/8/2017 and 1/14/2017   | at: DS203 |
|                         | Dual Sample Required between 4/8/2017 and 4/14/2017   | at: DS203 |
|                         | Dual Sample Required between 7/8/2017 and 7/14/2017   | at: DS203 |
|                         | Dual Sample Required between 10/8/2017 and 10/14/2017 | at: DS203 |

Sample for all the analytes listed below:

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

|                          |   |   |                                |
|--------------------------|---|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS204</b> | Facility Name: <b>GALION CITY DISTRIBUTION</b><br><b>1351 FREESEWORKS</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

**Chemicals Monitoring Requirements**

|                         |   |           |
|-------------------------|---|-----------|
| DISINFECTION BYPRODUCTS | Dual Sample Required between 1/8/2017 and 1/14/2017   | at: DS204 |
|                         | Dual Sample Required between 4/8/2017 and 4/14/2017   | at: DS204 |
|                         | Dual Sample Required between 7/8/2017 and 7/14/2017   | at: DS204 |
|                         | Dual Sample Required between 10/8/2017 and 10/14/2017 | at: DS204 |

Sample for all the analytes listed below:

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



OH1700612 SPRING VALLEY MOBILE HOME PARK

System Type: Community

Operating Period: 1/1 to 12/31

ENTRY POINT MONITORING SCHEDULE

|                          |                             |   |                                |
|--------------------------|-----------------------------|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>1753662</b> | Facility Name: <b>SPRING VALLEY MHC</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, 2017

| Chemicals  | Monitoring Requirements  |
|--|--|
| ARSENIC - 1005   | 1 Sample(s) Required between 1/1/2017 and 3/31/2017<br>1 Sample(s) Required between 4/1/2017 and 6/30/2017<br>1 Sample(s) Required between 7/1/2017 and 9/30/2017<br>1 Sample(s) Required between 10/1/2017 and 12/31/2017 |
| INORGANICS   | 1 Sample(s) Required between 6/1/2017 and 10/31/2017   |
| <u>Sample for all the analytes listed below:</u><br>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 1/1/2017 and 5/31/2017  |
| RADIOLOGICALS  | 1 Sample(s) Required between 6/1/2017 and 10/31/2017   |
| <u>Sample for all the analytes listed below:</u><br>GROSS ALPHA - 4002 RADIUM-228 - 4030   |  |
| SYNTHETIC ORGANIC CHEMICALS (SOC) GROUP 1  | 1 Sample(s) Required between 1/1/2017 and 5/31/2017  |
| <u>Sample for all the analytes listed below:</u><br>ALACHLOR (LASSO) - 2051 ATRAZINE - 2050 SIMAZINE - 2037  |  |
| VOLATILE ORGANIC CHEMICALS (VOC)   | 1 Sample(s) Required between 6/1/2017 and 10/31/2017   |



OH1700612 SPRING VALLEY MOBILE HOME PARK

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.

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

\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2017

DISTRIBUTION MONITORING SCHEDULE

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

Chemicals

Monitoring Requirements

LEAD - 1030 AND COPPER - 1022 5 Sample(s) Required between 6/1/2017 and 9/30/2017

Lead consumer notice must be completed no later than two business days after receipt of the sample results. The verification form for consumer notice must be submitted to Ohio EPA no later than five business days after receipt of the sample results. Form 5105 with appendix must be submitted to Ohio EPA within ten days from the end of the month(s) in which samples are collected. Forms are available online at: http://epa.ohio.gov/ddagw/reporting.aspx. For questions contact your Ohio EPA District Office representative.

TOTAL COLIFORM (TCR) - 3100

1 Sample(s) Required between 1/1/2017 and 1/31/2017

1 Sample(s) Required between 2/1/2017 and 2/28/2017

1 Sample(s) Required between 3/1/2017 and 3/31/2017

1 Sample(s) Required between 4/1/2017 and 4/30/2017

1 Sample(s) Required between 5/1/2017 and 5/31/2017

1 Sample(s) Required between 6/1/2017 and 6/30/2017

1 Sample(s) Required between 7/1/2017 and 7/31/2017

1 Sample(s) Required between 8/1/2017 and 8/31/2017

1 Sample(s) Required between 9/1/2017 and 9/30/2017

1 Sample(s) Required between 10/1/2017 and 10/31/2017

1 Sample(s) Required between 11/1/2017 and 11/30/2017

1 Sample(s) Required between 12/1/2017 and 12/31/2017

TOTAL CHLORINE - 1000

1 Sample(s) Required between 1/1/2017 and 1/31/2017

1 Sample(s) Required between 2/1/2017 and 2/28/2017

1 Sample(s) Required between 3/1/2017 and 3/31/2017

1 Sample(s) Required between 4/1/2017 and 4/30/2017

1 Sample(s) Required between 5/1/2017 and 5/31/2017

1 Sample(s) Required between 6/1/2017 and 6/30/2017

1 Sample(s) Required between 7/1/2017 and 7/31/2017

1 Sample(s) Required between 8/1/2017 and 8/31/2017

1 Sample(s) Required between 9/1/2017 and 9/30/2017

1 Sample(s) Required between 10/1/2017 and 10/31/2017

1 Sample(s) Required between 11/1/2017 and 11/30/2017

1 Sample(s) Required between 12/1/2017 and 12/31/2017

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





Effective Date: 01/01/2017

2017 DISTRIBUTION SCHEDULE

**OH1700612 SPRING VALLEY MOBILE HOME PARK**

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, 2017**

**DISTRIBUTION MONITORING SCHEDULE**

|                 |                         |   |                                |
|-----------------|-------------------------|---|--------------------------------|
| <b>Sampling</b> | Facility ID: <b>DS1</b> | Facility Name: <b>SPRING VALLEY MHC DISTRIBUTION SYSTEM</b> | Facility Class: <b>CLASS 1</b> |
| <b>Location</b> | SMP ID: <b>DS201</b>    | <b>5913 SPRING VALLEY COURT</b>                             |                                |

**Chemicals**

**Monitoring Requirements**

DISINFECTION BYPRODUCTS

Dual Sample Required between 7/1/2017 and 9/30/2017at: DS201

Sample for all the analytes listed below:

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



OH1700703 CRAWFORD CO SWR DIST NO 2 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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For water emergencies that occur after hours, please call 800-282-9378

\*\* REMINDER: \*\* Consumer Confidence Report (CCR) is due July 1, 2017

DISTRIBUTION MONITORING SCHEDULE

Table with 4 columns: Sampling Location, Facility ID, Facility Name, Facility Class. Values: DS1, DS000, CRAWFORD CO SWR DIST 2 DISTRIBUTION, CLASS 1

Chemicals Monitoring Requirements

LEAD - 1030 AND COPPER - 1022 Not Required

TOTAL COLIFORM (TCR) - 3100 2 Sample(s) Required between 1/1/2017 and 1/31/2017 ... 2 Sample(s) Required between 12/1/2017 and 12/31/2017

TOTAL CHLORINE - 1000 2 Sample(s) Required between 1/1/2017 and 1/31/2017 ... 2 Sample(s) Required between 12/1/2017 and 12/31/2017

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: DS1, DS201, CRAWFORD CO SWR DIST 2 DISTRIBUTION, CLASS 1

Chemicals Monitoring Requirements

DISINFECTION BYPRODUCTS Dual Sample Required between 3/1/2017 and 3/7/2017at: DS201 ... Dual Sample Required between 12/1/2017 and 12/7/2017at: DS201

Sample for all the analytes listed below:

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



Effective Date: 01/01/2017

2017 DISTRIBUTION SCHEDULE

**OH1700703 CRAWFORD CO SWR DIST NO 2 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, 2017**

**DISTRIBUTION MONITORING SCHEDULE**

|                          |   |   |                                |
|--------------------------|---|---|--------------------------------|
| <b>Sampling Location</b> | Facility ID: <b>DS1</b><br>SMP ID: <b>DS202</b> | Facility Name: <b>CRAWFORD CO SWR DIST 2 DISTRIBUTION</b><br><b>ADDRESS NOT KNOWN</b> | Facility Class: <b>CLASS 1</b> |
|--------------------------|---|---|--------------------------------|

**Chemicals**

**Monitoring Requirements**

|                         |  |           |
|-------------------------|--|-----------|
| DISINFECTION BYPRODUCTS | Dual Sample Required between 3/1/2017 and 3/7/2017   | at: DS202 |
|                         | Dual Sample Required between 6/1/2017 and 6/7/2017   | at: DS202 |
|                         | Dual Sample Required between 9/1/2017 and 9/7/2017   | at: DS202 |
|                         | Dual Sample Required between 12/1/2017 and 12/7/2017 | at: DS202 |

Sample for all the analytes listed below:

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

**OH1731012 FOXFIRE FAMILY FUN PARK**

System Type: Transient Noncommunity

Operating Period: 5/1 to 10/31

Ground Water Rule Minimal Treatment System

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

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

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

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> FOXFIRE FAMILY FUN PARK DISTRIBUTION |
| <b>Location SMP ID:</b> SUP01    | <b>Facility Source:</b> Ground Water                       |

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

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

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



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

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

**OH1731012 FOXFIRE FAMILY FUN PARK**

System Type: Transient Noncommunity

Operating Period: 5/1 to 10/31

Ground Water Rule Minimal Treatment System

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

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

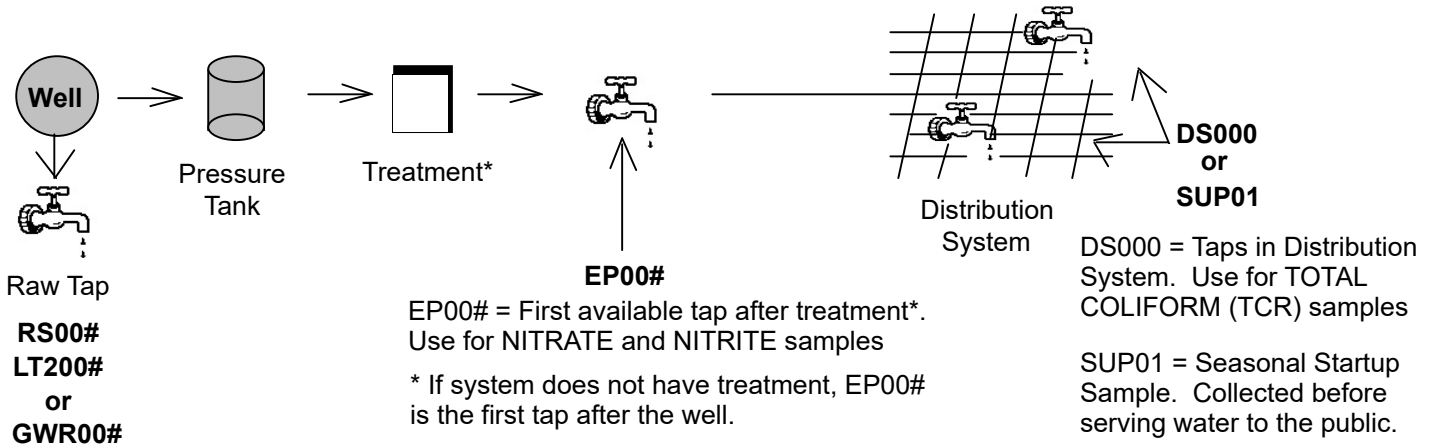
For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> FOXFIRE FAMILY FUN PARK 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 1/1/2017 and 3/31/2017   |
|                             | 1 Sample(s) Required between 5/1/2017 and 5/31/2017   |
|                             | 1 Sample(s) Required between 6/1/2017 and 6/30/2017   |
|                             | 1 Sample(s) Required between 7/1/2017 and 7/31/2017   |
|                             | 1 Sample(s) Required between 8/1/2017 and 8/31/2017   |
|                             | 1 Sample(s) Required between 9/1/2017 and 9/30/2017   |
|                             | 1 Sample(s) Required between 10/1/2017 and 10/31/2017 |

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



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

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

**OH1731012 FOXFIRE FAMILY FUN PARK**

System Type: Transient Noncommunity

Operating Period: 5/1 to 10/31

Ground Water Rule Minimal Treatment System

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

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

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

**ENTRY POINT MONITORING SCHEDULE**

**Sampling Facility ID: 1753673 Facility Name: FOXFIRE FAMILY FUN PARK**  
**Location SMP ID: EP001 Facility Source: Ground Water**

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2017 and 5/31/2017 |

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



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

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

**OH1732512 NEW WINCHESTER GOLF COURSE**

System Type: Transient Noncommunity

Operating Period: 4/1 to 10/31

Ground Water Rule Minimal Treatment System

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

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

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

**DISTRIBUTION MONITORING SCHEDULE**

**Sampling Facility ID: DS1 Facility Name: NEW WINCHESTER GOLF CRSE DISTRIBUTION**  
**Location SMP ID: SUP01 Facility Source: Ground Water**

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

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

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



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

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

**OH1732512 NEW WINCHESTER GOLF COURSE**

System Type: Transient Noncommunity

Operating Period: 4/1 to 10/31

Ground Water Rule Minimal Treatment System

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

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule.

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

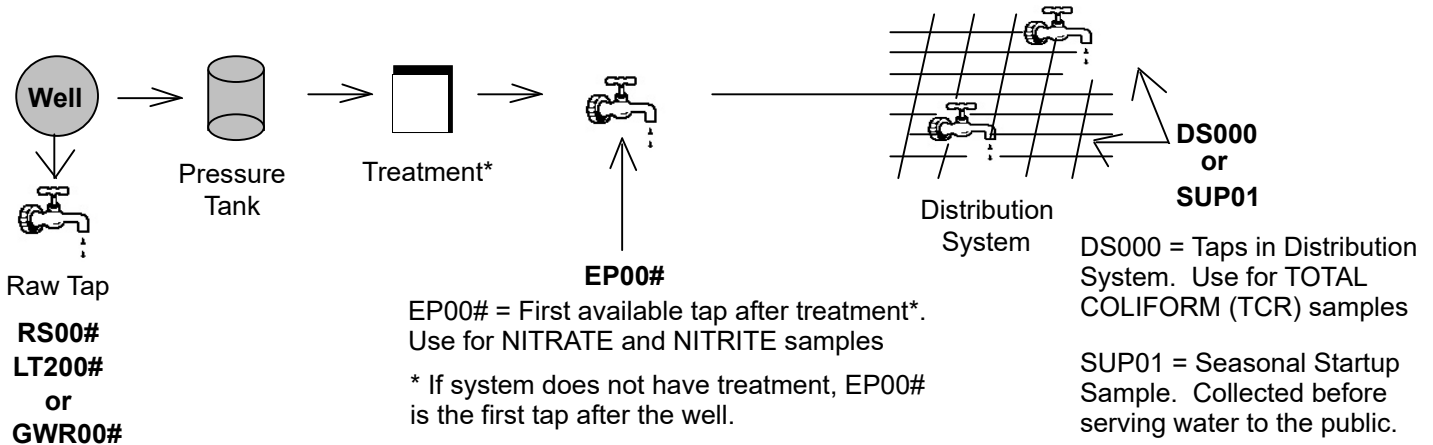
For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

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

| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 4/1/2017 and 4/30/2017   |
|                             | 1 Sample(s) Required between 5/1/2017 and 5/31/2017   |
|                             | 1 Sample(s) Required between 6/1/2017 and 6/30/2017   |
|                             | 1 Sample(s) Required between 7/1/2017 and 7/31/2017   |
|                             | 1 Sample(s) Required between 8/1/2017 and 8/31/2017   |
|                             | 1 Sample(s) Required between 9/1/2017 and 9/30/2017   |
|                             | 1 Sample(s) Required between 10/1/2017 and 10/31/2017 |

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



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

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



**OH1732512 NEW WINCHESTER GOLF COURSE**

System Type: Transient Noncommunity

Operating Period: 4/1 to 10/31

Ground Water Rule Minimal Treatment System

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

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule.

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

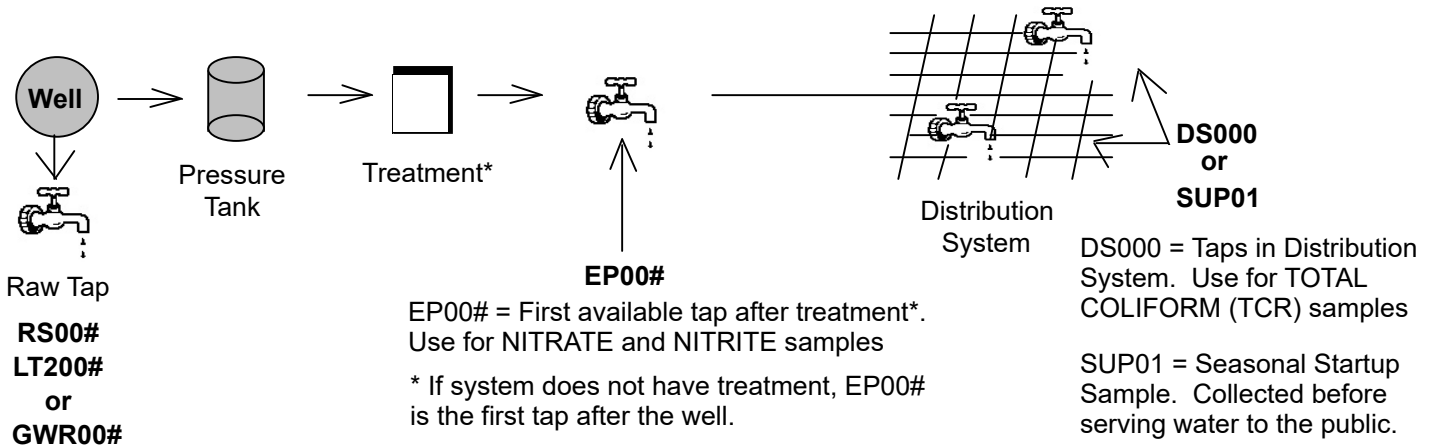
For water emergencies that occur after hours, please call 800-282-9378

**ENTRY POINT MONITORING SCHEDULE**

**Sampling Facility ID: 1753680 Facility Name: NEW WINCHESTER GOLF CRSE**  
**Location SMP ID: EP001 Facility Source: Ground Water**

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 4/1/2017 and 6/30/2017 |

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



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

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

**OH1733612 ST PAUL LUTHERAN CH - NORTH ROBINSON**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Ground Water Rule Minimal Treatment System

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

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

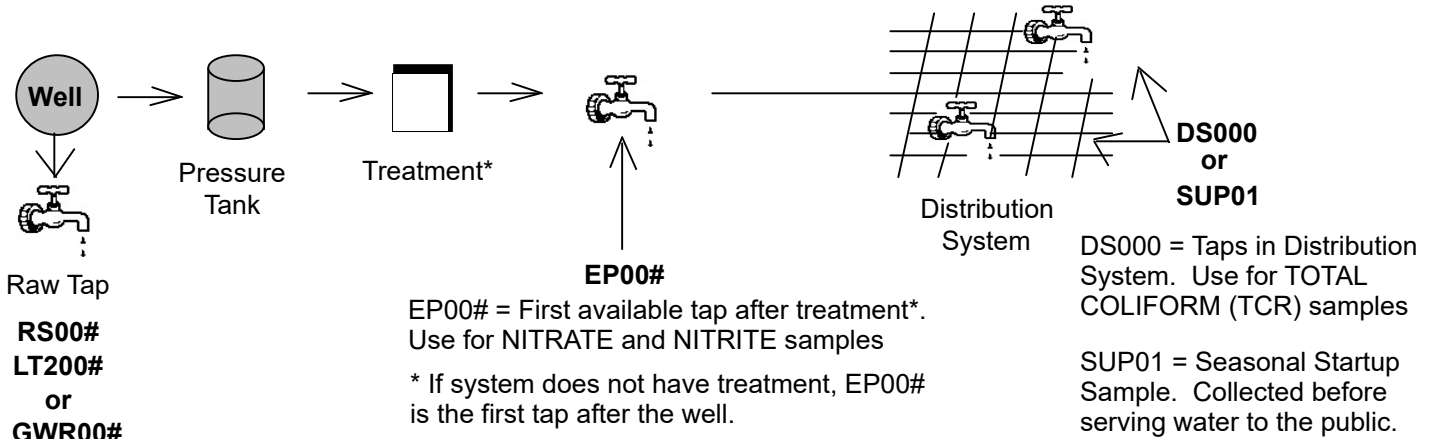
For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

**Sampling Facility ID: DS1 Facility Name: ST PAUL LUTHERAN CHURCH - NORTH ROBINSON**  
**Location SMP ID: DS000 Facility Source: Ground Water**

| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2017 and 3/31/2017   |
|                             | 1 Sample(s) Required between 4/1/2017 and 6/30/2017   |
|                             | 1 Sample(s) Required between 7/1/2017 and 9/30/2017   |
|                             | 1 Sample(s) Required between 10/1/2017 and 12/31/2017 |

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



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

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

**OH1733612 ST PAUL LUTHERAN CH - NORTH ROBINSON**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Ground Water Rule Minimal Treatment System

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

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule.

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

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

**ENTRY POINT MONITORING SCHEDULE**

**Sampling Facility ID: 1753683 Facility Name: SAINT PAULS LUTHERAN CHURCH**

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

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2017 and 5/31/2017 |

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



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

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

**OH1733712 ST PAUL LUTHERAN CH - SULPHUR SPRING**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Ground Water Rule Minimal Treatment System

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

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

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

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> ST. PAUL LUTHERAN CHURCH - SULPHUR SPRIN |
| <b>Location SMP ID:</b> DS000    | <b>Facility Source:</b> Ground Water                           |

| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2017 and 3/31/2017   |
|                             | 1 Sample(s) Required between 4/1/2017 and 6/30/2017   |
|                             | 1 Sample(s) Required between 7/1/2017 and 9/30/2017   |
|                             | 1 Sample(s) Required between 10/1/2017 and 12/31/2017 |

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



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

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

**OH1733712 ST PAUL LUTHERAN CH - SULPHUR SPRING**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Ground Water Rule Minimal Treatment System

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

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

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

**ENTRY POINT MONITORING SCHEDULE**

**Sampling Facility ID: 1753684 Facility Name: SAINT PAULS LUTHERAN CHURCH**  
**Location SMP ID: EP001 Facility Source: Ground Water**

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2017 and 5/31/2017 |

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



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

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

**OH1733912 SUNSET SPRINGS CAMPGROUND-S WELL**

System Type: Transient Noncommunity

Operating Period: 4/1 to 10/31

Ground Water Rule Minimal Treatment System

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

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

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

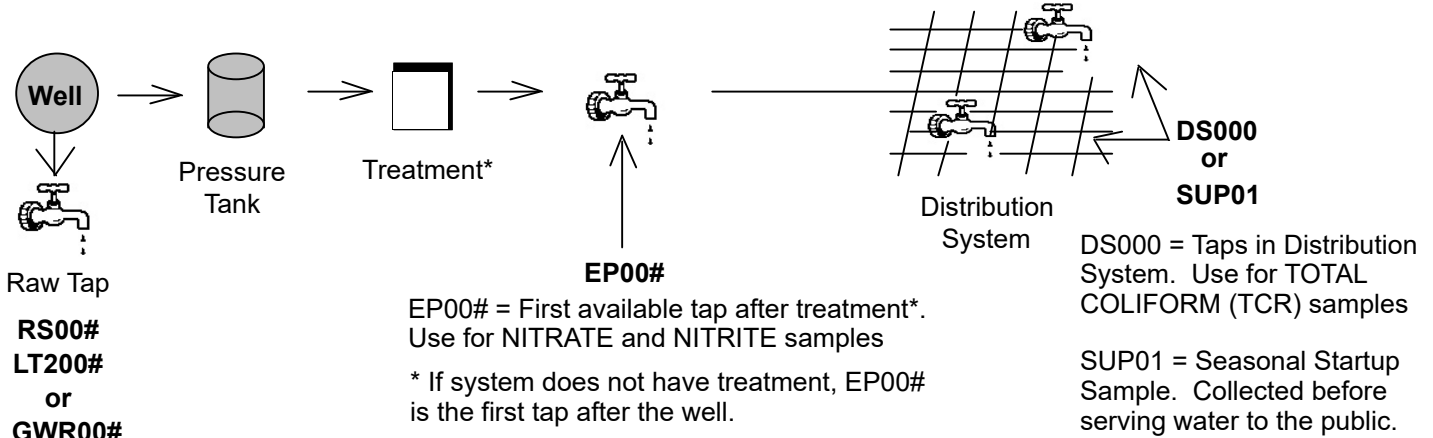
**DISTRIBUTION MONITORING SCHEDULE**

|                                  |   |
|----------------------------------|---|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> SUNSET SPRING-SOUTH WELL DISTRIBUTION |
| <b>Location SMP ID:</b> SUP01    | <b>Facility Source:</b> Ground Water                        |

| Chemicals                         | Monitoring Requirements   |
|-----------------------------------|---|
| TOTAL COLIFORM - SEASONAL STARTUP | At least 1 negative Total Coliform Bacteria sample prior to serving water to the public |

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

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



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

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

**OH1733912 SUNSET SPRINGS CAMPGROUND-S WELL**

System Type: Transient Noncommunity

Operating Period: 4/1 to 10/31

Ground Water Rule Minimal Treatment System

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

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule.

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

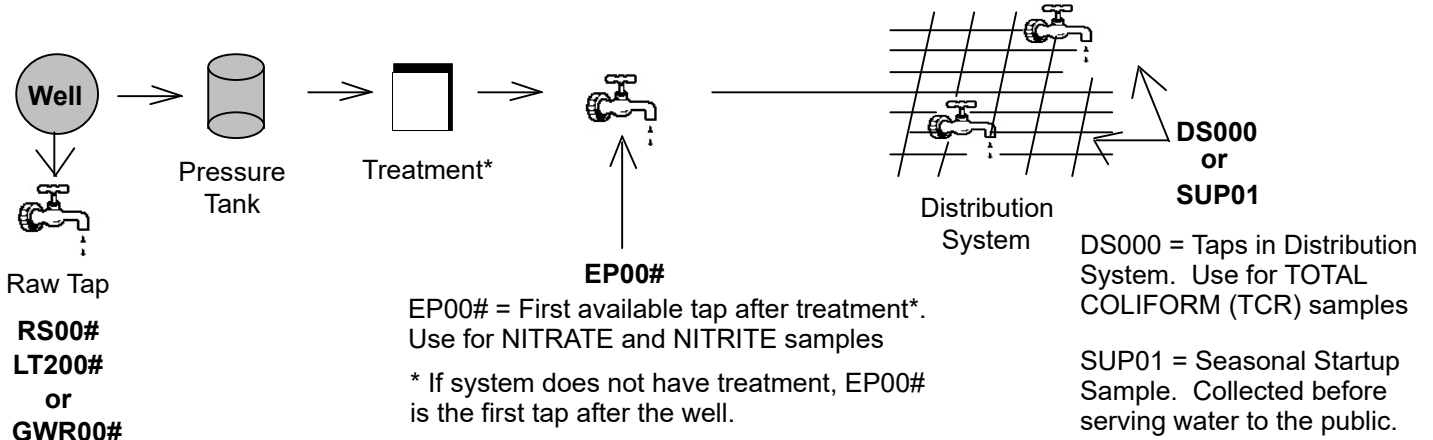
For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |   |
|----------------------------------|---|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> SUNSET SPRING-SOUTH WELL 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 5/1/2017 and 6/30/2017   |
|                             | 1 Sample(s) Required between 7/1/2017 and 9/30/2017   |
|                             | 1 Sample(s) Required between 10/1/2017 and 12/31/2017 |

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



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

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

**OH1733912 SUNSET SPRINGS CAMPGROUND-S WELL**

System Type: Transient Noncommunity

Operating Period: 4/1 to 10/31

Ground Water Rule Minimal Treatment System

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

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

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

**ENTRY POINT MONITORING SCHEDULE**

**Sampling Facility ID: 1753686 Facility Name: SUNSET SPRING SOUTH WELL**  
**Location SMP ID: EP001 Facility Source: Ground Water**

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2017 and 5/31/2017 |

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



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

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



**OH1734712 VALLEY VIEW GOLF COURSE**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Ground Water Rule Substantial System

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

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

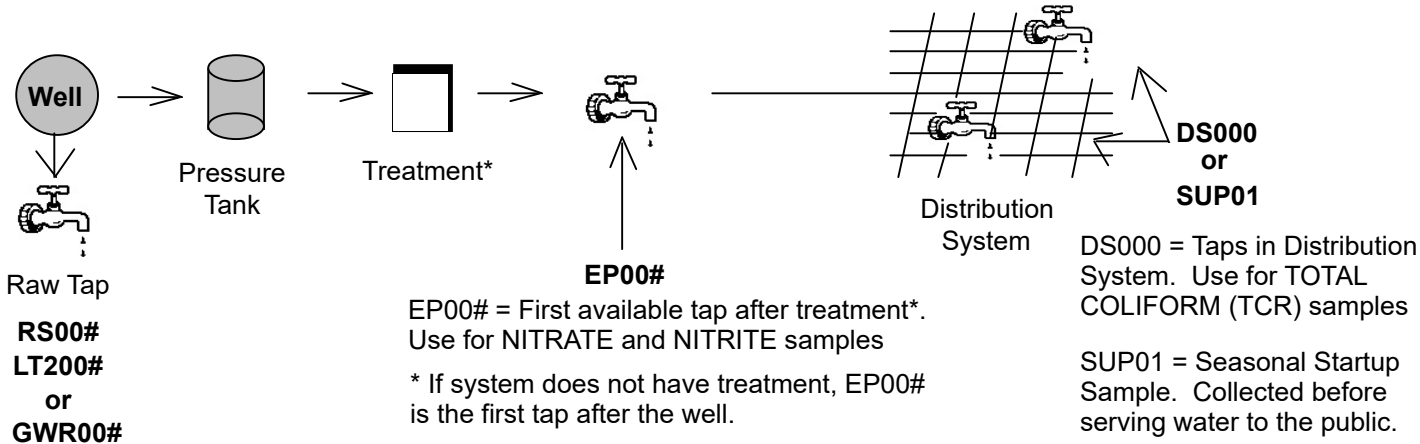
For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |  |
|----------------------------------|--|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> VALLEY VIEW GOLF COURSE 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 3/1/2017 and 3/31/2017   |
|                             | 1 Sample(s) Required between 4/1/2017 and 6/30/2017   |
|                             | 1 Sample(s) Required between 7/1/2017 and 9/30/2017   |
|                             | 1 Sample(s) Required between 10/1/2017 and 12/31/2017 |

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



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

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

**OH1734712 VALLEY VIEW GOLF COURSE**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Ground Water Rule Substantial System

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

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

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

**ENTRY POINT MONITORING SCHEDULE**

**Sampling Facility ID: 1753689 Facility Name: VALLEY VIEW GOLF COURSE**  
**Location SMP ID: EP001 Facility Source: Ground Water**

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2017 and 5/31/2017 |

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



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

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

**OH1735312 WOODY RIDGE GOLF COURSE**

System Type: Transient Noncommunity

Operating Period: 4/1 to 10/31

Ground Water Rule Substantial System

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

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

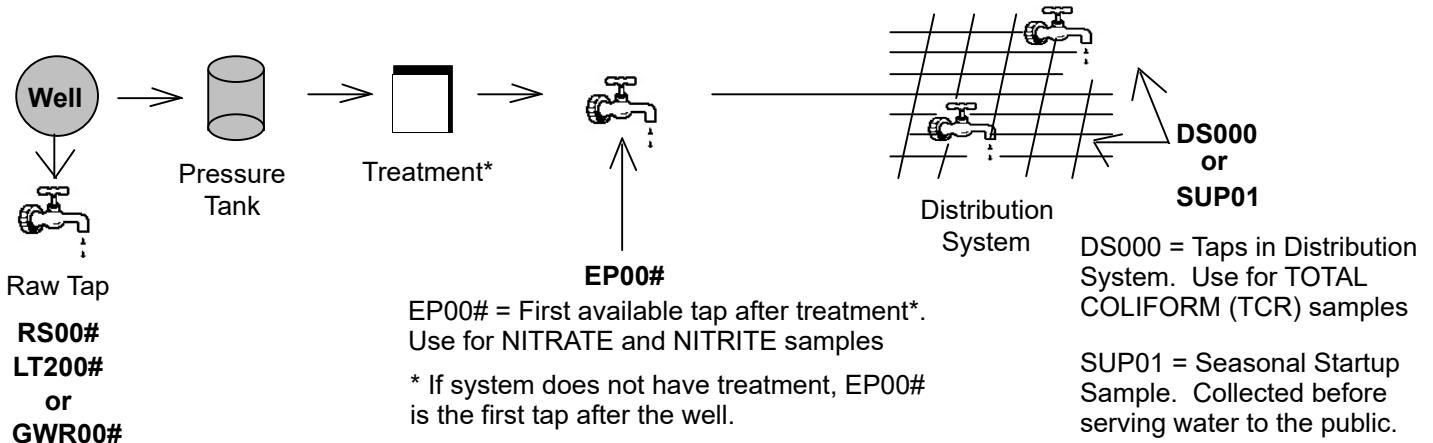
For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

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

| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 4/1/2017 and 6/30/2017   |
|                             | 1 Sample(s) Required between 7/1/2017 and 9/30/2017   |
|                             | 1 Sample(s) Required between 10/1/2017 and 12/31/2017 |

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



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

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

**OH1735312 WOODY RIDGE GOLF COURSE**

System Type: Transient Noncommunity

Operating Period: 4/1 to 10/31

Ground Water Rule Substantial System

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

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

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

**ENTRY POINT MONITORING SCHEDULE**

**Sampling Facility ID: 1753695 Facility Name: WOODY RIDGE GOLF COURSE**  
**Location SMP ID: EP001 Facility Source: Ground Water**

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2017 and 5/31/2017 |

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



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

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

**OH1735712 THE OAK'S CAFE LTD**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Ground Water Rule Substantial System

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

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

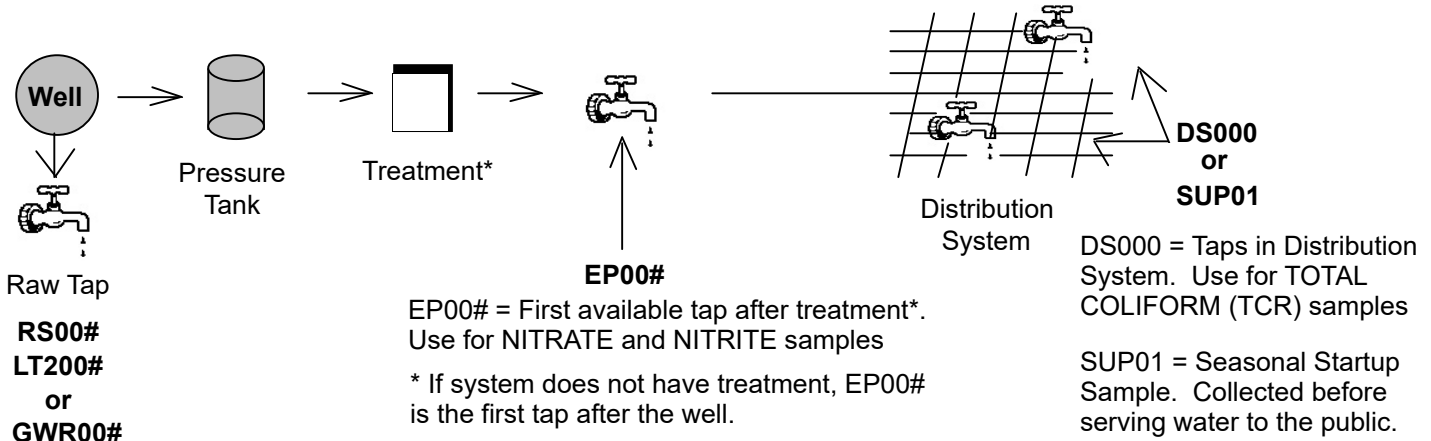
For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

**Sampling** Facility ID: **DS1** Facility Name: **THE OAK'S CAFE LTD DISTRIBUTION**  
**Location** SMP ID: **DS000** Facility Source: **Ground Water**

| Chemicals                   | Monitoring Requirements                               |
|-----------------------------|---|
| TOTAL COLIFORM (TCR) - 3100 | 1 Sample(s) Required between 1/1/2017 and 3/31/2017   |
|                             | 1 Sample(s) Required between 4/1/2017 and 6/30/2017   |
|                             | 1 Sample(s) Required between 7/1/2017 and 9/30/2017   |
|                             | 1 Sample(s) Required between 10/1/2017 and 12/31/2017 |

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



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

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

**OH1735712 THE OAK'S CAFE LTD**

System Type: Transient Noncommunity

Operating Period: 1/1 to 12/31

Ground Water Rule Substantial System

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

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

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

**ENTRY POINT MONITORING SCHEDULE**

**Sampling** Facility ID: 1753697 Facility Name: THE OAK'S CAFE LTD  
**Location** SMP ID: EP001 Facility Source: Ground Water

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2017 and 5/31/2017 |

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



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

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

**OH1736912 SUNSET SPRINGS CAMPGROUND-N WELL**

System Type: Transient Noncommunity

Operating Period: 4/1 to 10/31

Ground Water Rule Minimal Treatment System

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

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

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

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |   |
|----------------------------------|---|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> SUNSET SPRING-NORTH WELL DISTRIBUTION |
| <b>Location SMP ID:</b> SUP01    | <b>Facility Source:</b> Ground Water                        |

| Chemicals                         | Monitoring Requirements   |
|-----------------------------------|---|
| TOTAL COLIFORM - SEASONAL STARTUP | At least 1 negative Total Coliform Bacteria sample prior to serving water to the public |

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

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



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

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

**OH1736912 SUNSET SPRINGS CAMPGROUND-N WELL**

System Type: Transient Noncommunity

Operating Period: 4/1 to 10/31

Ground Water Rule Minimal Treatment System

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

Contact your district office to review additional monitoring for operating parameters, and/or other monitoring requirements not included on this schedule.

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

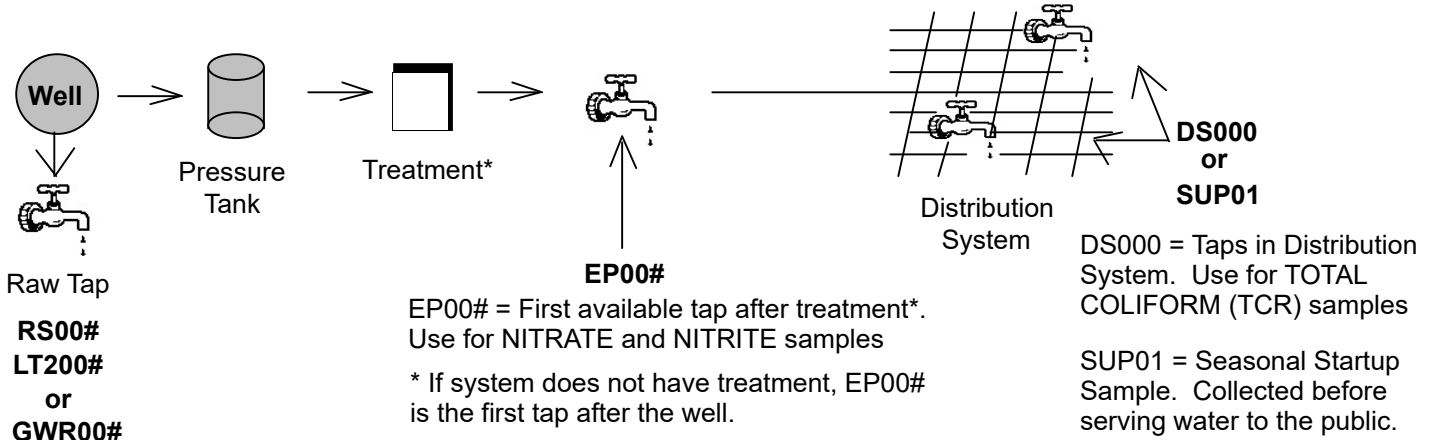
For water emergencies that occur after hours, please call 800-282-9378

**DISTRIBUTION MONITORING SCHEDULE**

|                                  |   |
|----------------------------------|---|
| <b>Sampling Facility ID:</b> DS1 | <b>Facility Name:</b> SUNSET SPRING-NORTH WELL 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 5/1/2017 and 6/30/2017   |
|                             | 1 Sample(s) Required between 7/1/2017 and 9/30/2017   |
|                             | 1 Sample(s) Required between 10/1/2017 and 12/31/2017 |

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



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

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



**OH1736912 SUNSET SPRINGS CAMPGROUND-N WELL**

System Type: Transient Noncommunity

Operating Period: 4/1 to 10/31

Ground Water Rule Minimal Treatment System

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

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

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

**ENTRY POINT MONITORING SCHEDULE**

**Sampling Facility ID: 1753703 Facility Name: SUNSET SPRING NORTH WELL**  
**Location SMP ID: EP001 Facility Source: Ground Water**

| Chemicals      | Monitoring Requirements                             |
|----------------|---|
| NITRITE - 1041 | Not Required  |
| NITRATE - 1040 | 1 Sample(s) Required between 1/1/2017 and 5/31/2017 |

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



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

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