



# Drinking Water and Groundwater Bureau Master Sampling Schedule

April 16, 2014

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PWS ID: 1201010

Name: HUDSON WATER DEPT

System Type: Community

PWS Town: HUDSON

Questions? Please call (603) 271-3544.

## **TOTAL COLIFORM RULE (TCR)**

Sampling Months: MONTHLY

15 Routine sample(s) per sampling month

[Routine Analysis Request Form](#)

3 Repeat samples for each positive routine\*

[Repeat Analysis Request Form](#)

15 Routine samples the month following a positive routine sample

\* GWR Triggered Monitoring also required

### Sample Site Number(s)

### Sample Sites

001	TRUE VALUE /ROUTE 102
002	FIRE STATION
008	42 WINNHAVEN DRIVE
009	41 GREELEY STREET
010	8A GILLIS STREET
012	14 CLEMENT RD OFFICE SINK
013	HUDSON EXXON 18 FERRY ROAD
014	MARKET BASKET ON LOWELL RD
015	HUDSON MEMORIAL 1 MEMORIAL DR
016	4 PARK AVENUE MORGAN CERAMICS
017	RITE AIDE 71 LOWELL RD
018	230 CENTRAL ST 7 11 SINK
019	6 MOCKINGBIRD LANE
025	8 BLUEBERRY LN REAR MIDDLE FCT
027	18 PAR LANE

This schedule reflects your routine sampling requirements. Additional samples will be required following a positive bacteria result.

Questions? Please call (603) 271-2542

## **GROUNDWATER RULE (GWR)**

Use the Ground Water Rule forms for source samples (raw water) only.

[Triggered Monitoring \(TM\) Analysis Request Form](#)

[Investigative Monitoring \(IM\) Analysis Request Form](#)

Triggered Monitoring (TM): Effective December 1, 2009, use this form to collect samples from your source(s) after you have been notified of a positive bacteria sample collected in compliance with the TCR schedule noted above. You must collect 1 source sample from each well for each positive TCR sample. Use the TCR Multi-Use Form for all other bacteria repeat samples.

Investigative Monitoring (IM): Samples are required for groundwater systems that install new disinfection or new well(s) after December 1, 2009.

Questions? Please call (603) 271-0672 or (603) 271-2542.

## **LEAD & COPPER RULE (LCR)**

Compliance Begin Date: 01/01/2015

Monitoring Frequency: Triennial

[Analysis Request Form](#)

Sample in Quarter: Q4 (Oct-Dec)

Round: 10

[Initial Water Quality Parameters Form](#)

Minimum Sites Required: 60

This schedule will not reflect partial samples taken.

Samples Required: 30

### Site Activity

### Sample Site Number(s)

### Sample Site(s)

Active	009	267 WEBSTER ST /HUDSON
Active	011	5 BALTRUSOL /HUDSON
Active	013	19 ROY ST /HUDSON
Active	015	176 HIGHLAND /HUDSON

Note: This schedule is effective as of the date shown at the top. DES recommends that you review your Master Sampling Schedule on a regular basis to ensure that you have the most recent schedule before you collect your samples.



# Drinking Water and Groundwater Bureau Master Sampling Schedule

(1201010 HUDSON WATER DEPT Continued)

**LEAD & COPPER RULE (LCR)**

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Monitoring Frequency: Triennial

[Analysis Request Form](#)

Sample in Quarter: Q4 (Oct-Dec)

Round: 10

[Initial Water Quality Parameters Form](#)

Minimum Sites Required: 60

This schedule will not reflect partial samples taken.

Samples Required: 30

<u>Site Activity</u>	<u>Sample Site Number(s)</u>	<u>Sample Site(s)</u>
Active	017	15 PHILBRICK ST /HUDSON
Active	019	190 HIGHLAND ST /HUDSON
Active	021	17 ROY DR /HUDSON
Active	023	27 ADAMS DR /HUDSON
Active	025	188 HIGHLAND /HUDSON
Active	027	16 MCKINNEY /HUDSON
Active	029	50 BURNSHILL RD /HUDSON
Active	031	12 WINSLOW FARM RD /HUDSON
Active	033	23 ROY DR /HUDSON
Active	035	3 PAGET DR /HUDSON
Active	037	32 WINSLOW FARM /HUDSON
Active	039	29 RANGERS DR /HUDSON
Active	041	27 RANGERS DR /HUDSON
Active	043	23B LUND /HUDSON
Active	045	22 MADISON /HUDSON
Active	049	181 HIGHLAND /HUDSON
Active	055	41 GREELEY ST /HUDSON
Active	059	131 WEST ST /HUDSON
Active	061	14 SAND HILL RD /HUDSON
Active	067	11 MCKINNEY DR /HUDSON
Active	069	147 HIGHLAND ST /HUDSON
Active	073	43B GREELEY ST /HUDSON
Active	075	12 ROY DR /HUDSON
Active	079	48 HIGHLAND /HUDSON
Active	083	4 JEFFERSON DR /HUDSON
Active	085	13 JEFFERSON DR /HUDSON
Active	087	7 JACKSON DR /HUDSON
Active	089	4 LUND DR
Active	091	139 HIGHLAND DR
Active	093	191 HIGHLAND DR
Active	095	26 ROY DR
Active	097	1 PAGET DR
Active	099	11 WINSLOW FARM ROAD
Active	101	14 WINSLOW FARM ROAD
Active	103	18 PHILBRICK ST
Active	105	15 SAND HILL ROAD
Active	107	20 SAND HILL ROAD
Inactive**	001	32 LOCKEMILL DR /LITCHFIELD
Inactive**	003	6 AMSTERDAM /LITCHFIELD
Inactive**	005	41 PILGRIM DR /LITCHFIELD
Inactive**	007	2 ROTTERDAM DR /LITCHFIELD
Inactive**	047	12 UNDERWOOD /LITCHFIELD
Inactive**	051	12 CENTURY LN /LITCHFIELD
Inactive**	053	16 PEARSON ST /LITCHFIELD
Inactive**	057	17 ALAN CIR /LONDONDERRY

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## **LEAD & COPPER RULE (LCR)**

Compliance Begin Date: 01/01/2015

Monitoring Frequency: Triennial

[Analysis Request Form](#)

Sample in Quarter: Q4 (Oct-Dec)

Round: 10

[Initial Water Quality Parameters Form](#)

Minimum Sites Required: 60

This schedule will not reflect partial samples taken.

Samples Required: 30

<u>Site Activity</u>	<u>Sample Site Number(s)</u>	<u>Sample Site(s)</u>
Inactive**	063	11 LOCKE MILL DR /LITCHFIELD
Inactive**	065	1 RIVER VIEW CIR /LITCHFIELD
Inactive**	071	28 LOCKE MILL DR /LITCHFIELD
Inactive**	077	31 LOCKEMILL DR /LITCHFIELD
Inactive**	081	32 PILGRIM DR /LITCHFIELD

**\*\* Sites should be inactivated based on temporary vacancy, or where the current resident wishes not to participate. Please advise this office of site status changes BEFORE sampling.**

Questions? Please call (603) 271-2516



# Drinking Water and Groundwater Bureau Master Sampling Schedule

(1201010 HUDSON WATER DEPT Continued)

**CHEMICAL MONITORING**

T = Taken in Assigned Quarter

Q = Assigned Quarter - system must collect samples

[Analysis Request Form](#)

Q1 = Jan, Feb, Mar

Q3 = Jul, Aug, Sep

Q2 = Apr, May, Jun

Q4 = Oct, Nov, Dec

Year	Sample Site Number(s)	Sample Site(s)	Sampling Quarter	Special Conditions*
2013	501	DEP TAP WEINSTEIN PH/AFTER TREATMENT/006 NITRATE	-----T4	
2013	502	DEP TAP DAME PH/AFTER TRTMT/BLD 007 008 NITRATE NITRITE VOLATILE ORGANIC COMPOUNDS (VOC)	-----T4 -----T4 -----T4	
2014	501	DEP TAP WEINSTEIN PH/AFTER TREATMENT/006 INORGANIC CHEMICALS (IOC) NITRATE NITRITE SYNTHETIC ORGANIC COMPOUNDS (SOC) VOLATILE ORGANIC COMPOUNDS (VOC)	-----Q4 -----Q4 -----Q4 -----	RENEW WAIVER
2014	502	DEP TAP DAME PH/AFTER TRTMT/BLD 007 008 INORGANIC CHEMICALS (IOC) NITRATE SYNTHETIC ORGANIC COMPOUNDS (SOC) VOLATILE ORGANIC COMPOUNDS (VOC)	-----Q4 -----Q4 -----	RENEW WAIVER
2015	501	DEP TAP WEINSTEIN PH/AFTER TREATMENT/006 COMBINED RADIUM (-226 AND -228) COMPLIANCE GROSS ALPHA NITRATE SYNTHETIC ORGANIC COMPOUNDS (SOC) URANIUM /(MASS units in ug/L) VOLATILE ORGANIC COMPOUNDS (VOC)	-----Q4 -----Q4 -----Q4 -----Q4 -----Q4 -----Q4	
2015	502	DEP TAP DAME PH/AFTER TRTMT/BLD 007 008 COMBINED RADIUM (-226 AND -228) COMPLIANCE GROSS ALPHA NITRATE SYNTHETIC ORGANIC COMPOUNDS (SOC) URANIUM /(MASS units in ug/L) VOLATILE ORGANIC COMPOUNDS (VOC)	-----Q4 -----Q4 -----Q4 -----Q4 -----Q4 -----Q4	
2016	501	DEP TAP WEINSTEIN PH/AFTER TREATMENT/006 NITRATE SYNTHETIC ORGANIC COMPOUNDS (SOC) VOLATILE ORGANIC COMPOUNDS (VOC)	-----Q4 -----Q4 -----Q4	
2016	502	DEP TAP DAME PH/AFTER TRTMT/BLD 007 008 NITRATE NITRITE SYNTHETIC ORGANIC COMPOUNDS (SOC) VOLATILE ORGANIC COMPOUNDS (VOC)	-----Q4 -----Q4 -----Q4 -----Q4	

Only required radionuclides will be shown beyond the CURRENT compliance sampling schedule.

Questions? Please call (603) 271-6703 or (603) 271-3907.

\*Special Conditions: Renew Waiver, note that sampling may not be required if renewal completed on time. If applicable, see Chemical Monitoring Waivers below. Waste Management Involvement, contractor may sample, please call (603) 271-6542.

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## **CHEMICAL MONITORING WAIVER(S)**

[Waiver Application Form](#)

<u>Source Id</u>	<u>Source Description</u>	
006	<b>GPW WEINSTEIN</b>	
	SOC waiver expires on 12/31/2014.	Participation could save money. Reapply.
007	VOC waiver expires on 12/31/2014.	Participation could save money. Reapply.
	<b>GPW DAME</b>	
008	SOC waiver expires on 12/31/2014.	Participation could save money. Reapply.
	VOC waiver denied on 03/07/2012.	Please refer to waiver letter for details.

Questions? Please call (603) 271-2862.

## **DISINFECTION BY PRODUCT (DBP)**

[Analysis Request Form](#)

[D/DBP Quarterly Report](#)

Primary Source: GROUNDWATER

Disinfecting PWS ID: NH1201010

Questions? Please call (603) 271-0867.

## **GENERAL SYSTEM EVALUATION SAMPLES (GSES)**

[Analysis Request Form](#)

This form is to be used for non-scheduled samples collected in addition to your Master Sampling Schedule (MSS). DES will contact you ONLY if results indicate the exceedance of an acute contaminant MCL.

Questions? Please call (603) 271-6703 or (603) 271-3907.