

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120202	BOLTON HIGH SCHOOL	NTNC	304	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
72 BRANDY STREET			1				
Towns Served: BOLTON							

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)							
Asbestos (1094)			1 routine (RT) per nine years				
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>				
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		Complete				
	1/1/20 - 12/31/28						
Total Coliform (3100)			1 routine (RT) per quarter				
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>				
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete				
	10/1/19 - 12/31/19		Complete				
	1/1/20 - 3/31/20		Complete				
	4/1/20 - 6/30/20						
	7/1/20 - 9/30/20						
Lead And Copper (PBCU)			5 routine (RT) per three years				
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>				
Select from Inventory of Active Sampling Points	1/1/17 - 12/31/19	6/1-9/30	Complete				
	1/1/20 - 12/31/22	6/1-9/30					
	1/1/23 - 12/31/25	6/1-9/30					
Physical Parameters (PPS)			1 routine (RT) per quarter				
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>				
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete				
	10/1/19 - 12/31/19		Complete				
	1/1/20 - 3/31/20		Complete				
	4/1/20 - 6/30/20						
	7/1/20 - 9/30/20						
Water System Facility: ENTRY POINT (WSF ID: 00701)							
Inorganic Chemicals (IOCS)			1 routine (RT) per three years				
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>				
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete				
	1/1/20 - 12/31/22						
	1/1/23 - 12/31/25						
Nitrate And Nitrite (NOX)			1 routine (RT) per year				
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>				
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete				
	1/1/20 - 12/31/20		Complete				
	1/1/21 - 12/31/21						
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)			1 routine (RT) per three years				
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>				
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete				
	1/1/20 - 12/31/22						
	1/1/23 - 12/31/25						

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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CT0120202	BOLTON HIGH SCHOOL	NTNC	304	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
72 BRANDY STREET			1				
Towns Served: BOLTON							

Monitoring Requirements

Water System Facility: ENTRY POINT (WSF ID: 00701)

Organic Chemicals (VOCS)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		Complete
	1/1/21 - 12/31/21		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2019	
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	
CROSS CONNECTION SURVEY REPORT	3/1/2020	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	A	Y			
		BHS-1	KITCHEN HAND SINK	A	Y	2	Y	
		BHS-2	STAFF KITCHEN SINK	A	Y	2		
		BHS-3	NURSES HAND SINK	A	Y	2		
		BHS-4	RM 13 HANDICAP SINK	A	Y	2		
		BHS-5	SUPERVISOR B&G SINK	A	Y	2		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00701	ENTRY POINT	3	ENTRY POINT	A				
57655	WELL A	2	WELL A	A				
57657	WELL B	2	WELL B	A				
57659	ATMOSPHERIC TANK							
57663	BLADDER TANK							
57665	TREATMENT PLANT							

Certified Operator Information

Water System Facility: TREATMENT PLANT (WSF ID: 57665)

<i>Facility Classification:</i>			<i>Certification Expiration</i>
<i>Operator Name</i>	<i>Operator Type</i>	<i>Certification(s)</i>	
LAFRAMBOISE, PAUL F.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2021
		WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2021
LAFRAMBOISE, JEFFREY	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2020

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120202	BOLTON HIGH SCHOOL	NTNC	304	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
72 BRANDY STREET			1				

Towns Served: BOLTON

Contact Information

Name		Organization			Job Title		
Mr. Paul K. Smith					Superintendent		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
108 Notch Road					Bolton	CT	06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-643-1569	126	860-647-8452			paulk.smith@boltonct.org		

Contact Role(s): **Legal Contact**

Name		Organization			Job Title		
Town of Bolton							
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
72 Brandy St					Bolton	CT	06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		

Contact Role(s): **Legal Contact, Owner**

Name		Organization			Job Title		
Mrs. Kristin B. Heckt		Bolton Public Schools			Superintendent		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
72 Brandy Street					Bolton	CT	06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-643-1569	3407	860-647-8452		860-539-5029	kristin.heckt@boltonct.org		

Contact Role(s): **Administrative Contact**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120212	BOLTON CENTER SCHOOL (K-8)	NTNC	756	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
108 NOTCH ROAD			4				
Towns Served: BOLTON							

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)							
Asbestos (1094)			1 routine (RT) per nine years				
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>				
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		Complete				
	1/1/20 - 12/31/28						
Total Coliform (3100)			1 routine (RT) per quarter				
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>				
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete				
	10/1/19 - 10/31/19		Complete				
Total Coliform (3100)			1 routine (RT) per month				
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>				
Select from Inventory of Active Sampling Points	12/1/19 - 12/31/19		Complete				
	1/1/20 - 1/31/20		Complete				
	2/1/20 - 2/29/20		Complete				
	3/1/20 - 3/31/20						
	4/1/20 - 4/30/20						
	5/1/20 - 5/31/20						
	6/1/20 - 6/30/20						
	7/1/20 - 7/31/20						
	8/1/20 - 8/31/20						
	9/1/20 - 9/30/20						
Total Coliform (3100)			3 repeat (RP) per period				
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>				
Select from Inventory of Active Sampling Points	10/18/19 - 10/23/19		Complete				
Total Coliform (3100)			3 temporary routine (TR) per month				
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>				
Select from Inventory of Active Sampling Points	11/1/19 - 11/30/19						
Lead And Copper (PBCU)			10 routine (RT) per three years				
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>				
Select from Inventory of Active Sampling Points	1/1/17 - 12/31/19	6/1-9/30	Complete				
	1/1/20 - 12/31/22	6/1-9/30					
	1/1/23 - 12/31/25	6/1-9/30					
Physical Parameters (PPS)			1 routine (RT) per quarter				
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>				
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete				
	10/1/19 - 11/30/19	10/1-11/30	Complete				
Physical Parameters (PPS)			1 routine (RT) per month				
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>				
DISTRIBUTION SYSTEM (4)	12/1/19 - 12/31/19		Complete				
	1/1/20 - 1/31/20		Complete				
	2/1/20 - 2/29/20		Complete				

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120212	BOLTON CENTER SCHOOL (K-8)	NTNC	756	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
108 NOTCH ROAD			4				

Towns Served: BOLTON

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Physical Parameters (PPS)	1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Inorganic Chemicals (IOCS)	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		Complete
	1/1/21 - 12/31/21		

Pesticides, Herbicides and PCBs - Phase II & V (SOCS)	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		

Organic Chemicals (VOCS)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		Complete
	1/1/21 - 12/31/21		

Water System Facility: **WELL 2 (WSF ID: 10049)**

E. Coli (3014)	1 triggered (TG) per period		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 2 (2)	10/17/19 - 10/23/19		Complete

Water System Facility: **WELL 1 (WSF ID: 10050)**

E. Coli (3014)	1 triggered (TG) per period		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 1 (2)	10/17/19 - 10/23/19		Complete

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120212	BOLTON CENTER SCHOOL (K-8)	NTNC	756	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
108 NOTCH ROAD			4				
Towns Served: BOLTON							

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2019	
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	
CROSS CONNECTION SURVEY REPORT	3/1/2020	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		MW003-S	KITCHEN SINK/STORAGE	A	Y	N		
		MW027-1	ROOM 1	A	Y	N		
		MW027-15	ROOM 15	A	Y	N		
		MW027-19	ROOM 19	A	Y	N		
		MW027-2	ROOM 2	A	Y	N		
		MW027-40	ROOM 40	A	Y	N		
		MW027-5	ROOM 5	A	Y	N		
		MW027-ELRS	STAFF LUNCH RM SINK	A	Y	N	Y	Y
		MW032	HWY GARAGE	A	Y	N		
		MW033	YMCA	A	Y	N		
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10049	WELL 2	2	WELL 2	A				
10050	WELL 1	2	WELL 1	A				
48176	ATMOSPHERIC STORAGE							
48178	PRESSURE STORAGE							
48713	I&M WTP							

Certified Operator Information

Water System Facility: I&M WTP (WSF ID: 48713)			
Facility Classification: CLASS 1 TREATMENT PLANT			
Operator Name	Operator Type	Certification(s)	Certification Expiration
LAFRAMBOISE, PAUL F.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2021
		WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2021

Contact Information

Name		Organization			Job Title		
Mr. Paul K. Smith					Superintendent		
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
108 Notch Road					Bolton	CT	06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-643-1569	126	860-647-8452			paulk.smith@boltonct.org		

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
CT0120212	BOLTON CENTER SCHOOL (K-8)	NTNC	756	L	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
108 NOTCH ROAD			4					
Towns Served: BOLTON								
Contact Role(s): Legal Contact								
Name			Organization			Job Title		
Mrs. Kristin B. Heckt			Bolton Public Schools			Superintendent		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
72 Brandy Street						Bolton	CT	06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-643-1569	3407	860-647-8452		860-539-5029	kristin.heckt@boltonct.org			
Contact Role(s): Administrative Contact								

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120302	SIMONIZ USA	NTNC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
201 BOSTON TURNPIKE ROAD			1				
Towns Served: BOLTON							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Asbestos (1094)		1 routine (RT) per nine years			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		Complete		
	1/1/20 - 12/31/28				
Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20		Complete		
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				
Lead And Copper (PBCU)		5 routine (RT) per six months			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 12/31/19		Complete		
	1/1/20 - 6/30/20				
	7/1/20 - 12/31/20				
Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20		Complete		
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				
Water System Facility: ENTRY POINT (WSF ID: 00700)					
Inorganic Chemicals (IOCS)		1 routine (RT) per three years			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/19 - 12/31/21				
	1/1/22 - 12/31/24				
Nitrate And Nitrite (NOX)		1 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete		
	1/1/20 - 12/31/20		Complete		
	1/1/21 - 12/31/21				
Pesticides, Herbicides and PCBs-Phase II (SOC2)		1 routine (RT) per three years			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete		
	1/1/20 - 12/31/22				
	1/1/23 - 12/31/25				
Pesticides, Herbicides and PCBs-Phase V (SOC5)		1 routine (RT) per three years			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		

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PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120302	SIMONIZ USA	NTNC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
201 BOSTON TURNPIKE ROAD			1				

Towns Served: BOLTON

Monitoring Requirements

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Pesticides, Herbicides and PCBs-Phase V (SOC5) **1 routine (RT) per three years**

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		

Organic Chemicals (VOCS) **1 routine (RT) per year**

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
	1/1/21 - 12/31/21		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2012	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2018	
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	9/28/2019	
CROSS CONNECTION SURVEY REPORT	3/1/2020	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		SWS001	HANDICAP BATHROOM	P	Y	1		
		SWS002	MENS BATHROOM	P	Y	1		
		SWS003	LADIES BATHROOM	P	Y	1		
		SWS004	BREAK ROOM	P	Y	1		
		SWS005	CAFETERIA	P	Y	1		
		SWS006	ENTRY POINT	P				
	UPSTREAM	WITHIN 5 SERVICE CON	A					
00700	ENTRY POINT	3	ENTRY POINT	A				
10051	WELL 1	2	WELL	A				
54966	STORAGE TANKS							

Certified Operator Information

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Facility Classification: SMALL WATER SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration
NIGRO, JR., VICTOR N.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2021
		DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2020

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120302	SIMONIZ USA	NTNC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
201 BOSTON TURNPIKE ROAD			1				
Towns Served: BOLTON							

Certified Operator Information

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Facility Classification: SMALL WATER SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration
NIGRO, SCOTT A.	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2022
		WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2020

Contact Information

Name		Organization		Job Title		
Mr. William Hibbard		Simoniz USA Inc.		Plant Manager		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
201 Boston Turnpike				Bolton	CT	06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-646-0172	105	860-645-6070		860-209-0970		

Contact Role(s): **Administrative Contact, Legal Contact**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120024	ABLE COIL	NTNC	50	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
25 HOWARD ROAD				1			
Towns Served: BOLTON							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Asbestos (1094) **1 routine (RT) per nine years**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		Complete
	1/1/20 - 12/31/28		

Total Coliform (3100) **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Lead And Copper (PBCU) **5 routine (RT) per six months**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 12/31/19		Complete
	1/1/20 - 6/30/20		
	7/1/20 - 12/31/20		

Physical Parameters (PPS) **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Inorganic Chemicals (IOCS) **1 routine (RT) per three years**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		

Nitrate And Nitrite (NOX) **1 routine (RT) per year**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
	1/1/21 - 12/31/21		

Pesticides, Herbicides and PCBs - Phase II & V (SOCS) **1 routine (RT) per three years**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120024	ABLE COIL	NTNC	50	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
25 HOWARD ROAD				1			
Towns Served: BOLTON							

Monitoring Requirements

Water System Facility: ENTRY POINT (WSF ID: 00700)			
Organic Chemicals (VOCS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	
CROSS CONNECTION EXEMPTION	3/1/2023	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20225	WELL	2	WELL	A				

Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Facility Classification: SMALL WATER SYSTEM			
<i>Operator Name</i>	<i>Operator Type</i>	<i>Certification(s)</i>	<i>Certification Expiration</i>
STAVENS, JOEL	CHIEF OPERATOR	SMALL WATER SYSTEM OPERATOR	6/30/2020

Contact Information

Name		Organization			Job Title		
Mr. Steven Rockefeller		Able Coil & Electronics			President		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
25 Howard Road		P.O. Box 9127			Bolton	CT	06040
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-646-5686	101	860-646-5678		860-211-5006	steven@ablecoil.com		
Contact Role(s): Administrative Contact, Legal Contact, Owner							

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
CT0120024	ABLE COIL	NTNC	50	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
25 HOWARD ROAD				1				
Towns Served: BOLTON								
Name			Organization			Job Title		
Howard Road Realty LLC								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
P. O. Box 9127						Bolton	CT	06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
Contact Role(s): Owner								

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120424	THE CARLYLE JOHNSON MACHINE COMPANY	NTNC	42	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
291 BOSTON TURNPIKE				1			

Towns Served: BOLTON

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Asbestos (1094)		1 routine (RT) per nine years			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		Complete		
	1/1/20 - 12/31/28				
Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20		Complete		
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				
Lead And Copper (PBCU)		5 routine (RT) per six months			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 12/31/19		Complete		
	1/1/20 - 6/30/20				
	7/1/20 - 12/31/20				
Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20		Complete		
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				
Water System Facility: ENTRY POINT (WSF ID: 00700)					
Inorganic Chemicals (IOCS)		1 routine (RT) per three years			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete		
	1/1/20 - 12/31/22				
	1/1/23 - 12/31/25				
Nitrate And Nitrite (NOX)		1 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete		
	1/1/20 - 12/31/20		Complete		
	1/1/21 - 12/31/21				
Lead And Copper (PBCU)		1 routine (RT) per six months			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	7/1/19 - 12/31/19		Complete		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine (RT) per three years			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete		

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120424	THE CARLYLE JOHNSON MACHINE COMPANY	NTNC	42	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
291 BOSTON TURNPIKE				1			
Towns Served: BOLTON							

Monitoring Requirements

Water System Facility: ENTRY POINT (WSF ID: 00700)			
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine (RT) per three years	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
Organic Chemicals (VOCS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	10/1/19 - 12/31/19		
	1/1/20 - 3/31/20		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		
Organic Chemicals (VOCS)		1 routine (RT) per three years	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 9/30/19	1/1-9/30	Complete

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: ENTRY POINT (WSFID: 00700)			
Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7 PH	Daily
Start Date: 1/3/2003		Compliance History:	Operating Limit
		Monitoring Period	Compliance Status:
		10/1/2019 - 10/31/2019	
		11/1/2019 - 11/30/2019	
		12/1/2019 - 12/31/2019	
		1/1/2020 - 1/31/2020	
		2/1/2020 - 2/29/2020	

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CCTS 1: PWS TO RECOMMEND OCCT	3/31/2017	
SWTS 1: PWS TO RECOMMEND SOWT	3/31/2017	
SWTS 2: DWS REVIEW & APPROVAL OF SOWT	9/30/2017	
CCTS 2: DWS REVIEW & APPROVAL OF OCCT	9/30/2018	
CCTS 1: PWS TO RECOMMEND OCCT	12/31/2018	
SWTS 1: PWS TO RECOMMEND SOWT	12/31/2018	
CROSS CONNECTION EXEMPTION	3/1/2019	
SWTS 2: DWS REVIEW & APPROVAL OF SOWT	6/30/2019	
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	
LEAD PUBLIC EDUCATION REPORT TO STATE	9/30/2019	9/3/2019
LEAD PUBLIC EDUCATION CONSUMER DELIVERY	9/30/2019	9/3/2019
LEAD PUBLIC EDUCATION PSA	10/3/2019	10/2/2019
LEAD PUBLIC EDUCATION REPORT TO STATE	10/31/2019	10/4/2019

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120424	THE CARLYLE JOHNSON MACHINE COMPANY	NTNC	42	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
291 BOSTON TURNPIKE				1			
Towns Served: BOLTON							

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
LEAD PUBLIC EDUCATION CONSUMER DELIVERY	10/31/2019	10/2/2019
CCTS 1: PWS TO RECOMMEND OCCT	11/12/2019	11/14/2019
SWTS 1: PWS TO RECOMMEND SOWT	11/12/2019	
LEAD PUBLIC EDUCATION REPORT TO STATE	11/30/2019	2/6/2020
LEAD PUBLIC EDUCATION CONSUMER DELIVERY	11/30/2019	2/6/2020
LEAD PUBLIC EDUCATION CONSUMER DELIVERY	3/31/2020	
LEAD PUBLIC EDUCATION REPORT TO STATE	3/31/2020	
CCTS 2: DWS REVIEW & APPROVAL OF OCCT	6/30/2020	
SWTS 2: DWS REVIEW & APPROVAL OF SOWT	6/30/2020	
CCTS 2: DWS REVIEW & APPROVAL OF OCCT	6/30/2021	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		MW001-D	DOWNSTAIRS MENS ROOM	A	Y	N	Y	Y
		MW003	KITCHEN	A	Y	N		
		MW005	BREAK ROOM	A	Y			
		MW017-U	UPSTAIRS BATHROOM	A	Y	N		
		MW027-DRNB	DRESS ROOM NEW BLDG	A	Y	N		
		MW038	HANDICAP NEW BLDG	A	Y	N		
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10809	WELL	2	WELL	A				
1093	POTASH INJECTION SYSTEM							

Certified Operator Information

Water System Facility: POTASH INJECTION SYSTEM (WSF ID: 1093)			
Facility Classification: CLASS 1 TREATMENT PLANT			
Operator Name	Operator Type	Certification(s)	Certification Expiration
LAFRAMBOISE, PAUL F.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2021
		WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2021

Contact Information

Name		Organization			Job Title			
Mr. Micheal Gamache		291 Boston Tpke Associates LLC			Manager			
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
291 Boston Turnpike			P O Box 9546			Bolton	CT	06043-9546
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-642-1521		860-646-2645			MEG@CIMCO.COM			

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
CT0120424	THE CARLYLE JOHNSON MACHINE COMPANY	NTNC	42	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
291 BOSTON TURNPIKE				1				
Towns Served: BOLTON								
860-643-1531 860-646-2645 MEO@CJMCO.COM								
Contact Role(s): Legal Contact, Owner								
Name				Organization		Job Title		
Mr. Donald J. Hartl				Carlyle Johnson Machine Co.				
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
291 Boston Tpke.			PO Box 9546			Bolton	CT	06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-643-1531	107	860-646-2645			MAXITORQ@CJMCO.COM			
Contact Role(s): Administrative Contact								
Please note the following:								
1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 2. If a Collection Period is specified, all water quality samples must be collected during the specified period. 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.								

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120434	COMCAST CORPORATION	NTNC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
200 BOSTON TURNPIKE				1			
Towns Served: BOLTON							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Asbestos (1094) **1 routine (RT) per nine years**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		
	1/1/20 - 12/31/28		

Total Coliform (3100) **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Lead And Copper (PBCU) **5 routine (RT) per six months**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 12/31/19		Complete
	1/1/20 - 6/30/20		
	7/1/20 - 12/31/20		

Physical Parameters (PPS) **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Inorganic Chemicals (IOCS) **1 routine (RT) per three years**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/20		
	1/1/21 - 12/31/23		

Nitrate And Nitrite (NOX) **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Pesticides, Herbicides and PCBs - Phase II & V (SOCS) **1 routine (RT) per three years**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/19 - 12/31/21		
	1/1/22 - 12/31/24		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120434	COMCAST CORPORATION	NTNC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
200 BOSTON TURNPIKE				1			

Towns Served: BOLTON

Monitoring Requirements

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Organic Chemicals (VOCS)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
	1/1/21 - 12/31/21		

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **ENTRY POINT (WSFID: 00700)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7.0 PH	4
Start Date: 1/1/2004	Compliance History:	Operating Limit	Monitoring
	Monitoring Period	Compliance Status:	Compliance Status:
	10/1/2019 - 10/31/2019		
	11/1/2019 - 11/30/2019		
	12/1/2019 - 12/31/2019		
	1/1/2020 - 1/31/2020		
	2/1/2020 - 2/29/2020		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	3/31/2018	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	9/28/2018	
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	9/28/2019	
CROSS CONNECTION SURVEY REPORT	3/1/2020	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	3/30/2020	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		BB100	BASEMENT BATH	P		3		
		BR400	BREAK ROOM	P		3		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		FFB200	FIRST FLOOR BATH	P	Y	3		
		OSC500	OUTSIDE SILLCOCK	P		3		
		SFB300	SECOND FLOOR BATH	P		3		
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10968	WELL	2	WELL	A				
1660	WTP - PH ADJ							

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120434	COMCAST CORPORATION	NTNC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
200 BOSTON TURNPIKE				1			
Towns Served: BOLTON							

Certified Operator Information

Water System Facility: **WTP - PH ADJ (WSF ID: 1660)**

Facility Classification: CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
KLOBUKOWSKI, STEVEN J.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS IV	6/30/2022
		DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2020

Contact Information

Name		Organization		Job Title			
Mr. William Johnson		Comcast Cablevision		Facilities Manager			
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
222 View Park Drive					Berlin	CT	06037
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-505-3356				860-883-7888	william_johnson3@comcast.net		

Contact Role(s): **Administrative Contact, Legal Contact**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120343	HANS CHRISTIAN ANDERSEN MONTESSORI	NTNC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
212 BOLTON CENTER ROAD			2				
Towns Served: BOLTON							

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)							
Asbestos (1094)			1 routine (RT) per nine years				
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>				
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		Complete				
	1/1/20 - 12/31/28						
Total Coliform (3100)			1 routine (RT) per quarter				
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>				
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete				
	10/1/19 - 12/31/19		Complete				
	1/1/20 - 3/31/20		Complete				
	4/1/20 - 6/30/20						
	7/1/20 - 9/30/20						
Lead And Copper (PBCU)			5 routine (RT) per three years				
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>				
Select from Inventory of Active Sampling Points	1/1/17 - 12/31/19	6/1-9/30	Complete				
	1/1/20 - 12/31/22	6/1-9/30	Complete				
	1/1/23 - 12/31/25	6/1-9/30	Complete				
Physical Parameters (PPS)			1 routine (RT) per quarter				
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>				
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete				
	10/1/19 - 12/31/19		Complete				
	1/1/20 - 3/31/20		Complete				
	4/1/20 - 6/30/20						
	7/1/20 - 9/30/20						
Water System Facility: ENTRY POINT (WSF ID: 00700)							
Inorganic Chemicals (IOCS)			1 routine (RT) per three years				
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>				
ENTRY POINT (3)	1/1/18 - 12/31/20		Complete				
	1/1/21 - 12/31/23						
Nitrate And Nitrite (NOX)			1 routine (RT) per year				
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>				
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete				
	1/1/20 - 12/31/20		Complete				
	1/1/21 - 12/31/21						
Pesticides, Herbicides and PCBs-Phase II (SOC2)			1 routine (RT) per three years				
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>				
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete				
	1/1/20 - 12/31/22						
	1/1/23 - 12/31/25						
Pesticides, Herbicides and PCBs-Phase V (SOC5)			1 routine (RT) per three years				
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>				

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0120343	HANS CHRISTIAN ANDERSEN MONTESSORI	NTNC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
212 BOLTON CENTER ROAD			2				
Towns Served: BOLTON							

Monitoring Requirements

Water System Facility: ENTRY POINT (WSF ID: 00700)

Pesticides, Herbicides and PCBs-Phase V (SOC5)			1 routine (RT) per three years
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		

Organic Chemicals (VOCS)			1 routine (RT) per three years
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/19 - 12/31/21		
	1/1/22 - 12/31/24		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION EXEMPTION	3/1/2012	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2013	
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		BTHRMSINK	BATHROOM SINK	A	Y	2		
		CLSSRM	CLASSROOM	A	Y	2		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		KITSINK	KITCHEN/ENTRY POINT	A	Y	2	Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10717	HANS CHRISTIAN ANDERSEN MONTESSORI WELL	2	HANS CHRISTIAN ANDER	A				

Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Facility Classification: SMALL WATER SYSTEM			
<i>Operator Name</i>	<i>Operator Type</i>	<i>Certification(s)</i>	<i>Certification Expiration</i>
NAVICKIS, THOMAS L.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS I	6/30/2021

Contact Information

Name		Organization			Job Title		
Hans Christian Anderson							
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
212 Bolton Center Rd					Bolton	CT	06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
CT0120343	HANS CHRISTIAN ANDERSEN MONTESSORI	NTNC	30	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
212 BOLTON CENTER ROAD			2					
Towns Served: BOLTON								
Contact Role(s): Legal Contact, Owner								
Name			Organization			Job Title		
Mrs. Regina L. Kiser			Hans Christian Andersen M. Sch			Director		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
212 Bolton Center Rd						Bolton	CT	06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-646-5727					admin@hcams.org			
Contact Role(s): Administrative Contact								
Please note the following:								
1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.								
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.								
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.								

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0121023	MUNSON'S CANDY KITCHEN	NTNC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
ROUTE 6			1				
Towns Served: BOLTON							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Asbestos (1094)		1 routine (RT) per nine years			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		Complete		
	1/1/20 - 12/31/28				
Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20				
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				
Lead And Copper (PBCU)		5 routine (RT) per six months			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 12/31/19		Complete		
	1/1/20 - 6/30/20				
	7/1/20 - 12/31/20				
Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20				
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				
Water Quality Parameters (WQPD)		2 routine (RT) per six months			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 12/31/19				
Water System Facility: ENTRY POINT (WSF ID: 00700)					
Chloride (1017)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	1/1/20 - 3/31/20				
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				
Inorganic Chemicals (IOCS)		1 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete		
	1/1/20 - 12/31/20				
	1/1/21 - 12/31/21				

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0121023	MUNSON'S CANDY KITCHEN	NTNC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
ROUTE 6			1				
Towns Served: BOLTON							

Monitoring Requirements

Water System Facility: ENTRY POINT (WSF ID: 00700)							
Nitrate And Nitrite (NOX)				1 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>		<i>Monitoring Period</i>		<i>Collection Period</i>		<i>Compliance Status</i>	
ENTRY POINT (3)		1/1/19 - 12/31/19				Complete	
		1/1/20 - 12/31/20					
		1/1/21 - 12/31/21					
Lead And Copper (PBCU)				1 routine (RT) per six months			
<i>Sampling Point (Sampling Point ID)</i>		<i>Monitoring Period</i>		<i>Collection Period</i>		<i>Compliance Status</i>	
ENTRY POINT (3)		1/1/20 - 6/30/20					
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)				1 routine (RT) per three years			
<i>Sampling Point (Sampling Point ID)</i>		<i>Monitoring Period</i>		<i>Collection Period</i>		<i>Compliance Status</i>	
ENTRY POINT (3)		1/1/17 - 12/31/19				Complete	
		1/1/20 - 12/31/22					
		1/1/23 - 12/31/25					
Organic Chemicals (VOCS)				1 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>		<i>Monitoring Period</i>		<i>Collection Period</i>		<i>Compliance Status</i>	
ENTRY POINT (3)		1/1/19 - 12/31/19				Complete	
		1/1/20 - 12/31/20					
		1/1/21 - 12/31/21					
Water Quality Parameters - Basic (WQP1)				2 routine (RT) per six months			
<i>Sampling Point (Sampling Point ID)</i>		<i>Monitoring Period</i>		<i>Collection Period</i>		<i>Compliance Status</i>	
ENTRY POINT (3)		7/1/19 - 12/31/19					

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: ENTRY POINT (WSFID: 00700)							
Analyte	Monitoring Requirement (Summary Type)	Operating Limit		Samples Req/Month			
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7.2 PH		4			
Start Date: 4/1/2018		Compliance History:		Operating Limit	Monitoring		
		Monitoring Period		Compliance Status:	Compliance Status:		
		10/1/2019 - 10/31/2019					
		11/1/2019 - 11/30/2019					
		12/1/2019 - 12/31/2019					
		1/1/2020 - 1/31/2020					
		2/1/2020 - 2/29/2020					
Analyte	Monitoring Requirement (Summary Type)	Operating Limit		Samples Req/Month			
pH	Entry Point pH Monitoring (PHRD)	Maximum: 7.8 PH		4			
Start Date: 4/1/2018		Compliance History:		Operating Limit	Monitoring		
		Monitoring Period		Compliance Status:	Compliance Status:		
		10/1/2019 - 10/31/2019					
		11/1/2019 - 11/30/2019					
		12/1/2019 - 12/31/2019					

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0121023	MUNSON'S CANDY KITCHEN	NTNC	30	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
ROUTE 6		1				

Towns Served: BOLTON

Water System Facility: ENTRY POINT (WSFID: 00700)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
pH	Entry Point pH Monitoring (PHRD)	Maximum: 7.8 PH	4
Start Date: 4/1/2018	Compliance History:	Operating Limit	Monitoring
	Monitoring Period	Compliance Status:	Compliance Status:
	1/1/2020 - 1/31/2020		
	2/1/2020 - 2/29/2020		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	
LEAD PUBLIC EDUCATION CONSUMER DELIVERY	3/1/2020	
LEAD PUBLIC EDUCATION REPORT TO STATE	3/11/2020	
SWTS 1: PWS TO RECOMMEND SOWT	6/30/2020	
CCTS 1: PWS TO RECOMMEND OCCT	6/30/2020	
SWTS 2: DWS REVIEW & APPROVAL OF SOWT	12/31/2020	
CCTS 2: DWS REVIEW & APPROVAL OF OCCT	12/31/2021	
CROSS CONNECTION EXEMPTION	3/1/2024	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
90th Percentile Lead Exceedance	7/1/19 - 12/31/19	2	2/27/2020		3/8/2020	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
		MW003	KITCHEN	A	Y	3		
		MW005	BREAK ROOM	A	Y	3		
		MW027-CDY	CANDY ROOM	A	Y	3		Y
		MW027-ERB	ENROBER ROOM	A	Y	3		
		MW027-OB	OFFICE BATHROOM	A	Y	3		Y
		MW027-PAC	PACKING ROOM	A	Y	3		
		MW028-E	EMPLOYEE LOUNGE	A	Y	3		Y
	UPSTREAM WITHIN 5 SERVICE CON	A						
00700	ENTRY POINT	3	ENTRY POINT	A				
10933	WELL #1	2	WELL #1	A				
1662	TREATMENT PLANT							
54347	ATMOSPHERIC TANKS							
54350	TRANSFER PUMPS							

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0121023	MUNSON'S CANDY KITCHEN	NTNC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
ROUTE 6			1				
Towns Served: BOLTON							

Certified Operator Information

Water System Facility: **TREATMENT PLANT (WSF ID: 1662)**

Facility Classification: CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
LAFRAMBOISE, PAUL F.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2021
		WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2021

Contact Information

Name		Organization			Job Title		
Mr. Robert Munson		Munson's Candy Kitchen			Owner/President		
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
174 Hop River Rd					Bolton	CT	06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-649-4332		860-649-7209					

Contact Role(s): **Legal Contact, Owner**

Name		Organization			Job Title		
Mr. Jim Florence		Munson's Candy Kitchen					
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
174 Hop River Road					Bolton	CT	06043
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-649-4332					jim@munsonschocolates.com		

Contact Role(s): **Administrative Contact**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule