	Water Qu	ality Monit	oring an	d Comp	olianc	e Sch	edule		
PWS ID	PWS Name			Cl	lassificatio	on Popu	lation Ow	ner Type F	rimary Source
CT0130034	ACORN ACRES, INC.				NC	2	25	Р	GW
Local Address (	where applicable)		Service	Residentia	I Commo	ercial Ir	ndustrial	Combined	Agricultural
135 LAKE ROAD	)		Connections		1				
Towns Served:	BOZRAH								
		Monito	oring Requ	irement	ts				
Water System	Facility: <b>DISTRIBUTION</b>	SYSTEM (WSF I	D: 00600)						
<b>Total Coliforn</b>	m (3100)						1 ro	utine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitoring	Period	Collect	ion Period	l Compl	iance Status
Select fror	n Inventory of Active Samplin	ng Points		1/1/20 - 3/	/31/20				
				4/1/20 - 6/	/30/20	_			
				7/1/20 - 9/	/30/20				
<b>Total Coliforn</b>	m (3100)						1 ro	utine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitoring	Period	Collect	ion Period	l Compl	iance Status
Select fror	n Inventory of Active Sampli	ng Points		7/1/19 - 9/	/30/19			Co	omplete
<b>Physical Para</b>	meters (PPS)						1 ro	utine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitoring	Period	Collect	ion Period	l Compl	iance Status
Select fror	n Inventory of Active Samplin	ng Points		7/1/19 - 9/	/30/19			Co	omplete
				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)							
Nitrate (104	0)						1 ro	utine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitoring	Period	Collect	ion Period	l Compl	iance Status
ENTRY PO	INT (3)			7/1/19 - 9/	/30/19			Co	omplete
				10/1/19 - 12	2/31/19			Co	omplete
				1/1/20 - 3/	/31/20				
				4/1/20 - 6/	/30/20				
				7/1/20 - 9/	/30/20				
Nitrite (1041	<b>.)</b>						1	routine (	RT) per year
Sampling	Point (Sampling Point ID)			Monitoring	Period	Collect	ion Period	l Compl	iance Status
ENTRY PO	INT (3)			1/1/19 - 12	/31/19			Co	omplete
				1/1/20 - 12	/31/20				
				1/1/21 - 12	/31/21				
	Water	System Facili	ity and Sar	mpling P	oint In	vento	ry		
Water						Total	Lead and		
,	er System Facility	Sampling Point		nt		Coliform			Stage
Facility ID		ID	Description		Status	Rule	Rule Tie	r Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ			
		DOWNSTREAM			Α				
		UPSTREAM	WITHIN 5 SER	VICE CON	Α				
	RY POINT	3	ENTRY POINT		Α				
20266 WEL	L	2	WELL		Α				

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.

(	Lonnectic	•									n	
	Wa	ter Qua	lity N	Monite	oring a	nd Con	nplia	ance S	chedul	e		
PWS ID	PWS Name						Classi	fication P	opulation	Owner Type		rimary Sour
CT0130034	ACORN ACRES, I	NC.						NC	25	Р		GW
Local Address (wh	nere applicable)				Service	Resider	ntial C	ommercial	Industri	al Comb	ined	Agricultur
135 LAKE ROAD					Connection	ns		1				
Towns Served: BC	DZRAH					·						
				Con	tact Info	rmation	1					
Name				Or	ganization					Job T	itle	
Ms. Sis O'neil				Ac	orn Acres C	ampground	t					
Mailing Address L	ine One		Mailing	g Address	Line Two				City	Stat	:e	Zip Code
135 Lake Road								Bozrah		СТ		06334
Business Phone	Mobil	e Phone	Emergency	y Phon	e Email Ad	ldress						
860-859-1020												
Contact Role(s):	Administrative	Contact			,							
Name				Or	ganization					Job T	itle	
Mr. Marion O'nei	il			Ac	orn Acres, I	nc.			President,	/Secretary		
Mailing Address L	ine One		Mailing	g Address	Line Two				City	Stat	:e	Zip Code
135 Lake Road								Bozrah		СТ		06334
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	y Phon	e Email Ad	ldress			
860-859-1020												
Contact Role(s):	Legal Contact											
Name				Or	ganization					Job T	itle	
Mr. Matt J. Riley				Afı	reehold Ma	nagement			Member	ı		
Mailing Address L	ine One		Mailing	g Address	Line Two				City	Stat	:е	Zip Code
PO Box 827					T.			Norwich		СТ		06360
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	y Phon					
860-222-3997	12	860-222-3	3998			860-367	-2220	matt@fr	eeholdre.c	om		
Contact Role(s):	Owner											
Please note the f	ollowing:											

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

End of schedule

0		. D		CD 111	YY 1.1	D 1 1		<b>T</b> .	2				
Connecticut Department of Public Health Drinking Water Section													
	Wa	ter Oua	lity Monit	oring a	ind Con	npliand	ce Sch	edule	9				
PWS ID PW	/S Name		-10) 110111	8						rimary Source			
		AMPGROUN	ID-SYSTEM 1: TI	ENNIS		NC	-	30	Р	GW			
Local Address (whe				Service	Residen	_		ndustrial	-	_			
135 LAKE ROAD	те аррисавте;			Connectio			1		Combined	7.81104104141			
Towns Served: BOZ	RAH					-	_						
			Monit	oring Po	quireme	ntc							
					quireille	1115							
Water System Fac	•	KIBUTION ST	YSTEM (WSF)	D: 00600)									
Total Coliform (3	<del>-</del>									per quarter			
Sampling Poin						ng Period	Collec	tion Peri	od Compl	iance Status			
Select from Inv	entory of Act	ive Sampling	Points			6/30/20							
					7/1/20 -	9/30/20							
Total Coliform (3	•						- "		= =	per quarter			
Sampling Poin						ng Period	Collec	Collection Period Compliance					
Select from Inv	•	ive Sampling	Points		7/1/19 -	9/30/19				omplete			
Physical Paramet	• •					5	o "			per quarter			
Sampling Poin			Dainta			ng Period	Collec	tion Peri	•	iance Status			
Select from Inventory of Active Sampling Points					7/1/19 -				C	omplete			
			6/30/20										
Matax Custom For	olia ENITO	V DOINT (M	/CE ID: 00700\		7/1/20 -	9/30/20							
Water System Fac	-	T POINT (W	V3F ID: 00700)						/5=\	_			
Nitrate And Nitri	• •	naint (D)			N. dansitani	u au Dawia d	Callac		= =	per quarter			
Sampling Poin		oint IV)				ng Period	Collec	tion Peri		iance Status			
ENTRY POINT (	(3)				7/1/19 -				C	omplete			
						12/31/19 3/31/20							
					7/1/20 -	6/30/20							
			044	12	· ·								
			Other C	ompiian	ce Sched	uies							
Compliance Schedu	le Activity					Due Date		Achiev	ed Date				
SEASONAL START U	P COMPLETIC	N			į	5/1/2020							
		Water Sy	ystem Facil	ity and S	Sampling	Point II	nvento	ry					
Water							Total	Lead a	nd				
,	ystem Facility		Sampling Point				Coliforn			Stage			
Facility ID			ID	Description		Status		Rule T	ier Asbestos	WQP 2 DBPR			
00600 DISTRIBU	JTION SYSTEM		4		ION SYSTEM		Υ						
			DOWNSTREAM										
			UPSTREAM		SERVICE CON								
00700 ENTRY P	OINT		3	ENTRY POI	INT	Α							
20267 WELL			2	WELL		A							
			Con	itact Info	ormation								
Name			0	rganization					Job Title				
Ms. Sis O'neil			A	corn Acres C	Campground					_			
Mailing Address Lin	e One		Mailing Addres	s Line Two			(	City	State	Zip Code			
135 Lake Road						Во	zrah		СТ	06334			
Business Phone	Extension	Fax	Mobi	ile Phone	Emergency	Phone En	nail Addr	ess					
860-859-1020													

Connecticut Department of Public Health Drinking Water Section														
	Water Quality Monitoring and Compliance Schedule													
PWS ID	PWS Name					Class	ification P	opulation	Owner 1	Гуре Рі	rimary Source			
CT0130044	ACORN ACRES C	AMPGROUN	D-SYSTEM 1:	TENNIS			NC	30	Р		GW			
Local Address (w	here applicable)			Service Residential C		ntial C	ommercial	Industria	al Con	nbined	Agricultural			
135 LAKE ROAD				Connectio	ons		1							
Towns Served: BOZRAH														
Contact Role(s):	Administrative	Contact												
Name Organization Job Title														
Mr. Marion O'neil Acorn Acres, Inc. President/Secretary														
Mailing Address	Line One		Mailing Addre	dress Line Two				City	St	tate	Zip Code			
135 Lake Road						Bozrah				СТ	06334			
Business Phone	e Extension	Fax	Мо	bile Phone	Emergency	/ Phon	e Email Ad	e Email Address						
860-859-1020														
Contact Role(s):	Legal Contact						,							
Name				Organization					Job	Title				
Mr. Matt J. Riley				Afreehold Ma	anagement			Member						
Mailing Address	Line One		Mailing Addre	ess Line Two				City	St	tate	Zip Code			
PO Box 827			Nor			Norwich			06360					
Business Phone	e Extension	Fax	Мо	bile Phone	Emergency	/ Phon	e Email Ad	dress						
860-222-3997	12	860-222-3	3998		860-367	-2220	matt@fr	eeholdre.co	om					
Contact Role(s):	Owner		,											

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

End of schedule

	Connectic	•					_			on	
	Wat	ter Qua	lity Mo	nitoring a	and Com	ıplia	nce Sc	hedule	9		
PWS ID	PWS Name					Classifi	ication Po	pulation	Owner Ty	/pe P	rimary Source
CT0130064	LITTLE BROOK PL	.AZA				N	С	25	Р		GW
Local Addre	ess (where applicable)			Service	Residen	tial Co	mmercial	Industria	I Coml	bined	Agricultural
426 SALEM	I TURNPIKE			Connection	ons		1				
Towns Serv	ved: BOZRAH								·		
			Mo	nitoring Re	quireme	nts					
Water Sys	tem Facility: <b>DISTR</b>	IBUTION S	YSTEM (W	SF ID: 00600)							
<b>Total Coli</b>	iform (3100)							1	routine	(RT)	per quarter
Samp	ling Point (Sampling Po	oint ID)			Monitori	ng Peri	od Coll	ection Peri	iod C	ompli	ance Status
Select	from Inventory of Acti	ve Sampling	g Points		7/1/19 -	9/30/1	9			Co	mplete
					10/1/19 -	12/31/	19			Co	mplete
					1/1/20 -	3/31/2	0			Со	mplete
					4/1/20 -						
					7/1/20 -						
Physical I	Parameters (PPS)				•			1	routine	(RT)	per quarter
-	ling Point (Sampling Po	oint ID)			Monitori	ng Peri	od Coll	ection Peri			ance Status
-	from Inventory of Acti	•	g Points		7/1/19 -	_					mplete
	•				10/1/19 -						mplete
					1/1/20 -						mplete
					4/1/20 -						<u> </u>
					7/1/20 -						
Water Sys	tem Facility: ENTRY	POINT (V	NSE ID: 007	'00)	7, 1, 20	3,30,2	<u> </u>				
	nd Nitrite (NOX)		1131 121 007						1 routi	ino (E	T) per year
	ling Point (Sampling Po	nint ID)			Monitori	na Dori	nd Call	ection Peri		-	ance Status
	r POINT (3)	יוונ וטן			1/1/19 - :			ection Fen	ou C		mplete
LININ	r POINT (3)				1/1/19 - :						
										Co	mplete
					1/1/21 - :						
		Water S	ystem Fa	cility and	Sampling	Poin		<u> </u>			
Water			c " c		5		Tota				
-	Water System Facility		Sampling Po	oint Sampling Descriptio			Colifo				Stage 2 DRDE
Facility ID	DICTRIBUTION CVCTEN					Sta		e kuie i	ier Asbe	estos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM		4		FION SYSTEM		A Y				
				AM WITHIN 5							
			UPSTREAL		SERVICE CON		<u> </u>				
	ENTRY POINT		3	ENTRY PO	INT	P					
	WELL		2	WELL		P	4				
59796	TREATMENT PLANT										
			C	Contact Inf	ormation						
Name				Organization					Job	Title	
	ny Salvemini			<u> </u>				Owner			
	dress Line One		Mailing Add	dress Line Two				City	Sta	ate	Zip Code
P.O. Box 69							Taftville	1	C		06380
Business		Fax	N.	Nobile Phone	Emergency	Phone		dress	-	-	
860-887		TUX	10	.oone i none	Lineigency	. Hone	Ziliali Adi				
	JULT				1						

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

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

	200000	8		-P				
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0130064	LITTLE BROOK PLAZA				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
426 SALEM TUR	NPIKE	Connections			1			

Towns Served: BOZRAH

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End of schedule

_				_			_	
Connecticut Department	of Public H	lealth	Dr	inking	g W	ater S	Section	
Water Quality Mon	nitoring an	d Con	ıpli	iance :	Sch	edule		
PWS ID PWS Name			Class	sification	Рори	ulation O	wner Type F	Primary Source
CT0130084 REVELATION CHURCH				NC	_	25	Р	GW
Local Address (where applicable)	Service	Residen	tial	Commerc	ial II	ndustrial	Combined	d Agricultural
166 BISHOP ROAD	Connections			1				
Towns Served: BOZRAH	,						'	
Mor	nitoring Requ	iireme	nts					
Water System Facility: DISTRIBUTION SYSTEM (WS	SF ID: 00600)							
Total Coliform (3100)						1	routine (RT	) per month
Sampling Point (Sampling Point ID)		Monitori	ng Pe	eriod C	Collect	tion Perio	od Comp	liance Status
Select from Inventory of Active Sampling Points		10/1/19 -	10/3	31/19			C	omplete
	:	11/1/19 -	11/3	0/19			C	omplete
	:	12/1/19 -					C	omplete
		1/1/20 -		-			C	omplete
		2/1/20 -					C	omplete
		3/1/20 -						
		4/1/20 -		-				
		5/1/20 -						
		6/1/20 -						
		7/1/20 -		-				
		8/1/20 -						
		9/1/20 -	9/30	)/20				
Physical Parameters (PPS)			_		- "	1 tion Perio	·=	) per month
Sampling Point (Sampling Point ID)		Monitori		liance Status				
Select from Inventory of Active Sampling Points		10/1/19 -						omplete
		11/1/19 -						omplete
		12/1/19 -						omplete
		1/1/20 -		-				omplete
		2/1/20 -					C	omplete
		3/1/20 -						
		4/1/20 -		-				
		5/1/20 - 6/1/20 -						
		7/1/20 -						
		8/1/20 -						
		9/1/20 -					<u> </u>	_
Water System Facility: ENTRY POINT (WSF ID: 007)	00)	J, 1/20 -	2/30	,, 20				
Nitrate And Nitrite (NOX)	,						1 routine	RT) per year
Sampling Point (Sampling Point ID)		Monitori	na Pa	eriod (	Collect	tion Perio	=	liance Status
ENTRY POINT (3)		1/1/19 -				2.7. 0.70		omplete
- \		1/1/20 -						F 222
		1/1/21 -		-				
Water System Fa	cility and Sar		•		ento	ry		
Water		10			otal	Lead a	nd	
	oint Sampling Poi	nt			liform			Stage

System Water System Facility Sampling Point Sampling Point Coliform Copper Stage **Facility ID** ID **Description** Rule Tier Asbestos WQP 2 DBPR Rule **Status** 00600 DISTRIBUTION SYSTEM **DISTRIBUTION SYSTEM** Α Υ DOWNSTREAM WITHIN 5 SERVICE CON Α

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	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source				
CT0130084	NC			NC	25	Р	GW					
Local Address (	where applicable)	Service	Residen	ential Commerc		al Industri	al Combine	ed Agricultural				
166 BISHOP RO	AD			1								

Towns Served: BOZRAH

	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	WQP	Stage 2 DBPR				
		UPSTREAM	WITHIN 5 SERVICE CON	Α									
00700	ENTRY POINT	3	ENTRY POINT	Α									
20271	WELL #1	2	WELL	Α									
54778	BLADDER TANK												

			Co	ontact Inf	ormation					
Name				Organization			Job Title			
Reverend Matthew	/ Grohocki			Revelation C	hurch		Pastor			
Mailing Address Lin	e One		Mailing Add	ress Line Two		City		State	Zip Code	
29 Haughton Road						Bozrah		СТ	06334	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	mail Address			
860-949-5273					860-942-7359	mgroho	cki@gmail.co	om		
Contact Role(s): Le	gal Contact									
Name				Organization				Job Title		
Mr. Kurtis Thomps	on			Revelation C	hurch		Executive Pa	Pastor		
Mailing Address Lin	e One		Mailing Add	ress Line Two		City		State	Zip Code	
166 Bishop Road						Bozrah		СТ	06334	
Business Phone Extension Fax N		Mo	Mobile Phone Emergency Phone		ne Email Address					
860-949-5273					203-241-0355	Kurtis@myrevelationchurch.com				
					· · · · · · · · · · · · · · · · · · ·				-	

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Contact Role(s): Administrative Contact

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End of schedule

Connecticut Departm									ction	
Water Quality	MOIII	oring and	ı Con							_
PWS ID PWS Name				Clas		on Po	-	Own		mary Source
CT0130104 BESTWAY CONVENIENCE STORE		C	Danidada	L! _ 1	NC	1 - 1	25		P	GW
Local Address (where applicable)		Service Connections	Resident	tiai	Comme		Industria	11	Combined	Agricultural
419 - 421 SALEM TURNPIKE Towns Served: BOZRAH		COMMECTIONS			1					
TOWNS SERVED. BOZKAN	D.O !+	!	•							
Water System Facility: DISTRIBUTION SYSTEM		oring Requ	ireme	nts						
Total Coliform (3100)	(	2.00000,					1	rou	tine (RT) n	er quarter
Sampling Point (Sampling Point ID)										nce Status
Select from Inventory of Active Sampling Point			7/1/19 -							nplete
			.0/1/19 -					•		nplete
			1/1/20 -							nplete
		4/1/20 -							•	
			7/1/20 -		-					
Physical Parameters (PPS)							1	rou		er quarter
Sampling Point (Sampling Point ID)			Monitorii			Coll	ection Per	iod		nce Status
Select from Inventory of Active Sampling Point		7/1/19 -							nplete	
			.0/1/19 -							nplete
			1/1/20 -						Cor	nplete
			4/1/20 - 6/30/20 7/1/20 - 9/30/20							
			7/1/20 -	9/30	0/20					
Water System Facility: ENTRY POINT (WSF ID	): 00700)									
Nitrate And Nitrite (NOX)									=	Γ) per year
Sampling Point (Sampling Point ID)			Monitoring Period Collection Period Compliance Statu							
ENTRY POINT (3)			1/1/19 - 12/31/19 Complete							nplete
			1/1/20 - :							
			1/1/21 - :	12/3	1/21					
Organic Chemicals (VOCS)										er quarter
Sampling Point (Sampling Point ID)			Monitoring Period Collection Period Compliance							
ENTRY POINT (3)			7/1/19 - 9/30/19 10/1/19 - 12/31/19							nplete
			• •							nplete
			1/1/20 -		-				Cor	nplete
			4/1/20 -							
			7/1/20 -		•			_		
Puk	olic Not	ification R	equire	me	ents					
	C	ompliance	Notice				<u>fication</u>		<u>PN Certi</u>	<u>fication</u>
Violation/Situation		Period	Tier		Require		Performed		ue to DPH	Received
Organic Chemicals M&R Violation		/17 - 12/31/17			3/24/20			4	4/3/2018	
Water System	m Facili	ity and San	npling	Po	int In	vent	tory			
Water						Tota				
	_	Sampling Poir	nt		(	Colifo				Stage
				<u>Status</u>	Rule	e Rule 1	ier	Asbestos	NQP 2 DBPR	
00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION S					A	Υ				
		WITHIN 5 SER			A					
	TREAM	WITHIN 5 SER	VICE CON	J	Α					
00700 ENTRY POINT	3	ENTRY POINT			Α					

Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name		Classification	Population	Owner Type	Primary Source					
CT0130104	BESTWAY CONVENIENCE STORE			NC	25	Р	GW				
Local Address (	where applicable)	Residen	itial Commerc	ial Industri	al Combin	ed Agricultural					
419 - 421 SALEM TURNPIKE Connections 1											

	١	<b>Water System Facility and Sampling P</b>	oint Inventor	у	
Water			Total	Lead and	
System	Water System Facility	Samplina Point Samplina Point	Coliform	Conner	Stage

**Description** 

60320 WELL 1 2 WELL 1 A

ID

60323 TREATMENT PLANT

Towns Served: BOZRAH

Facility ID

			C	ontact Inf	ormation						
Name				Organization				Job Title			
Mr. Asif Choudhry				Bestway Con	venience Store		Mgr / Owner				
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code		
65 Timber Ridge Ro	ad					Pawcatu	ck	СТ	06379		
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	one Email Address					
860-889-2266			86	0-204-7099		asifman <sup>5</sup>	asifman500@gmail.com				
Contact Role(s): Le	gal Contact, Ov	vner	,								
Name				Organization				Job Title			
Ms. Maryum Javaid	l			Bestway Con	venience Store		Owner				
Mailing Address Lin	e One		Mailing Add	ress Line Two		City		State	Zip Code		
419 Salem Turnpike	<u> </u>					Bozrah		СТ	06334		
Business Phone	Extension	M	obile Phone	Emergency Phone	e Email Address						
860-383-2850					860-705-9686	mimoscountry@gmail.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

Rule Tier Asbestos WQP 2 DBPR

Rule

Status

		ut Departmo ter Quality I							ction	
PWS ID	PWS Name	ter Quarity i	VIOIII	ornig a.					or Type D	rimary Source
CT0130114	LEFFINGWELL BA	ADTIST CHI IRCH				NC	2		P P	GW
	here applicable)	AFTISI CHORCH		Service	Residentia				Combined	
	NPIKE (ROUTE 82)	1		Connection		1		aastriai	Combined	Agricultural
Towns Served: B		<i>)</i>					•			
Towns served. B	OZNATI		Monit	orina Doe	iromon	to				
Water System	Facility: <b>DISTR</b>	IBUTION SYSTEM			quiremen	LS				
Total Coliform	(3100)		-	•				1 rou	tine (RT)	per quarter
	oint (Sampling Po	oint ID)			Monitoring	Period	Collecti	on Period		iance Status
		ive Sampling Points			7/1/19 - 9					mplete
	•				10/1/19 - 1					mplete
					1/1/20 - 3					mplete
					4/1/20 - 6					•
					7/1/20 - 9	<u> </u>				
Physical Parar	•							1 rou	tine (RT)	per quarter
	oint (Sampling Po				Monitoring		Collecti	on Period		iance Status
Select from	Inventory of Acti	ive Sampling Points			7/1/19 - 9					mplete
					10/1/19 - 1					mplete
					1/1/20 - 3				Co	mplete
					4/1/20 - 6					
					7/1/20 - 9	/30/20				
-	•	Y POINT (WSF ID:	: 00700)							
Nitrate And N	itrite (NOX)							1	routine (F	RT) per year
Councilian D										
	oint (Sampling Po	oint ID)			Monitoring		Collecti	on Period		iance Status
ENTRY POIN		oint ID)			1/1/19 - 12	2/31/19	Collecti	on Period		iance Status emplete
		oint ID)				2/31/19	Collecti	on Period		
		oint ID)			1/1/19 - 12	2/31/19 2/31/20	Collecti	on Period		
			ther C	ompliand	1/1/19 - 12 1/1/20 - 12	2/31/19 2/31/20 2/31/21	Collecti	on Period		
	NT (3)		ther C	ompliano	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 ce Schedu	2/31/19 2/31/20 2/31/21	Collecti	on Period  Achieved I	Cc	
ENTRY POIN  Compliance School	NT (3)	0	ther C	ompliand	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 ce Schedu	2/31/19 2/31/20 2/31/21 les	Collecti		Cc	
ENTRY POIN  Compliance School	NT (3)  edule Activity  FION EXEMPTION	0			1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 ce Schedu Du 3/	2/31/19 2/31/20 2/31/21 2/31/21 2/31/21 2/31/21 1/2024		Achieved L	Cc	
Compliance School	NT (3)  edule Activity  FION EXEMPTION	O Water Systen	n Facili	ity and S	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 ce Schedu 3/ ampling F	2/31/19 2/31/20 2/31/21 Iles Iles 1/2024 Point Ir	nventor Total	Achieved L 'Y Lead and	Cc	omplete
Compliance School CROSS CONNECT Water System Wate	NT (3)  edule Activity  FION EXEMPTION	O Water Systen	n Facili	ity and S	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 ce Schedu Du 3/ ampling F	2/31/19 2/31/20 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21	nventor Total Coliform	Achieved L Y Lead and Copper	Oate	omplete Stage
Compliance School CROSS CONNECT  Water System Water Facility ID	edule Activity FION EXEMPTION  er System Facility	Water Systen	n Facili	ity and So Sampling P Description	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 ce Schedu 3/ ampling F	2/31/19 2/31/20 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21	nventor Total Coliform Rule	Achieved L Y Lead and Copper	Oate	omplete Stage
Compliance School CROSS CONNECT  Water System Water Facility ID	NT (3)  edule Activity  FION EXEMPTION	Water System Sampli	n Facili	ity and Sampling P Description DISTRIBUTI	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 ce Schedu 3/ ampling F	2/31/19 2/31/20 2/31/21 2/31/2	nventor Total Coliform	Achieved L Y Lead and Copper	Oate	omplete Stage
Compliance School CROSS CONNECT  Water System Water Facility ID	edule Activity FION EXEMPTION  er System Facility	Water System Samplin	n Faciling Point ID 4 STREAM	Sampling P Description DISTRIBUTI WITHIN 5 S	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 ce Schedu 3/ ampling F	2/31/19 2/31/20 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21	nventor Total Coliform Rule	Achieved L Y Lead and Copper	Oate	omplete Stage
Compliance School CROSS CONNECT  Water System Water Facility ID  00600 DISTR	edule Activity FION EXEMPTION For System Facility RIBUTION SYSTEM	Water System Sampli	n Facili ng Point ID 4 STREAM	Sampling P Description DISTRIBUTI WITHIN 5 S WITHIN 5 S	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 ce Schedu 3/ ampling F coint ON SYSTEM ERVICE CON ERVICE CON	2/31/19 2/31/20 2/31/21 2/31/2	nventor Total Coliform Rule	Achieved L Y Lead and Copper	Oate	omplete Stage
Compliance School CROSS CONNECT  Water System Water Facility ID  00600 DISTR	edule Activity FION EXEMPTION FOR System Facility RIBUTION SYSTEM Y POINT	Water System Sampli DOWN UPST	ng Point ID 4 STREAM	Sampling P Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POI	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 ce Schedu 3/ ampling F coint ON SYSTEM ERVICE CON ERVICE CON	2/31/19 2/31/20 2/31/21 2/31/2	nventor Total Coliform Rule	Achieved L Y Lead and Copper	Oate	omplete Stage
Compliance School CROSS CONNECT  Water System Water Facility ID  00600 DISTR  00700 ENTR 20274 WELL	edule Activity FION EXEMPTION EXEMPTION RIBUTION SYSTEM BY POINT	Water System Sampli DOWN UPST	n Facili ng Point ID 4 STREAM	Sampling P Description DISTRIBUTI WITHIN 5 S WITHIN 5 S	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 ce Schedu 3/ ampling F coint ON SYSTEM ERVICE CON ERVICE CON	2/31/19 2/31/20 2/31/21 2/31/2	nventor Total Coliform Rule	Achieved L Y Lead and Copper	Oate	omplete Stage
Compliance School CROSS CONNECT  Water System Water Facility ID  00600 DISTR  00700 ENTR 20274 WELL	edule Activity FION EXEMPTION FOR System Facility RIBUTION SYSTEM Y POINT	Water System Sampli DOWN UPST	ng Point ID 4 STREAM TREAM 3	Sampling P Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POIN	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 ce Schedu 3/ ampling F coint ON SYSTEM ERVICE CON ERVICE CON	2/31/19 2/31/20 2/31/21 2/31/2	nventor Total Coliform Rule	Achieved L Y Lead and Copper	Oate	omplete Stage
Compliance School CROSS CONNECT  Water System Water Facility ID  00600 DISTR  00700 ENTR 20274 WELL	edule Activity FION EXEMPTION EXEMPTION RIBUTION SYSTEM BY POINT	Water System Sampli DOWN UPST	n Facili ng Point ID 4 STREAM REAM 3 2	Sampling P Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POIL	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 ce Schedu 3/ ampling F coint ON SYSTEM ERVICE CON ERVICE CON	2/31/19 2/31/20 2/31/21 2/31/2	nventor Total Coliform Rule	Achieved L Y Lead and Copper	Date  Asbestos	omplete Stage
Compliance School CROSS CONNECT  Water System Water Facility ID  00600 DISTR  00700 ENTR 20274 WELL 54702 BLAD	edule Activity FION EXEMPTION RIBUTION SYSTEM Y POINT DER TANK	Water System Sampli DOWN UPST	n Facili ng Point ID 4 STREAM REAM 3 2	Sampling P Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POIN	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 ce Schedu 3/ ampling F coint ON SYSTEM ERVICE CON ERVICE CON	2/31/19 2/31/20 2/31/21 2/31/2	nventor Total Coliform Rule	Achieved L Y Lead and Copper	Oate	omplete
Compliance School CROSS CONNECT  Water System Water Facility ID  00600 DISTR  00700 ENTR 20274 WELL 54702 BLAD  Name Leffingwell Bapt	edule Activity FION EXEMPTION EXEMPTION SYSTEM TO POINT DER TANK	Water System Sampli DOWN UPST	n Faciliang Point IID 4 STREAM REAM 3 2	Sampling P Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POIN WELL	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 ce Schedu 3/ ampling F coint ON SYSTEM ERVICE CON ERVICE CON	2/31/19 2/31/20 2/31/21 2/31/2	Total Coliform Rule Y	Achieved I	Date  Asbestos  Job Title	Stage WQP 2 DBPR
Compliance School CROSS CONNECT  Water System Water Facility ID  00600 DISTR  00700 ENTR 20274 WELL 54702 BLAD  Name  Leffingwell Bapt Mailing Address	edule Activity FION EXEMPTION EXEMPTION SYSTEM TO POINT DER TANK	Water System Sampli DOWN UPST	n Faciliang Point IID 4 STREAM TREAM 3 2	Sampling P Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POIL	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 ce Schedu 3/ ampling F coint ON SYSTEM ERVICE CON ERVICE CON	2/31/19 2/31/20 2/31/21 2/31/2	nventor Total Coliform Rule	Achieved I	Date  Asbestos  Job Title	Stage WQP 2 DBPR
Compliance School CROSS CONNECT  Water System Water Facility ID  00600 DISTR  00700 ENTR 20274 WELL 54702 BLAD  Name Leffingwell Bapt	edule Activity FION EXEMPTION  RIBUTION SYSTEM  Y POINT  DER TANK  List Church  Line One	Water System Sampli DOWN UPST	n Facili ng Point ID 4 STREAM REAM 3 2	Sampling P Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POIN WELL	1/1/19 - 12 1/1/20 - 12 1/1/21 - 12 ce Schedu 3/ ampling F coint ON SYSTEM ERVICE CON ERVICE CON	2/31/19 2/31/20 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 2/31/21 3/4 4 A A A A A A Boo	Total Coliform Rule Y	Achieved I	Date  Asbestos  Job Title	Stage WQP 2 DBPR

	Connectic	ut Depa	rtment	of Public	Health	Drir	iking	Water	Section	n	
	Wa	ter Qual	lity Mon	itoring a	nd Con	nplia	nce S	chedul	le		
PWS ID	PWS Name					Classifi	Classification Population			e P	rimary Source
CT0130114	LEFFINGWELL BA	APTIST CHUR	СН			N	С	25	Р		GW
Local Address (w	here applicable)			Service	Residen	tial Co	mmercia	Industri	al Combi	ned	Agricultural
388 SALEM TURN	NPIKE (ROUTE 82	)		Connectio	ns		1				
Towns Served: B	OZRAH			<u>'</u>		,		•			,
860-887-7703											
Contact Role(s):	Owner										
Name				Organization					Job Ti	tle	
Mr. Robert Mac	gregor			Leffingwell Ba	aptist Churcl	h		Head Trus	stee		
Mailing Address	Line One		Mailing Addr	ess Line Two				City	State	9	Zip Code
P.O Box 250							Bozrah		СТ		06334
Business Phone	e Extension	Fax	Мо	bile Phone	Emergency	/ Phone	Email Ad	ddress			
860-887-7703							RMACG	REGOR4@I	CLOUD.COM	Λ	
Contact Role(s)	Administrative	Contact Leg	al Contact								

# Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Schedule Generation Date: 3/10/2020

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	Connecticut	•					`	_			ion	
	Wate	r Qual	ity Monit	oring a	nd Con	nplia	ance	Sche	edul	e		
PWS ID	PWS Name					Classif	fication	Popu	lation	Owner	Type F	Primary Source
CT0130134	ACORN ACRES CAN	1PGROUNI	D-SYSTEM 2: LA	UNDRY		1	NC	3	0	Р		GW
Local Addre	ss (where applicable)			Service	Residen	tial Co	ommerc	cial In	dustria	al Co	mbined	d Agricultural
135 LAKE RO	DAD			Connectio	ns		1					
Towns Serve	ed: BOZRAH											
			Monito	oring Re	quireme	nts						
Water Syst	em Facility: <b>DISTRIB</b>	UTION SY	STEM (WSF I	D: 00600)								
	orm (3100)								1	routin		per quarter
_	ng Point (Sampling Poin				Monitori			Collecti	ion Pei	riod	Comp	liance Status
Select	from Inventory of Active	Sampling I	Points		4/1/20 -							<u></u>
					7/1/20 -	9/30/2	20					
	orm (3100)											per quarter
_	ng Point (Sampling Poin				Monitori			Collecti	ion Pei	riod		liance Status
	from Inventory of Active	Sampling I	Points		7/1/19 -	9/30/	19					omplete
-	arameters (PPS)		1 routine (RT) p									
-	ng Point (Sampling Poin		Monitoring Period Collection Period Compliance						liance Status			
Select	from Inventory of Active		7/1/19 - 9/30/19 Complete						omplete			
			4/1/20 -									
					7/1/20 -	9/30/2	20					
Water Syst	em Facility: ENTRY P	OINT (W	SF ID: 00700)									
Nitrate An	d Nitrite (NOX)									1 rou	ıtine (	RT) per year
Sampli	ng Point (Sampling Poin	t ID)			Monitori	ing Per	iod (	Collecti	ion Pei	riod	Comp	liance Status
ENTRY	POINT (3)				1/1/19 -	12/31/	19				C	omplete
					1/1/20 -	12/31/	'20					
					1/1/21 -	12/31/	'21					
			Other Co	omplian	ce Sched	lules						
Compliance	Schedule Activity					Due Do			Achie	ved Dat	te	
SEASONAL S	TART UP COMPLETION					5/1/20	20					
	W	ater Sy	stem Facili	ity and S	ampling	Poin						
Water	Nator System Easility	c	ampling Point	Camplina	Doint			otal	Lead			Chama
System V Facility ID	Vater System Facility	3	umping Point ID	Description Description				liform Rule			hestos	Stage WQP 2 DBPR
	DISTRIBUTION SYSTEM		4	-	ION SYSTEM		atus	Y	Nuic	TICI AS	Destos	WQF Z DDF K
00000 L	JISTRIBUTION STSTEIVI	г	OWNSTREAM				A A	ī				
		L	UPSTREAM		SERVICE COI							
00700 5	NTRY POINT						A ^					
			2	ENTRY POI	INI		A ^					
22725 V	VELL			WELL			A					
			Con	tact Info	ormation							
Name			Oı	rganization						Jo	b Title	
Ms. Sis O'ne	eil	1	Ac	corn Acres C	Campground						-	
Mailing Add	ress Line One	ı	Mailing Address	s Line Two				Ci	ty	9	State	Zip Code
135 Lake Ro	ad		į.				Bozra	h			CT	06334
Business F	Phone Extension	Fax	Mobi	le Phone	Emergency	Phone	Email	Addres	SS			
860-859-	1020											
Contact Role	e(s): Administrative Co	ntact										
								_			_	

	Connectic	ut Depa	rtmen	t of	Public	Health	Dri	nking	Water	Sec	ction	
	Wat	ter Qual	lity Mo	nite	oring a	nd Con	nplia	ance S	chedul	le		
PWS ID	PWS Name						Classi	fication P	opulation	Owne	r Type P	rimary Source
CT0130134	ACORN ACRES C	AMPGROUN	D-SYSTEM	2: LA	UNDRY		ا	NC	30		Р	GW
Local Address (w	here applicable)				Service	Residen	itial C	ommercial	Industri	al C	ombined	Agricultural
135 LAKE ROAD					Connection	ns		1				
Towns Served: B	OZRAH									,		
Name				Org	ganization						lob Title	
Mr. Marion O'ne	il			Aco	orn Acres, li	nc.			President,	/Secre	tary	
Mailing Address	Line One		Mailing Ad	ddress	Line Two				City		State	Zip Code
135 Lake Road								Bozrah			CT	06334
Business Phone	e Extension	Fax		Mobil	e Phone	Emergency	/ Phone	e Email Ad	ldress			
860-859-1020												
Contact Role(s):	<b>Legal Contact</b>											
Name				Org	ganization						lob Title	
Mr. Matt J. Riley	,			Afr	eehold Maı	nagement			Member			
Mailing Address	Line One		Mailing Ad	ddress	Line Two				City		State	Zip Code
PO Box 827								Norwich			CT	06360
Business Phone	e Extension	Fax		Mobile	e Phone	Emergency	/ Phone	e Email Ad	ldress			
860-222-3997	12	860-222-3	1998			860-367-	-2220	matt@fi	eeholdre.d	com		
Contact Role(s):	Owner											

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

End of schedule

	Сс	nnectic													ction		
		Wat	ter Qua	lity Mor	nit	oring a	nd Co	m	ıpl	iance	e Sc	hed	ule	<u> </u>			
PWS ID	PW	'S Name							Clas	sificatio	n Po	pulati	on C	wne	er Type P	rimary	Source
CT0131003	з сн	ILDRENS DEN	TAL ASSOCI	ATION						NC		110			Р	G۱	W
Local Addr	ess (wher	e applicable)				Service	Reside	ent	tial	Comme	rcial	Indus	strial	С	ombined	Agri	cultural
392 SALEN	/I TURNPII	(E				Connection	ıs			1							
Towns Ser	ved: BOZF	RAH															
				Mor	nito	oring Rec	uirem	e	nts								
•		ility: DISTR	IBUTION S				•										
Total Col	-	•													ine (RT)		
		t (Sampling Po					Monito				Colle	ection	Perio	od	Compl		
Select	t from Inv	entory of Acti	ive Sampling	g Points			7/1/19				-			_	_	mplet	
							10/1/19									mplet	
							1/1/20								Сс	mplet	e
						4/1/20 - 6/30/20 7/1/20 - 9/30/20											
Physical	Paramet	ers (PPS)											1 r	outi	ine (RT)	per q	uarter
Samp	oling Poin	t (Sampling P			Monito	orir	ng P	eriod	Colle	ection	Perio	od	Compl	iance S	Status		
Select	t from Inv	entory of Acti	g Points			7/1/19	9 -	9/30	0/19					Co	mplet	e	
						10/1/19									mplet		
											Co	mplet	e				
							4/1/20										
							7/1/20	0 -	9/30	0/20							
Water Sys	stem Fac	ility: ENTR\	POINT (	WSF ID: 007	00)												
Nitrate A														1 r	outine (F		-
		t (Sampling Po	oint ID)			Monitoring Period Collection Perio						od	Compl				
ENTR	Y POINT (	3)				1/1/19 - 12/31/19									Cc	mplet	e
							1/1/20										
							1/1/21	1	12/3	1/21							
				Othe	r Co	ompliand	ce Sche										
Compliand										Date		Ac	hieve	ed D	ate		
RESPOND	TO SANITA	ARY SURVEY						3,	/12/	2020							
Water			Water S	ystem Fa	cili	ty and Sa	amplin	g	Po	int Inv	vent Total		ad aı	- d			
System	Water Sv	stem Facility		Sampling Po	int	Samplina P	oint				Colifor		ou ai oppe				Stage
Facility ID	_	.,		ID		Description				Status	Rule				Asbestos	WQP	_
00600		TION SYSTEM	<u> </u>	4		DISTRIBUTI	ON SYSTE	М	•	A						-	
				DOWNSTREA	AM				I	Α							
				UPSTREAM	Л	WITHIN 5 S	ERVICE C	ON	I	Α							
00700	ENTRY PO	DINT		3		ENTRY POIN	NT			Α							
	WELL 1			2		WELL 1				Α							
57123	PRESSUR	E TANK															
				С	on	tact Info	rmatio	n									
Name					Or	ganization									lob Title		
Ms. Melan	nie Fatone	<b>)</b>				l Investors, L	LC.				C	Owner					
Mailing Ad	dress Line	e One		Mailing Add	lress	Line Two						City			State	Zip (	Code
Childrens (				392 Salem T						Bozr	ah				СТ	063	
Business	Phone	Extension	Fax	M	lobil	le Phone	Emergen	су	Pho	ne Ema	il Add	ress					

C	onnectic	ut Depa	irtme	ent of	Public	Health	ı D	rinking	g Water	· Se	ection	
	Wat	ter Qua	lity N	Monite	oring a	nd Con	np	liance S	Schedu	le		
PWS ID PV	WS Name						Cla	ssification	Population	Ow	vner Type P	rimary Source
CT0131003 CH	HILDRENS DEN	TAL ASSOCIA	ATION					NC	110		Р	GW
Local Address (whe	ere applicable)				Service	Residen	ntial	Commerci	al Industri	ial	Combined	Agricultural
392 SALEM TURNP	IKE				Connection	ns		1				
Towns Served: BOZ	ZRAH											
860-886-5576	1							mfator	ne@children	isde	ntainic.com	l
Contact Role(s): L	egal Contact											
Name				Or	ganization						Job Title	
Ms. Michelle Herte	er			Cd	Investors LI	LC			Manager			
Mailing Address Lir	ne One		Mailing	g Address	Line Two				City		State	Zip Code
392 Salem Turnpik	e							Bozrah	1		СТ	06334
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	y Pho	one Email A	Address		,	
860-886-5576		860-885-	1379			860-886	-557	6 childre	n.dental@s	net.	net	
Contact Role(s): A	dministrative	Contact										

#### Contact Role(s): Administrative Contact

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

End of schedule

Schedule Generation Date: 3/10/2020

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