C	onnectic	ut Dena	rtme	ent of	Public	Health	Dri	inkin	σ W	ater Se	ection	
		ter Qual						`	_			
PWS ID P	WS Name	ter Qua	iity iv	101110	or mg a	iiu coii	_	ification	_		mor Type [Primary Source
	MERICAS BEST	VALUE INN						NC		25	P	GW
Local Address (who		VALUE INTO			Service	Resident		Commerc		ndustrial	Combined	_
479 PROVIDENCE I		5)			Connectio		iai c	1	,101 11	Taastriai	Combine	/ Agriculturur
Towns Served: BRO		- 1										
			N	/lonite	oring Re	quireme	nts					
Water System Fa	cility: DISTR	IBUTION SY				-						
Total Coliform	(3100)									1 ro	utine (RT)	per quarter
Sampling Poi	nt (Sampling P	oint ID)				Monitorii	ng Pe	riod (Collect	tion Period	l Comp	liance Status
Select from Ir	ventory of Act	ive Sampling	Points			7/1/19 -	9/30/	/19			C	omplete
						10/1/19 -	12/3	1/19			C	omplete
						1/1/20 -	3/31,	/20			С	omplete
				-		4/1/20 -	6/30,	/20				
						7/1/20 -	9/30,	/20				
Physical Parame	= -									1 ro	= =	per quarter
	nt (Sampling P					Monitorii			Collect	tion Period		liance Status
Select from Ir	ventory of Act	ive Sampling	Points			7/1/19 -						omplete
						10/1/19 -						omplete
						1/1/20 -					C	omplete
						4/1/20 -						
						7/1/20 -	9/30/	/20				
Water System Fa	•	Y POINT (W	/SF ID:	00700)								
Nitrate And Nitr		4 1					_		- "		=	RT) per year
	nt (Sampling P	oint ID)				Monitorii			Collect	tion Period		liance Status
ENTRY POINT	(3)					1/1/19 - 1						omplete
						1/1/20 - 1		-			C	omplete
		Water Sy	ıstam	Eacili	ty and S	1/1/21 - 1			anto	r\/		
144-4		water 5	Steili	raciii	ty and 3	amping	PUII				,	
Water System Water S	System Facility		Samnlin	a Point	Sampling I	Point			otal Iiform	Lead and Copper	1	Stage
Facility ID	ystem ruemey	•	II	_	Description		C.		njorin Rule		r Asbestos	WQP 2 DBPR
	UTION SYSTEM	1	4	ļ.	DISTRIBUT	ION SYSTEM		A	Υ			-
			DOWNS	TREAM		SERVICE CON	l	Α				
			UPSTF			SERVICE CON		Α				
00700 ENTRY I	POINT		3		ENTRY POI			Α				
20399 WELL			2	<u>)</u>	WELL			Α				
				Con	tact Info	rmation						
Name				Or	ganization						Job Title	
Mr. Peter Patel				An	nericas Bes	t Value Inn						
Mailing Address Li	ne One		Mailing	Address	Line Two				С	ity	State	Zip Code
479 Providence Ro	ad							Brook	lyn		СТ	06234
Business Phone	Extension	Fax		Mobil	le Phone	Emergency	Phon	e Email	Addre	!SS	'	
860-774-9644												
Contact Role(s):	dministrative	Contact, Leg	al Conta	ct, Own	ner			-	-			

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

		_			_ I			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
СТ0190014	AMERICAS BEST VALUE	E INN			NC	25	Р	GW
Local Address (w	here applicable)		Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
479 PROVIDENC	E ROAD (ROUTE 6)		Connections		1			

Towns Served: BROOKLYN

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

	Co	nnectic Wat	•			f Public coring a				_			ction		
PWS ID CT0190024		S Name						Classif	fication IC	Popu			ner Type F	rimary S GW	
Local Address	(where	e applicable)				Service	Residen	tial Co	ommero	ial Ir	ndustria	al	Combined	Agricu	ultural
170 SOUTH S	TREET					Connection	S		1						
Towns Served	: BROC	OKLYN													
				N	lonit	oring Req	uireme	nts							
Water Syste	m Faci	lity: DISTR	IBUTION S	SYSTEM	(WSF I	D: 00600)									
Total Colifo		100) (Sampling P	oint ID)				Monitori	na Per	iod (Callect	1 ion Per		tine (RT)	per qua	
		entory of Acti		g Points			7/1/19 -			CONECT	ion r ei	iou		omplete	
Sciectiff	0111 1111	entory or Acti	ve sampiin	6101113			10/1/19 -							omplete	_
							1/1/20 -							omplete	
							4/1/20 -								
							7/1/20 -								
Physical Pa		ers (PPS) (Sampling P	oint ID)				Monitori			Callact	1 ion Per		tine (RT)	per qua	
		entory of Acti		g Points			7/1/19 -			Conect	ion rei	iou		omplete	utus
Sciectiii	0111 1111	entory of Acti	ve sampiin	6101113			10/1/19 -							omplete	
							1/1/20 -							omplete	
							4/1/20 -							- <u>-</u>	
							7/1/20 -								
Water Syste	m Faci	lity: ENTRY	POINT (WSF ID: (0700)										
Nitrate And		•	-		-							1	routine (RT) per	vear
		(Sampling P	oint ID)				Monitori	ng Peri	iod (Collect	ion Per		=	liance St	-
ENTRY P	OINT (3	3)					1/1/19 -	12/31/	19				C	omplete	
							1/1/20 -	12/31/	20						
							1/1/21 -	12/31/	21						
			Water S	ystem	Facil	ity and Sa	ampling	Poin							
Water System W	ator Su	stem Facility		Samplin	a Doint	Sampling P	oint			Total liform	Lead				Ctaao
Facility ID	uter sy.	stem rucinty		Jumping		Description		C#		njorm Rule			Asbestos		Stage DBPR
-	STRIBU	TION SYSTEM		4		DISTRIBUTION	ON SYSTEM		A	Υ					
				DOWNS	TREAM	WITHIN 5 SI	ERVICE COI	١ .	Α						
				UPSTR	EAM	WITHIN 5 SI	ERVICE COI	١ .	Α						
00700 EN	ITRY PC	INT		3		ENTRY POIN	IT		A						
20400 W	ELL			2		WELL			Α						
					Con	tact Info	rmation	1							
Name					0	rganization							Job Title		
170 South Sti	reet LLC	:													
Mailing Addre	ess Line	One		Mailing	Addres	s Line Two				С	ity		State	Zip Co	de
240 South Str		Т							Brook	-			СТ	0623	4
Business Ph		Extension	Fax	1	Mob	ile Phone	Emergency	Phone	Email	Addre	SS				
860-774-23															
Contact Role((s): Leg	gal Contact, C)wner												

`		at Depa	ii ciiiciic i	or r abire	Ticarci		311111	, water	Decemon	<u> </u>
	Wat	er Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedu	le	
PWS ID I	PWS Name	-				Classif	ication	Population	Owner Type	Primary Sour
CT0190024	BROOKLYN COU	NTRY CLUB/	GOLF COURS	E		N	IC	25	Р	GW
Local Address (wh	nere applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combin	ed Agricultu
170 SOUTH STREE	ĒΤ			Connection	ns		1			
Towns Served: BF	ROOKLYN					,		,		
Name				Organization					Job Titl	е
Mr. Richard Regis	S			170 South Stre	et, LLC			Owner		
Mailing Address L	ine One		Mailing Addr	ess Line Two				City	State	Zip Code
240 South Street							Brookly	yn	СТ	06234
Business Phone	Extension	Fax	Мо	obile Phone	Emergency	y Phone	Email A	Address	·	
860-774-2321										
		_								

Connecticut Department of Public Health Drinking Water Section

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

End of schedule

Page 4

	Connectic	•					_				tion	
	Wa	ter Qua	lity Monit	oring a								
PWS ID	PWS Name									Owne	r Type Pi	rimary Source
CT0190064		RANT		1		N	С	25	5	P)	GW
Local Addre	ess (where applicable)			Service	Resident	ial Co	mmercia	Inc	dustrial	l Co	ombined	Agricultural
416 PROVID	DENCE ROAD			Connectio	ns		1					
Towns Serv	ed: BROOKLYN											
Mala Carl	DICTE	UDILITION CO			quiremer	nts						
	tem Facility: DISTR	(IBUTION S)	STEM (WSF)	D: 00600)							/ >	
	form (3100)											per quarter
	ing Point (Sampling P				Monitorin			llectio	on Peri	od		ance Status
Select	from Inventory of Act	ive Sampling	Points		7/1/19 - 9							mplete
					10/1/19 - :							mplete
					1/1/20 - 3						Со	mplete
					4/1/20 - (
					7/1/20 - 9	9/30/2	0					
•	Parameters (PPS)					_						per quarter
	ing Point (Sampling P				Monitorin			llectio	on Peri	od		ance Status
Select	from Inventory of Act	ive Sampling	Points		7/1/19 - 9							mplete
					10/1/19 - :							mplete
					1/1/20 - 3						Со	mplete
					4/1/20 - (
					7/1/20 - 9	9/30/2	0					
Water Syst	tem Facility: ENTR	Y POINT (W	/SF ID: 00700)									
	nd Nitrite (NOX)									1 ro	-	T) per year
	ing Point (Sampling P	oint ID)			Monitorin	_		llectio	on Peri	od		ance Status
ENTRY	POINT (3)				1/1/19 - 1	.2/31/1	19				Со	mplete
					1/1/20 - 1						Со	mplete
					1/1/21 - 1	.2/31/2	21					
		Water Sy	stem Facil	ity and S	ampling	Point	t Inver	itor	У			
Water							Tot		Lead a	nd		
	Water System Facility		Sampling Point				Colife		Coppe			Stage
Facility ID			ID	Description		Sta			Rule T	ier A	sbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM		4		ION SYSTEM	A		,				
			DOWNSTREAM									
			UPSTREAM		SERVICE CON	A	4					
00700 E	ENTRY POINT		3	ENTRY POI	NT	P	4					
20404 \	WELL		2	WELL		P	4					
60406 A	ATMOSPHERIC STORA	GE										
					ormation							
Name				rganization							ob Title	
Mr. Roland				ank's, Inc.			T		stant V			
	dress Line One		Mailing Addres	s Line Two				Cit	У		State	Zip Code
416 Provide					T		Brooklyr				СТ	06234
Business	Phone Extension	Fax	Mobi	le Phone	Emergency	Phone	Email Ad	ddress	S			
860-774-					860-774-6	6045						
Contact Rol	e(s): Administrative	Contact										

(Connecticu	t Depa	rtment	of Public	Health	Drii	nking	Water	Section	
	Wate	er Qua	lity Mor	nitoring a	nd Con	nplia	nce S	chedul	e	
PWS ID F	PWS Name					Classif	ication F	Population	Owner Type	Primary Source
CT0190064	HANKS RESTAURA	NT				Ν	IC	25	Р	GW
Local Address (wh	nere applicable)			Service	Residen	tial Co	mmercia	Industria	al Combine	ed Agricultural
416 PROVIDENCE	ROAD			Connection	ns		1			
Towns Served: BR	ROOKLYN				,	·				
Name				Organization					Job Title	e
Ms. Lyn M. Lacha	rite			Hank's, Inc.				Asst. Presi	dent	
Mailing Address L	ine One		Mailing Add	ress Line Two				City	State	Zip Code
416 Providence R	oad						Brookly	n	СТ	06234
Business Phone	Extension	Fax	M	obile Phone	Emergency	/ Phone	Email Ad	ddress		
860-774-6071					860-774-	-6045				
Contact Role(s):	Legal Contact									
Name				Organization					Job Title	e
Mr. Joseph M. Co	outois			Hank's, Inc.				President		
Mailing Address L	ine One		Mailing Add	ress Line Two				City	State	Zip Code
379 Providence R	oad						Brookly	า	CT	06234
Business Phone	Extension	Fax	M	obile Phone	Emergency	/ Phone	Email Ad	ddress		
860-774-6071					860-774-	-6045				
Contact Role(s):	Owner									

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

End of schedule

	Co	nnectic	it Denai	tment of	Public	Health	Dri	nkir	ıσ V	Vater	Se	ection	
	00		•	ity Monit					_			CCIOII	
PWS ID	D\A/	S Name	ci Quai	ity Monit	oring a	iiu Coii						ner Tyne	Primary Source
CT0190074		R LADY OF LA	SALETTE CHI	IRCH				NC		25	OVV	P	GW
		e applicable)	SALLITE CIT	J.C.I.	Service	Residen		ommei	rcial	Industri	ial	Combine	
	· · · · · · · · · · · · · · · · · · ·	AD (ROUTE 6)			Connection		ciai C	1	Clai	maastri	iai	COMBINE	a Agricultura
Towns Serv													
				Monite	oring Red	nuireme	nts						
Water Sys	stem Faci	lity: DISTRI	BUTION SY	STEM (WSF I		quii cinic	1163						
Total Col	iform (3	100)								1	l rou	ıtine (RT	per quarter
Samp	ling Point	(Sampling Po	int ID)			Monitori	ng Pei	riod	Colle	ction Pe	riod	Comp	liance Status
Select	from Inv	entory of Activ	ve Sampling F	oints		7/1/19 -	9/30/	19				C	Complete
						10/1/19 -	12/31	L/19				C	Complete
						1/1/20 -	3/31/	'20				C	omplete
						4/1/20 -	6/30/	'20					
						7/1/20 -	9/30/	'20					
Physical I		= =										=	per quarter
		(Sampling Po				Monitori			Colle	ction Pe	riod		liance Status
Select	from Inv	entory of Activ	ve Sampling F	Points		7/1/19 -							Complete
						10/1/19 -							Complete
						1/1/20 -						(Complete
						4/1/20 -							
M/-1	E	li ENTEN	DOINT (M	CE ID 00700\		7/1/20 -	9/30/	20					
		•	POINT (W	SF ID: 00700)									'n=\
Nitrate A		• •	int ID)			Manitari	na Da	ui o d	Calla	ation Da			(RT) per year
-		(Sampling Po	וות וטן			Monitorii			Colle	ction Pe	rioa		liance Status
EINTK	Y POINT (3	9)				1/1/19 - 1/1/20 -							Complete Complete
						1/1/21 -							.ompiete
			Motor Sv	stom Easili	ty and C				,ont	0 K) (
14/			water sy	stem Facili	ity and 3	ampinig	Poli	IL IIIV					
Water System	Water Sv	stem Facility	S	ampling Point	Samplina P	Point		0	Total olifori				Stage
Facility ID	Trate, by	occini i domey		ID	Description		C#	atus	Rule	-	-	Asbesto	s WQP 2 DBPI
-	DISTRIBU	TION SYSTEM		4	DISTRIBUTI	ON SYSTEM		A	Υ				· · · · · · · · · · · · · · · · · · ·
			0	OWNSTREAM				Α					
				UPSTREAM		SERVICE CON		Α					
00700	ENTRY PC	DINT		3	ENTRY POI	NT		Α					
20405	WELL			2	WELL			Α					
56779	BLADDER	TANKS											
				Con	tact Info	rmation							
Name				Oı	rganization							Job Title	
Ms. Barba	ra Laliber	te		La	dy of Lasale	tte Church			C	Office Ma	anage	er	
Mailing Ad	dress Line	One	1	Mailing Address	s Line Two					City		State	Zip Code
25 Provide	nce Road	P. O. Box 211						Broo	klyn			СТ	06234
Business	Phone	Extension	Fax	Mobi	le Phone	Emergency	Phon	e Ema	il Add	ress			
860-774	-6275		860-774-0	579		860-918-	1231	ourla	ady@s	snet.net			
Contact Ro	ole(s): Ad	ministrative C	Contact										

(Connectic Wa	ut Depa ter Qua									ction	
PWS ID	PWS Name						Cla	ssification	Population	Own	er Type	Primary Source
CT0190074	OUR LADY OF LA	SALETTE CH	IURCH					NC	25		Р	GW
Local Address (wh	nere applicable)				Service	Resider	ntial	Commerci	ial Industri	al (Combine	d Agricultural
25 PROVIDENCE F	ROAD (ROUTE 6)				Connection	ns		1				
Towns Served: BF	OOKLYN											-
Name				Or	ganization						Job Title	<u> </u>
Father Benjamin	Vinjoe			Ou	ır Lady of La	salette						
Mailing Address L	ine One		Mailing	Address	Line Two				City		State	Zip Code
P.O. Box 211								Brookl	yn		СТ	06234
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	y Pho	one Email /	Address			
860-774-6275		860-774-	0679					ourlad	ybrooklyn@	gmail	.com	
Contact Role(s):	Legal Contact							l .				

Please note the following:

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

End of schedule

Connecticut De	•					ction
Water Qi	iality Monit	oring and Com				
PWS ID PWS Name		(Classification	on Popul	ation Own	er Type Primary Source
CT0190104 BROOKLYN MARKET			NC	2.	5	P GW
Local Address (where applicable)		Service Residentia	al Comm	ercial In	dustrial	Combined Agricultural
107 HARTFORD ROAD (ROUTE 6)		Connections	1			
Towns Served: BROOKLYN						
		oring Requiremen	ts			
Water System Facility: DISTRIBUTION	N SYSTEM (WSF II	D: 00600)				
Total Coliform (3100)						tine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring		Collecti	on Period	Compliance Status
Select from Inventory of Active Samp	ling Points	7/1/19 - 9	-	_	-	Complete
		10/1/19 - 1				Complete
		1/1/20 - 3				Complete
		4/1/20 - 6				
		7/1/20 - 9	/30/20			
Physical Parameters (PPS)					1 rou	tine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collecti	on Period	Compliance Status
Select from Inventory of Active Samp	ling Points	7/1/19 - 9	/30/19			Complete
		10/1/19 - 1	2/31/19			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)					
Nitrate (1040)	, ,				1 rou	tine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collecti	on Period	Compliance Status
ENTRY POINT (3)		7/1/19 - 9				Complete
		10/1/19 - 1				Complete
		1/1/20 - 3				Complete
		4/1/20 - 6				
		7/1/20 - 9				
Nitrite (1041)		7/1/20-3	, 55, 20		1.	outine (RT) per year
Sampling Point (Sampling Point ID)		Monitoring	a Period	Collection	ו ב on Period	Compliance Status
ENTRY POINT (3)		1/1/19 - 17		Conecti	2.1. T. C.110U	Complete
ENTRY FORM (5)		1/1/20 - 12	-			Complete
		1/1/21 - 12				Complete
10/	· Creaters Feet					
	System Facili	ty and Sampling F	oint in		•	
Water System Fasility	Committee Detect	Campaline Deint			Lead and	<u>.</u>
System Water System Facility	Sampling Point ID	Description		Coliform Rule	Copper Bula Tion	Stage Asbestos WQP 2 DBPR
Pacility ID		<u> </u>	<u>Status</u>		nuie Her	ASUESTOS VVQP Z DDPK
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Υ		
		WITHIN 5 SERVICE CON	A			
20722 51/70/ 2011	UPSTREAM	WITHIN 5 SERVICE CON	A			
00700 ENTRY POINT	3	ENTRY POINT	Α			
20408 WELL	7	\A/E11	Λ			

Α

WELL

2

20408 WELL

	Connectic	ut Depa	rtment	of Public	Health	Dri	nking	Water	Sect	tion	
	Wa	ter Qual	lity Mon	itoring a	and Con	nplia	nce S	Schedul	le		
PWS ID	PWS Name					Classif	ication	Population	Owner	Type P	rimary Source
CT0190104	BROOKLYN MAF	RKET				N	С	25	Р)	GW
Local Address (w	here applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Co	mbined	Agricultural
107 HARTFORD R	OAD (ROUTE 6)			Connectio	ons		1				
Towns Served: BI	ROOKLYN				·						·
			Co	ntact Info	ormation	1					
Name				Organization					Jo	ob Title	
Mr. Hiteshkuma	Patel			Brooklyn Ma	rket						
Mailing Address I	ine One		Mailing Addr	ess Line Two				City		State	Zip Code
107 Hartford Rd							Brookl	yn		CT	06374
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email A	Address		·	
860-774-2621		860-774-2	2621								
Contact Role(s):	Administrative	Contact, Leg	al Contact, O	wner							
Name				Organization					Jo	ob Title	
Ms. Nayana Pate	I										
Mailing Address I	ine One		Mailing Addr	ess Line Two				City		State	Zip Code
107 Hartford Rd							Brookl	yn		CT	06374
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email A	Address			
Contact Role(s):	Owner										

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End of schedule

(Connecticut Depa					_			ction		
	Water Qua	lity Monit	coring a	nd Con	ıplia	nce S	chedı	ıle			
PWS ID	PWS Name				Classif	ication P	opulatio	n Owi	ner Type P	rimary	Source
CT0190164	SORELS GARAGE				N	С	25		Р	GW	V
Local Address (w	here applicable)		Service	Residen	tial Co	mmercial	Indust	trial	Combined	Agric	cultural
88 HARTFORD RC	DAD (ROUTE 6)		Connection	ns		1					
Towns Served: BI	<u> </u>										
		Monito	oring Red	quireme	nts						
Water System F	acility: DISTRIBUTION S	YSTEM (WSF I	D: 00600)								
Total Coliform	(3100)							1 rou	tine (RT)	per qu	uarter
Sampling Po	oint (Sampling Point ID)			Monitori	ng Peri	od Col	llection F	Period	Compl	iance S	tatus
Select from	Inventory of Active Sampling	Points		7/1/19 -	7/31/1	.9			Co	mplete	9
				10/1/19 -	12/31/	19			Co	mplete	e
				1/1/20 -	3/31/2	.0			Co	mplete	2
				4/1/20 -	-					•	
				7/1/20 -							
Physical Param	neters (PPS)				· ·			1 rou	itine (RT)	per au	uarter
-	oint (Sampling Point ID)			Monitori	na Peri	od Col	llection F			iance S	
	Inventory of Active Sampling	Points		7/1/19 -						mplete	
30.000		,		10/1/19 -						mplete	
				1/1/20 -						mplete	
				4/1/20 -						mpiete	_
				7/1/20 -							
Matar Custom [Facility: ENTRY POINT (V	VSE ID. 00700\		7/1/20-	9/30/2	.0					
	,	V3F ID: 00700)						4	(DT)		
Nitrate (1040)				0.0 16 1					itine (RT)		
	oint (Sampling Point ID)			Monitori			llection F	rerioa		iance S	
ENTRY POIN	11 (3)			7/1/19 -						mplete	
				10/1/19 -						mplete	
				1/1/20 -					Сс	mplete	9
				4/1/20 -							
				7/1/20 -	9/30/2	.0					
	Water S	ystem Facili	ity and Sa	ampling	Poin [®]	t Inven	tory				
Water						Tot	al Lea	d and			
*	r System Facility	Sampling Point				Colife		pper			Stage
Facility ID		ID	Description	1	Sta	itus Ru	le Ru	le Tier	Asbestos	WQP .	2 DBPR
00600 DISTR	IBUTION SYSTEM	4	DISTRIBUTI	ON SYSTEM	A	A Y	•				
		DOWNSTREAM	WITHIN 5 S	ERVICE CON	1 A	4					
		UPSTREAM	WITHIN 5 S	ERVICE CON	J A	4					
00700 ENTRY	/ POINT	3	ENTRY POI	NT	A	4					
20412 WELL		2	WELL		A	4					
		Con	tact Info	rmation							
Name		O	rganization						Job Title		
Mr. Paul Sorel			rels Garage				Vice Pre	sident			
Mailing Address I	Line One	Mailing Address					City		State	Zip Co	ode
88 Hartford Road		P.O. Box 328				Brooklyr			CT	0623	
Too man troi u moat	•	C. DOX 320				D. OURIYI	•		Ci	002.	J T
Rusiness Dhone	Fytension Fav	Mohi	le Phone	Emergency	Phone	Fmail Ac	ldress				
Business Phone 860-774-4514		Mobi	le Phone	Emergency	Phone	Email Ac		ao 22+			

Schedule Generation Date: 3/10/2020

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

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

		_				_ L		,	
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
CT0190164	SORELS GARAGE					NC	25	Р	GW
Local Address (where applicable)			Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural	
88 HARTFORD R	OAD (ROUTE 6)			Connections		1			

Towns Served: BROOKLYN

Please note the following:

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- 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 De	partm	ent of	f Public	Health	D	rinkii	ng V	Vater	Se	ection	
	Water Qı	uality I	Monit	oring a	nd Con	ıpl	liance	e Sc	hedu	le		
PWS ID	PWS Name					Cla	ssificatio	n Po	pulation	Ow	ner Type	Primary Sourc
CT019025		JRANT					NC		37		Р	GW
	ess (where applicable)			Service	Residen	tial	Comme	rcial	Industri	ial	Combine	d Agricultura
	FORD ROAD (ROUTE 6)			Connection	ıs		1					
Towns Ser	ved: BROOKLYN					_				_		
				oring Red	quireme	nts	S					
	stem Facility: DISTRIBUTION	N SYSTEM	(WSF I	D: 00600)								
	iform (3100)										=) per quarter
	oling Point (Sampling Point ID)				Monitori			Colle	ection Pe	riod		oliance Status
Selec	t from Inventory of Active Samp	ling Points			7/1/19 -			_				Complete
					10/1/19 -							Complete
					1/1/20 -						(Complete
					4/1/20 -							
	- ()				7/1/20 -	9/3	0/20			_		
•	Parameters (PPS)					_	,	. "			=) per quarter
	oling Point (Sampling Point ID)	line Delinte			Monitori			Colle	ection Pe	rioa		oliance Status
Selec	t from Inventory of Active Samp	ling Points			7/1/19 - 10/1/19 -							Complete
					1/1/20 -							Complete Complete
					4/1/20 -							Joinpiete
					7/1/20 -							
Mator Sv	stem Facility: ENTRY POINT	/WSE ID:	00700\		7/1/20-	9/3	0/20					
	and Nitrite (NOX)	(עט וכעע)	. 00700)							1	routino	(RT) per year
	oling Point (Sampling Point ID)				Monitori	na F	Period	Colle	ection Pe			oliance Status
	Y POINT (3)				1/1/19 -			conc	etion i c	TIOU		Complete
LIVIII	110111 (3)				1/1/20 -							ompiete
					1/1/21 -							
	Water	Systen	n Facili	ity and Sa				vent	orv			
Water	· · · · · · · · · · · · · · · · · · ·	oysten.	· · deiii	icy and st	ab9			Tota		and		
System	Water System Facility	Sampli	ng Point	Sampling P	oint		(Colifor				Stage
Facility ID		=	ID	Description			Status	Rule		•	Asbesto	s WQP 2 DBP
00600	DISTRIBUTION SYSTEM		4	DISTRIBUTION	ON SYSTEM		Α	Υ				
		DOWN	STREAM	WITHIN 5 S	ERVICE CON	١	Α					
		UPST	REAM	WITHIN 5 S	ERVICE CON	١	Α					
00700	ENTRY POINT		3	ENTRY POIN	NT		Α					
22691	WELL		2	WELL			Α					
			Con	tact Info	rmation							
Name			Oı	rganization							Job Title	<u> </u>
Mr. Greg I	Michaelidis			ooklyn Pizza	<u> </u>			(Owner			
	ldress Line One	Mailin		s Line Two					City		State	Zip Code
	ord Road (Route 6)						Broo	oklyn			СТ	06234
Business	Phone Extension F	ax	Mobi	le Phone	Emergency	Pho	ne Ema	il Add	ress			
860-779	9-9838											
Contact D	ala(s): Administrative Contact	Local Cont	oct Own	201	-		-		-		-	-

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

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

				0		1			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
CT0190254	BROOKLYN PIZZA RES	TAURA	NT			NC	37	Р	GW
Local Address (where applicable)			Service	Resider	ntial Commer	cial Industr	ial Combin	ed Agricultural	
109 HARTFORD ROAD (ROUTE 6)				Connections		1			

Towns Served: BROOKLYN

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End of schedule

	Connecticut Dep	artment of	Public Hea	lth D	rinkir	ng Wa	ater	Se	ction	
	Water Oua	ality Monit	oring and (Compl	liance	Sche	edul	e		
PWS ID	PWS Name		<u> </u>						er Type F	Primary Source
CT0190264	COZY CORNER RESTAURAN	IT			NC	-	.5		Ρ	GW
Local Address (where applicable)		Service Re	sidential	Commer	cial In	dustria	al (Combined	Agricultura
679 WAUREGA			Connections		1					0
Towns Served:	BROOKLYN									
		Monito	oring Require	ments	•					
Water System	n Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)							
Total Colifor	m (3100)						1	rou	tine (RT)	per quarter
Sampling	Point (Sampling Point ID)		Moi	nitoring F	Period	Collecti	ion Per	iod	Comp	liance Status
Select fro	m Inventory of Active Samplir	ng Points	7/1	./19 - 9/3	0/19				C	omplete
			10/1	/19 - 12/	31/19				C	omplete
			1/1	/20 - 3/3	1/20				C	omplete
			4/1	./20 - 6/3	0/20					
			7/1	./20 - 9/3	0/20					
Physical Para	ameters (PPS)						1	rou	tine (RT)	per quarter
Sampling	Point (Sampling Point ID)		Moi	nitoring F	Period	Collecti	ion Per	iod	Comp	liance Status
Select fro	m Inventory of Active Samplir	ng Points	7/1	/19 - 9/3	0/19				C	omplete
			10/1	/19 - 12/	31/19				C	omplete
			1/1	./20 - 3/3	1/20				C	omplete
			4/1	./20 - 6/3	0/20					
			7/1	/20 - 9/3	0/20					
Water System	n Facility: ENTRY POINT (WSF ID: 00700)								
Nitrate (104	.0)						1	rou	tine (RT)	per quarter
-	Point (Sampling Point ID)		Moi	nitoring F	Period	Collecti				liance Status
ENTRY PO	DINT (3)		7/1	/19 - 9/3	0/19				C	omplete
			10/1	/19 - 12/	31/19				C	omplete
				./20 - 3/3						omplete
			4/1	/20 - 6/3	0/20					·
				/20 - 9/3						
Nitrite (1041	1)		·					1 r	outine (RT) per year
Sampling	Point (Sampling Point ID)		Moi	nitoring F	Period	Collecti	ion Per	iod	Comp	liance Status
ENTRY PO	OINT (3)		1/1	/19 - 12/3	31/19				C	omplete
			1/1	/20 - 12/3	31/20				C	omplete
			1/1	/21 - 12/3	31/21					
	Water	System Facili	ity and Samp	ling Po	int Inv	ento	ry			
Water						Total	Lead o	and		
System Wat	ter System Facility	Sampling Point ID	Sampling Point Description		Status	oliform Rule	Copp Rule 1		Asbestos	Stage WQP 2 DBPI
Facility ID			·		· · · · · · · · · · · · · · · · · · ·					
	TRIBUTION SYSTEM	4	DISTRIBUTION SY	STEM	Α	Υ				
	FRIBUTION SYSTEM		DISTRIBUTION SYS		A A	Y				
	FRIBUTION SYSTEM			E CON		Υ				
00600 DIST	TRIBUTION SYSTEM	DOWNSTREAM	WITHIN 5 SERVIC	E CON	Α	Y				

	Water Quality Monit	oring an	d Con	npl	iance S	Schedul	e	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0190264	COZY CORNER RESTAURANT				NC	25	Р	GW
Local Address (w	here applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
679 WAURFGAN	ROAD	Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: BROOKLYN

679 WAUREGAN ROAD

Contact Information													
Name			Organization			Job Title							
Mr. Konstantinos Plitsas					Cozy Corner I	Restaurant	Owner						
Mailing Address Line One Mailing Addr					ess Line Two		City		State	Zip Code			
679 Wauregan Road P. O. Box 2				x 211			Waurega	an	СТ	06387-0211			
Business Phone	Extension	Fax		Mo	bile Phone	Emergency Phone	Email Ad	dress					
860-774-2629 860-774-4839						kalloni@	charter.net						

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

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End of schedule