Connecticut Department of	of Public H	Iealth I	Orinki	ng Water	Secti	on
Water Quality Mon	itoring an	d Comr	oliance	e Schedu	le	
PWS ID PWS Name			lassificatio			ype Primary Source
CT0200054 BURLINGTON HIGHWAY DEPT (GARAGE)			NC	25	L	GW
Local Address (where applicable)	Service	Residentia			_	bined Agricultural
66 BELDEN ROAD	Connections	Nesidellila	1	irciai iriuusti	iai Com	Agricultural
Towns Served: BURLINGTON			1			
		•				
Water System Facility: DISTRIBUTION SYSTEM (WSF	toring Requ	ııremen	ts .			
Total Coliform (3100)				,	L routine	(RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Pe		Compliance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9/	/30/19			Complete
		10/1/19 - 12	2/31/19	-		<u> </u>
		1/1/20 - 3/				
		4/1/20 - 6/	-			
		7/1/20 - 9/	/30/20			
Physical Parameters (PPS)				:	l routine	(RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Pe		Compliance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9/	/30/19			Complete
		10/1/19 - 12	2/31/19			
		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: 0070	0)					
Nitrate And Nitrite (NOX)					1 rout	ine (RT) per year
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Pe		Compliance Status
ENTRY POINT (3)		1/1/19 - 12				Complete
		1/1/20 - 12				
		1/1/21 - 12				
Other	Compliance					
	Compilarice		e Date	A abi	aved Date	
Compliance Schedule Activity				ACTITE	eved Date	<u>'</u>
RESPOND TO SANITARY SURVEY	- 160 - 1 -		.6/2015			
Public No	otification R	lequiren	nents			
	Compliance	Notice	<u>Public</u>	Notification	<u>P</u>	N Certification
Violation/Situation	Period	Tier	Require			
Distribution Turbidity MCL Violation 1/	1/11 - 3/31/11	2	3/10/20	12	3/20/	['] 2012
Water System Fac	ility and Sai	mpling P	oint In	ventory		
Water				Total Lead	and	
	nt Sampling Poi	nt	(Coliform Cop	•	Stage
Facility ID ID	Description		Status	Rule Rule	Tier Asb	estos WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTIO		Α	Υ		
	M WITHIN 5 SEF	RVICE CON	Α			
UPSTREAM	WITHIN 5 SEF		Α			
00700 ENTRY POINT 3	ENTRY POINT		Α			
20422 WELL 2	WELL		Α			

	Water Quality Monit	oring an	d Con	npliance	Schedul	e	
WS ID	PWS Name			Classification	Population	Owner Type	Primary Source
T0200054	BURLINGTON HIGHWAY DEPT (GARAGE)			NC	25	L	GW
ocal Address (where applicable) Service Reside				tial Commerc	ial Industri	al Combine	ed Agricultural

1

Connections

Connecticut Department of Public Health Drinking Water Section

Towns Served: BURLINGTON

66 BELDEN ROAD

СТ

				Cor	ntact Info	ormation				
Name					rganization				Job Title	!
Mr. Thedore C. Shafer					Burlington			First Selectman		
Mailing Address Lin	Mailing Address Line One Mailing Addr			ddres	ress Line Two			City	State	Zip Code
200 Spielman Highv	vay						Burlingto	on	СТ	06013
Business Phone	Extension	Fax		Mob	ile Phone	Emergency Phone	ne Email Address			
860-673-6789		860-673-8	3607				shafer.t@burlingtonct.us			

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.

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

End of schedule

Schedule Generation Date: 3/10/2020

	Connecticut Dep					_		ection	
	Water Qua	ality Monit	oring an	d Com	pliand	ce Sch	nedule		
PWS ID	PWS Name				Classificat			vner Type Pr	imary Source
CT0200094	BURLINGTON TOWN HALL				NC		25	L	GW
Local Address (where applicable)		Service	Residenti	al Comm	nercial	Industrial	Combined	Agricultural
200 SPIELMAN			Connections		-	1			
Towns Served:	BURLINGTON							I	
		Monito	oring Requ	uiremen	ts				
Water System	Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)						
Total Coliforn	m (3100)						1 ro	utine (RT) រុ	er quarter
Sampling	Point (Sampling Point ID)			Monitorin	g Period	Collec	ction Period	d Compli	ance Status
Select fror	m Inventory of Active Samplir	g Points		7/1/19 - 9	/30/19			Co	mplete
				1/1/20 - 3	3/31/20				
				4/1/20 - 6	5/30/20				
				7/1/20 - 9	/30/20				
Total Coliforn	m (3100)						3 :	repeat (RP)	per period
Sampling	Point (Sampling Point ID)			Monitorin	g Period	Collec	ction Period	d Compli	ance Status
Select fror	n Inventory of Active Samplir	g Points		9/24/19 - 9	9/29/19				
Total Coliforn	m (3100)					3 te	mporary r	outine (TR)	per month
Sampling	Point (Sampling Point ID)			Monitorin	g Period	Collec	ction Period	d Compli	ance Status
Select fror	n Inventory of Active Samplir	g Points		10/1/19 - 1	.0/31/19				
Physical Para	meters (PPS)						1 ro	utine (RT) բ	er quarter
Sampling	Point (Sampling Point ID)			Monitorin	g Period	Collec	ction Period	d Compli	ance Status
Select fror	n Inventory of Active Samplir	g Points		7/1/19 - 9	/30/19			Co	mplete
				10/1/19 - 1	.2/31/19				
				1/1/20 - 3	3/31/20				
				4/1/20 - 6	5/30/20				
				7/1/20 - 9	/30/20				
Water System	Facility: ENTRY POINT (WSF ID: 00700)							
Nitrate And N	Nitrite (NOX)						1	L routine (R	T) per year
	Point (Sampling Point ID)			Monitorin	g Period	Collec	ction Period	-	ance Status
ENTRY PO				1/1/19 - 1				-	mplete
	• •			1/1/20 - 12					•
				1/1/21 - 12					
Water System	Facility: WELL (WSF ID:	20425)			, , ==				
E. Coli (3014	,						1 tric	gered (TG)	ner neriod
•	I Point (Sampling Point ID)			Monitoring	a Period	Colle	tion Period		ance Status
WELL (2)	· ····· (our pring i onic io)			9/23/19 - 9		Cone		Compile	
(2)		Other Co	ompliance						
Compliance Scl	hedule Activity		J.I.Pilariec		ue Date		Achieved	l Date	
	ANITARY SURVEY				/5/2015		Acilievec	שעונ	
WESLOND IO 3/		System Facili	ty and Say			nventa	nrv.		
14/art - :-	vvaler	ystem racin	ty and Sai	inhinig i	Omit II			J	
Water System Wat	er System Facility	Sampling Point	Sampling Poi	int		Total Coliforn	Lead and n Copper		Stage
Facility ID	er system ruemty	ID	Description		Charter	Dula			Stage WQP 2 DBPR
	RIBUTION SYSTEM	4	DISTRIBUTION	V SYSTEM	<u>Status</u> A	Y			
50000 DIST	THE STORY STOTE OF	DOWNSTREAM			A	'			
		UPSTREAM	WITHIN 5 SEF		A				
		J. J. 11. L/ 1171	J JLI						

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	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	le	
DIAIC No rec	Classification	Damulation	O T	D.::

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0200094	BURLINGTON TOWN HALL			NC	25	L	GW
Local Address ((where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
200 SPIELMAN	HIGHWAY	Connections		1			

Towns Served: BURLINGTON

	W	ater System Facili	ity and Sampli	ng Point Ir	nvento	ry		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	D. J.	Lead and Copper Rule Tier	Asbestos	age DBPR
00700	ENTRY POINT	3	ENTRY POINT	Α				
20425	WELL	2	WELL	Α				

					<u> </u>	-			
			С	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Thedore C. Sha	fer	Burlington			First Selecti	man			
Mailing Address Line One Mailing Addr				ress Line Two			City	State	Zip Code
200 Spielman Highv	way					Burlingto	on	СТ	06013
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	one Email Address			
860-673-6789		860-673-8	3607			shafer.t@burlingtonct.us			
Contact Bolo(s): A	dministrativo	Contact Log	al Cantact		*	*			

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

End of schedule

Schedule Generation Date: 3/10/2020

C	onnoctic	ut Dona	rtment of	Dublic	Hoalth I	rinki	ina I	Mator Sc	oction	
C									ction	
		ter Qua	lity Monit	oring a						
	NS Name	DC 14/11 D1 155		4054	C		ion Po	-		rimary Source
		DS WILDLIFE	MANAGEMENT		Danielantie	NC	anaial	25	S	GW
Local Address (who				Service Connectio	Residentia	al Comm		Industrial	Combined	Agricultural
Towns Served: BUF				Comicono			-			
Towns Served. Bot	(LIIVGTOIV		Manita	orina Do	~i	+ a				
Water System Fa	cility: DISTR	IBUTION SY			quiremen	LS				
Total Coliform (•		1512111 (1151 11					1 roı	ıtine (RT)	per quarter
-	nt (Sampling P	oint ID)			Monitoring	Period	Coll	ection Period		iance Status
	ventory of Act		Points		7/1/19 - 9					mplete
	<u> </u>				10/1/19 - 1	2/31/19			Co	mplete
					1/1/20 - 3	/31/20			Co	mplete
					4/1/20 - 6	/30/20				
					7/1/20 - 9	/30/20				
Physical Parame	ters (PPS)							1 rou	ıtine (RT)	per quarter
	nt (Sampling P				Monitoring		Coll	ection Period		iance Status
Select from In	ventory of Act	ive Sampling	Points		7/1/19 - 9	•				mplete
					10/1/19 - 1					mplete
					1/1/20 - 3	•			Co	omplete
					4/1/20 - 6					
Water System Fa	cility: ENTD	V DOINT (M	/SE ID: 00700\		7/1/20 - 9	/30/20				
,		T POINT (VI	73F ID. 00700)					1	routino (I	OT) por voor
Nitrate And Nitr	nt (Sampling P	oint ID)			Monitoring	n Period	Coll	1 ection Period	=	RT) per year iance Status
ENTRY POINT		ome ibj			1/1/19 - 12		Con	ection remou		mplete
ZIVIIVI I OIIVI	(3)				1/1/20 - 12					mpiece
					1/1/21 - 12	-				
			Other Co	omplian	ce Schedu					
Compliance Sched	ule Activity			•	Du	ıe Date		Achieved	Date	
CROSS CONNECTIC	N EXEMPTION				3/	1/2016				
		Water Sv	stem Facili	ity and S	Sampling F	oint Ir	ivent	torv		
Water					b9 .		Tota	•		
	ystem Facility	:	Sampling Point	Sampling I	Point		Colifo			Stage
Facility ID			ID	Description	n	Status	Rule	e Rule Tier	Asbestos	WQP 2 DBPR
00600 DISTRIB	UTION SYSTEM	1	4	DISTRIBUT	ION SYSTEM	Α	Υ			
			DOWNSTREAM	WITHIN 5	SERVICE CON	Α				
			UPSTREAM		SERVICE CON	Α				
00700 ENTRY F	POINT		3	ENTRY POI	NT	Α				
20442 WELL			2	WELL		A				
					ormation					
Name				rganization					Job Title	
Mr. David Cooley				eep-Enginee	ering Unit		,	Supv Civil Eng		7: 0 :
Mailing Address Lin			Mailing Address	s Line Two				City	State	Zip Code
163 Great Hill Road		Farr	N/ab:	lo Dhono	Emorgona: D		rtland	drocc	СТ	06480
Business Phone 860-342-2215	Extension	Fax 860-344-2		le Phone 205-7552	860-424-33			oley@ct.gov		
000-342-2215		000-344-2	2300 800-2	.03-7332	000-424-33	oss ua	viu.coc	neywci.gov		

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.

CT0200264	SESSIONS WOODS WILDLIFE MANAGEMENT AREA	NC	25	S	GW						
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source						
Water Quality Monitoring and Compliance Schedule											
	Connecticut Department of Public Health Drinking Water Section										

Connections

Residential

Commercial

1

Industrial

Combined

Service

Towns Served: BURLINGTON

343 MILFORD STREET

Local Address (where applicable)

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

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

End of schedule

Agricultural

Connecticut Departmen	nt of Public H	ealth I	Drinkii	ng Water S	Section	
Water Quality M	onitoring and	d Com	oliance	e Schedule	•	
PWS ID PWS Name	<u> </u>			n Population C		imary Source
CT0200334 YMCA CAMP CHASE			NC	25	P	GW
Local Address (where applicable)	Service	Residentia	I Comme	rcial Industrial	Combined	Agricultural
ROUTE 4	Connections		1			
Towns Served: BURLINGTON						
M	onitoring Requ	iremen	ts			
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)					
Total Coliform (3100)				1	routine (RT)	per month
Sampling Point (Sampling Point ID)	ı	Monitoring	Period Period	Collection Perio	od Compli	ance Status
Select from Inventory of Active Sampling Points	_	6/1/20 - 6	/30/20			
		7/1/20 - 7,	/31/20			
		8/1/20 - 8,				
		9/1/20 - 9,	/30/20			
Physical Parameters (PPS)					routine (RT)	-
Sampling Point (Sampling Point ID)	1	Monitoring		Collection Perio	od Compli	ance Status
Select from Inventory of Active Sampling Points		6/1/20 - 6,	-			
		7/1/20 - 7				
		8/1/20 - 8	•			
		9/1/20 - 9,	/30/20			
Water System Facility: ENTRY POINT - WELL 2 (V	WSF ID: 00700)					
Nitrate And Nitrite (NOX)				- "	1 routine (R	
Sampling Point (Sampling Point ID)		Monitoring		Collection Perio		ance Status
EP - WELL 2 (3)		1/1/19 - 12			Со	mplete
		1/1/20 - 12				
Mateur Customs Famility FNTDV DOINT NA/FILL 1 /V		1/1/21 - 12	731/21			
Water System Facility: ENTRY POINT - WELL 1 (V	WSF ID: 00/01)				4 15 15	-1
Nitrate And Nitrite (NOX)	,	Na mita viva	. Daviad	Callastian Bari	1 routine (R	
Sampling Point (Sampling Point ID)		Monitoring		Collection Perio	•	ance Status
EP - WELL 1 (3)		1/1/19 - 12 1/1/20 - 12	* *		Co	mplete
		1/1/20 - 12 1/1/21 - 12				
Oth	er Compliance					
Compliance Schedule Activity	er compnance		ie Date	Achiev	ed Date	
CROSS CONNECTION SURVEY REPORT		3/	1/2015			
CROSS CONNECTION SURVEY REPORT			1/2016			
CROSS CONNECTION SURVEY REPORT		3/	1/2017			
CROSS CONNECTION SURVEY REPORT			1/2018			
CROSS CONNECTION SURVEY REPORT			1/2019			
CROSS CONNECTION SURVEY REPORT		3/	1/2020			
SEASONAL START UP COMPLETION		6/	1/2020			
Public	Notification R	equiren	nents			
	Compliance	Notice	Public	: Notification	PN Cert	<u>ification</u>
Violation/Situation	Period	Tier	Require	d Performed	Due to DPH	Received

3

11/22/2018

12/2/2018

5/2/17 - 7/21/17

REVISED TOTAL COLIFORM RULE (RTCR)

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

				_			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0200334	YMCA CAMP CHASE			NC	25	Р	GW
Local Address	(where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
ROUTE 4		Connections		1			

Towns Served: BURLINGTON

Water System Facility and Sampling Point Inventory										
Water System	Water System Facility	Campling Point	Sampling Point		Total Coliform	Lead and			Stago	
Facility ID	,	ID	Description	Status	Rule	Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT - WELL 2	3	EP - WELL 2	Α						
00701	ENTRY POINT - WELL 1	3	EP - WELL 1	Α						
20448	WELL 2	2	WELL 2	Α						
55024	WELL 1	2	WELL 1	Α						
55121	ATMOSPHERIC STORAGE TANK									
55123	HYDROPNEUMATIC TANK			·	·		·			

Contact Information											
Name				Organization	1	Job Title					
Mr. Clifford O'brien				Farmington '	Valley YMCA	CA Assoc Prop Director					
Mailing Address Line One Mailing Addr				ess Line Two		City	State	Zip Code			
97 Salmon Brook Street						Granby		СТ	06035		
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Address					
860-549-7116						cliff.obrien@ghymca.org					

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

Schedule Generation Date: 3/10/2020

Page 8

Connecticut Depar				_						
Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name		on Owner Type Primary Source								
CT0209314 GREENHOUSE TAVERN/FROZE	N GNOME		NC	45	Р	GW				
Local Address (where applicable)	Service	Residentia	al Commerc	ial Industrial	Combined	Agricultural				
511 SPIELMEN HIGHWAY	Connections		3							
Towns Served: BURLINGTON										
	Monitoring Requ	uiremen	ts							
Water System Facility: DISTRIBUTION SYS	STEM (WSF ID: 00600)									
Total Coliform (3100)					outine (RT) _I	-				
Sampling Point (Sampling Point ID)		Monitoring		Collection Perio		ance Status				
Select from Inventory of Active Sampling F		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		.: (>=\					
Physical Parameters (PPS)		Manitarina	" Dowland		outine (RT)	-				
Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling F		<i>Monitoring</i> 7/1/19 - 9		Collection Perio		mplete				
Select from inventory of Active Sampling F		10/1/19 - 9	•			-				
		1/1/20 - 3			Complete Complete					
		4/1/20 - 6			CO	ilipiete				
		7/1/20 - 9	•							
Water System Facility: ENTRY POINT (W	SE ID: 00700\	7/1/20-9/	/30/20							
	or ID. 00700)				1	T\				
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)		Monitoring	n Period	Collection Perio	1 routine (R	ance Status				
ENTRY POINT (3)		1/1/19 - 12		conection Ferro		mplete				
LIVINI FORVI (3)		1/1/20 - 12/31/20 Complet								
		1/1/21 - 12/31/21								
	B. I.P. M. P. P. B.	· ·								
	Public Notification F	kequiren	nents		ı					
V. I 6	Compliance	Notice		<u>Notification</u>	·	<u>ification</u>				
Violation/Situation	Period 10 /10 /10 /10 /10	Tier	Required		Due to DPH	Received				
Distribution Turbidity MCL Violation	10/1/10 - 12/31/10		3/2/2011		3/12/2011					
Distribution Turbidity MCL Violation	7/1/10 - 9/30/10	2	3/24/2011		4/3/2011					
Distribution Color MCL Violation	4/1/13 - 6/30/13	2	10/30/201		11/9/2013					
Distribution Turbidity MCL Violation	7/1/13 - 9/30/13	2	2/8/2014		2/18/2014					
Distribution Turbidity MCL Violation	10/1/13 - 12/31/13		3/16/2014		3/26/2014					
Water Sys	stem Facility and Sai	mpling P	oint Inve	entory						
Water				otal Lead ar						
	ampling Point Sampling Poi	int		liform Coppe		Stage				
Facility ID	ID Description	NI.	Status	Rule Rule Ti	er Aspestos	WQP 2 DBPR				
00600 DISTRIBUTION SYSTEM	4 DISTRIBUTION		A							
D	OWNSTREAM WITHIN 5 SEF		A							
00700 - 51/704 DOINT	UPSTREAM WITHIN 5 SEF		Α							
00700 ENTRY POINT	3 ENTRY POINT		Α							
55382 WELL #1	2 WELL #1		Α							

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56302

BLADDER TANK

	Connectic	ut Dena	rtment	of Public	Health	Dri	nking	Water	Sect	ion			
		*		itoring a			_						
PWS ID	PWS Name		Classi	fication	Population	Owner	Type I	Primary Source					
CT0209314	GREENHOUSE T	AVERN/FROZ	ZEN GNOME			ľ	١C	45	45 P GW				
Local Address (w	nere applicable)			Service	Resider	ntial Co	ommerci	nmercial Industrial Combined Agricu					
511 SPIELMEN HI	GHWAY			Connection	ns		3						
Towns Served: BU	JRLINGTON			,		-		'	'				
			Co	ontact Info	rmation	1							
Name				Organization				Job Title					
Mr. Christian P. 0	Gombos			The Frozen Gn	ome			Owner					
Mailing Address I	ine One		Mailing Addr	ess Line Two		City St			State	Zip Code			
511 Spielman Hig	hway						Burlington CT			06013			
Business Phone	Extension	Fax	Mo	obile Phone	Emergency	/ Phone	Email A	Address		,			
860-673-5452		860-673-8	3873		860-250	-4691	info@l	aurellandde	sign.cor	n			
Contact Role(s):	Administrative	Contact, Leg	al Contact, O	wner									
Name	1			Organization	ation				Job Title				
Laurel Land Desig	gn LLC												
Mailing Address I	Mailing Addr	ess Line Two)		City		State	Zip Code					
511 Spielman Hywy						Burlington			СТ	06013			
Business Phone	Extension	Fax	Mo	obile Phone	Emergency	/ Phone	ne 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

Schedule Generation Date: 3/10/2020