	Connecticut Dep	partment of	FPublic F	lealth	Drinkir	ng Wate	r S	ection	
		ality Monit				_		CCCIOII	
PWS ID	PWS Name	diffey 1.101116	oring an	u dom				vner Type Pri	mary Source
CT0320034		MP			NC	25		Р	GW
Local Addr	ess (where applicable)		Service	Resident	tial Comme	rcial Indust	rial	Combined	Agricultural
	ARM ROAD		Connections		1				
Towns Serv	ved: COVENTRY								
		Monito	oring Requ	iireme	nts				
Water Sys	tem Facility: DISTRIBUTION								
	iform (3100)						1 ro	utine (RT) p	•
Samp	ling Point (Sampling Point ID)			Monitori	ng Period	Collection F	Perio	d Complia	nce Status
Select	from Inventory of Active Sample	ing Points		7/1/19 -					nplete
					12/31/19			Cor	nplete
				1/1/20 -				Cor	nplete
				4/1/20 -					
				7/1/20 -	9/30/20				
-	Parameters (PPS)							utine (RT) p	•
	ling Point (Sampling Point ID)				ng Period	Collection F	Period		ince Status
Select	from Inventory of Active Sampli	ing Points		7/1/19 -					nplete
					12/31/19				nplete
				1/1/20 -				Cor	nplete
				4/1/20 -					
				7/1/20 -	9/30/20				
•	tem Facility: ENTRY POINT	- WELLS 1 & 2 (V	VSF ID: 00700))					
	nd Nitrite (NOX)							L routine (R	
	ling Point (Sampling Point ID)				ng Period	Collection F	Period		ince Status
EP - W	/ELLS 1 & 2 (3)			1/1/19 - :					nplete
				1/1/20 - 1				Cor	nplete
				1/1/21 - 1					
		Public Not	ification R	equire	ments				
		C	ompliance	Notice		<u>Notification</u>		<u>PN Certi</u>	
Violation/S		- /-	Period	Tier	Require		ned	Due to DPH	Received
	orm M&R Violation		/10 - 5/31/10	2	9/18/20:			9/28/2010	
	orm MCL Violation		/13 - 10/31/13		11/9/20:			11/19/2013	
Total Colife	orm MCL Violation		/16 - 3/31/16 -	2	3/19/20:			3/29/2016	
	Water	System Facili	ity and Sar	npling	Point Inv	entory			
Water							d and		
	Water System Facility	Sampling Point		nt	C	-	pper		Stage
Facility ID	DICTRIBUTION CUCTES A	ID	Description	I CVCTTA	<u>Status</u>		e He	r Asbestos I	NUP Z DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		Y			
		4-1	Well #1	VICE COA	Α	Υ			
		DOWNSTREAM							
00700	ENITOV DOINT MARILE 1 9 2	UPSTREAM	WITHIN 5 SER						
	ENTRY POINT - WELLS 1 & 2	3	EP - WELLS 1	α 2	Α				
	WELL 1	2	WELL 1		Α				
	WELL 2	2	WELL 2		Α				
	ATMOSPHERIC TANKS								
58488	BLADDER TANKS								

C	onnectic	-							ection	
	wa	ter Qual	ity Mon	itoring	and Coi	mplia	nce So	chedule		
PWS ID PV	VS Name					Classifi	ication Po	opulation Ov	wner Type I	Primary Source
CT0320034 CH	IANNEL 3 COU	NTRY CAMP				N	С	25	Р	GW
Local Address (whe	re applicable)			Service	Reside	ntial Co	mmercial	Industrial	Combined	d Agricultural
73 TIMES FARM RO	AD			Connecti	ons		1			
Towns Served: COV	'ENTRY									
		Water Sy	stem Fac	cility and	Sampling	g Poin	t Inven	tory		
Facility ID	ystem Facility	9	Sampling Pol	int Sampling Descripti		Sta	Toto Colifo tus Rul	rm Copper	•	Stage WQP 2 DBPR
58490 PUMP S	TATION									
			C	ontact Inf	ormatio	n				
Name				Organization	า				Job Title	
Almada Lodge Time	es Farm Corp									
Mailing Address Lin	e One		Mailing Add	ress Line Two				City	State	Zip Code
31 Pratt St							Hartford		СТ	06103
Business Phone	Extension	Fax	M	obile Phone	Emergeno	y Phone	Email Ad	dress		
Contact Role(s): O	wner									
Name				Organization	า				Job Title	
Ms. Denise K. Horn	becker							Executive Di	rector	
Mailing Address Lin	e One		Mailing Add	ress Line Two				City	State	Zip Code
73 Times Farm Roa	d						Andover		СТ	06232
Business Phone	Extension	Fax	M	obile Phone	Emergend	cy Phone	Email Ad	dress		
860-742-2267	110	860-742-8	8027 86	0-306-9709			d.hornbe	cker@chann	iel3kidscam	p.org
Contact Role(s): A	dministrative	Contact								
Name				Organization	า				Job Title	
Mr. Jan Rodrigue				Almada Lod	ge Times Far	m		President, D	irector	
Mailing Address Lin	e One		Mailing Add	ress Line Two				City	State	Zip Code
19 Flora Rd							Bolton		СТ	06043
Business Phone	Extension	Fax	M	obile Phone	Emergeno	y Phone	Email Ad	dress		
Contact Role(s): Le	egal Contact									
<u>'</u>										

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

End of schedule

	Connecticut Dep	artment of	Public H	lealth	Dr	inki	ng W	ater	Se	ction	
	Water Qua	ality Monit	oring an	d Com	ıpli	ianc	e Sch	edul	e		
PWS ID	PWS Name									ner Type Pri	imary Source
CT0320044	7-ELEVEN COVENTRY					NC		25		Р	GW
Local Address	(where applicable)		Service	Resident	tial	Comm	ercial	Industria	ıl	Combined	Agricultural
2711 BOSTON	TURNPIKE		Connections			1					
Towns Served	: COVENTRY				'		'				
		Monito	oring Requ	uireme	nts						
Water Syster	m Facility: DISTRIBUTION S	SYSTEM (WSF I	D: 00600)								
Total Colifor	rm (3100)							1	rou	itine (RT) p	er quarter
Sampling	g Point (Sampling Point ID)			Monitori	ng Pe	eriod	Collec	tion Per	iod	Complia	ınce Status
Select fro	om Inventory of Active Samplin	g Points		7/1/19 -	9/30)/19				Cor	nplete
				10/1/19 -	12/3	31/19	_			Cor	nplete
				1/1/20 -	3/31	/20				Cor	nplete
				4/1/20 -	6/30)/20					
				7/1/20 -	9/30)/20					
Physical Par	ameters (PPS)							1	rou	itine (RT) p	er quarter
Sampling	g Point (Sampling Point ID)			Monitori	ng Pe	eriod	Collec	tion Per	iod	Complia	ınce Status
Select fro	om Inventory of Active Samplin	g Points		7/1/19 -	9/30)/19				Cor	nplete
				10/1/19 -	12/3	31/19				Cor	nplete
				1/1/20 -	3/31	/20				Cor	nplete
				4/1/20 -	6/30)/20					
				7/1/20 -	9/30)/20					
Water Syster	m Facility: ENTRY POINT (WSF ID: 00700)									
Nitrate And	Nitrite (NOX)								1	routine (R [.]	Γ) per year
Sampling	g Point (Sampling Point ID)			Monitorii	ng Pe	eriod	Collec	tion Per	iod	Complic	ınce Status
ENTRY PO	OINT (3)			1/1/19 - 1	12/3	1/19				Cor	nplete
				1/1/20 - 3	12/3	1/20				Cor	nplete
				1/1/21 - :	12/3	1/21					
Water Syster	m Facility: WELL (WSF ID:	20585)									
E. Coli (301	4)							1	rou	itine (RT) p	er quarter
Sampling	g Point (Sampling Point ID)			Monitorii	ng Pe	eriod	Collec	tion Per	iod	Complic	ınce Status
WELL (2)				7/1/19 -	9/30)/19				Cor	nplete
				10/1/19 -	12/3	31/19				Cor	nplete
				1/1/20 -	3/31	/20				Cor	nplete
				4/1/20 -	6/30)/20					
				7/1/20 -	9/30)/20					
	Water 9	System Facili	ity and Sai	mpling	Poi	int In	vento	ory			
Water							Total	Lead o	and		
*	ater System Facility	Sampling Point		nt			Coliforn				Stage
Facility ID		ID	Description			Status	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600 DIS	STRIBUTION SYSTEM	4	DISTRIBUTION			Α	Υ				
		DOWNSTREAM				Α					
		UPSTREAM	WITHIN 5 SEF	RVICE CON	I	Α					
00700 EN	TRY POINT	3	ENTRY POINT	•		Α					
20585 WE	ELL	2	WELL			Α					
54029 7-E	LEVEN TREATMENT PLANT										
E4024 DL4	A D D E D TANK										

54031 BLADDER TANK

	Wa	•		nitoring a				U			LIOII	
PWS ID P	WS Name			0			_				Tvpe	Primary Source
	ELEVEN COVE	NTRY						IC	25	Р		GW
Local Address (wh				Service	R	Residenti		mmercia		al Co	mbine	
2711 BOSTON TUR				Connection	ons			1				0
Towns Served: CO												I .
			С	ontact Inf	orma	ation						
Name				Organization)					lo	ob Title	
Mr. Richard Mihal	kovitz-			7-Eleven Inc.					Regl Facil			
Mailing Address Li			Mailing Add	ress Line Two	•				City		State	Zip Code
2000 Crawford Pla								Mt. Lau			NJ	08054
Business Phone	Extension	Fax	N	obile Phone	Eme	ergency	Phone	Email A				
732-809-5015						. ,			halkovitz@	7-11.co	m	
Contact Role(s):	Administrative	Contact										
Name				Organization	1					Jo	b Title	
Mr. William Moor	es Jr			M&M Realty	LLC				Owner			
Mailing Address Li	ne One		Mailing Add	ress Line Two					City		State	Zip Code
4 Pine Rd								Southw	ick		MA	01077
Business Phone	Extension	Fax	N	obile Phone	Eme	ergency l	Phone	Email A	ddress			
Contact Role(s):	egal Contact, (Owner	'									
Name				Organization	1					Jo	b Title	
M & M Realty LLC												
Mailing Address Li	ne One		Mailing Add	ress Line Two					City		State	Zip Code
540 North Main St								Manche	ester		CT	06042
Business Phone	Extension	Fax	N	obile Phone	Eme	ergency l	Phone	Email A	ddress			
Contact Role(s):	Owner											
Name				Organization	1					Jo	b Title	
Christys Realty Lin	nited Partnersl	nip										
Mailing Address Li	ne One		Mailing Add	ress Line Two					City		State	Zip Code
P. O. Box 711								Dallas			TX	75221
Business Phone	Extension	Fax	IV	obile Phone	Eme	ergency I	Phone	Email A	ddress			
Contact Role(s):	egal Contact, (Owner										
Name				Organization	1					Jo	b Title	
Olde Northeast Re	ealty Limited P	artnershi										
Mailing Address Li	ne One		Mailing Add	ress Line Two					City		State	Zip Code
22 Christys Dr Suit	e 4							Brockto	n		MA	02301
Business Phone	Extension	Fax	N	obile Phone	Eme	ergency l	Phone	Email A	ddress			
Contact Role(s): L	egal Contact (Owner										

Connecticut Department of Public Health Drinking Water Section

zontact Kole(s).

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End of schedule

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 Dep	artmer	nt of	f Public H	lealth	Dri	nking	Water	Sec	tion	
		Water Qu	ality M	onit	oring an	d Con	nplia	nce S	chedul	e		
PWS ID		PWS Name					Classif	ication P	opulation	Owne	r Type Pi	rimary Source
CT032005	54	COVE PLAZA					N	IC	25	ſ	D	GW
Local Add	lress (v	here applicable)			Service	Residen	tial Co	mmercial	Industria	al Co	ombined	Agricultural
7 DALY RO	DAD				Connections			1				
Towns Sei	rved: C	COVENTRY										
			M	onit	oring Requ	iireme	nts					
Water Sy	/stem	Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)							
Total Co	liform	n (3100)							1	routi	ne (RT)	per quarter
Sam	pling F	Point (Sampling Point ID)				Monitori	ing Peri	iod Col	llection Per	riod	Compli	ance Status
Selec	ct from	Inventory of Active Sampli	ng Points			7/1/19 -	9/30/1	L9			Со	mplete
						10/1/19 -	12/31	/19			Со	mplete
						1/1/20 -					Со	mplete
						4/1/20 -						
						7/1/20 -	9/30/2	20				
-		meters (PPS)										per quarter
		Point (Sampling Point ID)				Monitori			llection Per	riod		ance Status
Selec	ct from	Inventory of Active Sampli	ng Points			7/1/19 -						mplete
						10/1/19 -						mplete
						1/1/20 -					Со	mplete
						4/1/20 -						
			•			7/1/20 -	9/30/2	20				
		Facility: ENTRY POINT	(WSF ID: 0	0700)								
		itrite (NOX)					_				=	T) per year
		Point (Sampling Point ID)				Monitori			llection Per	riod		ance Status
ENTE	RY POII	NT (3)				1/1/19 -					Со	mplete
						1/1/20 -						
						1/1/21 -						
			Public	Not	ification R	equire	emen	ts				
				С	ompliance	Notice	! !	<u>Public Not</u>	-		PN Cert	<u>ification</u>
Violation,					Period	Tier		equired	Performe		e to DPH	Received
,		ters M&R Violation			/17 - 3/31/17	3		6/2018			16/2018	
Total Coli	form N	1&R Violation		1/1,	/17 - 3/31/17	3	6/	6/2018		6/2	16/2018	
		Water	System I	Facili	ity and Sar	mpling	Poin	t Inven	tory			
Water								Tot	al Lead	and		
System		er System Facility		Point	Sampling Poi	nt		Colife				Stage
Facility ID			ID		Description			atus Ru		Tier A	Asbestos	WQP 2 DBPR
00600	DISTE	RIBUTION SYSTEM	4		DISTRIBUTION			A Y	,			
					WITHIN 5 SEF			A				
			UPSTRE	:AM	WITHIN 5 SER			Α				
00700		Y POINT	3		ENTRY POINT			A				
20586	WELL		2		WELL			A				
56795	BLAD	DER TANK										
				Con	tact Inform	mation)					
Name				0	rganization					J	ob Title	
Daly Road	d, LLC											
Mailing A	ddress	Line One	Mailing A	ddres	s Line Two				City		State	Zip Code
20 Crant I	LIII Da	- al						Carranto			СТ	06220

	Connectic	ut Depa	rtment of	f Public	Health	Drir	nking	, Water	Sect	ion	
	Wa	ter Qual	lity Monit	toring a	and Con	nplia	nce S	Schedul	.e		
PWS ID	PWS Name					Classifi	cation	Population	Owner	Type F	Primary Source
CT0320054	COVE PLAZA					N	С	25	Р		GW
Local Address (w	nere applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Co	mbined	d Agricultural
7 DALY ROAD				Connectio	ons		1				
Towns Served: Co				•	·				·		
SO Grant Hill Koa	_						covent			CI	00238
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	/ Phone	Email A	Address			
6 1 15 1 ()											
Contact Role(s):	Owner										
Name			0	rganization					Jo	b Title	
Ms. Mariana Pap	as		D	aly Road LL	С			Member			
Mailing Address I	ine One		Mailing Addres	s Line Two				City	5	State	Zip Code
30 Grant Hill Roa	d						Covent	ry		СТ	06238
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	/ Phone	Email A	Address			
860-377-6478		860-498-0	0600				marian	apapas@gm	nail.com	1	
Contact Role(s):	Administrative	Contact									
Name			0	rganization					Jo	b Title	
Mr. Leo Papa			D	aly Road LL	С			Member			
Mailing Address I	ine One		Mailing Addres	s Line Two				City	9	State	Zip Code
30 Grant Hill Roa	d						Covent	ry		СТ	06238
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	/ Phone	Email A	Address			
860-336-7960		860-498-0	0600				marian	apapas@gm	nail.com	1	
Contact Role(s):	Legal Contact										

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End of schedule

	Conn					f Public toring a				_			ction		
PWS ID CT0320094	PWS Nar		\ RESTAUR	ANT					fication NC		ulation 25	Owr	ner Type F	rimary S GW	
Local Address	(where app	licable)				Service	Residen	itial Co	ommero	cial II	ndustria	al	Combined	Agric	ultural
1467 SOUTH S	TREET					Connection	ns		1						
Towns Served:	COVENTRY	′					'								
				ſ	Monit	oring Red	guireme	nts							
Water Systen	n Facility:	DISTR	IBUTION S				•								
Total Colifor	m (3100)				(tine (RT)		
	Point (San						Monitori			Collect	tion Per	riod		iance St	
Select fro	m Inventor	y of Acti	ve Samplin	g Points			7/1/19 -							omplete	_
							10/1/19 -							omplete	
							1/1/20 -						C	omplete	
							4/1/20 - 7/1/20 -								
Physical Para	ameters (Point (San	_	oint ID)				Monitori	ina Don	ind	Callact	1 tion Per		tine (RT)	per qu iance St	
	m Inventor			g Points			7/1/19 -			Conect	ion Per	iou		omplete	
Sciectifo	III IIIVCIICOI	y OI ACC	ve sampini,	5 1 011103			10/1/19 -							omplete	
							1/1/20 -							omplete	
							4/1/20 -								
							7/1/20 -								
Water Systen	n Facility:	ENTRY	POINT (WSF ID:	00700										
Nitrate And	Nitrite (N	OX)										1	routine (RT) per	year
	Point (San	npling Po	oint ID)				Monitori	ing Per	iod	Collect	tion Per	riod	Comp	iance St	atus
ENTRY PC	DINT (3)						1/1/19 -						C	omplete	
							1/1/20 -						C	omplete	
							1/1/21 -								
			Water S	ystem	r Facil	ity and S	ampling	Poin	t Inv	ento	ry				
Water	tor Custom	Encility		Campli	a Doint	Sampling P	loint			Total	Lead				Charac
System Wa Facility ID	ter System	rucility		_	ig Politi D	Description		٠.		liform Rule			Asbestos		Stage DRPR
	TRIBUTION	SYSTEM			 4	DISTRIBUTI			atus A	Y	nare	1101	ASSESTEDS	110, 1	, DDI K
00000 513	11112011011	3131211				WITHIN 5 S			A	•					
					REAM	WITHIN 5 S			A						
00700 ENT	TRY POINT				3	ENTRY POIN			A						
20590 WE	LL				2	WELL			A						
					Cor	ntact Info	rmation	1							
Name					О	rganization							Job Title		
Mr. Gerasimos	s loannatos	3			G	& I Restaura	int, Inc.			Pre	esident	/Ow	ner		
Mailing Addres	ss Line One			Mailing	g Addres	s Line Two				С	ity		State	Zip Co	ode
1467 South Str	reet	-			T				Cover	ntry			СТ	0623	18
Business Pho		ension	Fax		Mob	ile Phone	Emergency	/ Phone	Email	Addre	ess.				
860-742-02															
Contact Role(s): Adminis	trative	Contact, O	vner											

	Connectici	лі пера	n unient c	n Fublic	Health	ווזעו	IKIIIE	g vvaler	sec	uon	
	Wat	er Qua	lity Moni	toring a	nd Con	nplia	nce S	Schedul	le		
PWS ID	PWS Name					Classif	ication	Population	Owner	r Type	Primary Source
CT0320094	COVENTRY PIZZA	RESTAURA	NT			Ν	IC	25	F)	GW
Local Address (w	here applicable)			Service	Residen	itial Co	mmerci	al Industri	al Co	ombine	ed Agricultural
1467 SOUTH STR	EET	Connection	ns		1						
Towns Served: Co	OVENTRY		·		·						
Name				Organization					Jo	ob Title	j
loanna Real Esta	te LLC										
Mailing Address	Line One		Mailing Addre	ess Line Two				City		State	Zip Code
1467 South Stree	t				Covent	ry		CT	06238		
Business Phone	Extension	oile Phone	Emergency	/ Phone	Email A	Address					
Contact Bolo(s):	Logal Contact C	hunor									

Connecticut Department of Dublic Health Drinking Water Costion

Contact Role(s): Legal Contact, Owner

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End of schedule

			lity Monit		Health l					ection	
PWS ID P	WS Name	ter Qua	iity Moiiit	oring a						ner Type P	rimary Source
_	RESBYTERIAN (CHURCH OF	COVENTRY			N		25		Р	GW
Local Address (wh				Service	Residenti	al Cor	mmercial	Indus	strial	Combined	_
55 TROWBRIDGE I				Connectio			1				0
Towns Served: CO	VENTRY										
			Monit	oring Re	quiremen	ts					
Water System Fa	acility: DISTR	IBUTION S	YSTEM (WSF I	D: 00600)							
Total Coliform	(3100)								1 ro	utine (RT)	per quarter
Sampling Poi	int (Sampling P	oint ID)			Monitoring	g Perio	od Coll	ection	Period		iance Status
	nventory of Act		Points		7/1/19 - 9	/30/19	9			Co	mplete
					10/1/19 - 1	.2/31/	19			Co	mplete
					1/1/20 - 3	/31/20	0			Co	mplete
					4/1/20 - 6	/30/20	0				<u> </u>
					7/1/20 - 9						
Physical Parame	eters (PPS)								1 ro	utine (RT)	per quarter
Sampling Pol	int (Sampling P	oint ID)			Monitoring	g Perio	od Coll	ection	Period	Compl	iance Status
Select from I	nventory of Act	ive Sampling	Points		7/1/19 - 9	/30/19	9			Co	mplete
					10/1/19 - 1	2/31/	19			Co	mplete
					1/1/20 - 3	/31/20	0			Co	omplete
					4/1/20 - 6	/30/20	0				
					7/1/20 - 9	/30/20	0				
Water System Fa	acility: ENTR	Y POINT (V	VSF ID: 00700)								
Nitrate And Nit	rite (NOX)								1	routine (RT) per year
Sampling Poi	int (Sampling P	oint ID)			Monitoring	g Perio	od Coll	ection	Period	Compl	iance Status
ENTRY POINT	(3)				1/1/19 - 12	2/31/1	.9			Co	omplete
					1/1/20 - 12	2/31/2	20			Co	mplete
					1/1/21 - 12	2/31/2	<u>'</u> 1				
		Water S	ystem Facil	ity and S	ampling F	oint	Inven	tory			
Water							Tota		ad and	1	
•	System Facility		Sampling Point				Colifo		opper		Stage
Facility ID			ID	Description		Sta		e Ri	ule Tier	Asbestos	WQP 2 DBP
00600 DISTRIE	BUTION SYSTEM	1	4		ION SYSTEM	Д	Y				
			DOWNSTREAM			Д	1				
			UPSTREAM		SERVICE CON	А	١				
00700 ENTRY	POINT		3	ENTRY POI	NT	Α	١				
20848 WELL1			2	WELL 1		Д	١				
60580 SOFTEN	IER										
			Con	itact Info	rmation						
Name			0	rganization						Job Title	
Mr. Mark A. Frans	son		Pi	resbyterian (Church, Cover	ntry					
Mailing Address Li	ne One		Mailing Addres	s Line Two				City		State	Zip Code
TVIGITING / TGGI C55 EI							Coventry			СТ	06238
	au										
55 Trowbridge Roa Business Phone	Extension	Fax	Mob	ile Phone	Emergency P	hone	Email Add	dress			

	Connectic	ut Depa	irtment of	Public	Health	D	rinking	g Water	Section		
	Wa	ter Qua	lity Monite	oring a	nd Con	npl	liance S	Schedul	le		
PWS ID	PWS Name					Cla	ssification	Population	Owner Type	Primary	Source
CT0320104	PRESBYTERIAN (CHURCH OF	COVENTRY				NC	25	Р	GW	V
Local Address (wl	nere applicable)		Residen	ntial Commercia		al Industri	al Combin	ed Agric	ultural		
55 TROWBRIDGE	ROAD		ns		1						
Towns Served: Co	OVENTRY										
Name			Or	ganization					Job Titl	е	
Mr. Clint Donelly			Pre	esbyterian C	Church, Cov	entr	У	Clerk of S	ession		
Mailing Address I	ine One		Mailing Address	Line Two				City	State	Zip Co	ode
55 Trowbridge Ro	oad						Covent	ry	СТ	0623	38
Business Phone	Extension	Fax	Mobil	e Phone	Emergency	/ Pho	one Email A	Address	·		
860-742-7222											
Contact Role(s):	Legal Contact						•				

- 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

	Connectic	ıt Depa	ırtment	of Publi	c Health	Drin	king '	Water	Section	
	Wat	er Qua	lity Moi	nitoring	and Com	plia	nce So	chedule	9	
PWS ID	PWS Name				(Classifi	cation Po	opulation (Owner Type	Primary Source
CT0320114	DIMITRIS PIZZA					N	2	26	Р	GW
Local Address	(where applicable)			Service	Resident	al Cor	mmercial	Industria	Combine	ed Agricultura
3450 MAIN ST	TREET			Connecti	ons		1			
Towns Served	I: COVENTRY									
			Moi	nitoring R	equiremen	its				
Water Syste	m Facility: DISTRI	BUTION S	YSTEM (W	SF ID: 00600)						
Total Colifo	rm (3100)							1	routine (R1	Γ) per quarter
Sampling	g Point (Sampling Po	oint ID)			Monitorin	g Perio	d Coll	ection Peri	od Com	pliance Status
Select fro	om Inventory of Acti	ve Sampling	Points		7/1/19 - 9	9/30/19				Complete
					10/1/19 - 1	12/31/2	19			Complete
					1/1/20 - 3	3/31/20)			Complete
					4/1/20 - 6	5/30/20)			
					7/1/20 - 9	9/30/20)			
Physical Par	rameters (PPS)							1	routine (R1	Γ) per quarter
-	g Point (Sampling Po	oint ID)			Monitorin	g Perio	d Coll	lection Peri	=	pliance Status
Select fro	om Inventory of Acti	ve Sampling	Points		7/1/19 - 9	9/30/19)			Complete
					10/1/19 - 1	12/31/2	19			Complete
					1/1/20 - 3	3/31/20)			Complete
					4/1/20 - 6	5/30/20)			
					7/1/20 - 9	9/30/20)			
Water Syste	m Facility: ENTRY	POINT (V	VSF ID: 007	00)						
Nitrate And	Nitrite (NOX)								1 routine	(RT) per year
	g Point (Sampling Po	oint ID)			Monitorin	a Perio	d Coll	lection Peri		pliance Status
ENTRY P		,			1/1/19 - 1					Complete
	- (-)				1/1/20 - 1					
					1/1/21 - 1					
	,	Water S	ystem Fa	cility and	Sampling			tory		
Water			•	•			Toto	<u> </u>	nd	
	ater System Facility		Sampling Po	int Sampling	Point		Colifo			Stage
Facility ID			ID	Descripti	on	Stat	us Rul	e Rule T	ier Asbesto	os WQP 2 DBPF
00600 DIS	STRIBUTION SYSTEM		4	DISTRIBU	TION SYSTEM	А				
			DOWNSTRE	AM WITHIN 5	SERVICE CON	А				
			UPSTREAM	и WITHIN 5	SERVICE CON	А				
00700 EN	TRY POINT		3	ENTRY PO	DINT	А				
	ELL		2	WELL		А				
20591 WE	ADDER TANK									
	ADDER LAINN		_	ontoot led	ormation					
	ADDER TAINK				OFFICION					
55551 BL/	ADDER TANK		C							
55551 BL/			C	Organization	ı				Job Titl	e
55551 BLA	Gitsis			Organization Dimitris Pizz	n a					
Name Mr. Dimitrios Mailing Addre	Gitsis			Organization	n a			City	State	Zip Code
Name Mr. Dimitrios Mailing Addre 3450 Main St	Gitsis ess Line One		Mailing Add	Organization Dimitris Pizz Iress Line Two	a		Coventry			
Name Mr. Dimitrios Mailing Addre	Gitsis ess Line One one Extension	Fax	Mailing Add	Organization Dimitris Pizz	n a				State	Zip Code

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

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

7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			P		0 2 2 0 0 0 0 1 0 1 2		
PWS Name			Class	sification	Population	Owner Type	Primary Source
DIMITRIS PIZZA				NC	26	Р	GW
vhere applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
EET	Connections			1			
	PWS Name DIMITRIS PIZZA /here applicable)	PWS Name DIMITRIS PIZZA /here applicable) Service	PWS Name DIMITRIS PIZZA where applicable) Service Resider	PWS Name Class DIMITRIS PIZZA /here applicable) Service Residential	DIMITRIS PIZZA where applicable) Service Residential Commercial	PWS Name Classification Population DIMITRIS PIZZA NC 26 where applicable) Service Residential Commercial Industria	PWS Name Classification Population Owner Type DIMITRIS PIZZA NC 26 P where applicable) Service Residential Commercial Industrial Combiner

Towns Served: COVENTRY

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

Connecticut Depa	artment of	Public	Health l	Orin	iking V	Water	Se	ction	
Water Qua	lity Monit	oring a	nd Com	olia	nce Sc	hedul	e		
PWS ID PWS Name								er Type P	rimary Sourc
CT0320184 NATHAN HALE HOMESTEAD)			N	С	25		Р	GW
Local Address (where applicable)		Service	Residentia	al Cor	mmercial	Industri	al (Combined	Agricultura
2299 SOUTH STREET		Connectio	ns		1				_
Towns Served: COVENTRY					I				
	Monito	oring Re	quiremen	ts					
Water System Facility: DISTRIBUTION S			4						
Total Coliform (3100)						1	rout	tine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitoring	g Perio	od Coll	ection Pe	riod	Compl	iance Status
Select from Inventory of Active Sampling	g Points		7/1/19 - 9	/30/19	9			Cc	mplete
			10/1/19 - 1	2/31/	19			Co	mplete
			4/1/20 - 6	/30/20	0				
			7/1/20 - 9	/30/20	0				
Physical Parameters (PPS)						1	rout	tine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitoring			ection Pe	riod	Compl	iance Status
Select from Inventory of Active Sampling	g Points		7/1/19 - 9	-					mplete
			10/1/19 - 1	2/31/:	19			Co	mplete
			4/1/20 - 6	/30/20	0				
			7/1/20 - 9	/30/20	0				
Water System Facility: ENTRY POINT (\	WSF ID: 00700)								
Nitrate And Nitrite (NOX)							1 r	outine (F	RT) per year
Sampling Point (Sampling Point ID)			Monitoring	g Perio	od Coll	ection Pe	riod	Compl	iance Status
ENTRY POINT (3)			1/1/19 - 12	2/31/1	.9			Co	mplete
			1/1/20 - 12	2/31/2	.0				
			1/1/21 - 12	2/31/2	1				
	Other Co	omplian	ce Schedu	lles					
Compliance Schedule Activity				ıe Dat	_	Achie	ved E	Date	
RESPOND TO SANITARY SURVEY			2/1	L9/201	L7				
Water S	ystem Facili	ity and S	ampling P	oint	Invent	tory			
Water					Tota	ıl Lead	and		
System Water System Facility	Sampling Point				Colifo	rm Cop	oer		Stage
Facility ID	ID	Description	1	Sta	tus Rul	e Rule	Tier	Asbestos	WQP 2 DBP
00600 DISTRIBUTION SYSTEM	4	DISTRIBUT	ION SYSTEM	А	, Y				
	DOWNSTREAM	WITHIN 5 S	SERVICE CON	А	١				
	UPSTREAM	WITHIN 5 S	SERVICE CON	А	١				
00700 ENTRY POINT	3	ENTRY POI	NT	А	1				
20595 WELL	2	WELL		А	\				
	Con	tact Info	rmation						
Name	Or	rganization						Job Title	
Antiquarian And Landmarks Society Incorp									
Mailing Address Line One	Mailing Address	s Line Two				City		State	Zip Code
255 Main St 4Th Floor					Hartford			СТ	06106
Business Phone Extension Fax	Mobi	le Phone	Emergency P	hone	Email Add	dress			
Contact Role(s): Owner	1				1				

Connecticut Department of Public Health Drinking Water Section												
Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name						Classif	cation	Population	Owner	Type F	rimary Source
CT0320184	NATHAN HALE H	HOMESTEAD					N	С	25	Р)	GW
Local Address (w	here applicable)			Service	9	Residen	tial Co	mmerci	al Industria	al Co	mbined	l Agricultural
2299 SOUTH STR	EET			Conne	ctions			1				
Towns Served: C	OVENTRY			·								·
Name				Organizat	ion					Jo	ob Title	
Ct. Land Marks												
Mailing Address	Line One		Mailing Addre	ss Line Tv	NO				City		State	Zip Code
Business Phone	e Extension	Fax	Mol	oile Phone	e Er	mergency	Phone	Email A	Address			
860-247-8996								info@c	tlandmarks.	org		
Contact Role(s):	Legal Contact, (Owner										
Name				Organizat	ion					Jo	ob Title	
Mr. Joseph Puka	S			Connectic	ut Lan	dmarks			Property I	Manage	er	
Mailing Address	Line One		Mailing Addre	ss Line Tv	NO				City		State	Zip Code
59 South Prospec	ct Street							Hartfor	^r d		CT	06106
Business Phone	e Extension	Fax	Mol	oile Phone	e Er	mergency	Phone	Email A	Address			
860-247-8996								joseph	.pukas@ctla	ndmar	ks.org	
Contact Role(s):	Administrative	Contact, Leg	al Contact									

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

End of schedule

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	Co	nnecticu	ıt Depa	rtme	nt o	f Public	Health	Drir	nkin	g W	ater S	Section	1		
		Wat	er Qual	ity M	Ionit	coring a	nd Con								
PWS ID		Name								-		wner Type	Pri		
CT0320214	_	IT MARYS CH	URCH						IC		31	Р		GW	
Local Addres	•					Service	Residen	tial Co	mmer	cial Ir	ndustrial	Combir	ied	Agricu	ıltural
1584 & 1600						Connectio	ns		2						
Towns Serve	d: COVE	NTRY								_	_			_	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		· DICTON	DUTION S				quireme	nts							
Total Colife		ity: DISTRI	BUTION SY	SIEM	(WSF I	D: 00600)					1 ,	outing (P	T) n	or aus	ortor
	-	(Sampling Po	int ID)				Monitori	na Bori	ind	Collect	ion Perio	outine (R		nce Sto	
_		entory of Activ		Doints			7/1/19 -			Conect	ion Pend	ou con	_	nplete	itus
Jelett I	TOTTI IIIVE	TILOTY OF ACTIV	e sampling	PUIIILS			10/1/19 -							nplete	
							1/1/20 -							nplete	
							4/1/20 -						COII	ipiete	
							7/1/20 -								
Physical Pa	aramete	ers (PPS)					., _, _	0,00,2			1 r	outine (R	T) n	er auz	arter
_		(Sampling Po	int ID)				Monitori	ng Peri	od	Collect	ion Perio	=		nce St	
		ntory of Activ		Points			7/1/19 -							nplete	
		•					10/1/19 -							nplete	
							1/1/20 -						Con	nplete	
							4/1/20 -	6/30/2	20						
							7/1/20 -	9/30/2	20						
Water Syste	em Facil	ity: ENTRY	POINT (W	/SF ID: (00700)										
Nitrate An	d Nitrite	e (NOX)										1 routine	e (R1	「) per	year
Samplii	ng Point	(Sampling Po	int ID)				Monitori	ng Peri	od	Collect	ion Perio	od Con	nplia	nce St	atus
ENTRY	POINT (3)					1/1/19 -	12/31/2	19				Con	nplete	
							1/1/20 -	12/31/2	20				Con	nplete	
							1/1/21 -	12/31/2	21						
		1	Water Sy	stem	Facil	ity and S	ampling	Poin	t Inv	ento	ry				
Water										Total	Lead a	nd			
-	Vater Sys	tem Facility	9		_	Sampling I				oliform					Stage
Facility ID				IE		Description			itus	Rule	Rule Ti	ier Asbest	os l	NQP 2	DBPH
00600 D	ISTRIBUT	TION SYSTEM		4			ION SYSTEM		A	Y					
			l				SERVICE CON		Α .						
				UPSTR			SERVICE CON		Α						
	NTRY PO	IN I		3		ENTRY POI	IN I		Α						
20597 W	VELL			2		WELL			A						
							ormation								
Name						rganization						Job Tit	le		
Father Raym							ch Corporat	ion			stor				
Mailing Add	ress Line	One		Mailing	Addres	s Line Two					ity	State	!	Zip Co	
PO Box 250		_							Cove			СТ		0623	8
Business P		Extension	Fax		Mob	ile Phone	Emergency		Email	l Addre	SS				
860-742-0			860-742-1	.318			860-742-	0681							
Contact Role	e(s): Leg	al Contact													

(Connectic	ut Depa	rtment	of Publi	c He	ealth D	rinkin	g Water	Sec	tion	
	Wat	ter Qual	lity Mo	nitoring	and	l Comp	liance	Schedu	le		
PWS ID	PWS Name			<u> </u>			assification			r Type	Primary Source
CT0320214	SAINT MARYS CH	HURCH					NC	31	ı	Р	GW
Local Address (wh	nere applicable)			Service		Residential	Commerc	cial Industr	ial C	ombine	d Agricultural
1584 & 1600 MA	IN STREET			Connect	ions		2				
Towns Served: CO	OVENTRY			<u>'</u>				-			
Name				Organizatio	n				J	ob Title	
St. Mary's Church	n Corporation										
Mailing Address L	ine One		Mailing Add	dress Line Two)			City		State	Zip Code
1600 Main St							Cover	ntry		СТ	06238-0250
Business Phone	Extension	Fax	N	1obile Phone	Em	ergency Ph	one Email	Address			
860-742-0681											
Contact Role(s):	Legal Contact, C	Owner					,				
Name				Organizatio	n				J	ob Title	
Ms. Eileen Rivers	1			Saint Marys	Churc	ch		Admin Co	ontact		
Mailing Address L	ine One		Mailing Add	dress Line Two)			City		State	Zip Code
P.O. Box 250							Cover	ntry		CT	06238
Business Phone	Extension	Fax	N	1obile Phone	Em	ergency Ph	one Email	Address			
860-742-0681		860-742-1	L318		8	860-742-068	31				
Contact Role(s):	Administrative	Contact									

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

End of schedule

	Connecticut De	epartment of	Public Heal	th Drink	ing Wa	ater Se	ction	
		uality Monit			U			
PWS ID	PWS Name	dancy Monit	oring and co				oer Type P	rimary Source
CT032022		OLF COURSE		NC	-	5	P	GW
	ress (where applicable)	OLI COORSE	Service Resid				Combined	Agricultural
104 FOLLY	* * * * * * * * * * * * * * * * * * * *		Connections		1	laastriai	Combined	7 Gilcarcarai
	ved: COVENTRY							
1011110001		Monite	oring Requiren	nants				
Water Sy	stem Facility: DISTRIBUTIC			ileirts				
Total Co	liform (3100)					1 rou	tine (RT)	per quarter
Samp	oling Point (Sampling Point ID)		Monit	toring Period	Collect	ion Period	Compli	ance Status
Selec	t from Inventory of Active Sam	pling Points	7/1/2	19 - 9/30/19			Со	mplete
			10/1/2	19 - 12/31/19			Co	mplete
			4/1/2	20 - 6/30/20				
			7/1/2	20 - 9/30/20				
Physical	Parameters (PPS)					1 rou	tine (RT)	per quarter
Samp	oling Point (Sampling Point ID)		Monit	toring Period	Collect	ion Period	Compli	ance Status
Selec	t from Inventory of Active Sam	pling Points		19 - 9/30/19			Со	mplete
				19 - 12/31/19			Со	mplete
				20 - 6/30/20				
				20 - 9/30/20				
Water Sy	stem Facility: ENTRY POIN	T (WSF ID: 00700)						
	And Nitrite (NOX)					1	routine (R	T) per year
	oling Point (Sampling Point ID)			toring Period	Collect	ion Period		ance Status
ENTR	RY POINT (3)			9 - 12/31/19			Со	mplete
				0 - 12/31/20				
		Other C	, ,	1 - 12/31/21				
- "		Other C	ompliance Sch					
	ce Schedule Activity			Due Date		Achieved I	Date	
	NNECTION SURVEY REPORT			3/1/2017				
	NNECTION SURVEY REPORT			3/1/2018				
	NNECTION SURVEY REPORT			3/1/2019				
CROSS CO	NNECTION SURVEY REPORT			3/1/2020				
	Wate	er System Facili	ity and Sampli	ng Point li	nventoi	ſy		
Water	Markey Contains Free Utter	Communities on Desirat	Consulting Delict		Total	Lead and		-
System	Water System Facility	Sampling Point ID	Sampling Point Description		Coliform	Copper Bula Tion	Achastas	Stage
Facility ID 00600			<u> </u>	Status		nuie Her	ASDESTOS	WQP 2 DBPR
UUOUU	DISTRIBUTION SYSTEM	4 DOWNSTREAM	DISTRIBUTION SYST WITHIN 5 SERVICE (Υ			
		UPSTREAM	WITHIN 5 SERVICE (
00700	ENTRY POINT	3	ENTRY POINT	A A				
20598	WELL	2	WELL	A				
60582	SOFTENER		V V L L L	A				
00302	JOI ILINEIX	Con	tact Informati	On				
Namo				OII			Job Title	
Name	Motycka		rganization	f Course	0	nor	Job Title	
Mr. John I	ddress Line One	Mailing Address	rungamaug River Gol	Course	Ow		Ctata	7in Codo
104 Fally I		iviaiiilig Auules	S LITE I WU	C-	Ci	Ly	State	Zip Code

104 Folly Lane

Coventry

CT

06238

Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name					Cla	ssification	Population	Owner Type	Primary Source	
CT0320224	0320224 SKUNGAMAUG RIVER GOLF COURSE							25	Р	GW	
Local Address (w	here applicable)			Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural	
104 FOLLY LANE				Connections			1				
Towns Served: C	OVENTRY						,	,	'	·	
Business Phon	e Extension	Fax	Mobile	e Phone Er	nergency	y Pho	one Email A	Address			
860-742-9348	3										

Connecticut Department of Public Health Drinking Water Section

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

Please note the following:

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

End of schedule

	Connectic Wa	*	rtment o								ection		
PWS ID	PWS Name					_				_	ner Type P	rimary S	Source
CT0320234	TWIN HILLS COU	INTRY CLUB					NC		25		Р	GW	
Local Address (\	where applicable)			Service	Resider	ntial	Comme	rcial	Industr	ial	Combined	Agricu	ultural
199 BREAD & N	* * * * * * * * * * * * * * * * * * * *			Connectio	ns		1						
Towns Served:	COVENTRY												
			Monit	toring Re	auireme	nts							
-	Facility: DISTR	IBUTION SY			94								
Total Coliforn	• •								:	l rou	utine (RT)		
	Point (Sampling P				Monitor			Colle	ection Pe	riod		ance St	
Select fron	n Inventory of Act	ive Sampling	Points		7/1/19			_				mplete	
					10/1/19		-					mplete	
					1/1/20						Со	mplete	
					4/1/20 7/1/20								
Physical Para	meters (PPS)								:	l rou	utine (RT)	per qua	arter
Sampling I	Point (Sampling P	oint ID)			Monitor	ing F	Period	Colle	ection Pe	riod	Compli	ance St	atus
Select fron	n Inventory of Act	ive Sampling	Points		7/1/19	- 9/3	0/19				Co	mplete	
					10/1/19	- 12/	31/19				Co	mplete	
					1/1/20	- 3/3	1/20				Сс	mplete	
					4/1/20	- 6/3	0/20						
					7/1/20	- 9/3	0/20						
Water System	Facility: ENTRY	Y POINT (W	/SF ID: 00700)									
Nitrate And N	litrite (NOX)									1	routine (F	RT) per	year
Sampling I	Point (Sampling P	oint ID)			Monitor	ing F	Period	Colle	ection Pe	riod	Compli	ance St	atus
ENTRY POI	NT (3)				1/1/19 -	12/3	31/19				Co	mplete	
					1/1/20 -	12/3	31/20						
					1/1/21 -	12/3	31/21						
			Other (Complian									
Compliance Sch							Date		Achie				
RESPOND TO SA	ANITARY SURVEY				:	10/9,	/2019		10,	/9/20	019		
Water		Water Sy	stem Faci	lity and S	ampling	, Po	int In	vent Total	•	and			
	er System Facility		Sampling Poin	t Sampling F	Point		(Colifor				9	Stage
Facility ID			ID	Description			Status	Rule	-	•	Asbestos		_
00600 DIST	RIBUTION SYSTEM	1	4	DISTRIBUT	ION SYSTEN		Α	Υ					
			DOWNSTREAN	1 WITHIN 5 S	SERVICE CO	N	Α						
			UPSTREAM	WITHIN 5 S	SERVICE CO	N	Α						
00700 ENTF	RY POINT		3	ENTRY POI	NT		Α						
20599 WEL	L		2	WELL			Α						
			Co	ntact Info	rmation	1							
Name			(Organization							Job Title		
Mr. Dana Barne	es		Т	win Hills Cou	ıntry Club			C	Owner				
Mailing Address	Line One		Mailing Addre	ss Line Two					City		State	Zip Co	de
199 Bread And	Milk St						Cov	entry			СТ	0623	8
Business Phor	ne Extension	Fax	Mok	ile Phone	Emergence	y Pho	one Ema	il Add	ress				
860-742-970	5						DBA	RNES	@CONC	ORDE	QUITYGRO	UP.COM	1

	Connecticut Department of Public Health	Drinking	g Water	Section	l
	Water Quality Monitoring and Con	npliance S	Schedul	e	
ID	PWS Name	Classification	Population	Owner Type	Prima

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0320234	TWIN HILLS COUNTRY CLUB				NC	25	Р	GW
Local Address (w	here applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
199 BREAD & M	ILK STREET	Connections			1			

Towns Served: COVENTRY

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

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

End of schedule

Connecticut Departm Water Quality				0		ection	
PWS ID PWS Name	Monitoring and					unor Tuno D	rimary Source
CT0320244 COVENTRY PLAZA		C	NC		8	P P	GW
	Service	Docidontic				-	
Local Address (where applicable) 3466 MAIN STREET	Connections	Residentia		ciai ir	idustrial	Combined	Agricultural
Towns Served: COVENTRY	Connections		1				
		•	•				
Water System Facility: DISTRIBUTION SYSTEM	Monitoring Requ	ııremen	ts				
Total Coliform (3100)	(110. 12. 00000)				1 rc	utine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitoring	n Period	Collect	ion Perio		iance Status
Select from Inventory of Active Sampling Point		7/1/19 - 9					mplete
coloct normalization, contact camping to the		10/1/19 - 1					mplete
		1/1/20 - 3					
		4/1/20 - 6					
		7/1/20 - 9	•				
Physical Parameters (PPS)					1 rc	utine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collect	ion Perio	d Compl	iance Status
Select from Inventory of Active Sampling Point	S	7/1/19 - 9	/30/19			Co	mplete
	:	10/1/19 - 1	2/31/19			Co	mplete
		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 And Nitrite (NOX)					:	1 routine (I	RT) per year
Sampling Point (Sampling Point ID)		Monitoring	Period	Collect	ion Perio	d Compl	iance Status
ENTRY POINT (3)		1/1/19 - 12	2/31/19			Co	mplete
		1/1/20 - 12	2/31/20				
		1/1/21 - 12	2/31/21				
Puk	olic Notification R	equiren	T				
ar I i for i	Compliance	Notice		Notifica			<u>tification</u>
Violation/Situation	Period (120 / 127	Tier	Require		formed	Due to DPH	Received
Physical Parameters M&R Violation	4/1/17 - 6/30/17	3	8/4/201			8/14/2018	
Total Coliform M&R Violation	4/1/17 - 6/30/17	3	8/4/201			8/14/2018	
Total Coliform M&R Violation	7/1/17 - 9/30/17	3	1/30/201			2/9/2019	
Physical Parameters M&R Violation	7/1/17 - 9/30/17	3	1/30/201			2/9/2019	
Nitrate And Nitrite M&R Violation	1/1/17 - 12/31/17	3	3/15/201			3/25/2019	
Total Coliform M&R Violation	10/1/17 - 12/31/17	3	3/15/201			3/25/2019	
Physical Parameters M&R Violation	10/1/17 - 12/31/17	3	3/15/201			3/25/2019	
Total Coliform M&R Violation	7/1/18 - 9/30/18	3	11/13/20			11/23/2019	
Physical Parameters M&R Violation	7/1/18 - 9/30/18	3	11/20/20			11/30/2019	
-	m Facility and Sar	npling P	oint inv		=		
Water System System Specific	the market of the second			Total	Lead an		
	ling Point Sampling Poil ID Description	nt		oliform	Copper		Stage
Facility ID		I CVCTCA 4	<u>Status</u>	Rule	nuie He	ASDESTOS	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4 DISTRIBUTION	NJIJIEW	Α	Υ			
00700 ENTRY POINT	3 ENTRY POINT		A				
20600 WELL	2 WELL		A				

	Connoctic	nut Dono	ntm ont	of Dublia	Hoolth	D.	nin lrin c	Motor	Coo	tion	
	Connectio	*					_			tion	
	Wa	iter Qua	lity Mon	itoring a	nd Con	npl	liance S	Schedul	e		
PWS ID	PWS Name					Cla	ssification	Population	Owne	r Type	Primary Source
CT0320244	COVENTRY PLA	ZA					NC	38	I	Р	GW
Local Address (w	here applicable)		Service	Resider	ntial	Commerci	al Industri	al C	ombine	d Agricultural
3466 MAIN STRE	ET			Connection	ıs		1				
Towns Served: C	OVENTRY										
			Co	ontact Info	rmatior	1					
Name				Organization					J	lob Title	
Mxm Realty											
Mailing Address	Line One		Mailing Addr	ess Line Two				City		State	Zip Code
			56 Costello P	Road			Newin	gton		CT	06111
Business Phone	e Extension	Fax	Mo	obile Phone	Emergency	y Pho	one Email A	Address			
201-280-8300											
Contact Role(s):	Owner										
Name				Organization					J	lob Title	
Mr. Sami Abuna	sra										
Mailing Address	Line One		Mailing Addr	ress Line Two				City		State	Zip Code
56 Costello Road							Newin	gton		СТ	06111
Business Phone	e Extension	Fax	Mo	obile Phone	Emergency	y Pho	one Email A	Address			
860-436-3630							sami@	didicorp.cor	n		
Contact Role(s):	Administrative	Contact, Leg	al Contact								

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End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule													
PWS ID	PWS Name			Clas	ssification	Po	pulation	Owi	ner Type I	Primary Soul			
CT0320454	COVENTRY FOOD MART				NC		30		Р	GW			
Local Address (where applicable)	Service	Residen	tial	Commer	cial	Industri	al	Combined	Agricultu			
8 DALY ROAD		Connections			1								
Towns Served:	COVENTRY												
	N	Ionitoring Requ	ireme	nts	;								
Water System	Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)											
Total Coliforn	m (3100) Point (Sampling Point ID)		Monitori	ng P	Period	Coll	1 ection Pe			per quarte			
	m Inventory of Active Sampling Points		7/1/19 -							omplete			
			LO/1/19 -							omplete			
			1/1/20 -	3/3	1/20					omplete			
			4/1/20 -		-					•			
7/1/20 - 9/30/20													
Physical Para	meters (PPS)						1	. rou	ıtine (RT)	per quarte			
-	Point (Sampling Point ID)		Monitori	ng P	Period	Coll	ection Pe			liance Statu			
Select from	n Inventory of Active Sampling Points		7/1/19 -	9/3	0/19				С	omplete			
			10/1/19 -	12/	31/19				С	omplete			
			1/1/20 -	3/3	1/20				С	omplete			
			4/1/20 - 6/30/20										
			7/1/20 -	9/3	0/20								
Water System	Facility: ENTRY POINT (WSF ID: 0	00700)											
Nitrate And N	Nitrite (NOX)							1	routine (RT) per yea			
Sampling	Point (Sampling Point ID)		Monitori	ng P	Period	Coll	ection Pe	riod	•				
ENTRY PO	INT (3)		1/1/19 -	12/3	31/19				С	omplete			
			1/1/20 -	12/3	31/20				С	omplete			
			1/1/21 -	12/3	31/21								
Water System	Facility: WELL #1 (WSF ID: 23098	3)											
E. Coli (3014)						1	rou	ıtine (RT)	per quarte			
Sampling	Point (Sampling Point ID)		Monitoring Period Collection Per					riod	Comp	liance Statu			
WELL #1 (2	2)		10/1/19 -	12/	31/19								
			1/1/20 -						С	omplete			
			4/1/20 -		-								
			7/1/20 -	9/3	0/20								
	Ot	her Compliance	Sched	lule	es								
Compliance Sch	hedule Activity			Due	Date		Achie	ved	Date				
RESPOND TO SA	ANITARY SURVEY		7	//10/	/2019								
	Publi	c Notification R	_										
Violation/Situa	ation	Compliance Period	Notice Tier		<u>Public</u> Required		i <u>fication</u> Performe	d F	<u>PN Cel</u> Due to DPF	<u>rtification</u> I Receive			
Total Coliform I		7/1/14 - 9/30/14	2	1	12/21/201		. crjorine		.2/31/2014				
	eters M&R Violation	7/1/14 - 9/30/14	3		11/21/201				12/1/2015				
7 - 22 - 3 - 3 - 3		Facility and Sar					tory		, ,				
14/045	water system	racinty and Sar	uhiiiig	70				au 1					
Water System Wat Facility ID	er System Facility Sampling	g Point Sampling Poil Description	nt		Co	Tota olifo Rule	rm Cop	per	Asbestos	Stag WQP 2 DB			
					<u>Status</u>		- nuic						

	Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name		Cla	ssification	Population	Owner Type	Primary Source						
CT0320454	COVENTRY FOOD MART		NC		30	Р	GW						
Local Address (al Address (where applicable) Service Residential Commercial Industrial C						al Combine	ed Agricultural					
8 DALY ROAD	DALY ROAD Connections 1												

Connecticut Department of Public Health Drinking Water Section

Towns Served: COVENTRY

	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				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ								
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α									
		UPSTREAM	WITHIN 5 SERVICE CON	Α									
00700	ENTRY POINT	3	ENTRY POINT	Α									
23098	WELL #1	2	WELL #1	Α									
56152	BLADDER TANK							-					

			Co	ontact Inf	ormation					
Name				Organization	1		Job Title			
Mr. Dipak G. Desai			Desai, LLC. Owner							
Mailing Address Lin	ie One		Mailing Addr	ess Line Two		City	State	Zip Code		
8 Daly Road			P.O. Box 328			Coventry	СТ	06238		
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address				
860-762-2266					860-280-8057					
Contact Role(s): A	dministrative C	ontact								
Name				Organization	1		Job Title			

Contact Role(s): Ac	dministrative	Contact								
Name				Organization			Job Title			
Ms. Desai Sangita				Desai LLC		Member				
Mailing Address Lin	e One	Mailing Add	ress Line Two			City	State	Zip Code		
32 Elderberry Ln, Sc	outh					Windsor		СТ	06074	
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	ldress			

Contact Role(s): Legal Contact, Owner

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End of schedule

Connecticut Depa	artment of	Public	Health D	rin	king	Water	· Se	ection	
Water Qua	lity Monit	oring ar	nd Comp	lia	nce S	chedu	le		
PWS ID PWS Name		011118 011					_	ner Tyne P	rimary Source
CT0321203 CVS PLAZA - COVENTRY			- Ci	N		30		P	GW
Local Address (where applicable)		Service	Residentia	-	mmercial		ial	Combined	Agricultural
3514 MAIN ST		Connection		COI	1	maasti	iai	Combined	Agriculturur
Towns Served: COVENTRY									
Towns Served. Covervity		ovina Doo		_					
Water System Facility: DISTRIBUTION S			Juirement	S					
Total Coliform (3100)						:	1 roı	utine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitoring	Perio	od Col	lection Pe			ance Status
Select from Inventory of Active Sampling	g Points		7/1/19 - 9/						mplete
,			10/1/19 - 12						mplete
			1/1/20 - 3/						
			4/1/20 - 6/						
			7/1/20 - 9/						
Physical Parameters (PPS)			772720 37	JU/		,	1 roi	ıtine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitoring	Perio	nd Col	lection Pe			ance Status
Select from Inventory of Active Sampling	Points		7/1/19 - 9/						mplete
Scient nom inventory of Active Sampling	5 1 011113		10/1/19 - 12						mplete
			1/1/20 - 3/						mpiece
			4/1/20 - 6/						
			7/1/20 - 9/						
Water System Facility: ENTRY POINT (V	WSE ID: 00700\		7/1/20 - 3/	30/20	<u> </u>				
	W3F ID. 00700))T)
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)							Т	routine (R	(1) ber vear
Sampling Point (Samplina Point ID)			Monitoring	Davis		llastian De	:	=	
1 0 1 0			Monitoring			lection Pe	eriod	Compli	ance Status
ENTRY POINT 1 (3)			1/1/19 - 12,	/31/1	.9	lection Pe	eriod	Compli	
1 0 1 0			1/1/19 - 12, 1/1/20 - 12,	/31/1 /31/2	.9 !0	llection Pe	eriod	Compli	ance Status
ENTRY POINT 1 (3)			1/1/19 - 12, 1/1/20 - 12, 1/1/21 - 12,	/31/1 /31/2 /31/2	.9 20 21		eriod	Compli	ance Status
ENTRY POINT 1 (3)	ystem Facili	ity and Sa	1/1/19 - 12, 1/1/20 - 12, 1/1/21 - 12,	/31/1 /31/2 /31/2	.9 20 21		eriod	Compli	ance Status
ENTRY POINT 1 (3) Water S Water	-	-	1/1/19 - 12, 1/1/20 - 12, 1/1/21 - 12, ampling P	/31/1 /31/2 /31/2	.9 20 21 Inven	i tory al Lead	l and	Compli	ance Status
ENTRY POINT 1 (3) Water S Water System Water System Facility	Sampling Point	Sampling Po	1/1/19 - 12, 1/1/20 - 12, 1/1/21 - 12, ampling Point	/31/1 /31/2 /31/2	.9 20 21 Inven Tot Colife	i tory al Lead orm Cop	l and	Compli	mplete Stage
ENTRY POINT 1 (3) Water S Water	-	-	1/1/19 - 12, 1/1/20 - 12, 1/1/21 - 12, ampling Point	/31/1 /31/2 /31/2	9 10 11 t Inven	i tory al Lead orm Cop	l and	Compli	mplete
ENTRY POINT 1 (3) Water S Water System Water System Facility	Sampling Point	Sampling Po	1/1/19 - 12, 1/1/20 - 12, 1/1/21 - 12, ampling Point	/31/1 /31/2 /31/2 oint	9 10 11 t Inven	i tory al Lead orm Cop le Rule	l and	Compli	mplete Stage
ENTRY POINT 1 (3) Water S Water System Water System Facility Facility ID	Sampling Point ID	Sampling Po Description	1/1/19 - 12, 1/1/20 - 12, 1/1/21 - 12, ampling Point	/31/1 /31/2 /31/2 oint	9 20 21 Inven Tot Colife Rus	i tory al Lead orm Cop le Rule	l and	Compli	mplete Stage
ENTRY POINT 1 (3) Water S Water System Water System Facility Facility ID	Sampling Point ID 4	Sampling Po Description	1/1/19 - 12, 1/1/20 - 12, 1/1/21 - 12, ampling Point ON SYSTEM1 ERVICE CON	/31/1 /31/2 /31/2 oint Stan	20 21 21 21 21 21 21 20 20 20 20 20 20 20 20 20 20 20 20 20	i tory al Lead orm Cop le Rule	l and	Compli	mplete Stage
ENTRY POINT 1 (3) Water S Water System Water System Facility Facility ID	Sampling Point ID 4 DOWNSTREAM	Sampling Po Description DISTRIBUTION WITHIN 5 SE	1/1/19 - 12, 1/1/20 - 12, 1/1/21 - 12, ampling Point ON SYSTEM1 ERVICE CON ERVICE CON	/31/1 /31/2 /31/2 oint Star	20 21 21 21 21 21 21 20 20 20 20 20 20 20 20 20 20 20 20 20	i tory al Lead orm Cop le Rule	l and	Compli	mplete Stage
ENTRY POINT 1 (3) Water S Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM	Sampling Point ID 4 DOWNSTREAM UPSTREAM	Sampling Popescription DISTRIBUTION WITHIN 5 SE	1/1/19 - 12, 1/1/20 - 12, 1/1/21 - 12, ampling Point ON SYSTEM1 ERVICE CON ERVICE CON	/31/1 /31/2 /31/2 oint Star	9 20 21 Inven <i>Colife</i> <i>Ru</i>	i tory al Lead orm Cop le Rule	l and	Compli	mplete Stage
ENTRY POINT 1 (3) Water S Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3	Sampling Po Description DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN	1/1/19 - 12, 1/1/20 - 12, 1/1/21 - 12, ampling Point ON SYSTEM1 ERVICE CON ERVICE CON	/31/1 /31/2 /31/2 oint Star A I	9 20 21 Inven <i>Colife</i> <i>Ru</i>	i tory al Lead orm Cop le Rule	l and	Compli	mplete Stage
ENTRY POINT 1 (3) Water S Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT 47714 WELL #2 48421 INTERCONNECTION -	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2	Sampling Po Description DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN	1/1/19 - 12, 1/1/20 - 12, 1/1/21 - 12, ampling Point ON SYSTEM1 ERVICE CON ERVICE CON	/31/1 /31/2 /31/2 oint Star A I	9 20 21 Inven <i>Colife</i> <i>Ru</i>	i tory al Lead orm Cop le Rule	l and	Compli	mplete Stage
ENTRY POINT 1 (3) Water S Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT 47714 WELL #2 48421 INTERCONNECTION -	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2	Sampling Po Description DISTRIBUTIO WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL #2	1/1/19 - 12, 1/1/20 - 12, 1/1/21 - 12, ampling Point ON SYSTEM1 ERVICE CON ERVICE CON	/31/1 /31/2 /31/2 oint Star A I	9 20 21 Inven <i>Colife</i> <i>Ru</i>	i tory al Lead orm Cop le Rule	l and	Compli	mplete Stage
Water S Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT 47714 WELL #2 48421 INTERCONNECTION - CT0321213 - DD	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2	Sampling Po Description DISTRIBUTIO WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL #2	1/1/19 - 12, 1/1/20 - 12, 1/1/21 - 12, ampling Proint ON SYSTEM1 ERVICE CON ERVICE CON IT 1	/31/1 /31/2 /31/2 oint Star A I	9 20 21 Inven <i>Colife</i> <i>Ru</i>	i tory al Lead orm Cop le Rule	l and per : Tier	Complia Co	mplete Stage
Water S Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT 47714 WELL #2 48421 INTERCONNECTION - CT0321213 - DD	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2	Sampling Popular Distribution DISTRIBUTION WITHIN 5 SEENTRY POIN WELL #2 tact Information The Colvest Ground Possible Popular Section The Colvest Ground Popular Section	1/1/19 - 12, 1/1/20 - 12, 1/1/21 - 12, ampling Proint ON SYSTEM1 ERVICE CON ERVICE CON IT 1	/31/1 /31/2 /31/2 oint Star A I	9 20 21 Inven <i>Colife</i> <i>Ru</i>	t ory al Lead orm Cop le Rule	l and per : Tier	Complia Co	mplete Stage
Water S Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT 47714 WELL #2 48421 INTERCONNECTION - CT0321213 - DD	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2	Sampling Popular Distribution DISTRIBUTION WITHIN 5 SEENTRY POIN WELL #2 tact Information The Colvest Ground Possible Popular Section The Colvest Ground Popular Section	1/1/19 - 12, 1/1/20 - 12, 1/1/21 - 12, ampling Proint ON SYSTEM1 ERVICE CON ERVICE CON IT 1	/31/1 /31/2 /31/2 /31/2 Oint	9 20 21 Inven <i>Colife</i> <i>Ru</i>	otory al Lead orm Cop le Rule Vice Pres City	l and per : Tier	Complia Co	stage WQP 2 DBPR
Water S Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT 47714 WELL #2 48421 INTERCONNECTION - CT0321213 - DD Name Mr. Peter J. Lapointe Mailing Address Line One	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2 Con On Th Mailing Address	Sampling Popular Distribution DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL #2 tact Information The Colvest Gross Line Two	1/1/19 - 12, 1/1/20 - 12, 1/1/21 - 12, ampling Proint ON SYSTEM1 ERVICE CON ERVICE CON IT 1	/31/1 /31/2 /31/2 Oint Star A A I A	9 20 21 Tot Colifortus Ru Y	vice Pres	l and per : Tier	Complia Co	stage WQP 2 DBPR Zip Code

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

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

		_				_ A			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
CT0321203	CVS PLAZA - COVENTI	RY				NC	30	Р	GW
Local Address (v	Local Address (where applicable)			Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
3514 MAIN ST				Connections		1			

Towns Served: COVENTRY

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End of schedule

	Connecticut De	•			Ŭ			
	Water Q	uality M	onitoring ai	nd Comp	oliance S	chedule		
PWS ID	PWS Name			C	lassification	Population O	wner Type Pr	imary Source
CT032121	DUNKIN DONUTS				NC	25	P	GW
Local Add	lress (where applicable)		Service	Residentia	l Commercia	l Industrial	Combined	Agricultural
3516 MAI	IN STREET		Connection	S	1			
Towns Se	rved: COVENTRY							
		M	onitoring Rec	uirement	ts			
Water Sy	ystem Facility: DISTRIBUTIO	N SYSTEM (WSF ID: 00600)					
Total Co	oliform (3100)					1 r	outine (RT) բ	oer quarter
Sam	pling Point (Sampling Point ID)			Monitoring	Period Co	ollection Perio	d Compli	ance Status
Seled	ct from Inventory of Active Samp	oling Points		7/1/19 - 9/	/30/19		Coi	mplete
				10/1/19 - 12			Соі	mplete
				1/1/20 - 3/	/31/20			
				4/1/20 - 6/	/30/20			
				7/1/20 - 9/	/30/20			
-	Parameters (PPS)					1 r	outine (RT) բ	-
	pling Point (Sampling Point ID)			Monitoring		ollection Perio	•	ance Status
Seled	ct from Inventory of Active Samp	oling Points		7/1/19 - 9/				mplete
				10/1/19 - 12			Соі	mplete
				1/1/20 - 3/				
				4/1/20 - 6/				
				7/1/20 - 9/	/30/20			
Water Sy	stem Facility: ENTRY POINT	(WSF ID: 0	0700)					
	And Nitrite (NOX)						1 routine (R	
Sam	pling Point (Sampling Point ID)			Monitoring		ollection Perio	d Compli	ance Status
ENT	RY POINT (3)			1/1/19 - 12	/31/19		Coi	mplete
				1/1/20 - 12				
				1/1/21 - 12				
		Public	Notification	Requiren	nents			
			Compliance	Notice	Public No	<u>tification</u>	PN Cert	<u>ification</u>
	/Situation		Period	Tier	Required	Performed	Due to DPH	Received
Total Coli	form MCL Violation		1/1/05 - 3/31/05	2	3/26/2005		4/5/2005	
	Wate	r System I	Facility and Sa	ampling P	oint Inve	ntory		
Water					То	tal Lead ar	nd	
System	Water System Facility	Sampling	Point Sampling P	oint	Colif			Stage
Facility II)	ID	Description		Status Ru	ule Rule Ti	er Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	ON SYSTEM	Α '	Υ		
		DOWNST	REAM WITHIN 5 SI	ERVICE CON	Α			
		UPSTRE	AM WITHIN 5 SI	ERVICE CON	Α			
00700	ENTRY POINT	3	ENTRY POIN	IT	Α			
47712	WELL #1	2	WELL #1		Α			
48421	INTERCONNECTION - CT0321203 - CVS PLAZA							
			Contact Info	rmation				
			Contact inio	mation				
Name			Organization	macion			Job Title	
	r J. Lapointe					Vice Preside		
Mr. Peter	r J. Lapointe ddress Line One	Mailing A	Organization			Vice Preside		Zip Code

	dominectic	at Depa	i cilicite of	1 abiic	ricuiti	וועו	3111111	, water	Decelon	L
	Wa	ter Qual	lity Monito	oring ar	nd Con	nplia	nce S	Schedul	le	
PWS ID	PWS Name					Classification Population			Owner Type	Primary Source
CT0321213	DUNKIN DONUT	'S			N	IC	25	Р	GW	
Local Address (where applicable)				Service	Resider	ntial Co	mmerci	al Industri	al Combin	ed Agricultural
3516 MAIN STRE	ET			Connection	S		1			
Towns Served: C	OVENTRY					,				
1233 Last Column	DU3 AVC						2bi iiiBi	iciu	1717	01103
Business Phone	e Extension	Fax	Mobile	e Phone	Emergency	y Phone	Email A	Address		
413-363-9793	213				860-983	-3129	PLAPoi	nte@thecol	vestgroup.co	m

Connecticut Department of Public Health Drinking Water Section

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

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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End of schedule

	Connecticu Wat	it Departm er Quality					`	_			ction	
PWS ID	PWS Name					Class	ification	Popu	lation	Own	er Type I	Primary Source
CT0321214	PATRIOTS PARK -	COMMUNITY CEI	NTER				NC	2	.5		L	GW
Local Address (where applicable)			Service	Residen	tial C	Commerc	ial Ir	dustria	al (Combined	d Agricultura
124 LAKE STREI	ET			Connection	S		1					
Towns Served:	COVENTRY				·							
			Monit	oring Req	uireme	nts						
Water System	n Facility: DISTRI				<u> </u>							
Total Coliforn	m (3100)								1	rout	ine (RT)	per quarter
Sampling	Point (Sampling Po	oint ID)			Monitori	ng Pe	riod (Collect	ion Per			liance Status
Select fror	m Inventory of Activ	e Sampling Points	3		7/1/19 -	9/30/	/19				C	omplete
					10/1/19 -	12/32	1/19				C	omplete
					1/1/20 -	3/31/	/20				C	omplete
					4/1/20 -	6/30/	/20					
					7/1/20 -							
Physical Para	meters (PPS)								1	rout	ine (RT)	per quarter
Sampling	Point (Sampling Po	oint ID)			Monitori	ng Pe	riod (Collect	ion Per	riod	Comp	liance Status
Select fror	m Inventory of Activ	ve Sampling Points	i		7/1/19 -	9/30/	/19				C	omplete
					10/1/19 -	12/33	1/19				C	omplete
					1/1/20 -	3/31/	/20				C	omplete
					4/1/20 -	6/30/	/20					
					7/1/20 -	9/30/	/20					
Water System	r Facility: ENTRY	POINT (WSF ID	: 00700)									
Nitrate And I	Nitrite (NOX)									1 r	outine (RT) per year
Sampling	Point (Sampling Po	oint ID)								Comp	liance Status	
ENTRY PO	INT (3)				1/1/19 -	12/31	/19				C	omplete
					1/1/20 -	12/31	/20					
					1/1/21 -	12/31	/21					
	1	Water Syster	n Facil	ity and Sa	mpling	Poi						
Water System Wat	ter System Facility	Samul	ina Doint	Sampling Po	oint			otal liform	Lead			Ctago
Facility ID	ter System Fucility	•	ing Point ID	Description	JIIIC			njorm Rule	Copp Rule		Ashestos	Stage WQP 2 DBPI
	TRIBUTION SYSTEM		4	DISTRIBUTIO)N	- 51	tatus ^I A	1470	naic	1101	7,350,5103	TIQI Z DDIT
00000 0131	TRIBOTION STSTEIN	DOWN		WITHIN 5 SE		J	A					
			TREAM	WITHIN 5 SE			A					
00700 ENT	RY POINT	013	3	ENTRY POIN		•	A					
49417 WEL			2	WELL 1	11		A					
49417 VVLL	-L 1						A					
				itact Infoi	rmation							
Name				rganization							Job Title	
Mr. John Elsess				own Hall					vn Mar	nager	Ct :	71-0-1
Mailing Addres		Mailir	ig Addres	s Line Two				Ci	ty		State	Zip Code
1712 Main Stre		_		u 51		D.	Coven				СТ	06238
Business Pho		Fax	Mobi	ile Phone	Emergency	Phon				ITD) (C	T 000	
860-742-632		860-742-8911					JELSES	SER@	COVEN	HRYC	i.ORG	
Contact Role(s)	: Administrative C	ontact, Legal Con	tact									

	Connectic	ut Depa	rtment o	f Public	Health	ı Dri	nking	g Water	Sec	ction		
	Wa	ter Qua	lity Monit	toring a	nd Con	npli	ance S	Schedul	le			
PWS ID	PWS Name					Class	ification	Population	Own	er Type	Prir	mary Source
CT0321214	PATRIOTS PARK	- COMMUN	TY CENTER				NC	25		L		GW
Local Address (w	here applicable)			Service	Residen	Residential Co		al Industri	al (al Combin		Agricultural
124 LAKE STREET				Connection	ns		1					
Towns Served: Co	OVENTRY											
Name			О	rganization			Job Title	е				
Coventry												
Mailing Address I	ine One		Mailing Addres	ss Line Two				City		State		Zip Code
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	/ Phon	e Email A	Address				
Contact Role(s):	Owner											

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End of schedule

Mailing Ac 1712 Mair Business 860-742	ddress Line Street Phone 2-6324	Extension	Fax 860-742-89 Contact, Legal	Mol	bile Phone	Emergency	/ Pho	one Em			/ENTR	CT YCT.ORG	06238
Mr. John E Mailing Ac 1712 Main Business	dress Line Street Phone		Fax	Mol		Emergency	, Pho	one Em	ail Add		/ENTR		06238
Mr. John E Mailing Ac 1712 Mair	Idress Line Street					Emergency	/ Pho			dress		СТ	06238
Mr. John E	ldress Line	e One	N	idiling Addre				Cov	ventry			CT	06238
Mr. John E		One	N	idililig Addi C						-			
	Isesser				ess Line Two					City		State	Zip Code
Name					Town Hall				-	Town N	Manag	er	
					Organization							Job Title	
				Co	ntact Info	rmation							
49421	WELL 1			2	WELL 1			Α					
00700	ENTRY PO	DINT		3	ENTRY POII	NT		Α					
				UPSTREAM		SERVICE CON	V	Α					
			D	OWNSTREAM	M WITHIN 5 S	SERVICE CON	V	Α					
00600	DISTRIBU	TION SYSTEM		4	DISTRIBUTI	ON		Α					
System Facility ID	-	stem Facility	Sa	ID ID	t Sampling F Description			Status	Colifor Rule		opper ıle Tie		Stage WQP 2 DBP
Water	Mata C	skom Fraille.	C-	monline Dete	A Comentine 5	Doint			Tota		ad and		. .
			Water Sys	tem Faci	lity and S	ampling	Po	oint In	vent	tory			
						1/1/21 -							
						1/1/20 -		-				С	omplete
ENTR	Y POINT (3)				1/1/19 -		-					omplete
		(Sampling Po	oint ID)			Monitori			Colle	ection	Period		liance Status
Nitrate A	and Nitrit	e (NOX)									1	routine (RT) per year
Water Sy:	stem Fac	ility: ENTRY	POINT (WS	F ID: 00700))								
						7/1/20 -	9/3	30/20					
						4/1/20 -	6/3	30/20					
						1/1/20 -	3/3	31/20				С	omplete
						10/1/19 -	12/	/31/19				С	omplete
			ve Sampling P	oints		7/1/19 -							omplete
-		: (Sampling Po	oint ID)			Monitori	ing F	Period	Colle	ection			liance Status
Physical	Paramet	ers (PPS)				7/1/20	5/5	10/20			1 ro	utine (RT)	per quarter
						7/1/20 -		-					
						4/1/20 -						C	ompiete
						10/1/19 - 1/1/20 -							omplete omplete
Selec	t from Inv	entory of Acti	ve Sampling P	oints		7/1/19 -							omplete
		(Sampling Po				Monitori			Colle	ection	Period		liance Status
Total Col	•	•											per quarter
Water Sy:	stem Fac	ility: DISTRI	IBUTION SYS	TEM (WSF	ID: 00600)								
				Moni	toring Red	quireme	nts	5					
Towns Ser	ved: COVE	NTRY				,							
124 LAKE S		, ,			Connection	ns		1					
		e applicable)			Service	Residen	tial	Comm	ercial	Indus	strial	Combined	
CT032122		VENTRY SENIC	OR CENTER				Cia	NC	011 1 0	25	OII OW	I	GW
PWS ID	P\Λ/	S Name	cer Quan	cy 1410111	itoring a	na don	_					ner Tyne I	Primary Sourc
			ei unian	tu Moni	toring a	nd (on	าท	uanc	e Sc	hed	ule		
			ut Depar ter Quali							···			

	Connectic	ut Depa	irtment o	f Public	Health	l Di	rinking	g Water	Sec	ction		
	Wa	ter Qua	lity Moni	toring a	nd Con	npl	iance S	Schedul	le			
PWS ID	PWS Name					Clas	ssification	Population	Owne	er Type	Prir	mary Source
CT0321224	COVENTRY SENI	OR CENTER					NC	25		L		GW
Local Address (wl	nere applicable)			Service	Residen	itial	Commerci	al Industri	al C	l Combin		Agricultural
124 LAKE STREET				Connection	ns		1					
Towns Served: Co	OVENTRY			·								
Name			C	rganization						Job Title	9	
Coventry												
Mailing Address I	ine One		Mailing Addres	ss Line Two				City		State		Zip Code
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	/ Pho	ne Email A	Address				
Contact Role(s):	Owner											

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End of schedule

Connecticut I	Department o	of Public H	lealth	Drinki	ng W	ater S	Section	
Water	Quality Mon	itoring an	d Con	nplianc	e Sch	edule		
PWS ID PWS Name				Classification	on Popu	lation C	wner Type Pr	imary Source
CT0321244 WALGREEN'S PHARM	ACY-COVENTRY			NC	2	.5	Р	GW
Local Address (where applicable)		Service	Residen	tial Comm	ercial Ir	dustrial	Combined	Agricultural
1630 BOSTON TURNPIKE - COVENTRY		Connections		1				
Towns Served: COVENTRY			I					
	Moni	toring Requ	iireme	nts				
Water System Facility: DISTRIBUT								
Total Coliform (3100)						1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point I	D)		Monitori	ng Period	Collect	ion Perio	od Compli	ance Status
Select from Inventory of Active Sa	impling Points		7/1/19 -	9/30/19				
	_		Coi	mplete				
				12/31/19 3/31/20				•
		4/1/20 - 6/30/20						
Physical Parameters (PPS)				9/30/20		1 r	outine (RT) բ	er quarter
Sampling Point (Sampling Point I	D)		Monitori	ng Period	Collect	ion Perio		ance Status
Select from Inventory of Active Sa				9/30/19			,	
, , , , , , , , , , , , , , , , , , , ,	<u>r</u>						Coi	mplete
		10/1/19 - 12/31/19 Co 1/1/20 - 3/31/20						
				6/30/20				
				9/30/20				
Water System Facility: ENTRY PO	INT (WSF ID: 00700	0)	., _, _ =	3, 33, 23				
Nitrate And Nitrite (NOX)	1141 (1151 15:0070	<i>.</i>					1 routine (R	T) por voar
Sampling Point (Sampling Point I	ומ		Monitori	ng Period	Collect	ion Perio	=	ance Status
ENTRY POINT (3)	<i>ס</i> ן			12/31/19	Conect	on Fenc	•	mplete
LIVINI FORM (3)				12/31/19			COI	Tiplete
	- 11			12/31/21				
	Public No	otification R	equire	ements				
		Compliance	Notice	<u>Publi</u>	c Notifica	<u>rtion</u>	PN Cert	<u>ification</u>
Violation/Situation		Period	Tier	Requir		formed	Due to DPH	Received
Physical Parameters M&R Violation		/1/17 - 6/30/17	3	8/4/20			8/14/2018	
Total Coliform M&R Violation		/1/17 - 6/30/17	3	8/4/20			8/14/2018	
E. Coli		/1/19 - 5/10/19	3	5/6/20	20		5/16/2020	
Physical Parameters M&R Violation	7/	/1/19 - 9/30/19	3	1/28/20)21		2/7/2021	
Total Coliform M&R Violation	7/	1/19 - 9/30/19	3	1/28/20)21		2/7/2021	
Wa	ter System Faci	ility and Sar	mpling	Point In	vento	ry		
Water					Total	Lead a	nd	
System Water System Facility	Sampling Poir	nt Sampling Poi	nt		Coliform	Coppe		Stage
Facility ID	ID	Description		Status	Rule	Rule Ti	ier Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRUBUTIO	N SYSTEN	Л А				
	BR001	AFTER FILTER	UNIT	Α	Υ			
	DOWNSTREAM	M WITHIN 5 SER	RVICE CON	N A				
	JANITOR RM	JANITOR ROO	M SINK	Α	Υ			
	PHARMACY	PHARMACY S	INK	Α	Υ			
	PHOTO DEPT	PHOTO DEPT	SINK	Α	Υ			

ENTRY POINT

WITHIN 5 SERVICE CON

Α

Α

UPSTREAM

00700 ENTRY POINT

	Water Quality Mon	itoring an	d Con	npl	liance S	Schedul	le	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0321244	WALGREEN'S PHARMACY-COVENTRY				NC	25	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combin	ed Agricultural
1630 BOSTON	TURNPIKE - COVENTRY	Connections			1			
Towns Served	: COVENTRY							

Connecticut Department of Public Health Drinking Water Section

		Water Sy	ystem Fac	ility and S	Sampling Poi	int I	nven	tor	у		
Water System Water S Facility ID 56595 WELL# 1	ystem Facility	ID Description Sta 2 WELL# 1						al orm le	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPF
			Co	ontact Info	ormation						
Name				Organization						Job Title	
Mr. George Sward				Walgreen's P	harmacy			Adr	ninistrator		
Mailing Address Lin	e One		Mailing Address Line Two						ty	State	Zip Code
1630 Boston Turnp	ike		C							СТ	06238
Business Phone	Extension	Fax	Мс	bile Phone	Emergency Pho	ne Er	mail Ad	dres	SS		
860-742-5389						m	ngr.119	19@	store.walgı	reens.com	1
Contact Role(s): A	dministrative	Contact				·					
Name				Organization						Job Title	
Walgreens Corpora	te Office										
Mailing Address Lin	e One		Mailing Addr	ess Line Two				Ci	ty	State	Zip Code
1419 Lake Cook Rd.			Ms #L390			D	eerfield	t		IL	60015
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Pho	ne Er	mail Ad	ldres	SS		
Contact Role(s): Le	egal Contact, (Owner									
DI											

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End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule Water Quality Monitoring and Compliance Schedule Classification Population Owner Type Primary Source	C	onnectic	ut Dena	rtment of	f Public	Health D)rin	king I	Nater S	ection	
PMVS Name Classification Population Owner Type Primary Source Cross21234 STORRS COMMUNITY CHURCH NC 25 P GW			•							CCHOII	
Service Commercial Industrial Commercial Industrial Combined Agricultural	2146.12		ter Qua	nty Monit	oring a						
			INITY CHILD	C11		Cl			-		-
Monitoring Requirements Monitoring Requirements			JNITY CHUR	LH	Comico	Docidontia	_			·	_
Monitoring Requirements Monitoring Requirements Monitoring Requirements							Con		industriai	Combined	Agricultural
Monitoring Requirements Monitoring Requirements					comiccio			1			
Total Coliform (3100) Total Coliform (3100) Select from Inventory of Active Sampling Point ID Figure 1/1/120 - 3/31/20 Select from Inventory of Active Sampling Point ID Select from Inventory of Active Sampling Point ID Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Point ID Monitoring Period 4/1/20 - 6/30/20 7/1/20 - 9/30/20 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Complete 1/1/20 - 1/2/31/20 Complete 1/1/20 - 1/2/31/20 ENTRY POINT (3) 1/1/20 - 1/2/31/20 Complete	Towns Served. COV	LIVIIVI		Monit	orina Do	aiaa.a.a.a.a.					
Select from Inventory of Active Sampling Point ID) Select from Inventory of Active Sampling Points T/1/19 - 19/30/19 T/1/19 - 19/30/19 Physical Parameters (PPS) Sampling Point (ID) Select from Inventory of Active Sampling Point ID) Select from Inventory of Active Sampling Point ID Inventory Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) ENTRY POINT (3) Water System Facility and Sampling Point ID Inventory Water System Facility ID Description System Water System Facility Water System Facility ID Description System Water System Facility Water System Facility ID Description Sompling Point ID Sampling Point ID Description Status Halling Point ID ID Description Status DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CO	Water System Fac	cility: DISTR	IBUTION SY			quirement	.5				
Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete 10/1/19 - 12/31/19 Complete 11/1/20 - 3/31/20 Complete 4/1/20 - 6/30/20 7/1/20 - 9/30/20 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Monitoring Period Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 10/1/19 - 12/31/19 Complete 11/1/20 - 3/31/20 Complete 11/1/20 - 3/31/20 Complete 11/1/20 - 3/31/20 Complete 11/1/20 - 3/31/20 Complete 11/1/20 - 9/30/20 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3) 1/1/19 - 12/31/19 Complete 1/1/20 - 12/31/20 Complete 1/1/20 - 12/31/20 Complete 1/1/20 - 12/31/20 Complete 1/1/21 - 12/31/21 Complete 1/1/21 - 12/31/21 Complete 1/1/22 - 12/31/20 Complete 1/1/21 - 12/31/21 Complete 1/1/22 - 12/31/21 Complete 1/1/21 - 12/31/21 Complete 1/1/22 - 12/31/21 Complete 1/1/21 - 12/31/21 Complete 1/1/22 - 12/31/21 Complete 1/1/22 - 12/31/21 Complete 1/1/21 - 12/31/21 Complete 1/1/22 - 12/31/21 Complete 1/1/22 - 12/31/21 Complete 1/1/21 - 12/31/21 Complete 1/1/22 - 12/31/21 Complete 1/1/22 - 12/31/21 Complete 1/1/22 - 12/31/21 Complete 1/1/23 - 12/31/21 Complete 1/1/24 - 12/31/21 Complete 1/1/25 - 12/31/21 Complete 1/1/25 - 12/31/20 Complete 1/1/26 - 12/31/20 Complete 1/1/27 - 12/31/21 Complete 1/1/27 - 12/31/20 Complete	Total Coliform (3	3100)							1 ro		•
10/1/19 - 12/31/19 Complete 1/1/20 - 3/31/20 Complete Collection Period Collection Period Compliance Status Complete Complete Compliance Status Complete Comple	Sampling Poin	nt (Sampling P	oint ID)			Monitoring	Perio	d Colle	ection Period	l Compl	iance Status
1/1/20 - 3/31/20 Complete 4/1/20 - 6/30/20 Complete 4/1/20 - 6/30/20 Complete 4/1/20 - 6/30/20 Complete Collection Period Complete Comple	Select from Inv	ventory of Acti	ive Sampling	Points							-
Af/1/20 - 6/30/20 7/1/20 - 9/30/20 7/1/20 - 9/30/20 7/1/20 - 9/30/20 1 routine (RT) per quarter Sampling Point (Sampling Point ID) Monitoring Period Collection Period Complete Co											-
Physical Parameters (PPS)										Co	mplete
Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Filtry 1/120 - 3/31/20 Complete 1/1/20 - 3/31/20 Complete 1/1/20 - 3/31/20 Complete 1/1/20 - 3/31/20 Complete 1/1/20 - 3/31/20 T/1/20 - 9/30/20 T/1/20 - 9/30/20 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) ENTRY POINT (3) Sampling Point (Sampling Point ID) Water System Facility and Sampling Point Inventory Water System Facility Water System Facility BUT Description ADDWINSTREAM ADDWINSTREAM WITHIN 5 SERVICE CON ADDWINSTREAM WI											
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10/1/19 - 12/31/19 Complete 1/1/20 - 3/31/20 Complete 1/1/20 - 3/31/20 Complete 1/1/20 - 3/31/20 Complete 4/1/20 - 6/30/20 T/1/20 - 9/30/20 T/1/20 - 12/31/20 Complete 1/1/20 - 12/31/20 Complete 1/1/21 - 12/31/21 T/1/20 - 12/31/20 Complete 1/1/21 - 12/31/21 T/1/20 - 12/31/20 Complete 1/1/21 - 12/31/21 T/1/20 - 12/31/20 Complete 1/1/21 - 12/31/21 T/1/21 - 12/31/21	Sampling Poin	nt (Sampling P	oint ID)						ection Period	l Compl	iance Status
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Name Organization Job Title Ms. Suzanne Chapman Storrs Community Church Admin Assistant Mailing Address Line One Mailing Address Line Two City State Zip Code 90 Tolland Turnpike Coventry CT 06238 Business Phone Extension Fax Mobile Phone Emergency Phone Email Address				Con	tact Info	rmation					
Ms. Suzanne Chapman Storrs Community Church Mailing Address Line One Mailing Address Line Two City State Zip Code Coventry CT 06238 Business Phone Extension Fax Mobile Phone Emergency Phone Email Address	Namo					, illation				Joh Titlo	
Mailing Address Line One Mailing Address Line Two City State Zip Code 90 Tolland Turnpike Coventry CT 06238 Business Phone Extension Fax Mobile Phone Emergency Phone Email Address		man				inity Church			Admin Assists		
90 Tolland Turnpike Coventry CT 06238 Business Phone Extension Fax Mobile Phone Emergency Phone Email Address						armey Charen		, , , , , , , , , , , , , , , , , , ,			7in Code
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address				Manning Addites	S LINE I WO			Coventry	City		
	-		Fax	Mobi	ile Phone	Emergency Ph			dress	<u> </u>	
860-858-5071 officestorrschurch@gmail.com	860-858-5071					0: 1:11				mail.com	
Contact Role(s): Administrative Contact		dministrative	Contact			I.			- 3		

	Connectic	ut Depa	irtment (of Public	Health	ı Dr	'inking	g Water	Section		
	Wa	ter Qua	lity Mon	itoring a	nd Con	npl	iance S	Schedul	le		
PWS ID	PWS Name					Clas	sification	Population	Owner Type	Primary Sou	urce
CT0321234	STORRS COMMI	JNITY CHUR	СН				NC	25	Р	GW	
Local Address (w	here applicable)			Service Resid		ntial	Commerci	al Industri	al Combin	ed Agricult	ural
100 TOLLAND TP	KE			Connection	ns		1				
Towns Served: Co	OVENTRY					·		,			
Name				Organization					Job Titl	e	
Mr. Kenneth Ada	ıms			Storrs Commu	nity Churcl	h		Treasurer			
Mailing Address I	ine One		Mailing Addre	ess Line Two				City	State	Zip Code	ē
90 Tolland Turnp	ike						Coven	try	СТ	06238	
Business Phone	Extension	Fax	Мо	bile Phone	Emergency	y Pho	ne Email <i>i</i>	Address	·		
860-858-5071							offices	torrschurch	@gmail.com		
Contact Role(s):	Legal Contact		1								

- 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

Mailing Add 1428 South Business			860	bile Phone -209-1440 vner	Emergency	, Pho	one Em		dress 3@aol.o	com	СТ	06238
Ms. Michel Mailing Add 1428 South	Street	on Fax			Emergency	, Pho	one Em	ail Add		com	CI	06238
Ms. Michel Mailing Add 1428 South	Street	on Fax	y Mo	bile Phone	Emergency	/ Pho			dress		CI	06238
Ms. Michel Mailing Add							Cov	/entrv			CI	06238
Ms. Michel	ress Line One		IVIGINIS AUGIE	.55 LITTE I WU					City			Zip Code
	Charateauille		Mailing Addre		IICIIIG LLC				City		State	Zip Code
Mame	le Charafeddine			McMc Investn	nents II C						יייי וווופ	
N				Organization	mation						Job Title	
			Co	ntact Info								
00700 I	ENTRY POINT		3	ENTRY POI	NT		Α					
			UPSTREAM		SERVICE CON		Α					
			DOWNSTREAM				Α					
	DISTRIBUTION SYS	STEM	4		ON SYSTEM	1	A					
	WELL #1		2	WELL #1			Status A			3		
System Facility ID	Water System Fac	cility	Sampling Poin	t Sampling F Description				Colifor Rule		pper e Tier	Asbestos	Stage WQP 2 DBP
Water								Tota	l Lea	d and		
		Water S	System Faci	ility and S	ampling	Po	oint In	vent	tory			
					1/1/21 - :	12/3	31/21					
					1/1/20 - :	12/3	31/20				Сс	mplete
ENTRY	POINT (3)				1/1/19 - :	12/3	31/19				Cc	mplete
	ing Point (Sampli	=			Monitori	ing F	Period	Colle	ection P			iance Status
	nd Nitrite (NOX			•						1	routine (F	RT) per year
Water Sys	tem Facility: Ef	NTRY POINT (WSF ID: 00700))	, =, ==		., ==					
					7/1/20 -							
					4/1/20 -						CC	mpiete
					10/1/19 - 1/1/20 -							omplete omplete
Select	from Inventory of	Active Samplin	g Points		7/1/19 -							mplete
	ing Point (Sampli		a Dainte		Monitorii			Colle	ection P	eriod		iance Status
-	Parameters (PPS	=										per quarter
					7/1/20 -	9/3	30/20					
					4/1/20 -		-					
					1/1/20 -						Co	mplete
					10/1/19 -							mplete
Select	from Inventory of	f Active Samplin	g Points		7/1/19 -	9/3	80/19				Cc	mplete
	ing Point (Sampli	ng Point ID)			Monitori	ing F	Period	Colle	ection P			iance Status
•	form (3100)		7.0.12 (1.0.1	121 00000						1 roı	utine (RT)	per quarter
Water Syst	tem Facility: D	ISTRIBUTION S			4 4							
			Moni	toring Red	nuireme	nts	3					
	ed: COVENTRY											
1428 SOUTI	ess (where applica	bie)		Service Connection	Resident	tiai	Commo		Indust	riai	Combined	Agricultura
CT0320294		STMENTS LLC		C	Danidada	41-1	NC	1 - 1	25	et e I	P	GW
PWS ID	PWS Name					Cla		on Po		n Ow		rimary Source
		vater Qua	ality Moni	itoring a	na Con							
		// atar / l iia					lianc					
		ticut Depa									cuon	

C	onnectici	и рера	irument	of Public	неани	ווזע	nking	, water 5	ection	
	Wat	er Qua	lity Mon	itoring a	nd Con	nplia	ince S	Schedule		
PWS ID PV	WS Name					Classif	ication	Population Ov	vner Type P	rimary Source
CT0320294 M	CMC INVESTM	ENTS LLC				N	IC	25	Р	GW
Local Address (whe	ere applicable)			Service	Service Residential Co		mmercia	al Industrial	Combined	Agricultural
1428 SOUTH STREE	T			Connection	ns		1			
Towns Served: CO\	/ENTRY			,						
Name				Organization					Job Title	
Mr. Mohamad Cha	rafeddine			McMc Investm	nents LLC					
Mailing Address Lir	ne One		Mailing Addr	ess Line Two				City	State	Zip Code
1428 South Street							Covent	ry	СТ	06238
Business Phone	Extension	Fax	Mo	obile Phone	Emergency	/ Phone	Email A	ddress		
			86	0-209-1440			mcmc2	003@aol.com		
Contact Role(s): Lo	egal Contact, O	wner	,	1						

Connecticut Department of Dublic Health Drinking Water Section

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

	Connecticut Department	of Public H	lealth	Di	rinking	g W	ater	Se	ction	
	Water Quality Mon	nitoring an	d Con	npl	iance S	Sch	edul	e		
PWS ID	PWS Name		01 0011	_		_			ner Type Pr	imary Source
CT0321254	1657 BOSTON TURNPIKE - COVENTRY				NC		203		P	GW
Local Address	(where applicable)	Service	Residen	tial	Commerci		ndustria	1	Combined	Agricultural
	,	Connections			1					J
Towns Served:	: COVENTRY									
	Moi	nitoring Requ	uireme	nts						
Water Syster	m Facility: DISTRIBUTION SYSTEM (W									
Total Colifor	rm (3100)						1	ro	utine (RT)	per month
	Point (Sampling Point ID)		Monitori	ing P	Period C	Collect	tion Per			ance Status
	om Inventory of Active Sampling Points		10/1/19 -							mplete
		-	11/1/19 -	11/	30/19					mplete
			12/1/19 -							mplete
			1/1/20 -	1/3	1/20					mplete
			2/1/20 -							mplete
			3/1/20 -	3/3	1/20					
			4/1/20 -	4/3	0/20					
			5/1/20 -	5/3	1/20					
			6/1/20 -	6/3	0/20					
			7/1/20 -	7/3	1/20					
			8/1/20 -	8/3	1/20					
			9/1/20 -	9/3	0/20					
_	ameters (PPS)									per month
	Point (Sampling Point ID)							iod		ance Status
Select fro	m Inventory of Active Sampling Points		10/1/19 -							mplete
			11/1/19 -							mplete
			12/1/19 -							mplete
			1/1/20 -							mplete
			2/1/20 -						Coi	mplete
			3/1/20 -							
			4/1/20 - 5/1/20 -							
			6/1/20 -							
			7/1/20 -							
			8/1/20 -							
		-	9/1/20 -							
Water Syster	m Facility: ENTRY POINT (WSF ID: 007	(00)	3/1/20	3/3	0,20					
Nitrate (104	10)						1	rou	itine (RT) p	er quarter
-	Point (Sampling Point ID)		Monitoring Period					iod		ance Status
ENTRY PO	DINT (3)		7/1/19 -	9/3	0/19				Coi	mplete
			10/1/19 -	12/	31/19				Соі	mplete
			1/1/20 -	3/3	1/20				Coi	mplete
			4/1/20 -	6/3	0/20					
			7/1/20 -	9/3	0/20					
Nitrite (104								1	=	T) per year
	Point (Sampling Point ID)		Monitori			Collec	tion Per	iod		ance Status
ENTRY PO	DINT (3)		1/1/19 -	12/3	31/19				Соі	mplete

1/1/20 - 12/31/20

	Co	nnectic	ut Depa	rtment c	of Public	Health	Dı	rinki	ng V	<i>N</i> ater	· Se	ection		
		Wa	ter Qua	lity Moni	itoring a	ınd Con	npl	ianc	e Sc	hedul	le			
PWS ID	PW	'S Name					Clas	sification	on Po	pulation	Owi	ner Type	Primary Source	
CT0321254	165	7 BOSTON T	URNPIKE - C	OVENTRY				NC		203		Р	GW	
Local Addre	ess (wher	e applicable)			Service	Residen	itial	Commo	ercial	Industri	ial	Combine	ed Agricultural	
					Connectio	ns		1						
Towns Serv	ed: COVI	ENTRY												
				Moni	toring Re	quireme	nts							
Water Sys	tem Fac	ility: ENTR	Y POINT (V	VSF ID: 00700))									
Nitrite (1	.041)										1	routine	(RT) per year	
Sampl	ling Point	t (Sampling F	Point ID)		Monitoring Period Collection Period Complianc									
						1/1/21 -	12/3	31/21						
				Other (Complian	ce Sched	lule	es						
Compliance	e Schedu	le Activity			Due Date					Achie	eved	Date		
RESPOND T	O SANITA	ARY SURVEY			3/8/2020					3/2	2/202	20		
CORRECTIV	'E ACTION	N/CORRECTIV	'E ACTION PL	AN			6/6/2	2020		3/2/2020				
CORRECTIV	'E ACTION	N/CORRECTIV	AN			6/6/2	2020		3/2	2/202	20			
			Water S	ystem Faci	lity and S	Sampling	Po	int In	vent	tory				
Water									Tota	l Lead	and			
	Water Sy	stem Facility	,	Sampling Poin					Colifor Rule		•		Stage	
Facility ID				ID	, Status					e Rule	Tier	Asbesto	s WQP 2 DBPF	
00600	DISTRIBU	TION SYSTEN	Л	4		ION SYSTEM		Α						
				DOWNSTREAM	_			A						
				UPSTREAM		SERVICE COI	V	A						
	ENTRY PO	DINT		3	ENTRY PO	INT		Α						
	WELL 1			2	WELL 1			Α						
59596	TREATME	NT PLANT					_				_			
					ntact Info	ormation)							
Name					Organization							Job Title	9	
Mr. Shafiqu				·	1657 Boston	Turnpike, LL	С							
Mailing Address Line One Mailing Address Line Two										City		State	Zip Code	
531 River Road							Lisk				СТ	06351		
Business		Extension	Fax		bile Phone	Emergency	/ Pho							
860-742			Cambait	646	-280-8522			fast	storel	lc@gmail	l.com	1		
	ie(s): Ad	lministrative	Contact		Organization							Job Title		
Name Mr. Gogu V	/onkat				Organization	Turnniko			,	Owner		Job Title	:	
					Zip Code									
					06238									
Business		Extension	Fax	Mo	bile Phone	Emergency	, Pho			Iress		CI	00230	
Dusilless	Hone	LYCCHOIDII	гах	IVIO	one FIIONE	Lineigency	FIIO	THE EITH	an Aut	11 C33				

860-742-4241

Contact Role(s): Legal Contact, Owner

Schedule Generation Date: 3/10/2020 Page 40

860-771-0580

vnreddy.gogu@gmail.com

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

						1			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
CT0321254	1657 BOSTON TURNP	IKE - CO	VENTRY			NC	203	Р	GW
Local Address (where applicable)			Service	Residen	tial Commerc	cial Industri	al Combine	ed Agricultural	
				Connections		1			

Towns Served: COVENTRY

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End of schedule