Agricultura properties (where applicable) Service Connections		Q D		CD III I	(Y 1.1	D 1		Y 4 Y					
Classification Powi Name Classification Population Owner Type Primary Source Contections Contection		*									n		
Completions		Water Qu	ality Monit	coring an	ıd Con	npli	ance	Sch	edule	!			
Service Connections Service Se	PWS ID	PWS Name				Class	ificatio	n Popu	lation O	wner Typ	oe Pr	imary Sc	ource
Connections Served: GLASTONBURY	CT0540024	4 EASTBURY POND					NC	2	25	Р		GW	
Monitoring Requirements Monitoring Requirements Monitoring Requirements Monitoring Requirements Monitoring Requirements Monitoring Requirements Monitoring Pariad Monitori	Local Addr	ess (where applicable)		Service	Residen	itial C	Comme	rcial Ir	ndustrial	Comb	ined	Agricul	tural
Monitoring Requirements Monitoring Requirements	39 FISHER	HILL ROAD		Connections	5		1						
Total Coliform (3100) Select from inventory of Active Sampling Point ID Senging Point (Sampling Point ID) Select from inventory of Active Sampling Points **T/1/19 - 9/30/20 **T/1/20 - 9/30/20 **Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from inventory of Active Sampling Points **Select from Inventory of Active Sampling Point ID) Select from Inventory of Active Sampling Point ID Select from Inventory of Active Sampling Point ID Select from Inventory of Active Sampling Point ID Select from Inventory of Active Sampling Point Sampling Point ID Select from Inventory of Active Sampling Point ID Select from Inventory of Active Sampling Point ID **Mater System Facility:** ENTRY POINT (WSF ID: 00700)** **Water System Facility:** ENTRY POINT (WSF ID: 00700)** **Water System Facility:** ENTRY POINT (WSF ID: 00700)** **Water System Facility:** ENTRY POINT (WSF ID: 00700)** **Provided Activity:** Due Date Activity:** Due	Towns Ser	ved: GLASTONBURY											
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Select from Inventory of Active Sampling Points 4/1/20 - 6/30/20	Total Col	liform (3100)							1 r	outine (RT) _I	er qua	rter
A 1 20 6 30 20 7 1 1 1 1 1 1 1 1 1	Samp	oling Point (Sampling Point ID)			Monitor	ing Pe	riod	Collect	ion Perio	od Co	mpli	ance Sta	tus
Physical Parameters (PPS)	Select	t from Inventory of Active Sampli	ng Points		7/1/19 -	9/30/	/19						
Physical Parameters (PPS)					4/1/20 -	6/30/	/20						
Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 4/1/20 - 6/30/20 7/1/20 - 9/30/20 7/1/20 - 9/30/20 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 Compliance Status ENTRY POINT (3) 1/1/19 - 12/31/19 4/1-9/30 Complete 1/1/20 - 12/31/20 4/1-9/30 1/1/20 - 12/31/20 4/1-9/30 Complete 1/1/20 - 12/31/20					7/1/20 -	9/30/	/20						
Select from Inventory of Active Sampling Points 4/1/20 - 6/30/20 7/1/20 - 9/30/20 7/1/20 - 9/30/20 7/1/20 - 9/30/20 7/1/20 - 9/30/20 7/1/20 - 9/30/20 7/1/20 - 9/30/20 7/1/20 - 9/30/20 7/1/20 - 9/30/20 7/1/20 - 9/30/20 7/1/20 - 9/30/20 7/1/20 - 9/30/20 7/1/20 - 9/30/20 7/1/20 - 9/30/20 7/1	Physical	Parameters (PPS)							1 r	outine (RT) _I	er qua	rter
A/1/20 - 6/30/20 T/1/20 - 9/30/20 T/1/20 - 12/31/20 T/1/20 - 12/31	Samp	oling Point (Sampling Point ID)			Monitor	ing Pe	riod	Collect	ion Perio	od Co	mpli	ance Sta	tus
Nater System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point (ID) Monitoring Period Collection Period Compliance Status	Selec	t from Inventory of Active Sampli	ng Points		7/1/19 -	9/30/	/19						
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Note	Nitrate A	and Nitrite (NOX)								1 routir	ie (R	T) per y	ear
1/1/20 - 12/31/20								Collect	ion Perio	od Co	mpli	ance Sta	tus
Other Compliance Schedules Compliance Schedule Activity Due Date CROSS CONNECTION EXEMPTION SEASONAL START UP COMPLETION Water System Facility and Sampling Point Inventory Water System Facility ID Description Status Rule Rule Tier Asbestos WQ 2 DBP DOWNSTREAM DOWNSTREAM DOWNSTREAM WITHIN 5 SERVICE CON EP3 OFFICE SINK A Y EP6 OUTSIDE SPIGOT A Y DOSTRIBUTION SYSTEM WITHIN 5 SERVICE CON EP6 OUTSIDE SPIGOT A Y DOWNSTREAM WITHIN 5 SERVICE CON A EP7 OUTSIDE SPIGOT A Y UPSTREAM WITHIN 5 SERVICE CON A OUTSIDE SPIGOT A Y UPSTREAM WITHIN 5 SERVICE CON A OUTSIDE SPIGOT A Y UPSTREAM WITHIN 5 SERVICE CON A OUTSIDE SPIGOT A Y UPSTREAM WITHIN 5 SERVICE CON A OUTSIDE SPIGOT A Y UPSTREAM WITHIN 5 SERVICE CON A OUTSIDE SPIGOT A Y UPSTREAM WITHIN 5 SERVICE CON A OUTSIDE SPIGOT A Y UPSTREAM WITHIN 5 SERVICE CON A OUTSIDE SPIGOT A Y UPSTREAM WITHIN 5 SERVICE CON A COTTON EVELL A OUTSIDE SPIGOT A Y COTTON OUTSIDE SPIGOT COTTON OUTSIDE SPIGOT OUTS	ENTR	Y POINT (3)					-	4/1	L-9/30		Со	mplete	
Compliance Schedule Activity Due Date Achieved Date CROSS CONNECTION EXEMPTION SEASONAL START UP COMPLETION Water System Facility and Sampling Point Inventory Water System Facility ID Description Sampling Point Sampling Point Coliform Status Rule Facility ID Description OBJECT STRIBUTION SYSTEM A DOWNSTREAM WITHIN 5 SERVICE CON A EP3 OFFICE SINK A Y EP4 MEN'S ROOM SINK RT A Y EP5 LADIES ROOM SINK RT A Y EP6 OUTSIDE SPIGOT A Y UPSTREAM WITHIN 5 SERVICE CON A EP6 OUTSIDE SPIGOT A Y UPSTREAM WITHIN 5 SERVICE CON A O0700 ENTRY POINT 3 ENTRY POINT A 20914 WELL 2 WELL A Certified Operator Information Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Facility Classification: DISTRIBUTION SYSTEM (WSF ID: 00600) Facility Classification: DISTRIBUTION SYSTEM (SEP) Certification(s) Certification Expiration						-	-		-				
Compliance Schedule Activity CROSS CONNECTION EXEMPTION SEASONAL START UP COMPLETION Water System Facility and Sampling Point Inventory Water System Facility ID Description Status Water System Facility Operator Name Due Date Achieved Date A					1/1/21 -	12/31	./21	4/1	L-9/30				
SEASONAL START UP COMPLETION Water System Facility and Sampling Point Inventory Water System Facility Distribution System Facility			Other C	ompliance	e Sched	lules	S						
Water System Facility and Sampling Point Inventory Water System Facility and Sampling Point Inventory Water System Facility Sampling Point Inventory Status Rule Tier Asbestos WQP 2 DBP OO600 DISTRIBUTION SYSTEM	Compliand	e Schedule Activity				Due D	ate		Achieve	ed Date			
Water System Facility and Sampling Point Inventory Water System Water System Facility Sampling Point Description ID Description Status Rule Tier Asbestos WQP 2 DBP O0600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y EP3 OFFICE SINK A Y EP4 MEN'S ROOM SINK RT A Y EP5 LADIES ROOM SINK RT A Y EP6 OUTSIDE SPIGOT A Y UPSTREAM WITHIN 5 SERVICE CON A O0700 ENTRY POINT 3 ENTRY POINT A 20914 WELL 2 WELL A S4248 ATMOSPHERIC STORAGE TANK Certified Operator Information Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Facility Classification: DISTRIBUTION SYSTEM Operator Type Certification(s) Certification: Expiration	CROSS COI	NNECTION EXEMPTION				3/1/20	017						
Water System Water System Facility Sampling Point ID Description Status Rule Tier Asbestos WQP 2 DBP O0600 DISTRIBUTION SYSTEM A DOWNSTREAM WITHIN 5 SERVICE CON A EP3 OFFICE SINK A Y EP4 MEN'S ROOM SINK RT A Y EP5 LADIES ROOM SINK RT A Y EP6 OUTSIDE SPIGOT A Y UPSTREAM WITHIN 5 SERVICE CON A O0700 ENTRY POINT 3 ENTRY POINT A 20914 WELL 2 WELL A S4248 ATMOSPHERIC STORAGE TANK Certified Operator Information Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Facility Classification: DISTRIBUTION SYSTEM Operator Type Certification(s) Certification(s) Coliform Copper Stage Stage Rule Tier Asbestos WQP 2 DBP Stage Rule Tier	SEASONAL	START UP COMPLETION				4/1/20	020						
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Pacility ID ID Description Status Rule Rule Tier Asbestos WQP 2 DBP 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y DOWNSTREAM WITHIN 5 SERVICE CON A EP3 OFFICE SINK A Y EP4 MEN'S ROOM SINK RT A Y EP5 LADIES ROOM SINK RT A Y UPSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A TOWN SINK RT A Y EP6 OUTSIDE SPIGOT A Y UPSTREAM WITHIN 5 SERVICE CON A TOWN SINK RT A Y EP6 OUTSIDE SPIGOT A Y UPSTREAM WITHIN 5 SERVICE CON A TOWN SINK RT A Y EP6 OUTSIDE SPIGOT A Y TOWN SERVICE CON A TOWN SINK RT A Y TOWN SERVICE CON A TOWN SINK RT A Y TOWN SERVICE CON A TOWN SERVICE CON SERVICE CO	Water		-							nd			
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00700 ENTRY POINT 3 ENTRY POINT A 20914 WELL 2 WELL A 54248 ATMOSPHERIC STORAGE TANK Certified Operator Information Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Facility Classification: DISTRIBUTION SYSTEM Operator Name Operator Type Certification(s) Expiration								Υ					
20914 WELL 2 WELL A 54248 ATMOSPHERIC STORAGE TANK Certified Operator Information Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Facility Classification: DISTRIBUTION SYSTEM Operator Name Operator Type Certification(s) Expiration						N							
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Certified Operator Information Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Facility Classification: DISTRIBUTION SYSTEM Operator Name Operator Type Certification(s) Certification Expiration			2	WELL			Α						
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Facility Classification: DISTRIBUTION SYSTEM Operator Name Operator Type Certification(s) Expiration	54248	ATMOSPHERIC STORAGE TANK											
Facility Classification: DISTRIBUTION SYSTEM Operator Name Operator Type Certification(s) Expiration			Certified	Operator	Inform	natio	n						
Operator Name Operator Type Certification(s) Expiration	Water Sys	stem Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)									
Operator Name Operator Type Certification(s) Expiration	Facility Cla	assification: DISTRIBUTION SYSTE	М									Certifica	ıtion
SACCHITELLA, DAVID ASSIGNED OPERATOR SMALL WATER SYSTEM OPERATOR 3/31/2020	Operator I	Name	Operator Typ	e (<u>Certification</u>	on(s)						-	
	SACCHITEL	LA, DAVID	ASSIGNED OPER	RATOR S	MALL WA	TER SY	YSTEM (OPERAT	OR			3/31/2	020

Connecticut Department of Public Health Drinking Water Section														
	Water Quality Monitoring and Compliance Schedule													
PWS ID P	WS Name					Classif	cation	Population	Owner Type	Pri	mary Source			
CT0540024 EA	ASTBURY PON	D				N	С	25	Р		GW			
Local Address (who	ere applicable)			Service Residentia		ntial Commercial		al Industri	al Combin	ed	Agricultural			
39 FISHER HILL RO	AD			Connectio	ns		1							
Towns Served: GLA	wns Served: GLASTONBURY													
			Co	ntact Info	rmation	1								
Name				Organization					Job Tit	e				
Mr. Richard J. Joh	nson			Town of Glast	onbury			Town Ma	nager					
Mailing Address Li	ne One		Mailing Addr	ess Line Two				City	State		Zip Code			
2155 Main Street							Glastor	nbury	СТ		06033			
Business Phone	Extension	Fax	Мо	bile Phone	Emergency	/ Phone	Email A	Address						

Contact Role(s): L	egal Contact								
Name				Organization	1			Job Title	!
Mr. David Sacchite	ella			Town of Glas	stonbury		Super. of Buildi	ngs	
Mailing Address Li	ne One		Mailing Ad	dress Line Two			City	State	Zip Code
2143 Main Street						Glaston	oury	СТ	06033
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress		
860-652-7706		860-368-2	2233		860-633-8301	Dave.Sa	cchitella@glasto	nbury-ct	i.gov
Contact Dala/a\.		Camback O							

Contact Role(s): Administrative Contact, Owner

Please note the following:

860-652-7500

- 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.

860-652-7505

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

richard.johnson@glastonbury-ct.gov

	Co	onnectici Wat	•			f Public coring a				_			ection		
PWS ID	PW	/S Name		_				Classif	ication	Popu	lation	Owi	ner Type	Prim	ary Source
CT0540034	GL	ASTONBURY E	LKS CLUB					N	IC	2	25		Р		GW
Local Addre	ess (wher	re applicable)				Service	Residen	tial Co	mmerc	cial Ir	ndustri	al	Combine	d A	gricultural
88 WOODL						Connection	ns		1						
Towns Serve	ed: GLAS	STONBURY										_		_	
				M	onit	oring Red	quireme	nts							
Water Syst	tem Fac	ility: DISTR	BUTION S	YSTEM (\	NSF I	D: 00600)									
Total Colif	form (3	3100)									1	rou	ıtine (RT) per	quarter
Sampli	ing Poin	t (Sampling Po	oint ID)				Monitori	ng Peri	od (Collect	ion Pe	riod	Comp	liand	e Status
Select	from Inv	entory of Acti	ve Sampling	Points			7/1/19 -							omp	lete
							10/1/19 -						C	Comp	lete
							1/1/20 -								
							4/1/20 -								
							7/1/20 -	9/30/2	20						
Physical P		• •	to to to b				8.6 11			C- !!			=	•	quarter
_		t (Sampling Po		D			Monitori			Collect	ion Pe	riod			e Status
Select	from Inv	entory of Acti	ve Sampling	Points			7/1/19 -							omp	
							10/1/19 -						(omp	іете
							1/1/20 - 4/1/20 -								
							7/1/20 -								
Water Syst	tem Fac	ility: ENTRY	POINT (V	VSE ID: 00	וחחקו		7/1/20-	3/30/2	.0						
Nitrate Ar		•	101111 (1	V31 1D. 00	,,,,,,							1	routing	DT\	per year
		te (NOX) t (Sampling Po	oint ID)				Monitori	na Peri	od (Collect	ion Pe				e Status
	POINT (,,				1/1/19 -			5077000				Comp	
		<u> </u>					1/1/20 -							ур	
							1/1/21 -								
			Water S	vstem F	acil	ity and Sa				ento	rv				
Water			vvater 5	ysteini	acii	ity ana st	шірші	1 0111		otal	Lead	and			
	Nater Sy	stem Facility		Sampling	Point	Sampling P	oint			otai liform					Stage
Facility ID	,	,		ID		Description		Sto		Rule			Asbesto	s W	QP 2 DBPF
00600	DISTRIBL	JTION SYSTEM		4		DISTRIBUTION	ON SYSTEM		A	Υ					
				DOWNSTI	REAM	WITHIN 5 S	ERVICE CON	N A	A						
				UPSTRE	AM	WITHIN 5 S	ERVICE CON	N A	А						
00700 E	ENTRY PO	TNIC		3		ENTRY POIN	NT	,	Д						
20915 V	NELL			2		WELL		,	Д						
					Con	tact Info	rmation								
Name						rganization							Job Title		
Roaring Bro	ok Park	Inc				J									
Mailing Add				Mailing A	ddres	s Line Two				С	ity		State	Zi	p Code
98 Woodlar									South		onbury	,	СТ		06073
Business F		Extension	Fax		Mobi	le Phone	Emergency	Phone					1		
Contact Rol	e(s): Ov	wner													

Connecticut Department of Public Health Drinking Water Section											
	Wa	ter Qual	lity Monit	toring ai	nd Con	nplia	nce S	chedul	e		
PWS ID	PWS Name					Classif	ication	Population	Owne	r Type F	Primary Source
CT0540034	GLASTONBURY	ELKS CLUB				Ν	С	25		Р	GW
Local Address (w	here applicable)			Service	Residen	tial Co	mmercia	al Industri	al C	ombined	d Agricultural
88 WOODLAND	STREET			Connection	ns		1				
Towns Served: G	LASTONBURY										'
Name			C	rganization					J	lob Title	
Mr. Dennis G Cla	ffey		R	oaring Brook	Park Inc			President			
Mailing Address I	Line One		Mailing Addres	ss Line Two				City		State	Zip Code
125 Sherman Rd							Glastor	bury		СТ	06033
Business Phone	e Extension	Fax	Mob	bile Phone Emergency Phone Email Address							
Contact Role(s):	Legal Contact		,	,							
Name	•		О	rganization					J	lob Title	
Mr. Michael Don	ıdi		G	lastonbury Er	rks Club						
Mailing Address I	Line One		Mailing Addres	ss Line Two				City		State	Zip Code
98 Woodland St S	South						Glastor	bury		СТ	06073
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	Phone	Email A	ddress			
860-918-4056											
Contact Role(s):	Administrative	Contact, Ow	ner	·							

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

	Connectic	ut Dena	rtment of	Public	Health	Drir	nking	M:	ater S	ection		
							U			cction		
DIA/C ID		ter Qua	lity Monit	oring a						Т	Duine C	
PWS ID CT0540054	PWS Name GLASTONBURY I		TDV CLUB				ICation	Popul 2!		P P	Primary Sou	ırce
	ss (where applicable)	HILLS COUNT	IKT CLUB	Service	Resident		mmercia		dustrial	Combine		ural
	RY CLUB ROAD			Connectio		iai co	1	31 111	uustiiai	Combine	Agriculti	urai
	ed: GLASTONBURY											
TOWNS SELVE	CL CL CITOTON		Monita	oring Po	quiremer	at c						
Water Syst	em Facility: DISTR	IRLITION S			quireillei	113						
-	form (3100)		1312101 (0031 11	D. 00000)					1 ro	utine (RT) per quart	ter
	ing Point (Sampling P	oint ID)			Monitorin	g Peri	od Co	llecti	on Period	=	oliance Stati	
	from Inventory of Act		Points		7/1/19 - 9						Complete	
					10/1/19 -	12/31/	19				Complete	
					1/1/20 - 3	3/31/2	.0			(Complete	
					4/1/20 -	6/30/2	.0					
					7/1/20 - 9	9/30/2	:0					
Physical P	arameters (PPS)								1 ro	utine (RT) per quart	ter
Sampli	ing Point (Sampling P	oint ID)			Monitorin	g Peri	od Co	llecti	on Period	d Com	oliance Stati	us
Select	from Inventory of Act	ive Sampling	Points		7/1/19 - 9	9/30/1	.9			(Complete	
					10/1/19 -					(Complete	
					1/1/20 - 3					(Complete	
					4/1/20 -							
					7/1/20 - 9	9/30/2	:0					
-	em Facility: ENTR	Y POINT (V	VSF ID: 00700)									
	nd Nitrite (NOX)										(RT) per ye	
	ing Point (Sampling P	oint ID)			Monitorin			ollecti	on Period		oliance Statu	us
ENTRY	POINT (3)				1/1/19 - 1						Complete	
					1/1/20 - 1					(Complete	
				••	1/1/21 - 1		21					
			Other Co	omplian	ce Sched	ules						
-	Schedule Activity					ue Da			Achieved	l Date		
CROSS CON	NECTION SURVEY REP					/1/202						
		Water Sy	ystem Facili	ty and S	Sampling	Poin	t Inve	ntor	У			
Water								tal	Lead and			
	Nater System Facility		Sampling Point ID	Sampling I Description				form	Copper		Sta	_
Facility ID	NCTRIBUITION CVCTCA	1					itus	ule	Kule He	r Asbesic	s WQP 2 D	ВРК
00600	DISTRIBUTION SYSTEM		4 DOWNSTREAM		TON SYSTEM		۹	Y				
			UPSTREAM		SERVICE CON		ч 4					
00700 E	NTRY POINT		3	ENTRY POI			<u>¬</u> 4					
	VELL		2	WELL	IIVI		<u>¬</u> 4					
20317	VLLL				rmation		1					
Non					ormation					Letter Trade		
Name Mr. Frank S	chroll			ganization	Hills Country	Club		0	20r	Job Title	:	
			Mailing Address		Hills Country	CIUD		Owr		State	7in Codo	
239 Country	ress Line One		iviailing Address	s Line I WO			South 6	Cit	•	CT	Zip Code 06073-360	
Business F		Fax	Mohi	le Phone	Emergency	Phone				CI	00073-300	/ -1
860-633-		гах		62-3826	Lineigency	HOHE				buryhills.c	om	
800-033-	ررعر		800-4	02-3020			membe	ισιιμί	wgiasiUII	bui yiiiis.C	OIII	

	Connectic	ut Depa	rtment (of Public	Health	Dri	nking	Water	Section	1	
	Wa	ter Qua	lity Mon	itoring a	nd Con	npli	ance S	Schedul	le		
PWS ID	PWS Name					Class	ification	Population	Owner Type	e Pri	imary Source
CT0540054	GLASTONBURY I	HILLS COUN	TRY CLUB				NC	25	Р		GW
Local Address (w	here applicable)			Service	Resider	ntial C	ommerci	al Industri	al Combin	ned	Agricultural
239 COUNTRY CI	UB ROAD			Connection	ıs		1				
Towns Served: G	LASTONBURY			'	,	'		1	1		
Contact Role(s):	Legal Contact										
Name				Organization					Job Tit	le	
Mr. John Ruzsba	tzky			Glastonbury H	ills Country	y Club		Superinte	ndent		
Mailing Address	Line One		Mailing Addre	ess Line Two				City	State	j	Zip Code
239 Country Clul	Rd						South (Glastonbury	СТ		06073
Business Phon	e Extension	Fax	Мо	bile Phone	Emergency	y Phon	e Email A	ddress			
860-633-5253			860)-305-6982			super@	glastonbur	yhills.com		
Contact Role(s):	Administrative	Contact									

Please note the following:

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

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

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

End of schedule

С	onnecticut Dep Water Qu	artment of ality Monit				U		ection	
	WS Name B. WILLIAMS PARK			Cla	assificati NC		ulation Ow 25	ner Type Pr	imary Source GW
Local Address (whe	ere applicable)		Service	Residential	Comm	ercial II	ndustrial	Combined	Agricultural
705 NEIPSIC ROAD			Connections		1				
Towns Served: GLA	ASTONBURY					,			
		Monito	oring Requ	irement	S				
Water System Fa	cility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)						
Total Coliform ((3100)						1 ro	utine (RT)	per month
-	nt (Sampling Point ID)			Monitoring	Period	Collect	ion Period		ance Status
Select from In	iventory of Active Samplii	ng Points	-	10/1/19 - 10	/31/19				mplete
	· · · · · · · · · · · · · · · · · · ·			4/1/20 - 4/	30/20				_
				5/1/20 - 5/	31/20				
				6/1/20 - 6/	30/20				
				7/1/20 - 7/	31/20				
				8/1/20 - 8/	31/20				
				9/1/20 - 9/	30/20				
Physical Parame	eters (PPS)						1 ro	utine (RT)	per month
Sampling Poi	nt (Sampling Point ID)			Monitoring	Period	Collect	ion Period	Compli	ance Status
Select from In	iventory of Active Samplii	ng Points	-	10/1/19 - 10	/31/19			Coi	mplete
				4/1/20 - 4/	30/20				
				5/1/20 - 5/	31/20				
				6/1/20 - 6/	30/20				
				7/1/20 - 7/	31/20				
				8/1/20 - 8/					
				9/1/20 - 9/	30/20				
Water System Fa	cility: ENTRY POINT	(WSF ID: 00700)							
Nitrate And Nitr	•						1	•	T) per year
	nt (Sampling Point ID)			Monitoring		Collect	ion Period		ance Status
ENTRY POINT	(3)			1/1/19 - 12/				Coi	mplete
				1/1/20 - 12/					
				1/1/21 - 12/	<u> </u>				
		Other C	ompliance	Schedul	les				
Compliance Sched	ule Activity			Due	e Date		Achieved	Date	
CROSS CONNECTIO	ON EXEMPTION			3/1	./2017				
SEASONAL START U	JP COMPLETION			4/1	/2020				
SANITARY DEFECT	CORRECTIVE ACTION			4/1	/2020				
	Water	System Facili	ity and Sar	npling Po	oint In	vento	ry		
Water						Total	Lead and		
*	System Facility	Sampling Point		nt		Coliform			Stage
Facility ID		ID	Description		Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DISTRIB	UTION SYSTEM	4	DISTRIBUTION		Α	Υ			
		DOWNSTREAM			Α				
		JBW3	HAND WASH		Α	Y			
		JBW4	SLOP SINK CLO		Α	Y			
		JBW5	KITCHEN SINK		A	Y			
		JBW6	LADIES ROOM	I SINK RT	Α	Υ			

	C	onnoctic	ıt Dona	rtmont o	f Dublic	Hoalth	Drir	olzina '	Mator	Soction	
	C	onnecticu	-								
		Wat	er Qua	lity Moni	toring a	nd Con	nplia	nce So	chedule		
PWS ID	P۱	NS Name					Classifi	cation P	opulation O	wner Type	Primary Source
CT054007	'4 J.I	B. WILLIAMS PA	ARK				N	С	25	L	GW
Local Add	ress (whe	ere applicable)			Service	Residen	tial Co	mmercial	Industrial	Combined	d Agricultural
705 NEIPS	SIC ROAD				Connection	ns		1			
Towns Ser	rved: GLA	STONBURY									
		,	Water Sy	stem Faci	lity and S	ampling	Poin	t Inven	tory		
Water System	Water	System Facility		Sampling Poin	t Samnlina F	Point		Tota Colifo			Stage
Facility ID		ystem ruemty	•	ID	Description 1		Sta	tus Rul			WQP 2 DBPR
				JBW7	OUTSIDE SI	PIGOT	Jiu				
				UPSTREAM		ERVICE COI	N A	٨			
00700	ENTRY F	POINT		3	ENTRY POI	NT	ļ	١			
20919	WELL			2	WELL		ŀ	١			
				Certified	l Operato	r Inform	nation				
Water Sy	stem Fa	cility: DISTRI	BUTION SY								
Facility Cl	assificati	on: DISTRIBUTI	ON SYSTEM								Certification
Operator	Name			Operator Ty	pe	Certification	on(s)				Expiration
SACCHITE	LLA, DAV	ID		ASSIGNED OPE	ERATOR	SMALL WA	TER SYS	TEM OPE	RATOR		3/31/2020
				Col	ntact Info	rmation)				
Name				(Organization					Job Title	
Mr. Richa	rd J. Johr	nson		Т	Town of Glast	onbury			Town Mana	ger	
Mailing Ad	ddress Lir	ne One		Mailing Addre	ss Line Two				City	State	Zip Code
2155 Mair	n Street							Glastonb	ury	СТ	06033
Busines	s Phone	Extension	Fax	Mok	oile Phone	Emergency	/ Phone	Email Ad	dress		
860-65	2-7500		860-652-7	7505				richard.jo	ohnson@gla	stonbury-ct.	gov
Contact R	ole(s): L	egal Contact			,						
Name				(Organization					Job Title	
Mr. David	l Sacchite	ella		7	Town of Glast	onbury			Super. of Bu	ıildings	
Mailing Ad	ddress Lir	ne One		Mailing Addre	ss Line Two				City	State	Zip Code
2143 Mair	n Street							Glastonb	ury	СТ	06033

Contact Role(s): Administrative Contact, Owner Please note the following:

Extension

Business Phone

860-652-7706

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

Mobile Phone

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

Fax

860-368-2233

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.

Emergency Phone Email Address

Dave.Sacchitella@glastonbury-ct.gov

860-633-8301

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

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

End of schedule

Connecticut Depart	tment of	Public	Health I	Orinki	ing V	Vater Se	ction	
Water Qualit	ty Monito	oring a	nd Comr	olianc	e Scl	hedule		
PWS ID PWS Name	cy 1.10111c	011115 0		lassificati			er Type P	rimary Source
CT0540094 SHAH PROPERTIES LLC.				NC	011 1 01	27	P	GW
Local Address (where applicable)		Service	Residentia		orcial		Combined	_
2088 HEBRON AVENUE		Connection		1		muustriai	Combined	Agricultural
Towns Served: GLASTONBURY								
TOWNS SCIVED. GEASTONBONT	Manita	wine Dec		ha.				
			quirement	LS				
Water System Facility: DISTRIBUTION SYS	TEM (WSF II	D: 00600)						
Total Coliform (3100)								per quarter
Sampling Point (Sampling Point ID)			Monitoring		Colle	ction Period		iance Status
Select from Inventory of Active Sampling Po	oints		7/1/19 - 9,					mplete
			10/1/19 - 12					mplete
			1/1/20 - 3,				Co	mplete
			4/1/20 - 6,					
			7/1/20 - 9,	/30/20				
Physical Parameters (PPS)								per quarter
Sampling Point (Sampling Point ID)			Monitoring		Colle	ction Period		iance Status
Select from Inventory of Active Sampling Po	oints		7/1/19 - 9/	-				mplete
			10/1/19 - 12					mplete
			1/1/20 - 3,	-			CC	omplete
			4/1/20 - 6/					
Mater Custom Facility FAITDY DOINT (MC	F ID: 00700\		7/1/20 - 9/	30/20				
Water System Facility: ENTRY POINT (WS	F ID: 00/00)						/ .	-
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)			Manitarina	Dovind	Calla		=	RT) per year
ENTRY POINT (3)			<i>Monitoring</i> 1/1/19 - 12		Cone	ction Period		iance Status
ENTRY POINT (3)			1/1/19 - 12					omplete omplete
			1/1/20 - 12				CC	impiete
	Oth an Ca	l:						
	Other Co	ompliand	ce Schedu					
Compliance Schedule Activity				e Date		Achieved I	Date	
RESPOND TO SANITARY SURVEY			1/3	3/2016				
Water Sys	tem Facili	ty and S	ampling P	oint In	ivent	ory		
Water					Total			
	mpling Point				Colifor			Stage
Facility ID		Description		Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4		ON SYSTEM	Α	Υ			
	OWNSTREAM			A				
			SERVICE CON	A				
00700 ENTRY POINT		ENTRY POI	N I	Α .				
22765 WELL		WELL		ı				
	Con	tact Info	rmation					
Name	Or	ganization					Job Title	
Mr. Henry Shah	Δn	dover Plaza	, LLC		C)wner		
-	Λι1							
	ailing Address					City	State	Zip Code
191 East Opal Dr.	ailing Address	Line Two			stonbu	ry	State CT	Zip Code 06033
	lailing Address		Emergency P 860-559-28	hone Em	stonbu ail Add	ry	СТ	-

	Connecticut Department of Public Health Drinking water Section											
	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name	sification	Population	Owner Type	Primary Source							
CT0540094	SHAH PROPERTIES LLC.			NC	27	Р	GW					
Local Address (where applicable) Service Residential Commercial Industrial Combined A												

Connections

and a CD date Health Detail to Make Coat

Towns Served: GLASTONBURY

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

Please note the following:

2088 HEBRON AVENUE

- 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 Departme	ent of Public H	[ealth	D	rinking	Water	Sec	tion	
	<u>*</u>				\sim			tion	
	Water Quality I	monitoring and	a Con	_					
PWS ID	PWS Name			Cla		-			rimary Source
CT0540104	ROSES BERRY FARM	I			NC	40	. F		GW
	(where applicable)	Service	Resider	itial		al Industria	al Co	ombined	Agricultural
297 MATSON H		Connections			1				
Towns Served:	GLASTONBURY								
		Monitoring Requ	iireme	nts	3				
Water System	n Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)							
Total Colifor	m (3100)					1	routi	ne (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitor	ing F	Period Co	ollection Per	riod	Compl	iance Status
Select fro	m Inventory of Active Sampling Points		7/1/19	- 9/3	0/19			Co	mplete
		:	10/1/19 -	- 10/	31/19			Co	mplete
			4/1/20	- 6/3	0/20				
			7/1/20 -	- 9/3	0/20				
Total Colifor	m (3100)						3 rep	eat (RP)	per period
Sampling	Point (Sampling Point ID)		Monitor	ing F	Period Co	ollection Per	riod	Compl	iance Status
Select fro	m Inventory of Active Sampling Points	1	.0/18/19	- 10,	/23/19			Co	mplete
Total Colifor	m (3100)				3	temporar	y rout	ine (TR)	per month
Sampling	Point (Sampling Point ID)		Monitor	ing F	Period Co	ollection Per	riod	Compl	iance Status
Select fro	m Inventory of Active Sampling Points	:	11/1/19 -	- 11/	30/19			Co	mplete
Physical Para	ameters (PPS)					1	routi	ne (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitor	ing F	Period Co	ollection Per	riod	Compl	iance Status
Select fro	m Inventory of Active Sampling Points		7/1/19	- 9/3	0/19			Co	mplete
		:	10/1/19 -	- 12/	31/19			Cc	mplete
			4/1/20 -	- 6/3	0/20				
			7/1/20 -	- 9/3	0/20				
Water System	n Facility: ENTRY POINT (WSF ID:	00700)							
Nitrate (104	0)					1	routi	ne (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitor	ing F	Period Co	ollection Per	riod	Compl	iance Status
ENTRY PO	OINT (3)		7/1/19	- 9/3	0/19			Co	mplete
		:	10/1/19 -	- 12/	31/19			Co	mplete
			4/1/20	- 6/3	0/20				
			7/1/20 -	- 9/3	0/20				
Nitrite (1042	1)					1	routi	ne (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitor			ollection Per	riod	Compl	iance Status
ENTRY PO	INT (3)		7/1/19	- 9/3	0/19			Cc	mplete
			10/1/19 -	- 12/	31/19			Co	mplete
			4/1/20	- 6/3	0/20				
			7/1/20 -	- 9/3	0/20				
Water System	n Facility: WELL #1 (WSF ID: 2302	25)							
E. Coli (3014	1)					11	trigge	red (TG	per period
Sampling	Point (Sampling Point ID)		Monitor	ing F	Period Co	ollection Per	riod	Compl	iance Status
WELL #1 (2)	1	0/17/19	- 10,	/23/19			Cc	mplete
	0	ther Compliance	Sched	dule	es				
Compliance Sc.	hedule Activity				Date	Achie	ved Da	nte	

3/1/2021

Schedule Generation Date: 3/10/2020 Page 11

CROSS CONNECTION SURVEY REPORT

Conn	ecticut Department of Public Health Drinkir	ig Water	Section
	Water Quality Monitoring and Compliance	Schedu	le

PWS ID	PWS Name			Classif	fication P	opulation	Owner Type	Primary Source
CT0540104	ROSES BERRY FARM			N	1C	40	Р	GW
Local Address (v	vhere applicable)	Service	Residen	ntial Co	ommercial	Industri	al Combine	ed Agricultural
297 MATSON HILL ROAD		Connections			1			

Towns Served: GLASTONBURY

	Wa	ater System Facili	ity and Sampling P	oint Ir	vento	ry			
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					
23025	WELL #1	2	WELL #1	Α					

				Contact Inf	ormation				
Name				Organization	า			Job Title	
Ms. Sandra Rose Roses Berry Farm LLC Member/Manager									
Mailing Address Lin	e One	Mailing A	ddress Line Two	Iress Line Two			State	Zip Code	
295 Matson Hill Rd.						South G	astonbury	СТ	06073
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress		
860-633-6001		860-657-3	3062		860-652-5707	rosesblu	es@cox.net		

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

Schedule Generation Date: 3/10/2020

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C	onnectic	ut Departme	nt of	Public	Health l	Drinkin	g Water	Section	
	Wa	ter Quality M	Ionit	oring a	nd Com	pliance	Schedule	9	
PWS ID PV	VS Name						Population (rimary Source
CT0549044 DC	ONDERO ORCH	HARDS LLC				NC	29	Р	GW
Local Address (whe	re applicable)			Service	Residentia	al Commerc	cial Industria	Combined	Agricultural
529 WOODLAND ST	ΓREET			Connection	ns	3			
Towns Served: GLA	STONBURY			1	1				
		N	lonit	oring Red	quiremen	ts			
Water System Fac	cility: DISTR	RIBUTION SYSTEM	(WSF I	D: 00600)					
Total Coliform (3100)						1	outine (RT)	per quarter
Sampling Poir	nt (Sampling P	oint ID)			Monitoring	g Period (Collection Peri	od Compli	ance Status
Select from In	ventory of Act	ive Sampling Points			7/1/19 - 9	/30/19		Co	mplete
					10/1/19 - 1	.2/31/19		Со	mplete
					1/1/20 - 3	/31/20		Со	mplete
					4/1/20 - 6	/30/20			
					7/1/20 - 9	/30/20			
Physical Parame	ters (PPS)						1	outine (RT)	per quarter
Sampling Poir	nt (Sampling P	Point ID)			Monitoring	g Period (Collection Peri	od Compli	ance Status
Select from In	ventory of Act	ive Sampling Points			7/1/19 - 9	/30/19		Со	mplete
					10/1/19 - 1	2/31/19		Со	mplete
					1/1/20 - 3			Со	mplete
					4/1/20 - 6	/30/20			
					7/1/20 - 9	/30/20			
Water System Fac	cility: ENTR	Y POINT (WSF ID:	00700)						
Nitrate And Nitr	ite (NOX)							1 routine (R	T) per year
Sampling Poir	nt (Sampling P	oint ID)			Monitoring	g Period (Collection Peri	od Compli	ance Status
ENTRY POINT	(3)				1/1/19 - 12	2/31/19		Со	mplete
					1/1/20 - 12	2/31/20		Со	mplete
					1/1/21 - 12	2/31/21			
		Publi	c Not	ification	Requirer	ments			
			С	ompliance	Notice	Public N	<u>Notification</u>	PN Cert	tification_
Violation/Situation	1			Period	Tier	Required	Performed	Due to DPH	Received
Physical Parameter	s M&R Violation	on	4/1,	/10 - 6/30/1	0 3	8/19/2011	l e	8/29/2011	
		Water System	Facili	ity and S	ampling F	Point Inve	entory		
Water						7	otal Lead a	nd	
	ystem Facility	•		Sampling F			liform Copp		Stage
Facility ID		IL		Description		Status	Rule Rule T	ier Asbestos	WQP 2 DBPR
00600 DISTRIBI	UTION SYSTEM				ION SYSTEM	Α			
					SERVICE CON	Α			
		UPSTF	EAM	WITHIN 5 S	SERVICE CON	Α			
00700 ENTRY P	OINT	3		ENTRY POI	NT	Α			
56982 WELL		2		WELL		A			
					rmation				
Name				rganization				Job Title	
Mrs. Sandra N. Doi	ndero	1		ondero Orch	nards LLC	T	Co-Wner		
Mailing Address Lin	ne One	Mailing	Addres	s Line Two			City	State	Zip Code
500 Country Club R	oad						Glastonbury	СТ	06073
Business Phone	Extension	Fax	Mobi	le Phone	Emergency P				
8EU-EE0-U301	1	8EU-EE0-U301				Donde	oroOrchordc@	cav nat	

	dominectical Department	of I ablic I	i Cai ci	. D		5 Tracer	Decement			
	Water Quality Moni	toring an	d Con	npl	liance S	Schedul	le			
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source		
CT0549044	T0549044 DONDERO ORCHARDS LLC NC 29 P GW									
Local Address (v	ocal Address (where applicable) Service Residential Commercial Industrial Combined Agricultural									
529 WOODLANI	D STREET	Connections			3					
Towns Served: GLASTONBURY										
000-009-029	4 000-039-0294				Donae	roorcharus (wcox.net			
Contact Role(s):	Administrative Contact, Legal Contact, Ov	vner								

Connecticut Department of Public 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.
- 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

Water System Water System Facility Sampling	Point Sampling Poi	nt	_	otal Lead a		Stago
Water System	racility and 3ar	uhiilig		<u>-</u>	,	
					-, -0, -01	
Nitrate M&R Violation	1/1/16 - 3/31/16	3	6/13/2017		6/23/2017	
Physical Parameters M&R Violation	1/1/16 - 3/31/16	3	6/13/2017		6/23/2017	
Physical Parameters M&R Violation	7/1/15 - 9/30/15	3	12/27/201		1/6/2017	
Total Coliform M&R Violation	1/1/16 - 3/31/16	2	7/13/2016		7/23/2016	
Nitrate MCL Violation	10/1/15 - 12/31/15	1	3/19/2016		3/29/2016	
Total Coliform M&R Violation	7/1/15 - 9/30/15	2	1/27/2016		2/6/2016	NECEIVER
Violation/Situation	Compliance Period	Notice Tier	<u>Public I</u> Required	<u>Notification</u> Performed	PN Cert	<u>fication</u> Received
Public	Notification R	<u> </u>		u - +:6:	541.5	'C''
Dubli						
		1/1/20 - 1			COI	пріесе
ENTRY POINT (3)		1/1/19 - 1 1/1/20 - 1				mplete mplete
Sampling Point (Sampling Point ID)		Monitorir	_	Collection Perio		nnce Status
Nitrite (1041)		Monitori	an Dorind	Callaction Davi	1 routine (R	
NV 14 (4044)		7/1/20 -	9/30/20		4	-\
		4/1/20 -				
		1/1/20 -			Соі	nplete
		10/1/19 -				nplete
ENTRY POINT (3)		7/1/19 -	-			mplete
Sampling Point (Sampling Point ID)		Monitorir		Collection Perio		nce Status
Nitrate (1040)					outine (RT) p	•
Water System Facility: ENTRY POINT (WSF ID: 0	0700)					
		7/1/20 -	9/30/20			
		4/1/20 -	6/30/20			
		1/1/20 -			Coi	mplete
		10/1/19 -			Coi	mplete
Select from Inventory of Active Sampling Points	7/1/19 -				mplete	
Sampling Point (Sampling Point ID)		Monitorir		Collection Perio	od Compli	ance Status
Physical Parameters (PPS)				1 1	outine (RT) բ	er quarter
		7/1/20 -	9/30/20			
		4/1/20 -	6/30/20			
		1/1/20 -	3/31/20		Соі	mplete
	:	10/1/19 -	12/31/19		Соі	mplete
Select from Inventory of Active Sampling Points		7/1/19 -	9/30/19		Соі	mplete
Sampling Point (Sampling Point ID)		Monitorir	ng Period	Collection Perio		nce Status
Total Coliform (3100)				1 1	outine (RT) p	er quarter
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)					
M	onitoring Requ	iremei	nts			
Towns Served: GLASTONBURY						
91 WASSUC ROAD	Connections				1	
Local Address (where applicable)	Service	Resident	ial Commerc	cial Industrial	Combined	Agricultural
CT0549054 ROBBS FARM LLC			NC	27	Р	GW
PWS ID PWS Name				Population C		imary Source
Water Quality M	onitoring and	d Com	pliance	Schedule	<u>)</u>	
Connecticut Departmen	nt of Public H	lealth	Drinkin	g Water S	Section	
0	. CD 11: T	r 1.1	D : 1:	TA7		

Description

Coliform Copper

Rule

Stage

Rule Tier Asbestos WQP 2 DBPR

Sampling Point Sampling Point

ID

System Water System Facility

Facility ID

	Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source		
CT0549054	ROBBS FARM LLC				NC	27	Р	GW		
Local Address (Service	Residen	ntial	Commercia	al Industri	al Combine	d Agricultural			
91 WASSUC RO	91 WASSUC ROAD						1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: GLASTONBURY

	W	ater System Facili	ity and Sampling P	oint Ir	nvento	ry			
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					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
59798	WELL 2 (HOUSE WELL)	2	WELL 2 (HOUSE WELL)	Α					
		Con	tact Information						

				0 1 1 1 6							
				Contact Info	ormation						
Name				Organization				Job Title			
Mr. Robert Armand	lo, Jr.			Robbs Farm I	LLC						
Mailing Address Lin		Mailing	Address Line Two		City	State	Zip Code				
91 Wassuc Road						South Gl	astonbury	СТ	06073		
Business Phone	Extension	Fax		Emergency Phone	Email Ad	dress					
860-657-8235					860-657-2852	2852 robbsfarm@hotmail.com					

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.

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

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End of schedule

Schedule Generation Date: 3/10/2020

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Connecticut Depa	artment of	f Public	Health	Drir	ıking	Water	Secti	on	
Water Qua	lity Monit	oring a	nd Con	nolia	nce S	chedul	le		
PWS ID PWS Name		8						vpe P	rimary Source
CT0549064 E. DRAGHI & SONS, LLC				N		25	Р	7100	GW
Local Address (where applicable)		Service	Residen		mmercia			nbined	_
80 MAIN STREET		Connectio						1	8
Towns Served: GLASTONBURY									
	Monit	oring Re	quireme	nts					
Water System Facility: DISTRIBUTION S	SYSTEM (WSF I	D: 00600)							
Total Coliform (3100)						1	routine	(RT)	per quarter
Sampling Point (Sampling Point ID)			Monitori	ng Peri	od Co	llection Pe			ance Status
Select from Inventory of Active Samplin	g Points		7/1/19 -	9/30/1	9			Со	mplete
	_		10/1/19 -	12/31/	19			Со	mplete
			4/1/20 -	6/30/2	0				
			7/1/20 -						
Physical Parameters (PPS)						1	routine	(RT)	per quarter
Sampling Point (Sampling Point ID)			Monitori	ng Perio	od Co	llection Pe			ance Status
Select from Inventory of Active Samplin	g Points		7/1/19 -	9/30/1	9			Со	mplete
			10/1/19 -	12/31/	19	10/1-12/2	4	Со	mplete
			4/1/20 -	6/30/2	0				
			7/1/20 -	9/30/2	0				
Water System Facility: ENTRY POINT (WSF ID: 00700)								
Nitrate And Nitrite (NOX)							1 rou	tine (F	RT) per year
Sampling Point (Sampling Point ID)			Monitori	ng Peri	od Co	llection Pe	riod (Compli	ance Status
ENTRY POINT (3)			1/1/19 -	12/31/1	19			Со	mplete
			1/1/20 -	12/31/2	20			Сс	mplete
			1/1/21 -	12/31/2	21				
Water S	ystem Facil	ity and S	ampling	Point	t Inver	ntory			
Water					Tot	tal Lead	and		
System Water System Facility	Sampling Point				_	orm Cop			Stage
Facility ID	ID	Description		Sta		ile Rule	Tier Ask	pestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4		ION SYSTEM						
	DOWNSTREAM				A				
	UPSTREAM		SERVICE CON	N /	4				
00700 ENTRY POINT	3	ENTRY POI	NT	P	4				
59775 WELL	2	WELL		F	Α				
		tact Info	ormation						
Name	0	rganization					Job	Title	
Mr. Darrell Draghi							ı		
in suren siagin	Mailing Addres	s Line Two				City		tate	Zip Code
Mailing Address Line One	Triaming / taures								
		,	I		South G	lastonbury		СТ	06073
Mailing Address Line One		ile Phone	Emergency	Phone		-		СТ	06073
Mailing Address Line One 80 Main Street	Mobi		Emergency	Phone	Email A	-	1	СТ	06073

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

Control Programme Control Prog							
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0549064	64 E. DRAGHI & SONS, LLC			NC	25	Р	GW
Local Address (where applicable)		Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
80 MAIN STREET		Connections				1	

Towns Served: GLASTONBURY

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