	Connecticut Der	partment of	Public He	ealth	Dri	inkiı	ng W	ater S	Section	on	
		iality Monit									
PWS ID	PWS Name				Class	ificatio	n Popu	lation C	wner Ty	pe Pr	mary Source
CT0565033	GRANBY COMMONS					NC	4	13	Р		GW
Local Address	(where applicable)			Resident	tial C	Comme	ercial Ir	ndustrial	Coml	oined	Agricultural
	BROOK STREET		Connections	9							
Towns Served:	: GRANBY										
		Monito	oring Requi	remei	nts						
Water Syster	m Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)								
Total Colifor	•							1 r			er quarter
	Point (Sampling Point ID)			1onitorii			Collect	ion Perio	od C		ınce Status
Select fro	om Inventory of Active Sampl	ing Points		7/1/19 -			_				nplete
				0/1/19 -						Cor	nplete
				1/1/20 -							
				1/1/20 -							
	13			7/1/20 -	9/30/	/20				·	
-	rameters (PPS)			a tat.	0 -	ant an art	C-114				er quarter
	Point (Sampling Point ID)	ing Doints		lonitorii	_		Collect	ion Perio	oa C		ince Status
Select Iro	om Inventory of Active Sampl	ing Points		7/1/19 - 0/1/19 -							nplete nplete
				L/1/20 -						COI	ripiete
				1/1/20 - 1/1/20 -							
				7/1/20 -							
Water Syster	m Facility: ENTRY POINT	(WSF ID: 00700)		7/1/20-	<i>3</i> /30/	720					
Nitrate (104	•	(1131 15.00700)						1 r	outing	(RT) n	er quarter
•	Point (Sampling Point ID)		٨	1onitorii	na Pe	riod	Collect	ion Perio			ince Status
ENTRY PO				7/1/19 -			00//000				nplete
	(0)			0/1/19 -							nplete
				1/1/20 -							
				1/1/20 -							
				7/1/20 -							
Nitrite (104	1)								1 routi	ne (R	Γ) per year
-	Point (Sampling Point ID)		٨	1onitorii	ng Pe	riod	Collect	ion Perio		-	ınce Status
ENTRY PO	DINT (3)		1	/1/19 - 1	12/31	/19				Cor	nplete
			1	/1/20 - 1	12/31	./20					
			1	/1/21 - 1	12/31	./21					
		Other C	ompliance :	Sched	ules	S					
Compliance So	chedule Activity			E	Due D	ate		Achieve	ed Date		
CROSS CONNE	ECTION SURVEY REPORT			3	3/1/20	012					
CROSS CONNE	ECTION EXEMPTION			3	3/1/20	018					
	Water	System Facili	ity and Sam	pling	Poi	nt Inv	vento	ry			
Water							Total	Lead a	nd		
	iter System Facility	Sampling Point		t		C	Coliform				Stage
Facility ID		ID	Description			tatus	Rule	Rule T	ier Asbe	estos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION			Α	Υ				
		DOWNSTREAM				A					
		UPSTREAM	WITHIN 5 SERV	ICE CON	l	A					
00700 EN	TRY POINT	3	ENTRY POINT			Α					

	Water Quality	Monitoring and	d Con	npl	liance S	Schedule	ر	
PWS ID	PWS Name			Cla	ssification	Population (Owner Type	Primary Source
СТ0565033	GRANBY COMMONS				NC	43	Р	GW
Local Address	(where applicable)	Service	Residen	itial	Commerci	al Industria	Combine	ed Agricultural
518 SALMON	BROOK STREET	Connections	9					
Towns Served	: GRANBY							

Connecticut Department of Public Health Drinking Water Section

	V	Vater System Facil	ity and Sampli	ng Point II	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
10745	WELL 1	2	WELL 1	Α					
50136	WELL-X-TROL WX-302								
50138	WELL-X-TROL WX-302								
50140	WELL-X-TROL WX-250								
50142	WELL 2	2	WELL 2	Α					
57100	ATMOSPHERIC TANK								
57102	BOOSTER PUMP		·		<u> </u>				

			Co	ontact Inf	ormation				
Name Organization						Job Title			
Mr. Peter Kanaras				Granby Com	mons	Owner			
Mailing Address Lin	e One		Mailing Addr	ess Line Two		City State Zi			Zip Code
518 Salmon Brook S	Street					Granby CT			06035
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ac	ldress		
860-653-4447		860-653-	4073		860-653-0404				
Contact Role(s): A	dministrative	Contact, Leg	al Contact, O	wner					
Name				Organization	1			Job Title	
Ms. Janie Kanaras									
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
55 Northwoods Roa	ad					Granby		СТ	06035
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ac	ldress		

Contact Role(s): Owner

860-653-0404

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

Course of the Domonton on t	of Dulalia II	aalkk Da	م ماندا ماند	TATatas C	lo ation	
Connecticut Department			O			
Water Quality Mo	nitoring and	d Compl	iance S	chedule		
PWS ID PWS Name		Clas	sification	Population O	wner Type Pr	imary Source
CT0560024 565 SALMON BROOK ST - GRANBY			NC	25	Р	GW
Local Address (where applicable)	Service	Residential	Commercia	l Industrial	Combined	Agricultural
	Connections		1			
Towns Served: GRANBY						
Mo	nitoring Requ	irements				
Water System Facility: DISTRIBUTION SYSTEM (W	'SF ID: 00600)					
Total Coliform (3100)				1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)	ı	Monitoring P	eriod Co	llection Perio	d Complia	ance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9/30	0/19		Cor	mplete
	1	0/1/19 - 12/				mplete
		1/1/20 - 3/3			Cor	mplete
		4/1/20 - 6/30				
-1 1 1 - ()		7/1/20 - 9/30	0/20		()	-
Physical Parameters (PPS)	,	Manitarina D	ania d		outine (RT) p	
Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points		Monitoring P 7/1/19 - 9/30		llection Perio		nnce Status mplete
Select from inventory of Active Sampling Forms		0/1/19 - 9/30				nplete
		1/1/20 - 3/3:				nplete
		4/1/20 - 6/3				
		7/1/20 - 9/30				
Water System Facility: ENTRY POINT (WSF ID: 007	700)		·			
					4 /5:	
Nitrate And Nitrite (NOX)					1 routine (R	T) per year
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)	1	Monitoring P	eriod Co	ollection Perio	-	T) per year ance Status
·		Monitoring P 1/1/19 - 12/3			od Complic	
Sampling Point (Sampling Point ID)			1/19		od Complic	nce Status
Sampling Point (Sampling Point ID)		1/1/19 - 12/3	1/19 1/20		od Complic	nplete
Sampling Point (Sampling Point ID) ENTRY POINT (3)		1/1/19 - 12/3 1/1/20 - 12/3 1/1/21 - 12/3	1/19 1/20 1/21		od Complic	nplete
Sampling Point (Sampling Point ID) ENTRY POINT (3)		1/1/19 - 12/3 1/1/20 - 12/3 1/1/21 - 12/3	1/19 1/20 1/21	llection Perio	od Complic	mplete
Sampling Point (Sampling Point ID) ENTRY POINT (3) Public I Violation/Situation	Notification R Compliance Period	1/1/19 - 12/3 1/1/20 - 12/3 1/1/21 - 12/3 equireme Notice Tier	1/19 1/20 1/21 ents Public No Required	llection Perio	od Complic Cor Cor	mplete
Sampling Point (Sampling Point ID) ENTRY POINT (3) Public I Violation/Situation Total Coliform M&R Violation	Notification R Compliance Period 4/1/11 - 6/30/11	1/1/19 - 12/3 1/1/20 - 12/3 1/1/21 - 12/3 equireme Notice Tier	1/19 1/20 1/21 ents Public No Required 2/9/2012	ellection Perio	Cor Cor PN Certi Due to DPH 2/19/2012	mplete mplete fication
Sampling Point (Sampling Point ID) ENTRY POINT (3) Public I Violation/Situation Total Coliform M&R Violation Physical Parameters M&R Violation	Notification R Compliance Period 4/1/11 - 6/30/11 4/1/11 - 6/30/11	1/1/19 - 12/3 1/1/20 - 12/3 1/1/21 - 12/3 equireme Notice Tier 2 3	1/19 1/20 1/21 ents <i>Public No</i> <i>Required</i> 2/9/2012 2/9/2012	ollection Perio otification Performed	Complie Cor Cor PN Certi	mplete mplete fication
Sampling Point (Sampling Point ID) ENTRY POINT (3) Public I Violation/Situation Total Coliform M&R Violation	Notification R Compliance Period 4/1/11 - 6/30/11 4/1/11 - 6/30/11	1/1/19 - 12/3 1/1/20 - 12/3 1/1/21 - 12/3 equireme Notice Tier 2 3	1/19 1/20 1/21 ents <i>Public No</i> <i>Required</i> 2/9/2012 2/9/2012	ollection Perio otification Performed	Cor Cor PN Certi Due to DPH 2/19/2012	mplete mplete fication
Sampling Point (Sampling Point ID) ENTRY POINT (3) Public I Violation/Situation Total Coliform M&R Violation Physical Parameters M&R Violation Water System Fa	Notification Recompliance Period 4/1/11 - 6/30/11 4/1/11 - 6/30/11 Acility and San	1/1/19 - 12/3 1/1/20 - 12/3 1/1/21 - 12/3 equireme Notice Tier 2 3	1/19 1/20 1/21 ents Public No Required 2/9/2012 2/9/2012 int Invei	ntory	PN Certi Due to DPH 2/19/2012 2/19/2012	mplete mplete fication Received
Sampling Point (Sampling Point ID) ENTRY POINT (3) Public I Violation/Situation Total Coliform M&R Violation Physical Parameters M&R Violation Water System Facility Sampling Point ID) Public I Violation/Situation Sampling Point ID) Public I Violation/Situation Sampling Point ID)	Notification R Compliance Period 4/1/11 - 6/30/11 4/1/11 - 6/30/11 Acility and San	1/1/19 - 12/3 1/1/20 - 12/3 1/1/21 - 12/3 equireme Notice Tier 2 3 npling Po	1/19 1/20 1/21 ents Public No Required 2/9/2012 2/9/2012 int Invei	ntory tal Lead ar	PN Certi Due to DPH 2/19/2012 2/19/2012	mplete mplete fication Received
Sampling Point (Sampling Point ID) ENTRY POINT (3) Public I Violation/Situation Total Coliform M&R Violation Physical Parameters M&R Violation Water System Family Water System Vater System Facility Facility ID ID	Compliance Period 4/1/11 - 6/30/11 4/1/11 - 6/30/11 Acility and San oint Sampling Poir Description	1/1/19 - 12/3 1/1/20 - 12/3 1/1/21 - 12/3 equireme Notice Tier 2 3 npling Po	1/19 1/20 1/21 2nts Public Not Required 2/9/2012 2/9/2012 int Invei	ntory tal Lead are	PN Certi Due to DPH 2/19/2012 2/19/2012	mplete mplete fication Received
Sampling Point (Sampling Point ID) ENTRY POINT (3) Public I Violation/Situation Total Coliform M&R Violation Physical Parameters M&R Violation Water System Facility Facility ID O0600 DISTRIBUTION SYSTEM Value ID O0600 DISTRIBUTION SYSTEM Value ID O0600 A DISTRIBUTION SYSTEM Value ID O0600 A DISTRIBUTION SYSTEM	Compliance Period 4/1/11 - 6/30/11 4/1/11 - 6/30/11 acility and San oint Sampling Poin Description DISTRIBUTION	1/1/19 - 12/3 1/1/20 - 12/3 1/1/21 - 12/3 equireme Notice Tier 2 3 npling Po	1/19 1/20 1/21 ents Public No Required 2/9/2012 2/9/2012 int Invei Colif	ntory tal Lead ar	PN Certi Due to DPH 2/19/2012 2/19/2012	mplete mplete fication Received
Sampling Point (Sampling Point ID) ENTRY POINT (3) Public I Violation/Situation Total Coliform M&R Violation Physical Parameters M&R Violation Water System Facility Sampling Point ID 00600 DISTRIBUTION SYSTEM 4 DOWNSTRE	Notification R Compliance Period 4/1/11 - 6/30/11 4/1/11 - 6/30/11 Acility and San Coint Sampling Poir Description DISTRIBUTION EAM WITHIN 5 SER	1/1/19 - 12/3 1/1/20 - 12/3 1/1/21 - 12/3 equireme Notice Tier 2 3 npling Po nt SYSTEM VICE CON	1/19 1/20 1/21 2nts Public No Required 2/9/2012 2/9/2012 int Invei	ntory tal Lead are	PN Certi Due to DPH 2/19/2012 2/19/2012	mplete mplete fication Received
Sampling Point (Sampling Point ID) ENTRY POINT (3) Public I Violation/Situation Total Coliform M&R Violation Physical Parameters M&R Violation Water System Facility Sampling Point ID 00600 DISTRIBUTION SYSTEM 4 DOWNSTREA	Compliance Period 4/1/11 - 6/30/11 4/1/11 - 6/30/11 Acility and San oint Sampling Poir Description DISTRIBUTION EAM WITHIN 5 SER M WITHIN 5 SER	1/1/19 - 12/3 1/1/20 - 12/3 1/1/21 - 12/3 equireme Notice Tier 2 3 npling Po nt SYSTEM VICE CON	1/19 1/20 1/21 ents Public Note Required 2/9/2012 2/9/2012 int Invel To Colif	ntory tal Lead are	PN Certi Due to DPH 2/19/2012 2/19/2012	mplete mplete fication Received
Sampling Point (Sampling Point ID) ENTRY POINT (3) Public I Violation/Situation Total Coliform M&R Violation Physical Parameters M&R Violation Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 4 DOWNSTRE UPSTREAL	Compliance Period 4/1/11 - 6/30/11 4/1/11 - 6/30/11 Acility and San Coint Sampling Poir Description DISTRIBUTION EAM WITHIN 5 SER M WITHIN 5 SER ENTRY POINT	1/1/19 - 12/3 1/1/20 - 12/3 1/1/21 - 12/3 equireme Notice Tier 2 3 npling Po nt SYSTEM VICE CON	1/19 1/20 1/21 ents Public No Required 2/9/2012 2/9/2012 int Invei A A A A A	ntory tal Lead are	PN Certi Due to DPH 2/19/2012 2/19/2012	mplete mplete fication Received
Sampling Point (Sampling Point ID) ENTRY POINT (3) Public I Violation/Situation Total Coliform M&R Violation Physical Parameters M&R Violation Water System Facility Sampling Point ID 00600 DISTRIBUTION SYSTEM 4 DOWNSTREA	Compliance Period 4/1/11 - 6/30/11 4/1/11 - 6/30/11 Acility and San oint Sampling Poir Description DISTRIBUTION EAM WITHIN 5 SER M WITHIN 5 SER	1/1/19 - 12/3 1/1/20 - 12/3 1/1/21 - 12/3 equireme Notice Tier 2 3 npling Po nt SYSTEM VICE CON	1/19 1/20 1/21 ents Public Note Required 2/9/2012 2/9/2012 int Invel To Colif	ntory tal Lead are	PN Certi Due to DPH 2/19/2012 2/19/2012	mplete mplete fication Received
Sampling Point (Sampling Point ID) ENTRY POINT (3) Public I Violation/Situation Total Coliform M&R Violation Physical Parameters M&R Violation Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 4 DOWNSTRE UPSTREAL 00700 ENTRY POINT 3 20948 WELL 2 59008 BLADDER TANKS	Compliance Period 4/1/11 - 6/30/11 4/1/11 - 6/30/11 Acility and San Coint Sampling Poir Description DISTRIBUTION EAM WITHIN 5 SER M WITHIN 5 SER ENTRY POINT WELL	1/1/19 - 12/3 1/1/20 - 12/3 1/1/21 - 12/3 equireme Notice Tier 2 3 npling Po nt SYSTEM VICE CON	1/19 1/20 1/21 ents Public No Required 2/9/2012 2/9/2012 int Invei A A A A A	ntory tal Lead are	PN Certi Due to DPH 2/19/2012 2/19/2012	mplete mplete fication Received
Sampling Point (Sampling Point ID) ENTRY POINT (3) Public I Violation/Situation Total Coliform M&R Violation Physical Parameters M&R Violation Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 4 DOWNSTRE UPSTREAL 00700 ENTRY POINT 3 20948 WELL 2 59008 BLADDER TANKS	Compliance Period 4/1/11 - 6/30/11 4/1/11 - 6/30/11 Acility and San Distribution Distribution Distribution EAM WITHIN 5 SER ENTRY POINT WELL Contact Inform	1/1/19 - 12/3 1/1/20 - 12/3 1/1/21 - 12/3 equireme Notice Tier 2 3 npling Po nt SYSTEM VICE CON	1/19 1/20 1/21 ents Public No Required 2/9/2012 2/9/2012 int Invei A A A A A	ntory tal Lead are	PN Certi Due to DPH 2/19/2012 2/19/2012 and r eer Asbestos	mplete mplete fication Received
Sampling Point (Sampling Point ID) ENTRY POINT (3) Public I Violation/Situation Total Coliform M&R Violation Physical Parameters M&R Violation Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 4 DOWNSTRE UPSTREAL 00700 ENTRY POINT 3 20948 WELL 2 59008 BLADDER TANKS	Compliance Period 4/1/11 - 6/30/11 4/1/11 - 6/30/11 Acility and San Coint Sampling Poir Description DISTRIBUTION EAM WITHIN 5 SER M WITHIN 5 SER ENTRY POINT WELL	1/1/19 - 12/3 1/1/20 - 12/3 1/1/21 - 12/3 equireme Notice Tier 2 3 npling Po nt SYSTEM VICE CON	1/19 1/20 1/21 ents Public No Required 2/9/2012 2/9/2012 int Invei A A A A A	ntory tal Lead artorm Coppe	PN Certi Due to DPH 2/19/2012 2/19/2012	mplete mplete fication Received
Sampling Point (Sampling Point ID) ENTRY POINT (3) Public I Violation/Situation Total Coliform M&R Violation Physical Parameters M&R Violation Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 4 DOWNSTRE UPSTREAL 00700 ENTRY POINT 3 20948 WELL 2 59008 BLADDER TANKS	Compliance Period 4/1/11 - 6/30/11 4/1/11 - 6/30/11 Acility and San Distribution Distribution Distribution EAM WITHIN 5 SER ENTRY POINT WELL Contact Inform	1/1/19 - 12/3 1/1/20 - 12/3 1/1/21 - 12/3 equireme Notice Tier 2 3 npling Po nt SYSTEM VICE CON	1/19 1/20 1/21 ents Public No Required 2/9/2012 2/9/2012 int Invei A A A A A	ntory tal Lead are	PN Certi Due to DPH 2/19/2012 2/19/2012 and r eer Asbestos	mplete mplete fication Received

	Connection	ut Depa	rtment	of Public	Health	n Drii	nking	Water	Sect	ion	
	Wa	ter Qua	lity Mon	itoring a	nd Con	nplia	nce S	chedul	le		
PWS ID	PWS Name					Classif	ication	Population	Owner Type Pr		imary Source
CT0560024	565 SALMON BI	ROOK ST - GF	RANBY			N	IC	25	Р		GW
Local Address (w	here applicable)			Service	Resider	ntial Co	mmercia	al Industri	al Cor	nbined	Agricultural
				Connections 1							
Towns Served: G	RANBY								1		
134 NOTCH KOAU							огапру			CI	00055
Business Phone	e Extension	Fax	Mo	obile Phone	Emergence	y Phone	Email A	ddress			
			86	860-670-1343							
Contact Role(s):	Administrative	Contact, Leg	gal Contact, O	wner							
Name				Organization					Jol	o Title	
Kioukis Inc											
Mailing Address	Line One		Mailing Addı	ress Line Two				City	S	tate	Zip Code
565 Salmon Broc	k St						Granby			СТ	06060
Business Phone	e Extension	Fax	Me	obile Phone	Emergence	y Phone	Email A	ddress	,		
Contact Role(s):	Owner										

Please note the following:

- L. 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

	Connecticut Dep	artment of	Public H	ealth l	Drinki	ng Wa	ater S	ection	
	Water Ou	ality Monit	oring and	d Comi	olianc	e Sche	edule		
PWS ID	PWS Name		8 -		•			ner Type P	rimary Source
CT0560044	THE CAMBRIDGE HOUSE				NC		0	Р	GW
	where applicable)		Service	Residentia			dustrial	Combined	_
357 SALMON B			Connections	ricorderren	1		dastriar	Combined	7.81.104.141
Towns Served:									
		Monito	oring Requ	iremen	ts				
Water System	Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)						
Total Coliforn	m (3100)						1 ro	utine (RT)	per quarter
	Point (Sampling Point ID)			Monitoring	g Period	Collecti	ion Period		iance Status
Select fror	m Inventory of Active Samplir	ng Points		7/1/19 - 9	/30/19			Co	mplete
			-	.0/1/19 - 1	2/31/19			Co	mplete
				1/1/20 - 3	/31/20				
				4/1/20 - 6					
				7/1/20 - 9	/30/20				
Physical Para	ameters (PPS)						1 ro	utine (RT)	per quarter
-	Point (Sampling Point ID)			Monitoring	g Period	Collecti	ion Period		iance Status
Select fror	m Inventory of Active Samplir	ng Points		7/1/19 - 9	/30/19			Co	mplete
	· · · · · · · · · · · · · · · · · · ·		-	.0/1/19 - 1	2/31/19			Co	mplete
				1/1/20 - 3					<u> </u>
				4/1/20 - 6					
				7/1/20 - 9					
Water System	r Facility: ENTRY POINT (WSF ID: 00700)		, ,					
Nitrate (104	,						1 ro	utine (RT)	per quarter
•	Point (Sampling Point ID)			Monitoring	g Period	Collecti	ion Period	= '=	iance Status
ENTRY PO				7/1/19 - 9	/30/19				mplete
	. ,			.0/1/19 - 1					mplete
				1/1/20 - 3					•
				4/1/20 - 6	•				
				7/1/20 - 9					
Nitrite (1041	L)						1	routine (F	RT) per year
-	Point (Sampling Point ID)			Monitoring	g Period	Collecti	ion Period	=	iance Status
ENTRY PO				1/1/19 - 12				Co	mplete
	. ,			1/1/20 - 12					•
				1/1/21 - 12	2/31/21				
	Water 9	System Facili	ity and Sar	npling F	oint In	ventor	v		
Water		, , , , , , , , , , , , , , , , , , , ,	-7	66		Total	Lead and	1	
	ter System Facility	Sampling Point	Sampling Poil	nt		Coliform	Copper	•	Stage
Facility ID	•	ID	Description		Status	Rule		Asbestos	WQP 2 DBPR
00600 DIST	TRIBUTION SYSTEM	4	DISTRIBUTION		A	Υ			
		DOWNSTREAM	WITHIN 5 SER	VICE CON	Α				
		UPSTREAM	WITHIN 5 SER	VICE CON	Α				
00700 ENT	RY POINT	3	ENTRY POINT		Α				
20950 WEL		2	WELL		Α				

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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0560044	THE CAMBRIDGE HOUSE				NC	40	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
357 SALMON BE	ROOK STREET	Connections			1			

Towns Served: GRANBY

				Contact Info	ormation				
Name				Organization				Job Title	
Mr. Scott Riley				Bradley Brew	Pub, LLC		Managing I	Member	
Mailing Address Lin	e One		Mailing Address Line Two				City		Zip Code
357 Salmon Brook S	street					Granby		СТ	06035
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress		
860-653-2739		860-413-9	9620	203-887-9397		scott@c	bhgranby.co	om	

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.

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

End of schedule

Water Quality Monitoring and Compliance Schedule PWS ID PWS Name Classification Population Owner Type CT0560064 GRANBY MOTEL NC 25 P Local Address (where applicable) Service Residential Commercial Industrial Combine 551 SALMON BROOK STREET Connections 1 Towns Served: GRANBY Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)	GW
PWS ID PWS Name Classification Population Owner Type CT0560064 GRANBY MOTEL NC 25 P Local Address (where applicable) Service Residential Commercial Industrial Combine Connections 1 Towns Served: GRANBY MOTEL NC 25 P Monitoring Requirements	GW
CT0560064 GRANBY MOTEL Local Address (where applicable) 551 SALMON BROOK STREET Towns Served: GRANBY Monitoring Requirements	GW
551 SALMON BROOK STREET Towns Served: GRANBY Monitoring Requirements	d Agricultural
551 SALMON BROOK STREET Towns Served: GRANBY Monitoring Requirements	
Monitoring Requirements	
<u> </u>	
<u> </u>	
Total Coliform (3100) 1 routine (RT	per quarter
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Comp	liance Status
Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19	Complete
10/1/19 - 12/31/19	Complete
1/1/20 - 3/31/20	Complete
4/1/20 - 6/30/20	
7/1/20 - 9/30/20	
Physical Parameters (PPS) 1 routine (RT	per quarter
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Comp	liance Status
Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19	Complete
10/1/19 - 12/31/19	Complete
1/1/20 - 3/31/20	Complete
4/1/20 - 6/30/20	
7/1/20 - 9/30/20	
Water System Facility: ENTRY POINT (WSF ID: 00700)	
Nitrate And Nitrite (NOX) 1 routine	RT) per year
	liance Status
ENTRY POINT (3) 1/1/19 - 12/31/19 (Complete
1/1/20 - 12/31/20	Complete
1/1/21 - 12/31/21	·
Water System Facility and Sampling Point Inventory	
Water Total Lead and	
System Water System Facility Sampling Point Sampling Point Coliform Copper	Stage
Facility ID ID Description Status Rule Rule Tier Asbesto	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y	
DOWNSTREAM WITHIN 5 SERVICE CON A	
UPSTREAM WITHIN 5 SERVICE CON A	
00700 ENTRY POINT 3 ENTRY POINT A	
20951 WELL 2 WELL A	
2 WELL A Contact Information	
Contact Information	
Contact Information Name Organization Job Title	Zip Code
Contact Information Name Organization Job Title Mr. Mukund Shah Granby Motel	
Contact Information Name Organization Job Title Mr. Mukund Shah Granby Motel Mailing Address Line One Mailing Address Line Two City State	Zip Code
Contact Information Name Organization Job Title Mr. Mukund Shah Granby Motel Mailing Address Line One Mailing Address Line Two City State 551 Salmon Brook St Granby CT	Zip Code

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
CT0560064	GRANBY MOTEL				NC	25	Р	GW
Local Address (v	where applicable)		Service	Residen	ntial Commerc	ial Industri	al Combine	ed Agricultural
551 SALMON B	ROOK STREET		Connections		1			

Towns Served: GRANBY

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

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	Connectic	ut Depa	rtmer	nt of	Public	Hea	Ith L)rınkı	ng	Wa	ater S	Sec	tion	
	Wat	ter Qual	lity M	onit	oring a	nd C	lomp	olianc	e So	che	edule	9		
PWS ID	PWS Name						C	lassificati	on P	opul	ation C	wne	r Type P	rimary Sour
CT0560074	496 SALMON BR	OOK STREET	•					NC		2	5	F)	GW
Local Address	(where applicable)				Service	Res	identia	al Comm	ercial	In	dustrial	Co	ombined	Agricultu
					Connectio	ns		1						
Towns Served	: GRANBY									'				
			М	onit	oring Re	guire	ment	ts						
Water Syster	m Facility: DISTR	IBUTION SY				•								
Total Colifor	•		(1 r	outi	ne (RT)	per quarte
	g Point (Sampling P	oint ID)				Mon	itorina	Period	Col	llecti	on Perio			iance Statu
	om Inventory of Acti		Points				/19 - 9/							mplete
		1 0											_	mplete
							/20 - 3 _/	-						mplete
							/20 - 6,							<u> </u>
						7/1,	/20 - 9/	/30/20						
Physical Par	ameters (PPS)										1 r	outi	ne (RT)	per quarte
Sampling	g Point (Sampling P	oint ID)				Mon	itoring	Period	Col	llecti	on Perio	od	Compl	iance Statu
Select fro	om Inventory of Acti	ve Sampling	Points			7/1,	/19 - 9/	/30/19					Co	mplete
						10/1,	/19 - 12	2/31/19					Cc	mplete
							/20 - 3/	•					Co	mplete
							/20 - 6,							
						7/1,	/20 - 9/	/30/20						
•	m Facility: ENTRY	POINT (W	/SF ID: 0	0700)										
	Nitrite (NOX)												=	RT) per yea
	g Point (Sampling Po	oint ID)						Period	Col	llecti	on Perio	od		iance Statu
ENTRY PO	OINT (3)							2/31/19						mplete
								2/31/20					Cc	mplete
								2/31/21						
			Public	Not	ification	Requ	uiren	nents						
				C	ompliance		otice		<u>ic Not</u>	-			PN Cer	<u>tification</u>
Violation/Situ	ıation			- /-	Period		Tier	Requir		Per	formed		to DPH	
E. Coli					′18 - 9/30/1 		3	11/13/2				11/	23/2019	
		Water Sy	stem l	Facili	ty and S	ampl	ing P	oint In	iven	itor	У			
Water									Tot		Lead a			_
System Work Facility ID	ater System Facility	3	sampling ID	Point	Sampling I Description				Colife Ru		Coppe		Shoctor	Stag WQP 2 DB
	TDIDLITION SYSTEM						TENA	Status ^			Kule II	iei 7	ispesios	WQF 2 DB
00600 DIS	STRIBUTION SYSTEM		4 DOWNST	RF Δ N /I	DISTRIBUT WITHIN 5 9			A A	Y					
			UPSTRE		WITHIN 5			A						
00700 EN	TRY POINT		3	-7 (1 • 1	ENTRY POI			A						
00700 EIV			2		WELL			Α						
20952 WE	LL		_		· · - 			- *						
20952 WE	ELL			Con	tact Info	rmat	ion							
	ELL				tact Info	ormat	ion						ala Tiri	
Name				Oı	rganization					0	201	J	ob Title	
Name Mr. Carmine I	Pandolfi		Mailing A	Oı Gı	ganization anby Packa					Owi				7in Code
Name Mr. Carmine I Mailing Addre	Pandolfi ess Line One		Mailing A	Oı Gı	rganization			Gra	anhy	Owi			State	Zip Code
Name Mr. Carmine I	Pandolfi ess Line One rook Street	Fax	Mailing A	Oi Gr Address	ganization anby Packa	ge Store	e	Gra hone Em	anby	Ci	ty			Zip Code 06035

	Connectic	ut Depa	irtment	of Pul	olic F	lealth	Drin	ıking	g Water	Se	ction		
	Wa	ter Qua	lity Moi	nitorin	ng an	d Con	nplia	nce S	Schedul	le			
PWS ID	PWS Name						Classifi	cation	Population	Own	er Type	Primary S	ource
CT0560074	496 SALMON BI	ROOK STREET	Γ				N	С	25		Р	GW	
Local Address (w	here applicable)			Servi	ce	Residen	tial Co	mmerci	al Industri	al	Combine	d Agricu	ıltural
				Conn	ections			1					
Towns Served: G										·		,	
000-000-2742													
Contact Role(s):	Administrative	Contact, Ow	ner										
Name				Organiza	ation						Job Title	2	
Ppp Investments	Corp												
Mailing Address	Line One		Mailing Add	lress Line ⁻	Two				City		State	Zip Co	de
P. O. Box 106								Granby	/		СТ	0603	5
Business Phone	e Extension	Fax	N	lobile Pho	ne Ei	mergency	Phone	Email A	Address				
Contact Role(s):	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

	Co	onnectic Wa	ut Depa ter Qua							C				ction	
PWS ID	PV	VS Name				- 0 -		_						er Type P	rimary Source
CT056008		E CHURCH							NC		2			P	GW
Local Add		re applicable)				Service	Resid	lentia		mercia		dustria	al	Combined	Agricultural
23 GRIFFII						Connectio				1					0
Towns Ser	rved: GRA	NBY													
				М	onit	oring Re	auiren	nen'	ts						
Water Sy	stem Fac	cility: DISTR	IBUTION S				4 a c								
	liform (3	· =										1	rou		per quarter
_		t (Sampling P							Period	Co	ollecti	on Pei	riod		iance Status
Selec	ct from Inv	entory of Act	ive Sampling	g Points					/30/19						omplete
									2/31/19)					omplete
									/31/20					Co	omplete
									/30/20						
							7/1/2	.0 - 9,	/30/20						
-		ters (PPS)													per quarter
_		t (Sampling P							Period	Co	ollecti	on Pei	riod		iance Status
Selec	ct from Inv	entory of Acti	ive Sampling	g Points					/30/19						omplete
									2/31/19)					omplete
									/31/20					Сс	omplete
									/30/20						
							7/1/2	.0 - 9,	/30/20						
		cility: ENTRY	Y POINT (V	WSF ID: U	0700)										
		te (NOX)												=	RT) per year
_	_	t (Sampling P	oint IV)						Period	C	onecti	on Pei	rioa		iance Status
ENIF	RY POINT ((3)							2/31/19						omplete
									2/31/20					C	omplete
				Oth	er C	omplian			2/31/21 les						
Complian	ce Schedu	le Activity							ie Date			Achie	ved [Date	
		ARY SURVEY							21/2007			Herite	Jeu 2		
		ARY SURVEY							18/2015	5					
			Water S	ystem l	Facili	ity and S	amplii	-			ntor	У			
Water										To	tal	Lead			
System	-	ystem Facility			Point	Sampling I					form	Copp			Stage
Facility ID		ITION SYSTEM	-	ID		Description			Statu	3	ule	Kule	Her	Aspestos	WQP 2 DBPR
00600	DISTRIBU	JTION SYSTEM		4		DISTRIBUT			A		Υ				
						WITHIN 5			A						
00700	ENTRY R	OINT		UPSTRE	AIVI	WITHIN 5		JON	Α						
00700	ENTRY P	OINT		3		ENTRY POI	IN I		Α						
20953	WELL			2		WELL	-		A						
					Con	tact Info	ormatio	on							
Name					0	rganization								Job Title	
Mr. Al Ro	-										Past				
Mailing Ac		e One		Mailing A		s Line Two			G	iranby	Cit	ty		State CT	Zip Code 06035
Busines	s Phone	Extension	Fax		Mobi	le Phone	Emerge	псу Р	hone E	mail A	ddres	S			
000.05															

Page 11

	dominocarda bopar amor	it of I abite I	Carti			, Tracer			
	Water Quality M	onitoring and	d Con	npl	liance S	Schedul	le		
PWS ID	PWS Name			Cla	ssification	Population	Ow	ner Type	Primary Source
CT0560084	LIFE CHURCH				NC	25		Р	GW
Local Address (v	where applicable)	Service	Residen	tial	Commercia	al Industri	al	Combine	ed Agricultural
23 GRIFFIN ROA	AD.	Connections			1				
Towns Served:						·			
860-653-330	8	203-606-5988			pastora	al@granbyli	tech	urch.com	
Contact Role(s)	: Administrative Contact, Legal Contact	at							

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

End of schedule

	Сс	nnectic	ut Depa	artment o	f Public	: Health I	Drinki	ng Wa	ater Se	ction	
			•	lity Moni							
PWS ID	PW	/S Name	tor Qua	1109 110111	0011118		lassificati			ner Type P	rimary Source
CT0560094		SH MEADOW	DAY CAMP	LLC			NC	2		Р	GW
Local Addr	ress (wher	e applicable)			Service	Residentia	al Comm	ercial In	dustrial	Combined	Agricultural
311 NORT	H GRANB	Y ROAD			Connectio	ins	1				
Towns Ser	ved: GRA	NBY									
				Monit	oring Re	quiremen	ts				
Water Sy:	stem Fac	ility: DISTF	RIBUTION S	YSTEM (WSF	ID: 00600)						
Total Col	liform (3	100)							1 rou	tine (RT)	per quarter
		t (Sampling F				Monitoring		Collecti	ion Period		iance Status
Selec	t from Inv	entory of Act	ive Sampling	g Points		7/1/19 - 9		_		Cc	mplete
						4/1/20 - 6	•				
Di di d	D	(DDC)				7/1/20 - 9	/30/20			(DT)	
•		ers (PPS) t (Sampling F	Point ID)			Monitoring	n Period	Collecti	1 rou ion Period		per quarter iance Status
		entory of Act		g Points		7/1/19 - 9		Concett	on remou		mplete
				,		4/1/20 - 6	•				
						7/1/20 - 9	/30/20				
Water Sys	stem Fac	ility: ENTR	Y POINT (V	WSF ID: 00700)						
Nitrate A	and Nitri	te (NOX)							1	routine (F	RT) per year
Samp	oling Poin	t (Sampling F	Point ID)			Monitoring	g Period	Collecti	ion Period	Compl	iance Status
ENTR	Y POINT (3)				1/1/19 - 12		4/1	9/30	Co	mplete
						1/1/20 - 12			9/30		
						1/1/21 - 12		4/1	9/30		
				Other C	Complian	ce Schedu	ıles				
Compliand							ie Date		Achieved I	Date	
SEASONAL	START U	P COMPLETIC					1/2020				
			Water S	ystem Facil	ity and S	Sampling F	Point In	ventor			
Water	Mator C	istom Easiliti		Campling Doing	Camplina	Doint		Total	Lead and		Charac
System Facility ID	_	stem Facility		Sampling Point ID	Description 1			Coliform Rule	Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600		ITION SYSTEN	Λ	4		ION SYSTEM	Status A	Y	nuic rici	713503103	IIQ. LDDIK
00000	2.311.120		•	DOWNSTREAM			A	·			
				KST	KITCHEN		Α	Υ			
				UPSTREAM	WITHIN 5	SERVICE CON	Α				
00700	ENTRY PO	TNIC		3	ENTRY PO	INT	Α				
20954	WELL 4			2	WELL 4		Α				
22883	WELL 2			2	WELL 2		Α				
22884	WELL 3			2	WELL 3		Α				
55262	WELL 1			2	WELL 1		Α				
55264	HYDROPI	NEUMATIC TA	ANK								
				Cor	ntact Info	ormation					
Name				C	rganization					Job Title	
Ms. Carole	e Cunning	ham									
Mailing Ad		e One		Mailing Addres	ss Line Two			Ci	ty	State	Zip Code
P.O. Box 3			T			T		eshire		СТ	06410
Business	Phone	Extension	Fax	Mob	ile Phone	Emergency P	hone Em	ail Addres	SS		

	Connectic	ut Depa	rtme	ent of	f Public	Health	Drir	iking	Water	Secti	on	
	Wa	ter Qua	lity N	Monit	oring a	nd Con	nplia	nce S	Schedul	le		
PWS ID	PWS Name						Classif	cation	Population	Owner T	ype F	Primary Source
CT0560094	HIGH MEADOW	DAY CAMP	LLC				N	С	25	Р		GW
Local Address (w	nere applicable)				Service	Resider	ntial Co	mmerci	al Industri	al Con	binec	d Agricultural
311 NORTH GRAN	NBY ROAD				Connection	ns		1				
Towns Served: G	RANBY											
203-272-5358												
Contact Role(s):	Legal Contact,	Owner										
Name				Oı	rganization					Job	Title	
Mr. Barry Cohen				Pr	ogram Limit	ed Partners	ship		Facility M	anager		
Mailing Address I	ine One		Mailing	g Addres	s Line Two				City	St	ate	Zip Code
PO Box 338								Cheshi	re	(СТ	06410
Business Phone	Extension	Fax		Mobi	le Phone	Emergency	y Phone	Email A	Address			
203-272-5358		203-272-	6247									
Contact Role(s):	Administrative	Contact										

Please note the following:

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End of schedule

Name Mr. Douglas Mailing Addre 90 Old Count Business Ph 860-651-5	ess Line One ry Road none Extension	Fax 860-651-58	ailing Addre	Jehovahs Witress Line Two	nesses-Gran		ne Em		-	t	State CT	Zip Code 06026
Name Mr. Douglas Mailing Addre 90 Old Count Business Ph 860-651-5	ess Line One ry Road none Extension 865	Fax	ailing Addre	ess Line Two			ne Em	ail Add	by Iress	t		
Name Mr. Douglas Mailing Addre 90 Old Count Business Ph	ess Line One ry Road none Extension	Fax	ailing Addre	ess Line Two			ne Em	ail Add	by Iress			
Name Mr. Douglas Mailing Addre	ess Line One ry Road		ailing Addre	ess Line Two					by			
Name Mr. Douglas Mailing Addre	ess Line One	N			nesses-Gran	by						
Name Mr. Douglas		I			nesses-Gran	by						
Name												
20955 W				Organization							Job Title	
20955 W			Co	ntact Info	rmation)						
// // ILL \ \ \ /	ELL		2		-		Α					
				WELL	1 1 1							
00700 EN	ITRY POINT		3	ENTRY POI		1	A					
			UPSTREAM		SERVICE CON SERVICE CON		A					
UUUUU DI	STRIBUTION STSTEIN			DISTRIBUTI M WITHIN 5 S			A	ĭ				
	STRIBUTION SYSTEM		4		ON SYSTEM		<u>Status</u> A	Y	. Rule	. 1161	אסטנטנטט	WAL Z DOP
System W Facility ID	ater System Facility	Sa	mpling Poir ID	nt Sampling F Description				Colifor Rule	т Сор	-	Achestos	Stage WQP 2 DBP
Water				•				Tota		l and		
		Water Sys	tem Fac	ility and S	ampling	Po	int In	vent	ory			
					1/1/21 -							
	·				1/1/20 -							mplete
	OINT (3)	•			1/1/19 -							mplete
	g Point (Sampling Po	oint ID)			Monitori	ing P	Period	Colle	ection Pe			iance Status
-	Nitrite (NOX)	•		•						1	routine (F	RT) per year
Water Syste	m Facility: ENTRY	POINT (WS	F ID: 0070	0)		, -						
					7/1/20 -							
					4/1/20 -						30	F 3.4
					1/1/20 -							mplete
Jeicet II	om mivemory of Acti	• C Jumping I	J(G		10/1/19 -							mplete
-	om Inventory of Acti		nints		7/1/19 -			Cone	ection Pe	riou		mplete
_	rameters (PPS) g Point (Sampling Po	oint ID)			Monitori	ina P	Period	Colle	ection Pe			per quarter iance Status
Dhariaal Da	(DDC)				7/1/20 -	9/3	0/20			1	(DT)	
					4/1/20 -							
					1/1/20 -						Со	mplete
					10/1/19 -							mplete
Select fr	om Inventory of Acti	ve Sampling Po	oints		7/1/19 -			_				mplete
Samplin	g Point (Sampling Po	oint ID)			Monitori			Colle	ection Pe	eriod	Compli	iance Status
Total Colifo	orm (3100)								:	1 rou	tine (RT)	per quarter
Water Syste	m Facility: DISTRI	IBUTION SYS										
			Moni	toring Red	quireme	nts	;					
Towns Served	d: GRANBY											
	GRANBY ROAD			Connection			1				32	
	s (where applicable)	L33L3		Service	Residen	tial	Comm	ercial	Industr	ial	Combined	
CT0560104	JEHOVAHS WITN	FSSFS				Cias	NC	OII FO	25	OWI	P P	GW
PANAS III I	PWS Name	cr Quair	ty MOII.	itoring a	iiu Coii					_	oer Type P	rimary Source
DIAIC ID	₩at						ICIIL		neall			
PWS ID	Connecticu	ter Quali									CUOII	

	Wat	ter Qua	lity Mon	itoring a	nd Com	ıplia	nce S	Schedul	le		
PWS ID	PWS Name					Classif	cation	Population	Owner Typ	e Pr	imary Source
CT0560104	JEHOVAHS WITN	IESSES				N	С	25	Р		GW
Local Address (v	vhere applicable)			Service	Resident	ial Co	mmercia	al Industri	al Combi	ned	Agricultural
121 NORTH GRA	NBY ROAD			Connection	ns		1				
Towns Served: 0	GRANBY				·	·		·	·		
Name				Organization					Job Ti	tle	
Mr. John A. Koz	ak			Jehovahs Witn	esses						
Mailing Address	Line One		Mailing Addre	ess Line Two				City	State	5	Zip Code
193 West Bass L	ane .						Suffield	l	СТ	(06078-1955
Business Phor	ne Extension	Fax	Мо	bile Phone	Emergency	Phone	Email A	ddress			
	4				860-668-7	7726					

Connecticut Department of Dublic Health Drinking Water Section

Contact Role(s): Administrative Contact

Please note the following:

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

End of schedule

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C	onnectic	•									ection		
		ter Qua	nty Mo	onii	toring a	na Com							
	WS Name	\/\\\ ACE								tion Ow	ner Type P		
	LD MILL POND				Comico	Desident		IC	31	tuial	P	G۱	
Local Address (wh 383 SALMON BRO					Service Connection	Resident	liai Co	mmercial	mai	ustrial	Combined	Agri	cultural
Towns Served: GR					COMMICCION	.5		1					
Towns Served. GR	AINDT		D. 4	* •	D	•	- 4 -						
Water System Fa	cility: DISTR	RIBUTION S			oring Red D: 00600)	quiremei	nts						
Total Coliform	(3100)									1 rou	utine (RT)	per qı	uarter
Sampling Poi	nt (Sampling P	oint ID)				Monitorii	ng Peri	od Col	lectio	n Period	Compl	iance S	Status
Select from Ir	ventory of Act	ive Sampling	Points			7/1/19 -	9/30/1	.9			Co	mplet	e
						10/1/19 -						mplet	
						1/1/20 -					Co	mplet	e
						4/1/20 - 7/1/20 -							
Physical Parame	eters (PPS)									1 rou	utine (RT)	per qı	uarter
Sampling Poi	nt (Sampling P	Point ID)				Monitorii	ng Peri	od Col	lectio	n Period	Compl	iance S	Status
Select from Ir	ventory of Act	ive Sampling	Points			7/1/19 -	9/30/1	.9			Co	mplet	e
						10/1/19 -					Co	mplet	e
						1/1/20 -	3/31/2	20			Co	mplet	e
						4/1/20 -	6/30/2	20					
						7/1/20 -	9/30/2	20					
Water System Fa	cility: ENTR	Y POINT (V	VSF ID: 00	700									
Nitrate And Nit											routine (I		-
	nt (Sampling P	Point ID)				Monitorii			lectio	n Period	Compl		
ENTRY POINT	(3)					1/1/19 - 1						mplet	
						1/1/20 - 1					Co	mplet	e
				_		1/1/21 - 1		21					
			Oth	er C	ompliand	ce Sched	ules						
Compliance Sched	ule Activity					Ĺ	Due Da	te	A	chieved	Date		
RESPOND TO SANI	TARY SURVEY					4,	/20/20	07					
Water		Water S	ystem F	acil	ity and Sa	ampling	Poin	t Inven	-	ead and			
	System Facility	,	Samplina i	Point	Sampling P	oint		Colife		.euu unu Copper			Stage
Facility ID	,		ID		Description		Sto	itus Rui			Asbestos	WQP	_
00600 DISTRIE	UTION SYSTEM	1	4		DISTRIBUTI	ON SYSTEM		A Y					
			DOWNSTR	REAM	WITHIN 5 S	ERVICE CON	1 /	А					
			UPSTRE	AM	WITHIN 5 S	ERVICE CON	1 /	А					
00700 ENTRY	POINT		3		ENTRY POI	NT	,	Ą					
20957 WELL			2		WELL		,	A					
				Cor	ntact Info	rmation							
Name				0	rganization						Job Title		
Mr. Joseph R. Rad													
Mailing Address Li			Mailing A	ddres	ss Line Two				City	•	State	Zip C	
South Loomis Stre		T			T			Southwi			MA	010)77
Business Phone 413-569-0140	Extension	Fax		Mob	ile Phone	Emergency	Phone	Email Ad	ldress				

	Connectic	ut Depa	artment (of Public	Health	D	rinking	g Water	Section	
	Wa	ter Qua	lity Mon	itoring a	nd Con	np	liance S	Schedul	le	
PWS ID	PWS Name					Cla	ssification	Population	Owner Type	Primary Source
CT0560124	OLD MILL POND	VILLAGE					NC	31	Р	GW
Local Address (wi	nere applicable)			Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
383 SALMON BRO	OOK STREET			Connection	ns		1			
Towns Served: G	RANBY				'				'	
Contact Role(s):	Owner									
Name				Organization					Job Title	е
Ms. Kim M. Radv	vilowicz							Manager	/ Owner	
Mailing Address I	ine One		Mailing Addr	ess Line Two				City	State	Zip Code
383 Salmon Broo	k Street						Granby	/	СТ	06035
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	y Pho	one Email A	Address		
860-653-3433		860-653-	9767		413-569	-014	0 OMPV	383@yahoo	.com	
Contact Role(s):	Administrative	Contact, Leg	gal Contact, O	wner						

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

	C	onnectic	*											ion	
		Wa	ter Qua	lity Mo	nito	ring a	and Con	npl	ianc	ce So	che	dule			
PWS ID	PV	VS Name						Cla	ssificat	ion Po	opul	ation O	wner	Type P	rimary Source
CT056013	4 PII	GRIM COVEN	ANT CHURC	H					NC		25	5	Р		GW
Local Add	ress (whe	re applicable)				ervice	Residen	tial	Comm	nercial	Ind	dustrial	Co	mbined	Agricultura
605 SALM	ION BROC	K STREET			C	onnectio	ons		1	1					
Towns Sei	rved: GRA	NBY													
				Мо	nitor	ing Re	quireme	nts							
· · · · ·		cility: DISTR	IBUTION S	YSTEM (W	SF ID:	00600)									
Total Co	liform (3	3100)										1 r	outin	e (RT)	per quarter
		t (Sampling P					Monitori			Coll	lectio	on Perio	d	Compli	ance Status
Selec	ct from Inv	ventory of Act	ive Sampling	g Points			7/1/19 -			_					mplete
							10/1/19 -								mplete
							1/1/20 -							Co	mplete
							4/1/20 -	6/3	0/20						
							7/1/20 -	9/3	0/20						
_		ters (PPS)													per quarter
	_	t (Sampling P					Monitori			Coll	lectio	on Perio	d		ance Status
Selec	ct from Inv	ventory of Act	ive Sampling	g Points			7/1/19 -								mplete
							10/1/19 -								mplete
							1/1/20 -							Co	mplete
							4/1/20 -								
							7/1/20 -	9/3	0/20						
		cility: ENTR	Y POINT (V	WSF ID: 007	700)										
		te (NOX)											1 rou	-	RT) per year
		t (Sampling P	oint ID)				Monitori			Coll	lectio	on Perio	d		ance Status
ENTF	RY POINT	(3)					1/1/19 -								mplete
							1/1/20 -							Со	mplete
							1/1/21 -	12/3	31/21						
			Water S	ystem Fa	cility	and S	Sampling	Po	int Ir	nven	tor	y			
Water										Tota	al	Lead an	nd		
System	-	ystem Facility		Sampling Po						Colifo		Coppe			Stage
Facility ID				ID		escriptio			<u>Status</u>			Rule Tie	er As	bestos	WQP 2 DBP
00600	DISTRIBU	JTION SYSTEM	1	4			TON SYSTEM		Α	Υ					
							SERVICE CON		Α						
				UPSTREA			SERVICE CON	N	Α						
00700	ENTRY P	OINT		3		NTRY POI	INT		Α						
20958	WELL			2	W	'ELL			Α		_				
					Conta	ct Info	ormation)							
Name					Orga	nization							Jo	b Title	
Ms. Martl	ha Lilia Jo	hnson			Pilgri	m Cover	nant Church				Chai	irperson	í		
Mailing A	ddress Lin	e One		Mailing Ad	dress Li	ne Two					Cit	:у	Ş	State	Zip Code
605 Salmo	on Brook S	Street							Gr	anby				CT	06035
Busines	s Phone	Extension	Fax	N	∕lobile l	hone	Emergency	Pho	ne Em	nail Ad	dres	S			
860-65	3-3800		860-653-	9984					we	ebmast	ter@	pilgrimo	coven	antchur	ch.org
Contact R	ole(s): A	dministrative	Contact												

(Connecticut Department of Public Health Drinking Water Section												
	Wa	ter Qua	lity N	lonit	oring a	nd Con	np	liance S	Schedul	le			
PWS ID F	WS Name						Cla	ssification	Population	Own	er Type	Primary Source	
CT0560134 F	PILGRIM COVEN	ANT CHURC				NC	25		Р	GW			
Local Address (where applicable) Service F								Commerci	al Industri	al (Combine	d Agricultural	
605 SALMON BRO	Connection	ns		1									
Towns Served: GF	RANBY												
Name				Or	ganization						Job Title		
Mr. Gregory Sikes	5			Pil	grim Covena	ant Church			Chairpers	on			
Mailing Address L	ine One		Mailing	Address	Line Two				City		State	Zip Code	
605 Salmon Brool	< Dtreet							Granby	/		СТ	06035	
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	y Pho	one Email A	Address				
860-653-3800		860-653-	9984			860-668	-015	9 webma	aster@pilgri	mcov	enantch	urch.org	
Contact Role(s):	Legal Contact		,					·					

CD 1.11 - 11 - 1/1. D -1 -1 1 - - 147 - (-)

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

Page 20

	Connecticut Department of Water Quality Moni				_			ection				
DIA(C ID		itoring an	u Con				_		·			
PWS ID CT0560174	PWS Name	CORD		NC	n Po	25	Ow	P Pr	imary Source			
	ST. THERESE ROMAN CATHOLIC CHURCH C (where applicable)	Service	Residen		rcial	Industri	al	Combined	GW Agricultural			
120 WEST GRA		Connections	Residen	1	lClai	muustii	aı	Combined	Agricultural			
Towns Served:												
TOWITS SCIVEG.		toring Dogu	iromo	m to								
Water System	1 Facility: DISTRIBUTION SYSTEM (WSF	toring Requ	ureme	nts								
Total Colifor	m (3100)					2	? rou	utine (RT) p	er quarter			
	Point (Sampling Point ID)		Monitori	ing Period	Colle	ection Pe			ance Status			
Select from	m Inventory of Active Sampling Points		7/1/19 -	9/30/19				Co	mplete			
			10/1/19 -	12/31/19	_			Co	mplete			
			1/1/20 -	3/31/20				Co	mplete			
			4/1/20 -	6/30/20								
			7/1/20 -	9/30/20								
Physical Para	ameters (PPS)					2	? rou	ıtine (RT) բ	er quarter			
Sampling	Point (Sampling Point ID)			ing Period	Colle	ection Pe	riod	Compli	ance Status			
Select from	m Inventory of Active Sampling Points			9/30/19					mplete			
				12/31/19					mplete			
				3/31/20				Co	mplete			
				6/30/20								
			7/1/20 -	9/30/20								
	n Facility: ENTRY POINT - WELL 1 (WSF	ID: 00700)										
Nitrate (104	•								er quarter			
	Point (Sampling Point ID)			ing Period	Colle	ection Pe	riod		ance Status			
ENTRY PO	DINT (3)			9/30/19					mplete			
				12/31/19					mplete			
				3/31/20				Col	mplete			
				6/30/20								
Nituit - /4044			//1/20 -	9/30/20			_		T \			
Nitrite (1041	•		Monitori	ing Daviad	Calla	ostion Do		-	T) per year			
ENTRY PO	Point (Sampling Point ID)			ing Period 12/31/19	Colle	ection Pe	rioa		mplete			
ENTRY PO	/// (3)			12/31/19					mplete			
				12/31/20	CO	ilbiere						
Water System	n Facility: ENTRY POINT - WELL 2 (WSF	ID: 00702)	1/1/21	12/31/21								
Nitrate (104	•	10.00702				1	roi	ıtina (RT) r	per quarter			
-	Point (Sampling Point ID)		Monitori	ing Period	Colle	ction Pe			ance Status			
	VINT - WELL 2 (3)			9/30/19	Conc		1104		mplete			
				12/31/19					mplete			
				3/31/20					mplete			
				6/30/20					F			
				9/30/20								
Nitrite (1041	1)			. ,			1	routine (R	T) per year			
-	Point (Sampling Point ID)		Monitori	ing Period	Colle	ection Pe		Compliance Status				
	INT - WELL 2 (3)			12/31/19					mplete			
			1/1/20 -	12/31/20				Co	mplete			
			1/1/21 -	12/31/21								
				· · · · · · · · · · · · · · · · · · ·	_			· · · · · · · · · · · · · · · · · · ·				

	Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source					
CT0560174			NC	25	Р	GW							
Local Address (where applicable)	Residen	ntial (Commercia	al Industri	al Combine	ed Agricultural						
120 WEST GRANBY ROAD Connections 1													

Water System Facility and Sampling Point Inventory

Connecticut Department of Public Health Drinking Water Section

Water								Total	Lead and		
System	-	ystem Facility		Sampling Poin ID	t Sampling Descriptio			Coliform	Copper	Ashastas	Stage
Facility ID							Status		Ruie Her	Aspestos	WQP 2 DBPI
00600	DISTRIBU	JTION SYSTEM		4		TION SYSTEM	Α	Y			
				4-WELL1	DISTRIBUT	TION SYSTEM	Α	Υ			
				4-WELL2	DISTRIBUT	TION SYSTEM	Α	Υ			
				DOWNSTREAM	M WITHIN 5	SERVICE CON	Α				
				UPSTREAM	WITHIN 5	SERVICE CON	Α				
00700	ENTRY P	OINT - WELL 1		3	ENTRY PO	INT	Α				
00702	ENTRY P	OINT - WELL 2		3	ENTRY PO	INT - WELL 2	Α				
20962	WELL #1			2	WELL#1		Α				
23102	WELL #2			2	WELL #2		Α				
				Co	ntact Info	ormation					
Name				(Organization					Job Title	
Mr. Thom	as Ptaszy	nski		1	Roman Catho	olic Church					
Mailing Ad	ddress Lin	e One		Mailing Addre	ess Line Two			Ci	ity	State	Zip Code
120 W. Gr	anby Rd						Gr	anby		СТ	06035
Business	s Phone	Extension	Fax	Mol	bile Phone	Emergency Pho	one En	nail Addre	SS		
860-65	3-3371		860-653-5	5780		860-653-388	9				
Contact R	ole(s): A	dministrative (Contact								
Name					Organization					Job Title	
St. Theres	a Roman	Catholic Chure	ch Corp								
Mailing Ad	ddress Lin	e One		Mailing Addre	ess Line Two			Ci	ity	State	Zip Code
120 W Gra	anby Rd						Gr	anby		СТ	06035-2907
Business	s Phone	Extension	Fax	Mol	bile Phone	Emergency Pho	one En	nail Addre	SS		

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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

Contact Role(s): Legal Contact, Owner

Please note the following:

Towns Served: GRANBY

Connecticut Department of Pu	olic Health Drinking Water Section
Water Quality Monitoring	ng and Compliance Schedule
PWS ID PWS Name	Classification Population Owner Type Primary Source
CT0560204 WEST GRANBY UNITED METHODIST CHURCH	NC 41 P GW
Local Address (where applicable) Servi	
11 /	ections 1
Towns Served: GRANBY	
	D!
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	Requirements
Total Coliform (3100)	1 routine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period Collection Period Compliance Status
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19 Complete
Sciect from inventory of Active Sumpling Forms	10/1/19 - 12/31/19 Complete
	•
	1/1/20 - 3/31/20 Complete 4/1/20 - 6/30/20
	7/1/20 - 9/30/20 7/1/20 - 9/30/20
Physical Parameters (PPS)	1 routine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period Collection Period Compliance Status
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19 Complete
	10/1/19 - 12/31/19 Complete
	1/1/20 - 3/31/20 Complete
	4/1/20 - 6/30/20
	7/1/20 - 9/30/20
Water System Facility: ENTRY POINT (WSF ID: 00700)	
Nitrate And Nitrite (NOX)	1 routine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period Collection Period Compliance Status
ENTRY POINT (3)	1/1/19 - 12/31/19 Complete
ENTRY CONT (3)	1/1/20 - 12/31/20 Complete
	1/1/21 - 12/31/21
Other Comp	liance Schedules
Compliance Schedule Activity	Due Date Achieved Date
RESPOND TO SANITARY SURVEY	11/23/2016
Water System Facility a	nd Sampling Point Inventory
Water	Total Lead and
System Water System Facility Sampling Point Samp	
Facility ID ID Descri	ription Status Rule Rule Tier Asbestos WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM 4	RIBUTION SYSTEM A Y
00700 ENTRY POINT 3 ENTR	Y POINT A
20965 WELL 2 WELI	Α
Contact	Information
Name Organiz	ation Job Title
Mr. James Oates W Gran	by United Methodist Chur Chairman- Bd Trustee
Mailing Address Line One Mailing Address Line	Two City State Zip Code
P.O. Box 157	West Granby CT 06090
Business Phone Extension Fax Mobile Pho	·
860-653-7437 860-653-2891	860-653-6651
Contact Role(s): Legal Contact	

(Connecticut Department of Public Health Drinking Water Section												
	Wat	ter Qua	lity Monite	oring a	nd Con	npl	liance S	Schedul	le				
PWS ID	PWS Name					Cla	ssification	Population	Owner Type	e Pri	imary Source		
CT0560204	WEST GRANBY U		NC		41	Р		GW					
Local Address (wh	nere applicable)			Service	Residen	itial	Commerci	al Industri	al Combir	ned	Agricultural		
87 SIMSBURY ROA	AD		Connection	ns		1							
Towns Served: GF	RANBY												
Name			Or	ganization					Job Tit	le			
Mr. James E Coni	оу		W.	. Granby Uni	United Methoddist President/ Trustee								
Mailing Address L	ine One		Mailing Address	Line Two				City	State	!	Zip Code		
87 Simsbury Road	d						West G	ranby	СТ		06035		
Business Phone	Extension	Fax	Mobil	e Phone	Emergency	/ Pho	one Email A	Address	·				
860-653-7437					860-653-	-312	3 wgumo	coffice@sbc	global.net				
Contact Role(s):	Administrative (Contact					•						

nt of Dublic Hoolth Dubling Motor Coot

Please note the following:

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End of schedule

Connecticut Departmen	t of Public H	Health D	rinki	ng W	ater So	ection	
Water Quality Mo	nitoring an	d Compl	lianc	e Sch	edule		
PWS ID PWS Name		Cla	ssificatio	on Pop	ulation Ow	ner Type P	rimary Source
CT0560234 BUSHY HILL ORCHARD			NC		25	Р	GW
Local Address (where applicable)	Service	Residential	Comme	ercial I	ndustrial	Combined	Agricultural
29 & 33 BUSHY HILL ROAD	Connections		5				
Towns Served: GRANBY							
Mo	nitoring Requ	uirements	•				
Water System Facility: DISTRIBUTION SYSTEM (W	VSF ID: 00600)						
Total Coliform (3100)					1 ro	utine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitoring F	Period	Collec	tion Period		iance Status
Select from Inventory of Active 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			Co	mplete
		4/1/20 - 6/3	0/20				
		7/1/20 - 9/3	0/20				
Physical Parameters (PPS)					1 ro	utine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitoring F	Period	Collec	tion Period	l Compl	iance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9/3	0/19			Co	omplete
		10/1/19 - 12/	31/19			Co	omplete
		1/1/20 - 3/3	1/20			Co	omplete
		4/1/20 - 6/3	0/20				
		7/1/20 - 9/3	0/20				
Water System Facility: ENTRY POINT (WSF ID: 00	700)						
Nitrate And Nitrite (NOX)					1	=	RT) per year
Sampling Point (Sampling Point ID)		Monitoring F		Collec	tion Period		iance Status
ENTRY POINT (3)		1/1/19 - 12/3				Co	omplete
		1/1/20 - 12/3				Co	omplete
		1/1/21 - 12/3	31/21				
Water System Fa	acility and Sa	mpling Po	int In	vento	ry		
Water				Total	Lead and	1	
	Point Sampling Po	int	(Coliform			Stage
Facility ID ID	Description		Status	Rule	Rule Tie	r Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTIO		Α	Υ			
	EAM WITHIN 5 SEI		Α				
UPSTREA			Α				
00700 ENTRY POINT 3	ENTRY POINT	Γ	Α				
57462 WELL#1 2	WELL #1		Α				
	Contact Infor	mation					
Name	Organization					Job Title	
Mr. Allen G. Clark			-	Ov	vner		
	dress Line Two				City	State	Zip Code
29 Bushyhill Road	Т			nby		СТ	06026
	Mobile Phone E	mergency Pho					
860-716-3240		860-653-904	6 сор	perflats	@hotmail.	com	
Contact Role(s): Administrative Contact, Legal Contact,	, Owner						

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

		_			_ L			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
СТ0560234	BUSHY HILL ORCHARD)			NC	25	Р	GW
Local Address (w	here applicable)		Service	Resider	tial Commerc	ial Industri	al Combine	ed Agricultural
29 & 33 BUSHY F	HILL ROAD		Connections		5			

Towns Served: GRANBY

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End of schedule

	Connectic	ut Departr	nent o	f Public	Health	Drin	nking	g W	ater S	ection		
	Wat	ter Quality	Monit	coring a								
PWS ID	PWS Name					Classifi	ication	Popu	lation O	wner Type	Primary	/ Source
CT0560244	HOLCOMB FARM	15				N	_		25	Р	_	W
Local Address (where applicable)			Service	Resident	tial Co	mmerci	al Ir	ndustrial	Combine	ed Agri	icultural
113 SIMSBURY	ROAD			Connection	ns		2					
Towns Served:	GRANBY							_				
				oring Red	quireme	nts						
-	n Facility: DISTR	IBUTION SYSTE	M (WSF I	D: 00600)					4	/5	-1	
Total Colifor	• •	-(0.0 14 1-	0	1	- 114		outine (R		
	Point (Sampling Po		4-		Monitorii			onect	ion Perio		pliance :	
Select from	m Inventory of Acti	ve Sampling Poin	ts		7/1/19 -	-					Complet	
					10/1/19 -						Complet	.e
					1/1/20 -							
					4/1/20 -							
					7/1/20 -	9/30/2	0					
_	ameters (PPS) Point (Sampling Po	oint ID)			Monitorii	na Perio	od C	ollect	1 ro ion Perio	outine (R)	「) per q <i>pliance</i> :	
	m Inventory of Acti		tc		7/1/19 -			onect	ion r eno		Complet	
Select II OI	in inventory of Acti	ve sampling i om			10/1/19 -						Complet	
					1/1/20 -						complet	
					4/1/20 -							
					7/1/20 -							
Water System	n Facility: ENTRY	POINT (WSF)	D: 00700))	7/1/20-	9/30/2	0					
•	Nitrite (NOX)									1 routine	(RT) pe	er vear
	Point (Sampling Po	oint ID)			Monitorii	ng Perio	od C	ollect	ion Perio		pliance :	-
ENTRY PO	INT (3)				1/1/19 - 1						Complet	te
	<u>, , ,</u>				1/1/20 - 1							
		-			1/1/21 - 1							
		Water Syste	m Facil	ity and S	ampling	Point	t Inve	nto	ry			
Water				-			To	otal	Lead an	nd		
System Wat	ter System Facility	Samj	oling Point	Sampling P			Coli	form	Coppe	r		Stage
Facility ID			ID	Description	1	Sta	tus R	ule	Rule Ti	er Asbesto	s WQP	2 DBPR
00600 DIST	TRIBUTION SYSTEM	ļ	4	DISTRIBUTI	ON SYSTEM	A	A	Υ				
		DOM	/NSTREAM	WITHIN 5 S	SERVICE CON	I A	A					
		UP	STREAM	WITHIN 5 S	SERVICE CON	I A	4					
00700 ENT	RY POINT		3	ENTRY POII	NT	Α	4					
23097 WEL	LL #1		2	WELL #1		Α	4					
			Con	tact Info	rmation							
Name			0	rganization						Job Titl	e	
Mr. Kirk A. Sev	erance		To	own of Granl	by			Dro	tr Public	Works		
Mailing Addres	ss Line One	Mail	ing Addres	s Line Two				Ci	ity	State	Zip (Code
52 N. Granby R	d						Granby	′		СТ	060	035
Business Pho	ne Extension	Fax	Mob	ile Phone	Emergency	Phone	Email A	Addre	SS			
860-653-896	50	860-653-8959			860-982-9	9253	ksevera	ance@	granby-	ct.gov		
Contact Role(s)	: Administrative	Contact										

(Lonnectic	ut Depa	irtmen	it of	Public	Health	ועו	inking	g water	· Seci	tion	
	Wa	ter Qua	lity Mo	onit	oring a	nd Con	npli	ance S	Schedul	le		
PWS ID	PWS Name						Class	ification	Population	Owner	Type Pi	rimary Source
CT0560244	HOLCOMB FARM	ΛS						NC	25	Р)	GW
Local Address (wh	nere applicable)		Service	Resider	ntial C	ommerci	al Industri	al Co	mbined	Agricultural		
113 SIMSBURY RO	DAD		Connection	ıs		2						
Towns Served: GF	RANBY											
Name				Or	ganization					Jo	ob Title	
Mr. William F Sm	ith								Town Ma	nager		
Mailing Address L	ine One		Mailing A	ddress	Line Two				City		State	Zip Code
Town Hall			15 North	Granb	y Road			Granby	1		CT	06035
Business Phone	Extension	Fax		Mobil	le Phone	Emergency	/ Phon	e Email A	Address	·		
860-844-5300		860-653-	8947			860-653	-5335	william	fsmith@gra	nby-ct.	gov	
Contact Role(s):	Legal Contact, (Owner	,									

nt of Dublic Hoolth Duinling Motor Cooti

Please note the following:

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 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

Со	nnecticut l	•					_			ection	
51446.45		Quality M	ΙΟΠΙ	oring a	na con	_				_	D : 6
	S Name	DC .					NC	Popul 2		wner Type P	Primary Source
	T ACRES ORCHAR	מטא		Service	Dosidon		_			-	GW
Local Address (where				Connection	Residen	tiai CC	ommerci 1	ai III	dustrial	Combine	ed Agricultural
Towns Served: GRAN				Comicono							
Towns served. GNAP	NDI		lopita	oring Bo	auiromo	ntc					
Water System Faci	lity: DISTRIBUT				quireme	nts					
Total Coliform (3	•								1 rc	=) per quarter
	(Sampling Point				Monitori			ollecti	ion Perio		oliance Status
Select from Inve	entory of Active Sa	ampling Points			7/1/19 -						Complete
					10/1/19 -					(Complete
					1/1/20 -						
					4/1/20 -						
					7/1/20 -	9/30/2	20				
Physical Paramete	•									-) per quarter
	(Sampling Point				Monitori			ollecti	ion Perio		oliance Status
Select from Inve	entory of Active Sa	ampling Points			7/1/19 -						Complete
					10/1/19 -					(Complete
					1/1/20 -						
					4/1/20 -						
Water System Faci	lia ENTRY DO	INIT MAKE ID.	2020		7/1/20 -	9/30/2	20				
•	•	IIVI (WSFID:	וטייטטן							4	(DT)
Nitrate And Nitrit	e (NOX) (Sampling Point)	(D)			Monitori	na Dori	ind C	allasti	ion Perio		(RT) per year oliance Status
ENTRY POINT (3		וטו			1/1/19 -			onecu	on Peno		Complete
LIVINI FORVI (S	·)				1/1/19 -						complete
					1/1/21 -						
	\ \ /a	ter System	Eacili	ity and S				ntor	^\/		
144	VVa	itei systeili	raciii	ity aliu 3	amping	PUIII				-1	
Water System Water Sys Facility ID	stem Facility	Samplin IL		Sampling F Description		Sta	Coli	otal form ule	Lead an Copper Rule Tie	•	Stage os WQP 2 DBPR
00600 DISTRIBU	TION SYSTEM	4		DISTRIBUTI	ION		A				
		DOWNS	TREAM	WITHIN 5 S	SERVICE CON	N .	Α				
		UPSTF	REAM	WITHIN 5 S	SERVICE CON	١ .	Α				
00700 ENTRY PC	DINT	3		ENTRY POI	NT		Α				
49459 WELL 1		2		WELL 1			Α				
			Con	tact Info	rmation	1					
Name			Or	rganization						Job Title	2
Ms. Virginia B. Wutl	ка		Lo	st Acres Ord	chards			Ow	ner		
Mailing Address Line	One	Mailing	Address	s Line Two				Ci	ty	State	Zip Code
130 Lost Acres Road							North (Granb	У	СТ	06060
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	Phone	e Email A	Addres	SS		
860-653-6600					860-653-	6897	ginny@	losta	cres.com		
Contact Role(s): Ad	ministrative Cont	act, Legal Conta	ct, Owr	ner							

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

				<i>-</i>	0		1			
PWS	ID	PWS Name					Classification	Population	Owner Type	Primary Source
CT05	65064	LOST ACRES ORCHARD	os				NC	25	Р	GW
Local Address (where applicable)				Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural	
130 LOST ACRES ROAD				Connections		1				

Towns Served: GRANBY

Please note the following:

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