| | Connecticut De | nartment of | Fuhlic Heal | th Dr | inki | ing W | ater S | Section | า | |
|-------------|---|------------------|--------------------------|------------|--------|-----------|------------|-----------|----------|-------------|
| | | • | oring and Co | | | | | | • | |
| PWS ID | PWS Name | ianty Monit | ornig and Co | | | | | | Dringo | ry Source |
| CT077001 | | AD MEDDIE WOOD | | | NC | | 25 | P P | | GW |
| | ress (where applicable) | IP WERKIE-WOOD | Service Resid | | Comm | | dustrial | Combin | | |
| | NER STREET | | Connections | defitial (| 1 | | luusti iai | Combi | ieu Ag | gricultural |
| | rved: MANCHESTER | | 33111331131 | | | • | | | | |
| TOWIIS SE | TVEG. WANCHESTER | D.C. a. a. i. b. | D | | | | | | | |
| Water Sv | vstem Facility: DISTRIBUTION | | oring Requiren D: 00600) | nents | | | | | | |
| | oliform (3100) | • | • | | | | 1 r | outine (R | T) per | guarter |
| | pling Point (Sampling Point ID) | | Monit | toring Pe | eriod | Collect | ion Perio | = | | e Status |
| | ct from Inventory of Active Sampl | ing Points | | 19 - 9/30 | | | | | Compl | |
| | , | 0 | | 19 - 12/3 | _ | | | | Compl | |
| | | | | 20 - 3/31, | | | | | F | |
| | | | | 20 - 6/30 | | | | | | |
| | | | | 20 - 9/30 | - | | | | | |
| - | Parameters (PPS) | | | | | | | outine (R | | • |
| | pling Point (Sampling Point ID) | | | toring Pe | | Collect | ion Perio | d Con | - | e Status |
| Selec | ct from Inventory of Active Sampl | ing Points | | 19 - 9/30, | | | | | Compl | |
| | | | | 19 - 12/3 | | | | | Compl | ete |
| | | | | 20 - 3/31 | | | | | | |
| | | | | 20 - 6/30, | | | | | | |
| | | | | 20 - 9/30, | /20 | | | | | |
| | stem Facility: ENTRY POINT | (WSF ID: 00700) | | | | | | | · | |
| | And Nitrite (NOX) | | | | | - " | | 1 routine | | - |
| | pling Point (Sampling Point ID) | | | toring Pe | | Collect | ion Perio | d Con | | e Status |
| ENTI | RY POINT (3) | | | 9 - 12/31 | | | | | Compl | ete |
| | | | | 0 - 12/31 | | | | | | |
| | | | | 1 - 12/31 | | | | | | |
| | Water | System Facili | ity and Sampli | ng Poi | nt Ir | vento | ry | | | |
| Water | | | | | | Total | Lead ar | | | |
| System | Water System Facility | | Sampling Point | | | Coliform | Coppe | | | Stage |
| Facility IE | | ID | Description | | tatus | Rule | Rule Ti | er Asbes | os WQ | P 2 DBPR |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYST | EM | Α | Y | | | | |
| | | BJ00393 | BATHROOM SINK | | Α | Y | | | | |
| | | BJ97479 | BATHROOM | | Α | Y | | | | |
| | | BK05616 | MAIN CABIN | | Α | Y | | | | |
| | | BK81502 | KITCHEN | | Α | Y | | | | |
| | | BN19076 | TROOP HOUSE | | Α | Υ | | | | |
| | | | WITHIN 5 SERVICE (| | Α | | | | | |
| 00 | ENTRY DOM: | UPSTREAM | WITHIN 5 SERVICE | LON | A | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | | A | | | | | |
| 21330 | WELL | 2 | WELL | | Α | | | | | |
| | | | tact Informati | on | | | | | | |
| Name | | | rganization | | | | | Job Tit | le | |
| Ms. Mich | | | rl Scouts of Connect | icut | | | Propert | | | |
| | ddress Line One | Mailing Address | s Líne Two | | | | ty | State | | Code |
| | ngton Avenue | | | | | rth Haver | | СТ | 0 | 6473 |
| | s Phone Extension F | ax Mobi | le Phone Emerge | ncv Phor | ne IEm | ail Addre | SS | | | |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

| | Connectic | ut Depa | irtmer | it or | Public | Health | ı pri | nking | water | . 26 | ection | |
|-------------------|------------------|-----------|-----------|---------|------------|-----------|---------|------------|------------|------|-----------|----------------|
| | Wa | ter Qua | lity M | onito | oring ar | nd Con | nplia | ance S | chedul | le | | |
| PWS ID | PWS Name | | | | | | Classi | fication F | opulation | Ow | ner Type | Primary Source |
| СТ0770014 | GIRL SCOUTS OF | CT - CAMP | MERRIE-V | VOOD | | | I | NC | 25 | | Р | GW |
| Local Address (w | here applicable) | | | | Service | Resider | ntial C | ommercia | Industri | al | Combine | d Agricultural |
| 650 GARDNER ST | REET | | | | Connection | S | | 1 | | | | |
| Towns Served: M | IANCHESTER | | | | | | | | | | | |
| 203-239-2922 | 3329 | 203-239- | 7220 | | | 800-922 | -2770 | mvelez@ | gsofct.org | 3 | | |
| Contact Role(s): | Administrative | Contact | · | | | | | · | | | | |
| Name | | | | Org | ganization | | | | | | Job Title | |
| Girl Scouts of Am | nerica, Inc. | | | | | | | | | | | |
| Mailing Address I | Line One | | Mailing A | Address | Line Two | | | | City | | State | Zip Code |
| 340 Washington | Street | | | | | | | Hartford | ł | | СТ | 06106 |
| Business Phone | Extension | Fax | | Mobile | e Phone | Emergency | y Phone | e Email Ad | ddress | | | |
| 860-522-0163 | | | | | | | | | | | | |
| 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.

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

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

End of schedule

Schedule Generation Date: 3/10/2020

Page 2

| | Connecticut Depa | | | | | 0 | | | |
|---|--|---|---|---|----------------------------------|--|---|--|--------------------------------------|
| | Water Qua | lity M | onitoring an | d Comj | plia | nce So | chedule | | |
| PWS ID | PWS Name | | | C | Classific | cation P | opulation O | wner Type Pi | imary Source |
| CT0770124 | UNITARIAN UNIVERSALIST (| CHURCH | | | N | 2 | 25 | Р | GW |
| Local Address (v | where applicable) | | Service | Residentia | al Cor | mmercial | Industrial | Combined | Agricultural |
| 153 VERNON ST | Γ WEST | | Connections | | | 1 | | | |
| Towns Served: I | MANCHESTER | | | | | | | | |
| | | M | onitoring Requ | ıiremen | ts | | | | |
| - | Facility: DISTRIBUTION S | SYSTEM (| WSF ID: 00600) | | | | | | |
| Total Coliforn | • | | | | | | | outine (RT) | |
| | Point (Sampling Point ID) | | | Monitoring | | | lection Perio | | ance Status |
| Select from | n Inventory of Active Sampling | g Points | | 7/1/19 - 9 | | | | | mplete |
| | | | | 10/1/19 - 1 | | | | | mplete |
| | | | | 1/1/20 - 3 | | | | Со | mplete |
| | | | | 4/1/20 - 6 7/1/20 - 9 | | | | | |
| Physical Para | meters (PPS) | | | | | | 1 r | outine (RT) | per quarter |
| | Point (Sampling Point ID) | | | Monitoring | g Perio | od Col | lection Perio | | ance Status |
| Select from | n Inventory of Active Sampling | g Points | | 7/1/19 - 9 | /30/19 | 9 | | Со | mplete |
| | | | | 10/1/19 - 1 | 2/31/2 | 19 | | Со | mplete |
| | | | | 1/1/20 - 3 | /31/20 |) | | Со | mplete |
| | | | | 4/1/20 - 6 | /30/20 |) | | | |
| | | | | 7/1/20 - 9 | /30/20 |) | | | |
| Water System | Facility: ENTRY POINT (V | WSF ID: 0 | 0700) | | | | | | |
| Nitrate And N | Nitrite (NOX) | | | | | | | 1 routine (R | T) per year |
| Sampling I | Point (Sampling Point ID) | | | Monitoring | g Perio | d Col | lection Perio | od Compli | ance Status |
| ENTRY POI | INT (3) | | | 1/1/19 - 12 | 2/31/1 | 9 | | Со | mplete |
| | | | | -, -, | | | | | inpiete |
| | | | | 1/1/20 - 12 | 2/31/2 | 0 | | | mplete |
| | | | | • • | | | | | |
| | | Public | : Notification R | 1/1/20 - 12 1/1/21 - 12 | 2/31/2 | 1 | | | |
| | | Public | Compliance | 1/1/20 - 12 1/1/21 - 12 Requiren | 2/31/2 nent | 1 S ublic Not | - | Co PN Cert | mplete ification |
| Violation/Situa | | Public | Compliance Period | 1/1/20 - 12 1/1/21 - 12 Requiren Notice Tier | 2/31/2 nent | 1 S ublic Not quired | ification Performed | PN Cert Due to DPH | mplete |
| Total Coliform N | MCL Violation | Public | Compliance Period 8/1/10 - 8/31/10 | 1/1/20 - 12 1/1/21 - 12 Requiren Notice Tier | 2/31/2 nent P Rec 10/1 | 1 ublic Not quired 3/2010 | - | PN Cert Due to DPH 10/23/2010 | mplete ification |
| _ | MCL Violation MCL Violation | | Compliance Period 8/1/10 - 8/31/10 7/1/11 - 9/30/11 | 1/1/20 - 12 1/1/21 - 12 Requiren Notice Tier 2 | 2/31/2 ment P Rec 10/1 9/8 | 1 S S ublic Not quired 3/2010 /2011 | Performed | PN Cert Due to DPH | mplete ification |
| Total Coliform N | MCL Violation MCL Violation | | Compliance Period 8/1/10 - 8/31/10 | 1/1/20 - 12 1/1/21 - 12 Requiren Notice Tier 2 | 2/31/2 ment P Rec 10/1 9/8 | 1 S S ublic Not quired 3/2010 /2011 | Performed | PN Cert Due to DPH 10/23/2010 | mplete ification |
| Total Coliform N Total Coliform N Water | MCL Violation MCL Violation Water S | ystem I | Compliance Period 8/1/10 - 8/31/10 7/1/11 - 9/30/11 Facility and Sar | 1/1/20 - 12 1/1/21 - 12 Requiren Notice Tier 2 2 mpling F | 2/31/2 ment P Rec 10/1 9/8 | ss ublic Not quired 3/2010 /2011 : Inven | Performed tory Lead a | PN Cert Due to DPH 10/23/2010 9/18/2011 | mplete ification |
| Total Coliform N Total Coliform N Water System Wate | MCL Violation MCL Violation | system I | Compliance Period 8/1/10 - 8/31/10 7/1/11 - 9/30/11 Facility and Sar Point Sampling Poi | 1/1/20 - 12 1/1/21 - 12 Requiren Notice Tier 2 2 mpling F | 2/31/2 ment P Rec 10/1 9/8 | ss ublic Not quired 3/2010 /2011 : Inven Tota Colife | tory al Lead ar | PN Cert Due to DPH 10/23/2010 9/18/2011 | ification Received Stage |
| Total Coliform N Total Coliform N Water System Wate Facility ID | MCL Violation MCL Violation Water S er System Facility | System I Sampling ID | Compliance Period 8/1/10 - 8/31/10 7/1/11 - 9/30/11 Facility and Sar Point Sampling Point Description | 1/1/20 - 12 1/1/21 - 12 Requiren Notice Tier 2 2 mpling F | 2/31/2 ment P Rec 10/1 9/8 | ss ublic Not quired 3/2010 /2011 : Inven Tota Coliferatus Rui | tory al Lead al orm Coppe le Rule Ti | PN Cert Due to DPH 10/23/2010 9/18/2011 | ification Received |
| Total Coliform N Total Coliform N Water System Wate Facility ID | MCL Violation MCL Violation Water S | System I Sampling ID 4 | Compliance Period 8/1/10 - 8/31/10 7/1/11 - 9/30/11 Facility and Sar Point Sampling Point Description DISTRIBUTION | 1/1/20 - 12 1/1/21 - 12 Requiren Notice Tier 2 2 mpling F | 2/31/2 ment P Rec 10/1 9/8 Point | ss ublic Not quired 3/2010 /2011 Inven Tota Colifor Rus | tory al Lead al orm Coppe le Rule Ti | PN Cert Due to DPH 10/23/2010 9/18/2011 | ification Received Stage |
| Total Coliform N Total Coliform N Water System Wate Facility ID | MCL Violation MCL Violation Water S er System Facility | System I Sampling ID 4 DOWNST | Compliance Period 8/1/10 - 8/31/10 7/1/11 - 9/30/11 Facility and Sar Point Sampling Point Description DISTRIBUTION REAM WITHIN 5 SER | 1/1/20 - 12 1/1/21 - 12 Requiren Notice Tier 2 2 mpling F nt N SYSTEM RVICE CON | PRED 10/1 9/8 Stan | ublic Not quired 3/2010 /2011 Tota Colifer | tory al Lead al orm Coppe le Rule Ti | PN Cert Due to DPH 10/23/2010 9/18/2011 | ification Received Stage |
| Total Coliform N Total Coliform N Water System Wate Facility ID 00600 DIST | MCL Violation MCL Violation Water S er System Facility RIBUTION SYSTEM | Sampling ID 4 DOWNST UPSTRE | Compliance Period 8/1/10 - 8/31/10 7/1/11 - 9/30/11 Facility and Sar Point Sampling Point Description DISTRIBUTION REAM WITHIN 5 SER | 1/1/20 - 12 1/1/21 - 12 Requiren Notice Tier 2 2 mpling F nt N SYSTEM RVICE CON | Per 10/1 9/8 Star | 1 Sublic Not quired 3/2010 /2011 Colifor tus Rui | tory al Lead al orm Coppe le Rule Ti | PN Cert Due to DPH 10/23/2010 9/18/2011 | ification Received |
| Total Coliform N Total Coliform N Water System Water Facility ID 00600 DIST | MCL Violation MCL Violation Water S er System Facility RIBUTION SYSTEM | Sampling ID 4 DOWNST UPSTRE | Compliance Period 8/1/10 - 8/31/10 7/1/11 - 9/30/11 Facility and Sar Point Sampling Point Description DISTRIBUTION REAM WITHIN 5 SER ENTRY POINT | 1/1/20 - 12 1/1/21 - 12 Requiren Notice Tier 2 2 mpling F nt N SYSTEM RVICE CON | Per Stan | ublic Not quired 3/2010 /2011 : Inven Tota Colifor tus Rui | tory al Lead al orm Coppe le Rule Ti | PN Cert Due to DPH 10/23/2010 9/18/2011 | ification Received |
| Total Coliform N Total Coliform N Water System Wate Facility ID 00600 DIST | MCL Violation MCL Violation Water S er System Facility RIBUTION SYSTEM | Sampling ID 4 DOWNST UPSTRE | Compliance Period 8/1/10 - 8/31/10 7/1/11 - 9/30/11 Facility and Sar Point Sampling Point Description DISTRIBUTION REAM WITHIN 5 SER | 1/1/20 - 12 1/1/21 - 12 Requiren Notice Tier 2 2 mpling F nt N SYSTEM RVICE CON | Per 10/1 9/8 Star | ublic Not quired 3/2010 /2011 : Inven Tota Colifor tus Rui | tory al Lead al orm Coppe le Rule Ti | PN Cert Due to DPH 10/23/2010 9/18/2011 | ification Received |
| Total Coliform N Total Coliform N Water System Water Facility ID 00600 DIST | MCL Violation MCL Violation Water S er System Facility RIBUTION SYSTEM | Sampling ID 4 DOWNST UPSTRE | Compliance Period 8/1/10 - 8/31/10 7/1/11 - 9/30/11 Facility and Sar Point Sampling Point Description DISTRIBUTION REAM WITHIN 5 SER ENTRY POINT WELL Contact Inform | 1/1/20 - 12 1/1/21 - 12 Requiren Notice Tier 2 2 mpling F nt N SYSTEM RVICE CON | Per Stan | ublic Not quired 3/2010 /2011 : Inven Tota Colifor tus Rui | tory al Lead al orm Coppe le Rule Ti | PN Cert Due to DPH 10/23/2010 9/18/2011 and or fer Asbestos | ification Received Stage |
| Total Coliform N Total Coliform N Water System Water Facility ID 00600 DIST | MCL Violation MCL Violation Water S er System Facility RIBUTION SYSTEM RY POINT L | Sampling ID 4 DOWNST UPSTRE | Compliance Period 8/1/10 - 8/31/10 7/1/11 - 9/30/11 Facility and Sar Point Sampling Point Description DISTRIBUTION REAM WITHIN 5 SER ENTRY POINT WELL Contact Inform Organization | 1/1/20 - 12 1/1/21 - 12 Requiren Notice Tier 2 2 mpling F N SYSTEM RVICE CON RVICE CON | 2/31/2 ment | ublic Not quired 3/2010 /2011 : Inven Tota Colifor tus Rui | tory al Lead ar orm Coppe le Rule Ti | PN Cert Due to DPH 10/23/2010 9/18/2011 | ification Received Stage |
| Total Coliform N Total Coliform N Water System Water Facility ID 00600 DIST | MCL Violation MCL Violation Water S er System Facility RIBUTION SYSTEM RY POINT L | Sampling ID 4 DOWNST UPSTRE 3 2 | Compliance Period 8/1/10 - 8/31/10 7/1/11 - 9/30/11 Facility and Sar Point Sampling Point Description DISTRIBUTION REAM WITHIN 5 SER ENTRY POINT WELL Contact Inform Organization Unitarian Univer | 1/1/20 - 12 1/1/21 - 12 Requiren Notice Tier 2 2 mpling F N SYSTEM RVICE CON RVICE CON | 2/31/2 ment | ublic Not quired 3/2010 /2011 : Inven Tota Colifor tus Rui | tory al Lead ar orm Coppe le Rule Ti | PN Cert Due to DPH 10/23/2010 9/18/2011 and or ier Asbestos | ification Received Stage WQP 2 DBPR |
| Total Coliform N Total Coliform N Water System Water Facility ID 00600 DIST | MCL Violation MCL Violation Water S er System Facility RIBUTION SYSTEM RY POINT L dar s Line One | Sampling ID 4 DOWNST UPSTRE 3 2 | Compliance Period 8/1/10 - 8/31/10 7/1/11 - 9/30/11 Facility and Sar Point Sampling Point Description DISTRIBUTION REAM WITHIN 5 SER ENTRY POINT WELL Contact Inform Organization | 1/1/20 - 12 1/1/21 - 12 Requiren Notice Tier 2 2 mpling F N SYSTEM RVICE CON RVICE CON | 2/31/2 ment | ublic Not quired 3/2010 /2011 : Inven Tota Colifor tus Rui | tory al Lead and prime Copped Rule Tile President City | PN Cert Due to DPH 10/23/2010 9/18/2011 and or fer Asbestos | ification Received Stage |

Rusiness Phone Extension Fax Mobile Phone Emergency Phone Email Address NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Schedule Generation Date: 3/10/2020

| | Connectic | ut Depa | rtmer | nt of | Public | Health | ı Dri | nking | Water | Sec | tion | |
|-------------------|------------------|-------------|-----------|---------|--------------|--------------|---------|-----------|--------------|------|----------|----------------|
| | Wa | ter Qua | lity M | onit | oring a | nd Cor | nplia | ance S | Schedul | le | | |
| PWS ID | PWS Name | | | | | | Classi | fication | Population | Owne | r Type | Primary Source |
| CT0770124 | UNITARIAN UNI | VERSALIST C | HURCH | | | | ı | ١C | 25 | ı | Р | GW |
| Local Address (w | here applicable) | | | | Service | Resider | ntial C | ommerci | al Industri | al C | ombine | d Agricultural |
| 153 VERNON ST | WEST | | | | Connectio | ns | | 1 | | | | |
| Towns Served: M | | | | | | | | | | | | |
| 860-646-5151 | Extension | Гах | | IVIODII | le Phone | 860-647 | • | Elliali | Address | | | |
| Contact Role(s): | Logal Contact | | | | | 000-047 | -0339 | | | | | |
| Name | Legal Contact | | | Or | ganization | | | | | | ob Title | |
| | | | | UI | garrization | | | | | J | ob Title | |
| Unitarian Univer | • | St | | | | | | | 611 | | c | T . 0 l |
| Mailing Address I | | | Mailing A | Address | s Line Two | | | | City | | State | Zip Code |
| 153 Vernon Stree | et West | | | | | I | | Manch | ester | | CT | 06040 |
| Business Phone | e Extension | Fax | | Mobil | le Phone | Emergenc | y Phone | e Email A | Address | | | |
| 860-464-5151 | | | | | | | | | | | | |
| Contact Role(s): | Owner | | | | | | | | | | | |
| Name | | | | Or | ganization | | | | | J | ob Title | |
| Ms. Jane Osborn | | | | Un | nitarian Uni | versalist Ch | urch | | Sexton | | | |
| Mailing Address I | Line One | | Mailing A | Address | Line Two | | | | City | | State | Zip Code |
| 153 West Vernor | Street | | | | | | | Manch | ester | | CT | 06040 |
| Business Phone | e Extension | Fax | | Mobil | le Phone | Emergenc | y Phone | e Email A | Address | | | |
| 860-646-5151 | | 860-649-2 | 1565 | | | | | janeos | b3@gmail.co | om | | |
| Contact Role(s): | Administrative | Contact | | | | | | | | | | |

Please note the following:

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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 Departmen Water Quality M | | | | U | | | | | |
|---|----------------------|----------------------|---------------|----------|-----------|-------------|----------------|--|--|
| PWS ID PWS Name | | С | lassificatio | n Popu | lation O | wner Type | Primary Source | | |
| CT0770134 801A HARTFORD ROAD | | | NC | 3 | 33 | Р | GW | | |
| Local Address (where applicable) | Service Connec | Residentia tions | Comme 4 | rcial Ir | ndustrial | Combine | d Agricultural | | |
| Towns Served: MANCHESTER | | | | | | | | | |
| M | onitoring R | Requirement | ts | | | | | | |
| Water System Facility: DISTRIBUTION SYSTEM (| WSF ID: 00600 | D) | | | | | | | |
| Total Coliform (3100) | | • | | | 1 rc | outine (RT | per quarter | | |
| Sampling Point (Sampling Point ID) | | Monitoring | g Period | Collect | ion Perio | - | liance Status | | |
| Select from Inventory of Active Sampling Points | | 7/1/19 - 9, | | | | | omplete | | |
| | | 10/1/19 - 1 | 2/31/19 | | | | omplete | | |
| | | 1/1/20 - 3, | | | | | · | | |
| | | 4/1/20 - 6, | | | | | | | |
| | | 7/1/20 - 9, | /30/20 | | | | | | |
| Physical Parameters (PPS) | | | | | 1 rc | outine (RT) | per quarter | | |
| Sampling Point (Sampling Point ID) | | Monitoring | g Period | Collect | ion Perio | d Comp | liance Status | | |
| Select from Inventory of Active Sampling Points | | 7/1/19 - 9, | /30/19 | | | C | omplete | | |
| | | 10/1/19 - 1 | 2/31/19 | | | C | omplete | | |
| | | 1/1/20 - 3, | /31/20 | | | | | | |
| | | 4/1/20 - 6, | /30/20 | | | | | | |
| | | 7/1/20 - 9, | /30/20 | | | | | | |
| Water System Facility: ENTRY POINT (WSF ID: 0 | 0700) | | | | | | | | |
| Nitrate (1040) | | | | | 1 rc | outine (RT) | per quarter | | |
| Sampling Point (Sampling Point ID) | | Monitoring | g Period | Collect | ion Perio | d Comp | liance Status | | |
| ENTRY POINT (3) | | 7/1/19 - 9, | | | C | omplete | | | |
| | | 10/1/19 - 1 | 2/31/19 | | | C | omplete | | |
| | | 1/1/20 - 3, | /31/20 | | | | | | |
| | | 4/1/20 - 6, | /30/20 | | | | | | |
| | | 7/1/20 - 9, | /30/20 | | | | | | |
| Nitrate And Nitrite (NOX) | 1 routine (RT) per | | | | | | | | |
| Sampling Point (Sampling Point ID) | | Monitoring | | Collect | ion Perio | d Comp | liance Status | | |
| ENTRY POINT (3) | | 1/1/19 - 12 | | | | C | omplete | | |
| | | 1/1/20 - 12 | | | | | | | |
| | | 1/1/21 - 12 | 2/31/21 | | | | | | |
| Public | Notification | on Requiren | nents | | | | | | |
| | Compliand | e Notice | Public | Notific | ation | PN Ce | rtification_ | | |
| Violation/Situation | Period | Tier | Require | | formed | Due to DPI | H Received | | |
| Total Coliform MCL Violation | 10/1/14 - 12/3 | | 3/7/201 | .5 | | 3/17/2015 | 5 | | |
| Nitrate M&R Violation | 7/1/18 - 9/30 |)/18 3 | 11/19/20 | 19 | | 11/29/201 | 9 | | |
| Water System | acility and | Sampling P | oint Inv | vento | ry | | | | |
| Water | | | | Total | Lead an | d | | | |
| | Point Samplin | _ | C | Coliform | | | Stage | | |
| Facility ID ID | Descript | | Status | Rule | Rule Tie | er Asbesto | s WQP 2 DBPR | | |
| 00600 DISTRIBUTION SYSTEM 4 | | TRIBUTION SYSTEM A Y | | | | | | | |
| | THIN 5 SERVICE CON A | | | | | | | | |
| UPSTRE | ANA WITHIN | 5 SERVICE CON | Λ. | | | | | | |
| 00700 ENTRY POINT 3 | ENTRY P | | <u>А</u> А | | | | | | |

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| | vva | tci Qua | iity Moii | itoring a | na Com | ipna | iicc 5 | ciicuu | IC | | |
|--------------------|-----------------|-------------|---------------|---------------|--------------|----------|----------|-----------|--------|-----------|----------------|
| PWS ID P | WS Name | | | | | Classifi | cation F | opulation | Own | er Type [| Primary Source |
| CT0770134 8 | D1A HARTFORI | ROAD | | | | N | С | 33 | | Р | GW |
| Local Address (wh | ere applicable) | | | Service | Resident | tial Co | mmercia | Industr | ial (| Combined | d Agricultura |
| | | | | Connection | ns | | 4 | | | | |
| Towns Served: MA | NCHESTER | | | " | | ' | | | | | |
| | | Water Sy | ystem Fac | ility and Sa | ampling | Point | Inver | ntory | | | |
| Water | | | | | | | Tot | al Lead | and | | |
| System Water: | System Facility | | Sampling Poir | nt Sampling P | Point | | Colif | orm Cop | per | | Stage |
| Facility ID | | | ID | Description | 1 | Sta | tus Ru | le Rule | Tier | Asbestos | WQP 2 DBP |
| 22950 WELL# | 1 | | 2 | WELL | | A | ١ | | | | |
| | | | Co | ntact Info | rmation | | | | | | |
| Name | | | | Organization | | | | | | Job Title | |
| Mr. Mohamed A. | Hassan | | | Tony's Pizza | | | | Tenant 80 | 03 Htf | d. Rd. | |
| Mailing Address Li | ne One | | Mailing Addre | ess Line Two | | | | City | | State | Zip Code |
| 803 Hartford Road | | | | | | | Manche | ster | | СТ | 06040 |
| Business Phone | Extension | Fax | Мо | bile Phone | Emergency | Phone | Email Ad | ddress | | | |
| 860-649-3640 | | | | | | | | | | | |
| Contact Role(s): | Idministrative | Contact, Ow | ner | | | | | | | | |
| Name | | | | Organization | | | | | | Job Title | |
| Concept Technolo | gies LLC | | | | | | | | | | |
| Mailing Address Li | ne One | | Mailing Addre | ess Line Two | | | | City | | State | Zip Code |
| 1 Liberty Square | | | | | | | New Bri | tain | | СТ | 06051 |
| Business Phone | Extension | Fax | Мо | bile Phone | Emergency | Phone | Email Ad | ddress | | | |
| | | | | | | | | | | | |
| Contact Role(s): | Owner | | | | | | | | | | |
| Name | | | | Organization | | | | | | Job Title | |
| Ms. Shalini Chand | • | | | Concept Techr | nologies LLC | | | Partner | | 6 | 7: 0 1 |
| Mailing Address Li | | | Mailing Addre | ess Line I wo | | | | City | | State | Zip Code |
| 79 East Center Str | | _ | | 1.11 51 | _ | 51 | Manche | | | СТ | 06040 |
| Business Phone | Extension | Fax | Mo | bile Phone | Emergency | Phone | Email Ad | ddress | | | |
| Contact Role(s): I | egal Contact. (| Owner | | | | | | | | | |
| | J | - | | | | | | | | | |

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

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.

Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related

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.

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

End of schedule

Please note the following:

| Classification NC Residential Commiss Classification NC | e Schedul on Population 222 ercial Industria | Owner Type Primary Source P GW al Combined Agricultur 1 routine (RT) per month |
|--|---|---|
| Classification NC Residential Commons 1 Common | on Population 222 ercial Industria | Owner Type Primary Source P GW al Combined Agricultur 1 routine (RT) per montheriod Compliance Status Complete Complete Complete Complete Complete Complete |
| Residential Comm 1 quirements Monitoring Period 10/1/19 - 10/31/19 11/1/19 - 11/30/19 12/1/19 - 12/31/19 1/1/20 - 1/31/20 2/1/20 - 2/29/20 3/1/20 - 3/31/20 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 | ercial Industria | P GW al Combined Agricultur 1 routine (RT) per monthriod Compliance Status Complete Complete Complete Complete Complete Complete |
| Monitoring Period 10/1/19 - 10/31/19 11/1/19 - 11/30/19 12/1/19 - 12/31/19 1/1/20 - 1/31/20 2/1/20 - 2/29/20 3/1/20 - 3/31/20 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 | | 1 routine (RT) per montheriod Compliance Status Complete Complete Complete Complete Complete |
| Monitoring Period 10/1/19 - 10/31/19 11/1/19 - 11/30/19 12/1/19 - 12/31/19 1/1/20 - 1/31/20 2/1/20 - 2/29/20 3/1/20 - 3/31/20 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 | | 1 routine (RT) per montheriod Compliance Status Complete Complete Complete Complete Complete |
| Monitoring Period 10/1/19 - 10/31/19 11/1/19 - 11/30/19 12/1/19 - 12/31/19 1/1/20 - 1/31/20 2/1/20 - 2/29/20 3/1/20 - 3/31/20 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 | | Compliance Status Complete Complete Complete Complete Complete |
| Monitoring Period 10/1/19 - 10/31/19 11/1/19 - 11/30/19 12/1/19 - 12/31/19 1/1/20 - 1/31/20 2/1/20 - 2/29/20 3/1/20 - 3/31/20 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 | | Compliance Status Complete Complete Complete Complete Complete |
| 10/1/19 - 10/31/19 11/1/19 - 11/30/19 12/1/19 - 12/31/19 1/1/20 - 1/31/20 2/1/20 - 2/29/20 3/1/20 - 3/31/20 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 | | Compliance Status Complete Complete Complete Complete Complete |
| 10/1/19 - 10/31/19 11/1/19 - 11/30/19 12/1/19 - 12/31/19 1/1/20 - 1/31/20 2/1/20 - 2/29/20 3/1/20 - 3/31/20 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 | | Compliance Status Complete Complete Complete Complete Complete |
| 10/1/19 - 10/31/19 11/1/19 - 11/30/19 12/1/19 - 12/31/19 1/1/20 - 1/31/20 2/1/20 - 2/29/20 3/1/20 - 3/31/20 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 | Collection Per | Complete Complete Complete Complete |
| 11/1/19 - 11/30/19 12/1/19 - 12/31/19 1/1/20 - 1/31/20 2/1/20 - 2/29/20 3/1/20 - 3/31/20 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 | | Complete Complete Complete |
| 12/1/19 - 12/31/19 1/1/20 - 1/31/20 2/1/20 - 2/29/20 3/1/20 - 3/31/20 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 | | Complete Complete |
| 1/1/20 - 1/31/20 2/1/20 - 2/29/20 3/1/20 - 3/31/20 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 | | Complete |
| 2/1/20 - 2/29/20 3/1/20 - 3/31/20 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 | | · · · · · · · · · · · · · · · · · · · |
| 3/1/20 - 3/31/20 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 | | Complete |
| 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 | | |
| 5/1/20 - 5/31/20 6/1/20 - 6/30/20 7/1/20 - 7/31/20 8/1/20 - 8/31/20 | | |
| 6/1/20 - 6/30/20 7/1/20 - 7/31/20 8/1/20 - 8/31/20 | | |
| 7/1/20 - 7/31/20 8/1/20 - 8/31/20 | | |
| 8/1/20 - 8/31/20 | | |
| | | |
| 9/1/20 - 9/30/20 | | |
| | | |
| | | 1 routine (RT) per month |
| Monitoring Period | Collection Per | riod Compliance Status |
| 10/1/19 - 10/31/19 | | Complete |
| | | Complete |
| | | Complete |
| <u> </u> | | Complete |
| | | Complete |
| | | |
| | | |
| | | |
| | | |
| | | |
| | _ | |
| 9/1/20 - 9/30/20 | | |
| | | |
| Monitoring Device | Callantina | 1 routine (RT) per year |
| | Collection Pel | • |
| | | Complete Complete |
| | | Complete |
| | | |
| ampling Point Ir | <u>-</u> | |
| Point | Total Lead Coliform Copp | |
| romi | LOWER LONI | |
| | 11/1/19 - 11/30/19 12/1/19 - 12/31/19 1/1/20 - 1/31/20 2/1/20 - 2/29/20 3/1/20 - 3/31/20 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 Monitoring Period 1/1/19 - 12/31/19 1/1/20 - 12/31/20 1/1/21 - 12/31/21 | 11/1/19 - 11/30/19 12/1/19 - 12/31/19 1/1/20 - 1/31/20 2/1/20 - 2/29/20 3/1/20 - 3/31/20 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 Monitoring Period Collection Pe 1/1/19 - 12/31/19 1/1/20 - 12/31/20 1/1/21 - 12/31/21 Sampling Point Inventory Total Lead |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

DOWNSTREAM WITHIN 5 SERVICE CON

DISTRIBUTION SYSTEM

Α

Α

00600

DISTRIBUTION SYSTEM

| Water Quality Monitoring and Compliance Schedule | | | | | | | | | | |
|--|--|-------------|---------|-------|-------------|-------------|------------|-----------------|--|--|
| PWS ID | PWS Name | | | Cla | ssification | Population | Owner Type | Primary Source | | |
| СТ0779074 | CT0779074 MANCHESTER CONG. OF JEHOVAHS WITNESSES | | | | | 222 | Р | GW | | |
| Local Address (v | where applicable) | Service | Residen | ntial | Commerci | al Industri | al Combine | ed Agricultural | | |
| 214 NEW BOLTO | ON ROAD | Connections | | | 1 | | | | | |

Connecticut Department of Public Health Drinking Water Section

Towns Served: MANCHESTER

| | Wa | ater System Facili | ity and Sampling P | oint lı | 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 |
| | | UPSTREAM | WITHIN 5 SERVICE CON | Α | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | Α | | | | | |
| 56544 | WELL 1 | 2 | WELL 1 | Α | | | | | |
| 56548 | BLADDER TANK | | | | | | | | |

| | | | С | ontact Info | ormation | | | | |
|---------------------|---------------|---------|-------------|----------------|--------------------|----------|--------------|-----------|----------|
| Name | | | | Organization | | | | Job Title | |
| Mr. Keith Ribera | | | | Manchester | Jehovahs Witnesses | | Chairman | | |
| Mailing Address Lin | e One | | Mailing Add | ress Line Two | | | City | State | Zip Code |
| 325 Vernon St | | | | | | Manche | ster | СТ | 06042 |
| Business Phone | Extension | Fax | М | obile Phone | Emergency Phone | Email Ad | ldress | | |
| | | | 86 | 50-268-7904 | | kmribera | a@gmail.com | | |
| Contact Role(s): Le | gal Contact | | · | | | | | | |
| Name | | | | Organization | | | | Job Title | |
| Mr. Darrell Wilcox | | | | Kingd. H. of J | ehovah Witnesses | | | | |
| Mailing Address Lin | e One | | Mailing Add | ress Line Two | | | City | State | Zip Code |
| 214 New Bolton Roa | ad | | | | | Manche | ster | СТ | 06042 |
| Business Phone | Extension | Fax | М | obile Phone | Emergency Phone | Email Ad | ldress | | |
| 860-730-3792 | | | 86 | 50-209-5871 | 860-209-5871 | wilcoxco | nstruction@a | att.net | |
| Contact Role(s): Ac | lministrative | Contact | , | | | | | | |

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Schedule Generation Date: 3/10/2020

Page 8

| | Co | onnectic Wa | ut Depa ter Qua | | | | | | | _ | | | ection | | |
|-----------------|---------------|----------------|----------------------------|---------|----------|---|-------------|-------|--------------------|-------------------|-------------|-------|------------|---------|---------------|
| PWS ID | PW | /S Name | C C C C C C C C C C | | | 8 8 | | _ | | | | _ | ner Type P | rimary | Source |
| CT077909 | 94 62: | 2 MIDDLE TUI | RNPIKE EAST | | | | | | NC | | 25 | | Р | G۷ | |
| Local Add | | re applicable) | | | | Service | Residen | tial | Comme | rcial | ndustri | ial | Combined | Agric | cultural |
| | LE TNPK E | | | | | Connection | | | 1 | | | | | | |
| Towns Se | rved: MAN | NCHESTER | | | | | | | | | | | | | |
| | | | | N | /lonit | oring Red | nuireme | nts | | | | | | | |
| Water Sy | /stem Fac | cility: DISTR | IBUTION S | | | | quirenie | 1103 | | | | | | | |
| Total Co | oliform (3 | 3100) | | | | | | | | | 1 | l rou | ıtine (RT) | per qu | ıarter |
| Sam | pling Poin | t (Sampling P | oint ID) | | | | Monitori | ing P | eriod | Collec | tion Pe | riod | Compli | ance S | tatus |
| Selec | ct from Inv | entory of Act | ive Sampling | Points | | | 7/1/19 - | 9/30 | 0/19 | | | | Co | mplete | e |
| | | | | | | | 10/1/19 - | 12/3 | 31/19 | | | | Co | mplete | 9 |
| | | | | | | | 1/1/20 - | | | | | | | | |
| | | | | | | | 4/1/20 - | | • | | | | | | |
| | | | | | | | 7/1/20 - | 9/30 | 0/20 | | | | | | |
| Physical | l Paramet | ers (PPS) | | | | | | | | | 1 | l rou | ıtine (RT) | per qu | ıarter |
| | | t (Sampling P | | | | | Monitori | | | Collec | tion Pe | riod | Compli | ance S | tatus |
| Seled | ct from Inv | entory of Act | ive Sampling | Points | | | 7/1/19 - | 9/30 | 0/19 | | | | Co | mplete | 5 |
| | | | | | | | 10/1/19 - | | | | | | Co | mplete | 5 |
| | | | | | | | 1/1/20 - | | | | | | | | |
| | | | | | | | 4/1/20 - | 6/30 | 0/20 | | | | | | |
| | | | | | | | 7/1/20 - | 9/30 | 0/20 | | | | | | |
| Water Sy | stem Fac | cility: ENTR | Y POINT (V | VSF ID: | 00700) | | | | | | | | | | |
| Nitrate A | And Nitri | te (NOX) | | | | | | | | | | 1 | routine (F | RT) per | r year |
| Sam | pling Poin | t (Sampling P | oint ID) | | | | Monitori | ing P | eriod | Collec | tion Pe | riod | Compli | ance S | tatus |
| ENT | RY POINT (| 3) | | | | | 1/1/19 - | 12/3 | 1/19 | | | | Co | mplete | 2 |
| | | | | | | | 1/1/20 - | 12/3 | 1/20 | | | | | | |
| | | | | | | | 1/1/21 - | 12/3 | 1/21 | | | | | | |
| | | | | Ot | her C | omplian | ce Sched | lule | es . | | | | | | |
| Complian | ce Schedu | le Activity | | | | • | | Due L | | | Achie | eved | Date | | |
| | | ARY SURVEY | | | | | | | 2017 | | | | | | |
| 11201 0112 | 10 37 11 11 1 | 71111 3011121 | Water S | ıctom | Eacili | ity and S | | | | vonto | . r., | | | | |
| 144 | | | water 5 | ystem | raciii | ity aliu 3 | ampinig | PU | IIIC III | | • | | | | |
| Water System | Water S | stem Facility | | Samnlin | a Point | Sampling F | Point | | , | Total Coliforn | Lead Cop | | | | Stage |
| Facility IE | _ | stem ruemty | • | - | D Onit | Description 1 | | | | Rule | | • | Asbestos | | _ |
| 00501 | WELL 1 | | | | 2 | WELL 1 | | | <u>Status</u> A | | | | | | |
| 00600 | | JTION SYSTEM | 1 | | <u> </u> | | ON SYSTEM | 1 | A | Υ | | | | | |
| 00000 | DISTRIBO | THOR SISILIV | | | | WITHIN 5 S | | | Α | ' | | | | | |
| | | | | DOWNS | | DISTRIBUTI | | • | Α | Υ | | | | | |
| | | | | UPSTI | | | SERVICE CON | V | Α | • | | | | | |
| 00700 | ENTRY P | OINT | | | 3 | ENTRY POI | | • | A | | | | | | |
| 55755 | 214711111 | J., 11 | | | | | | | | | | | | | |
| | | | | | | tact Info | rmation | | | | | | | | |
| Name | | | | | Oı | rganization | | | | | | | Job Title | | |
| Mr. Peter | | | | T | | | | | | | | | | | |
| | ddress Lin | e One | | Mailing | Addres | s Line Two | | | | | City | | State | Zip C | |
| 380 Bidwe | | | | | | Manchester CT 06040 Mobile Phone Emergency Phone Email Address | | | | | | 40 | | | |
| Busines | s Phone | Extension | Fax | | Mobi | le Phone | Emergency | / Pho | ne Ema | il Addr | ess | | | | |

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Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

| | Connectic | ut Depa | rtment c | of Public | Health | ı Drir | ıking | g Water | Section | n | |
|------------------|------------------|------------|---------------|--------------|-----------|----------|---------|-------------|----------|-------|---------------|
| | Wa | ter Qua | lity Moni | itoring a | nd Con | nplia | nce S | Schedul | le | | |
| PWS ID | PWS Name | | | | | Classifi | cation | Population | Owner Ty | oe Pr | rimary Source |
| СТ0779094 | 622 MIDDLE TUR | NPIKE EAST | | | | N | С | 25 | Р | | GW |
| Local Address (w | here applicable) | | | Service | Residen | ntial Co | mmerci | al Industri | al Comb | ined | Agricultural |
| 622 MIDDLE TNP | K EAST | | | Connectio | ns | | 1 | | | | |
| Towns Served: N | | | | · | · | · | | · | · | | |
| 860-432-2016 | | | 860 | -966-8094 | | | gradyta | avern@msn | .com | | |
| Contact Role(s): | Administrative | Contact | | | | | | | | | |
| Name | | | | Organization | | | | | Job T | ïtle | |
| Mr. Robert A Pa | rrott | | | 622 Middle T | urnpike | | | | | | |
| Mailing Address | Line One | | Mailing Addre | ess Line Two | | | | City | Sta | te | Zip Code |
| 622 Middle Turn | pike West | | | | | | Manch | ester | СТ | - | 06040 |
| Business Phone | e Extension | Fax | Mo | bile Phone | Emergency | y Phone | Email A | Address | | | |
| | | | | | | | | | | | |
| Contact Role(s): | Legal Contact, C | Owner | | | | | | | | | |

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End of schedule

Schedule Generation Date: 3/10/2020

Page 10