	CD 111 T	. 1.1	<b>D</b>	. 1.	•	A.V	0			
Connecticut Department o					_			ection		
Water Quality Moni	toring an	d Con	npl	iance	Sc	hedul	le			
PWS ID PWS Name			Clas	sification	Ро	pulation	Ow	ner Type	Prima	ary Source
CT0770072 SHADY GLEN RESTAURANT				NTNC		30		Р		GW
Local Address (where applicable)	Service	Residen	ntial	Commerc	cial	Industri	al	Combine	ed A	gricultural
840 EAST MIDDLE TURNPIKE	Connections	1								
Towns Served: MANCHESTER										
	oring Requ	iireme	nts							
Water System Facility: <b>DISTRIBUTION SYSTEM (WSF</b>	ID: 00600)									
Chlorine Residual (1012)						1	ro	-		quarter
Sampling Point (Sampling Point ID)		Monitori	ing P	eriod (	Colle	ction Pe	riod	Com	plianc	e Status
Select from Inventory of Active Sampling Points		10/1/19 -	- 12/3	31/19					Comp	lete
		1/1/20 -		•					Comp	lete
		4/1/20 -	- 6/30	0/20						
		7/1/20 -	- 9/30	0/20						
Chlorine Residual (1012)						4	ro	utine (R1	r) per	quarter
Sampling Point (Sampling Point ID)		Monitori			Colle	ction Pe	riod	Com	plianc	e Status
Select from Inventory of Active Sampling Points		7/1/19 -	- 9/30	0/19					Comp	lete
Asbestos (1094)						1 ro	uti	ne (RT) p	er ni	ne years
Sampling Point (Sampling Point ID)		Monitori			Colle	ection Pe	riod			e Status
Select from Inventory of Active Sampling Points		1/1/11 -							Comp	lete
		1/1/20 -	12/3	1/28						
Total Haloacetic Acids (2456)							1			per year
Sampling Point (Sampling Point ID)		Monitori			Colle	ection Pe	riod	Com	plianc	e Status
KITCHEN HAND SINK (4004)		1/1/19 -		-		3/1-8/31			Comp	lete
		1/1/20 -				3/1-8/31				
		1/1/21 -	12/3	1/21	8	3/1-8/31				
Total Trihalomethanes (2950)							1			per year
Sampling Point (Sampling Point ID)		Monitori				ection Pe	riod			e Status
BASEMENT WEST (4003)		1/1/19 -				3/1-8/31			Comp	lete
		1/1/20 -				3/1-8/31				
		1/1/21 -	12/3	1/21	8	3/1-8/31				
Total Coliform (3100)								=		quarter
Sampling Point (Sampling Point ID)		Monitori			Colle	ction Pe	riod			e Status
Select from Inventory of Active Sampling Points		7/1/19 -							Comp	
	_	10/1/19 -							Comp	
	_	1/1/20 -							Comp	lete
		4/1/20 -		•						
		7/1/20 -	- 9/30	0/20						
Lead And Copper (PBCU)										per year
Sampling Point (Sampling Point ID)		Monitori				ection Pe	riod	Com	plianc	e Status
Select from Inventory of Active Sampling Points		1/1/19 -				5/1-9/30				
		1/1/20 -				5/1-9/30				
		1/1/21 -	12/3	1/21	6	5/1-9/30				
Physical Parameters (PPS)								=		quarter
Sampling Point (Sampling Point ID)		Monitori			Colle	ection Pe	riod			e Status
Select from Inventory of Active Sampling Points		7/1/19 -	- 9/30	0/19					Comp	lete

10/1/19 - 12/31/19

1/1/20 - 3/31/20

Schedule Generation Date: 3/10/2020

Complete

Complete

Connecticut Den	artment of Public H	lealth	ı Dı	rinkin	g V	Nater	S	ection	1	
	ality Monitoring an				_			000101	-	
PWS ID PWS Name	ancy Monitoring an	u don	_				_	ner Type	Prin	mary Sourc
CT0770072 SHADY GLEN RESTAURANT	•			NTNC	-	30		Р		GW
Local Address (where applicable)	Service	Resider	ntial	Commerc	cial	Industri	al	Combin	ed	Agricultura
840 EAST MIDDLE TURNPIKE	Connections	1								
Towns Served: MANCHESTER										
	Monitoring Requ	iireme	ents	,						
Water System Facility: <b>DISTRIBUTION</b>										
Physical Parameters (PPS)						1	ro	utine (R	T) po	er quarter
Sampling Point (Sampling Point ID)		Monitor	ing P	Period (	Colle	ection Pe		-		nce Status
		4/1/20	- 6/30	0/20						
		7/1/20	- 9/30	0/20						
Water System Facility: ENTRY POINT (	WSF ID: 00700)									
Inorganic Chemicals (IOCS)						1 rou	ıtin			ree years
Sampling Point (Sampling Point ID)		Monitor	ing P	Period (	Colle	ection Pe	rioa	l Con	nplia	nce Status
ENTRY POINT (3)		1/1/17 -	12/3	31/19					Com	plete
		1/1/20 -	12/3	31/22						
		1/1/23 -	12/3	31/25						
Nitrate And Nitrite (NOX)						1	ro	utine (R	T) po	er quarter
Sampling Point (Sampling Point ID)		Monitor	ing P	Period (	Colle	ection Pe	rioa	l Con	nplia	nce Status
ENTRY POINT (3)		7/1/19	- 9/30	0/19					Com	plete
		10/1/19	- 12/3	31/19					Com	plete
		1/1/20	- 3/3:	1/20					Com	plete
		4/1/20	- 6/30	0/20						
		7/1/20	- 9/30	0/20						
Pesticides, Herbicides and PCBs-Phase	II (SOC2)					1 rou	ıtin	e (RT) p	er th	ree years
Sampling Point (Sampling Point ID)		Monitor	ing P	Period (	Colle	ection Pe	rioa	l Con	nplia	nce Status
ENTRY POINT (3)		1/1/17 -							Com	plete
		1/1/20 -								
		1/1/23 -	12/3	31/25						
Pesticides, Herbicides and PCBs-Phase						1 rou	ıtin	e (RT) p	er th	ree years
Sampling Point (Sampling Point ID)		Monitor			Colle	ection Pe	rioa	l Con		nce Status
ENTRY POINT (3)		1/1/17 -		-					Com	plete
		1/1/20 -								
		1/1/23 -	12/3	31/25						
Organic Chemicals (VOCS)										ree years
Sampling Point (Sampling Point ID)		Monitor			Colle	ection Pe	rioa	l Con	•	nce Status
ENTRY POINT (3)		1/1/17 -							Com	plete
		1/1/20 -								
		1/1/23 -	12/3	31/25						
Water System Facility: WELL 1 (WSF II	D: 10366)								_,	
E. Coli (3014)		0.0 = 1.1		and and	C- !!			=		er quarter
Sampling Point (Sampling Point ID)		Monitor			LOIL	ection Pe	rioa	Con		nce Status
WELL 1 (2)		7/1/19								plete
		10/1/19								plete
		1/1/20							com	plete

4/1/20 - 6/30/20 7/1/20 - 9/30/20

	Connecticut Departme	ant of Public H	Laalth [	rinking	Mater S	Section
	<b>.</b>			_		
	Water Quality N	honitoring and				
PWS ID	PWS Name		С		-	wner Type Primary Source
CT0770072	SHADY GLEN RESTAURANT	<u> </u>		NTNC	30	P GW
	where applicable)	Service		l Commerci	al Industrial	Combined Agricultura
840 EAST MIDD		Connections	1			
Towns Served:						
	<u>N</u>	Monitoring Requ	iirement	ts		
Water System	Facility: WELL 2 (WSF ID: 10990	)				
E. Coli (3014)					1 re	outine (RT) per quarter
	Point (Sampling Point ID)		Monitoring		ollection Perio	d Compliance Status
WELL 2 (2)			7/1/19 - 9/			Complete
		:	10/1/19 - 12			Complete
			1/1/20 - 3/			Complete
			4/1/20 - 6/			
			7/1/20 - 9/			
	Monthly Water System	n Facility (WSF) I	evel Mo	onitoring	Requirem	ents
Water System	Facility: ENTRY POINT (WSFID: 0	0700)				
Analyte	Monitoring Requirement	(Summary Type)	Opera	ting Limit		Samples Req/Month
Chlorine	Entry Point Chlorine Resid	dual Monitoring (CHLR	) Minim	um: .2 MG/l	-	Daily
Start Date:	1/1/2002	Complia	nce History	/: Op	erating Limit	Monitoring
		Monitor	ing Period	-	mpliance Stati	us: Compliance Status:
		10/1/20	19 - 10/31/2	2019		
		11/1/20	19 - 11/30/2	2019		
		12/1/20	19 - 12/31/2	2019		
			0 - 1/31/202			
		2/1/202	0 - 2/29/202	20		
Analyte	Monitoring Requirement	(Summary Type)	Opera	ting Limit		Samples Req/Month
рН	Entry Point pH Monitoring	= : :		um: 7.0 PH		4
Start Date:	7/1/2003	•	ince History	O P	erating Limit	Monitoring
			ing Period		mpliance Stati	us: Compliance Status:
			19 - 10/31/2			
			19 - 11/30/2			
			19 - 12/31/2			
		···	0 - 1/31/202			
			0 - 2/29/202			
		ther Compliance				
Compliance Sch	<del>-</del>			e Date	Achieve	d Date
	ONSUMER NOTICE CERTIFICATE			29/2017		
	ONSUMER NOTICE CERTIFICATE			29/2018		
	SYSTEM MATERIALS EVALUATION			1/2019		
CKO22 CONNEC	CTION SURVEY REPORT	in Nintificati		1/2020		
	Publ	ic Notification R	•	I		
Violetica (Citara		Compliance	Notice		<u>otification</u>	PN Certification
Violation/Situa		Period	Tier	Required	Performed	Due to DPH Received
Chlorine M&R \		7/1/19 - 9/30/19	3	11/12/2020		11/22/2020
Total Coliform I	NOIBTION AWA	9/1/19 - 9/30/19	3	11/12/2020		11/22/2020

	Water Quality Monitoring and Compliance Schedule								
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source	
CT0770072 SHADY GLEN RESTAURANT				NTNC	30	Р	GW		
Local Address (v	where applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural	
840 EAST MIDDLE TURNPIKE		Connections	1						

Connecticut Department of Public Health Drinking Water Section

Towns Served: MANCHESTER

	Wat	er System Facili	ity and Sampling P	oint Ir	nvento	ry		
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stag WQP 2 DB
00600	DISTRIBUTION SYSTEM	2001	WELL #1 RAW	Р				
		2002	WELL #2 RAW	Р				
		3003	FINISH ENTER SYSTEM	Р				
		4	DISTRIBUTION SYSTEM	Α	Υ			
		4001	BASEMENT EAST	Р		1		
		4002	BASEMENT MIDDLE	Р		1		
		4003	BASEMENT WEST	Α		1		Υ
		4004	KITCHEN HAND SINK	Α		1		Υ
		4005	KITCHEN SLOP SINK	Р		1		
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
10366	WELL 1	2	WELL 1	Α				
10990	WELL 2	2	WELL 2	Α				
1332	SHADY GLEN TP							

## **Certified Operator Information**

Water System Facility: SHADY GLEN TP (WSF ID: 1332)

Facility Classification: CLASS 1 TREA	TMENT PLANT		Certification
Operator Name	Operator Type	Certification(s)	<b>Expiration</b>
KLOBUKOWSKI, STEVEN J.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS IV	6/30/2022
		DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2020

			(	Contact Inf	ormation				
Name				Organization				Job Title	
Mr. William Hoch				Shady Glen I	nc.		Owner		
Mailing Address Lin	e One		Mailing Ad	ldress Line Two			City	State	Zip Code
840 East Middle Tu	rnpike					Manche:	ster	СТ	06040
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone Email		ldress		
860-649-4245		860-646-2	2993		860-649-4245				

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

Connecticut Department of	f Public H	lealth D	rinki	ing W	later S	ection	
Water Quality Monit	toring an	d Comp	olianc	e Sch	nedule		
PWS ID PWS Name						vner Type P	rimary Source
CT0779023 MANCHESTER PACKING COMPANY, INC.			NTNC		34	Р	GW
Local Address (where applicable)	Service	Residentia	I Comm	ercial	Industrial	Combined	Agricultural
349 WETHERALL STREET	Connections	1					
Towns Served: MANCHESTER							
Monit	oring Requ	iirement	:S				
Water System Facility: DISTRIBUTION SYSTEM (WSF I	D: 00600)						
Asbestos (1094)					1 routi	ne (RT) pei	r nine years
Sampling Point (Sampling Point ID)		Monitoring		Collec	ction Period	d Compli	ance Status
Select from Inventory of Active Sampling Points		1/1/11 - 12,					
		1/1/20 - 12,	/31/28				
Total Coliform (3100)							per quarter
Sampling Point (Sampling Point ID)		Monitoring		Collec	ction Period	d Compli	ance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9/					
		10/1/19 - 12					
		1/1/20 - 3/ 4/1/20 - 6/					
		7/1/20 - 9/	-				
Lead And Copper (PBCU)		7/1/20 - 9/	30/20			routing (P	RT) per year
Sampling Point (Sampling Point ID)		Monitoring	Period	Collec	ction Period	=	ance Status
Select from Inventory of Active Sampling Points		1/1/19 - 12,			/1-9/30	Compi	ance Status
Scient non inventory of Active Sumpling Forms		1/1/20 - 12			/1-9/30		
		1/1/21 - 12			/1-9/30		
Physical Parameters (PPS)		, , ,	, - <b>,</b>	- '	•	utine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collec	ction Period		ance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9/	30/19			<u> </u>	
		10/1/19 - 12	2/31/19				
	_	1/1/20 - 3/	31/20				
		4/1/20 - 6/	30/20				
		7/1/20 - 9/	30/20				
Water System Facility: ENTRY POINT (WSF ID: 00700)							
Inorganic Chemicals (IOCS)					1 routir	e (RT) per	three years
Sampling Point (Sampling Point ID)		Monitoring		Collec	ction Period	d Compli	ance Status
ENTRY POINT (3)		1/1/19 - 12,					
		1/1/22 - 12,	/31/24				_
Nitrate And Nitrite (NOX)						-	RT) per year
Sampling Point (Sampling Point ID)		Monitoring		Collec	ction Period		ance Status
ENTRY POINT (3)		1/1/19 - 12,				CO	mplete
		1/1/20 - 12, 1/1/21 - 12,					
Pesticides, Herbicides and PCBs-Phase II (SOC2)		1/1/21-12/	/31/21		1 routis	o (PT) por	three years
Sampling Point (Sampling Point ID)		Monitoring	Period	Collec	tion Period		ance Status
ENTRY POINT (3)		1/1/17 - 12		Jonet		Compil	Julia
		_, _, _,;					

Pesticides, Herbicides and PCBs-Phase V (SOC5)

Sampling Point (Sampling Point ID)

1/1/20 - 12/31/22 1/1/23 - 12/31/25

**Monitoring Period** 

1 routine (RT) per three years

**Compliance Status** 

**Collection Period** 

		Connecticut D	epartment of	Public He	ealth	Dr	inki	ing W	/ater	Se	ction		
		Water (	<b>Quality Monit</b>	oring and	Con	npl	ianc	e Sch	nedul	e			
PWS ID		PWS Name	<u> </u>			Clas	sificati	on Pop	ulation	Owr	ner Type P	rimary	/ Source
СТ077902	.3	MANCHESTER PACKING	G COMPANY, INC.				NTNC		34		Р	G۱	W
Local Add	ress (w	here applicable)		Service F	Residen	tial	Comm	ercial	Industri	al	Combined	Agri	cultural
349 WETH	HERALL	STREET		Connections	1								
Towns Ser	rved: N	1ANCHESTER											
			Monito	oring Requi	reme	nts							
Water Sy	stem I	acility: ENTRY POIN	NT (WSF ID: 00700)										
Pesticide	es, Hei	rbicides and PCBs-Ph	ase V (SOC5)						1 rou	ıtine	(RT) per	three	years
Sam	pling P	oint (Sampling Point ID	)	M	lonitori	ing P	eriod	Collec	ction Pe	riod	Compl	iance S	Status
ENTR	RY POIN	IT (3)		1,	/1/17 -	12/3	1/19						
				1,	/1/20 -	12/3	1/22						
				1,	/1/23 -	12/3	1/25						
Organic	Chem	icals (VOCS)								1	routine (I	RT) pe	r year
		oint (Sampling Point ID	)		lonitori			Collec	ction Pe	riod	Compl	iance S	Status
ENTR	RY POIN	IT (3)			/1/19 -								
					/1/20 -								
				1,	/1/21 -	12/3	1/21						
			Other Co	ompliance S	Sched	lule	es :						
Complian	ce Sche	edule Activity				Due l	Date		Achie	ved i	Date		
SUBMIT LI	EAD CC	NSUMER NOTICE CERT	TFICATE		1.	2/29,	/2012						
DISTRIBUT	TION SY	STEM MATERIALS EVA	LUATION		8	3/31/	2019						
CROSS CO	NNECT	TON SURVEY REPORT				3/1/2	2020						
		Wat	er System Facili	ity and Sam	pling	Po	int Ir	vento	ory				
Water								Total	Lead	and			
System		r System Facility	Sampling Point		•			Coliforn	n Cop				Stage
Facility ID			ID	Description			<u>Status</u>	Rule	Rule	Tier	Asbestos	WQP	2 DBPR
00600	DISTR	IBUTION SYSTEM	4	DISTRIBUTION S			Α	Υ					
			DOWNSTREAM		ICE COI	V	Α						
			MM01	PATTIE ROOM			Α	Υ	1			Υ	
			MM02	CUTTING ROOM	/1		Α	Y	1			Υ	
			MM03	RETAIL			A	Y	1			Y	
			MM04	OFFICE BATHRO	OOM		A	Y	1		Y	Y	
			MM05	DOCK	ICE CC:		A	Υ	1		Υ	Υ	
00700	E 1 1 2 2 1	/ DOINIT	UPSTREAM	WITHIN 5 SERV	ICE CO	N	Α						
00700		Y POINT	3	ENTRY POINT			A						
10368	WELL		2	WELL			A						
			Certified	Operator In	iform	nati	on						
Water Sy	stem I	acility: <b>DISTRIBUTI</b>	ON SYSTEM (WSF II	D: 00600)									
Facility Cl	assifica	ntion: SMALL WATER S	YSTEM									Certif	fication
Operator	Name		Operator Type	e Cert	tificatio	on(s)						Ехр	iration
NAVICKIS,	THOM	IAS L.	CHIEF OPERATO	DR WA	TER TRE	ATN	1ENT P	LANT OF	PERATOR	R - CL	ASS I	6/30	0/2021
			Con	tact Inform	ation								
Name			Or	rganization							Job Title		
Mr. Willia	m J. Bo	ogner	М	anchester Packir	ng \ Bra	IVO		O	wner / N	Лana	ger		
AII. AAIIIIG	1111 J. D(	יצווכו	IVI	andriester Packif	ig / pig	IVU		U	wilei / I\	vidild	gei		

City

Manchester

Zip Code

06080

State

CT

Mailing Address Line Two

Mailing Address Line One

349 Wetherell Street

	Water Quality Moni	toring an	d Con	npl	liance S	Schedu	le	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0779023	MANCHESTER PACKING COMPANY, INC.				NTNC	34	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	ial Combin	ed Agricultural
349 WETHERA	ALL STREET	Connections	1					
Towns Served	: MANCHESTER					'		

**Emergency Phone Email Address** 

William@bravopetfoods.com

Connecticut Department of Public Health Drinking Water Section

860-871-2333 Contact Role(s): Administrative Contact, Legal Contact, Owner

Extension

#### Please note the following:

**Business Phone** 

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

Mobile Phone

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

Fax

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 Department of	Public H	lealth	Dr	inking	g Wate	r S	ection	
Water Quality Monit	oring an	d Con	npl	iance :	Schedi	ıle		
PWS ID PWS Name			_				vner Type Pr	imary Source
CT0779073 BIRCH MOUNTAIN DAY SCHOOL				NTNC	83		Р	GW
Local Address (where applicable)	Service	Residen	tial	Commerc	ial Indust	rial	Combined	Agricultural
645 BIRCH MOUNTAIN ROAD	Connections			1				
Towns Served: MANCHESTER					"			
Monito	oring Requ	iireme	nts					
Water System Facility: DISTRIBUTION SYSTEM (WSF II	D: 00600)							
Asbestos (1094)					1 :	outi	ne (RT) per	nine years
Sampling Point (Sampling Point ID)		Monitori	ng P	eriod C	Collection P	eriod	l Complic	ance Status
Select from Inventory of Active Sampling Points		1/1/11 -	12/3	1/19			Cor	mplete
	_	1/1/20 -	12/3	1/28				
Total Coliform (3100)						1 ro	utine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitori	ing P	eriod C	Collection P	eriod	d Complic	ance Status
Select from Inventory of Active Sampling Points		7/1/19 -	9/30	0/19			Cor	mplete
		10/1/19 -						mplete
		1/1/20 -					Cor	mplete
		4/1/20 -		•				
		7/1/20 -	9/30	0/20				
Lead And Copper (PBCU)							ne (RT) per	
Sampling Point (Sampling Point ID)		Monitori			Collection P	erio		ance Status
Select from Inventory of Active Sampling Points		7/1/19 -					Cor	mplete
		1/1/20 -	-					
		7/1/20 -	12/3	1/20				
Physical Parameters (PPS)							utine (RT) p	•
Sampling Point (Sampling Point ID)		Monitori			Collection P	eriod		nce Status
Select from Inventory of Active Sampling Points		7/1/19 -						mplete
		10/1/19 -						mplete
		1/1/20 -		-			Cor	mplete
		4/1/20 -						
Maria Cara Facilia FAFFW BODIE (1997)		7/1/20 -	9/30	J/20				
Water System Facility: ENTRY POINT (WSF ID: 00700)							(2=)	•
Inorganic Chemicals (IOCS)		0.0 11 1	· 0				e (RT) per t	-
Sampling Point (Sampling Point ID)		Monitori			Collection P	erioc		ance Status
ENTRY POINT (3)		1/1/18 -					Cor	nplete
Nitrata And Nitrita (NOV)		1/1/21 -	12/3	1/23			routine In	T\ no=
Nitrate And Nitrite (NOX)		Monitori	ina D	ariad C	Collection 5		l routine (R	nce Status
Sampling Point (Sampling Point ID)		<i>Monitori</i>			Collection P	er100		nplete
ENTRY POINT (3)		1/1/19 - 1/1/20 -					COI	iipiete
		1/1/20 -						
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		T/ T/ CT -	14/3	<b>1</b> / <b>4</b> 1	1 ==	\+i	o (DT) nor +	hroe years
Sampling Point (Sampling Point ID)		Monitori	ina P	eriod (	ı ro Ollection P		e (RT) per t	nree years ance Status
ENTRY POINT (3)		1/1/17 -			ONECTION P	CHOU		mplete
ERTITE FORT (S)		1/1/20 -		-			COI	inpiece
		-/ -/ 20 -	14/3	-/				

**Organic Chemicals (VOCS)** 

Sampling Point (Sampling Point ID)

1/1/23 - 12/31/25

**Monitoring Period** 

1 routine (RT) per three years

**Compliance Status** 

**Collection Period** 

	C	1' 1 D	CD 11: II 1d	D : 1	· TA7			
	Conne	cticut Department					ction	
		Water Quality Mon	itoring and Con	•				
PWS ID	PWS Nam							rimary Source
CT077907		OUNTAIN DAY SCHOOL	Camilas Davidas	NTNC	8		P	GW
	ress (where appli		Service Residen Connections	itial Comm		dustrial	Combined	Agricultural
	rved: MANCHEST		connections		L			
TOWIIS SEI	ived. MANCHEST		itarina Daguirana					
Water Sy	vstem Facility:	IVIONI ENTRY POINT (WSF ID: 0070	itoring Requireme	nts				
	Chemicals (VO					1 routine	(RT) per	three years
_	pling Point (Sam	<del>-</del>	Monitori	ing Period	Collecti	on Period	Compli	ance Status
ENTF	RY POINT (3)		1/1/17 -	12/31/19			Со	mplete
			1/1/20 -	12/31/22				
			1/1/23 -	12/31/25				
	Mor	nthly Water System Fac	cility (WSF) Level N	Monitori	ing Req	uiremer	nts	
Water Sy	stem Facility: I	ENTRY POINT (WSFID: 00700	)					
Analyt		Monitoring Requirement (Sum		rating Limi	t	9	Samples Re	eq/Month
рН		Entry Point pH Monitoring (PH	RD) Min	imum: 7.0	PH		4	
Start [	Date: 4/1/2006		Compliance History	ory:	Operatir	ng Limit	Monitor	ing
			Monitoring Perio	d		nce Status:	Complia	nce Status:
			10/1/2019 - 10/3					
			11/1/2019 - 11/3					
			12/1/2019 - 12/3					
			1/1/2020 - 1/31/2					
			2/1/2020 - 2/29/2					
			Compliance Sched					
	ce Schedule Activ			Due Date		Achieved L	Date	
	WS TO RECOMM			3/31/2016				
		PPROVAL OF SOWT TERIALS EVALUATION		9/30/2016				
	NNECTION SURV			3/31/2019				
		NOTICE CERTIFICATE		3/1/2020 3/30/2020				
30BIVITI LI	EAD CONSUMER			• •				
		Water System Fac	ility and Sampling	Point ii		•		
Water System	Water System F	acility Sampling Poi	nt Sampling Point		Total Coliform	Lead and Copper		Stage
Facility ID		ID	Description	Status	D. J.		Asbestos	WQP 2 DBPR
00600	DISTRIBUTION S	YSTEM 4	DISTRIBUTION SYSTEM		Υ			
		BM1	RES	Α	Υ			
		BM2	LITTLE RS	Α	Υ			
A Company of the Comp		BM3	LF BATH	Α	Υ			
			BREAK ROOM	Α	Υ			
		BM4	DILLAK KOOWI		· ·			
		BM4 BM5	BM5	Α	Υ			
		BM5		Α				
		BM5	BM5	Α				
		BM5 DOWNSTREA	BM5 M WITHIN 5 SERVICE COI RIGHT CENTER SINK	A N A A	Y			
00700	ENTRY POINT	BM5 DOWNSTREAI MB5	BM5 M WITHIN 5 SERVICE COI RIGHT CENTER SINK	A N A A	Y			

1659

WTP

Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source		
CT0779073 BIRCH MOUNTAIN DAY SCHOOL				NTNC		83	Р	GW		
Local Address (v	where applicable)	Service	Residen	itial	Commerci	al Industri	al Combin	ed Agricultural		
645 BIRCH MOL	JNTAIN ROAD	Connections			1					

Connecticut Department of Public Health Drinking Water Section

Water System	Facility and	<b>Sampling Poin</b>	t Inventory
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water				Iotai	Leaa ana	
System	<b>Water System Facility</b>	Sampling Point	Sampling Point	Coliform	Copper	Stage
Facility IE	)	ID	Description	Status Rule	Rule Tier	Asbestos WQP 2 DBPR

51998 PRESSURE STORAGE

Towns Served: MANCHESTER

### **Certified Operator Information**

Water System Facility: WTP (WSF ID: 1659)

Facility Classification: CLASS 1 TREA	ATMENT PLANT		Certification
Operator Name	Operator Type	Certification(s)	Expiration
KLOBUKOWSKI, STEVEN J.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS IV	6/30/2022
		DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2020

## **Contact Information**

Name				Organization				Job Title	
Ms. Jenifer Minicuo	cci			Birch Mounta	in Day School		President		
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code
645 Birch Mountair	Road					Manche	ster	СТ	06040
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress		
860-649-2067		860-649-	2139		860-645-1751				

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

Schedule Generation Date: 3/10/2020

Page 10

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule								
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0779093 CTWC - BUCKLAND ROAD SERVICE AREA NTNC 25 P SWP								SWP
Local Address (where applicable) Service F				tial	Commercia	al Industri	al Combine	d Agricultural

DUCKLAND DOAD	Connections					
BUCKLAND ROAD	Connections		5			
Towns Served: MANCHESTER						
Moi	nitoring Requ	uirements				
Water System Facility: <b>DISTRIBUTION SYSTEM (W</b>	SF ID: 00600)					
Chlorine Residual (1012)				1 r	outine (RT) p	er month
Sampling Point (Sampling Point ID)		Monitoring Pe	riod	Collection Period	d Complia	nce Status
Select from Inventory of Active Sampling Points		10/1/19 - 10/31	1/19		Com	plete
		11/1/19 - 11/30	0/19		Com	plete
		12/1/19 - 12/31	1/19		Com	plete
		1/1/20 - 1/31/	/20		Com	plete
		2/1/20 - 2/29/	/20		Com	plete
		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			
Asbestos (1094)				1 rout	ine (RT) per r	nine years
Sampling Point (Sampling Point ID)		Monitoring Pe	riod	Collection Period		nce Status
Select from Inventory of Active Sampling Points		1/1/11 - 12/31	./19		Com	plete
		1/1/20 - 12/31	./28			
Total Haloacetic Acids (2456)				1 rc	outine (RT) pe	er quarter
Sampling Point (Sampling Point ID)		Monitoring Pe	riod	Collection Period		nce Status
LOWES-31 BUCKLAND HILLS DR (3045)		7/1/19 - 9/30/	/19	8/1-8/31	Com	plete
		10/1/19 - 12/31	1/19	11/1-11/30	Com	plete
		1/1/20 - 3/31/	/20	2/1-2/28	Com	plete
		4/1/20 - 6/30/	/20	5/1-5/31		
		7/1/20 - 9/30/	/20	8/1-8/31		
Total Trihalomethanes (2950)				1 rc	outine (RT) pe	er quarter
Sampling Point (Sampling Point ID)		Monitoring Pe	riod	Collection Period	d Complia	nce Status
TARGET-125 BUCKLAND HILLS DR (3046)		7/1/19 - 9/30/	/19	8/1-8/31	Com	plete
	_	10/1/19 - 12/31	1/19	11/1-11/30	Com	plete
		1/1/20 - 3/31/	/20	2/1-2/28	Com	plete
		4/1/20 - 6/30/	/20	5/1-5/31		
		7/1/20 - 9/30/	/20	8/1-8/31		
Total Coliform (3100)				1 r	outine (RT) p	er month
Sampling Point (Sampling Point ID)		Monitoring Pe	riod	Collection Period	d Complia	nce Status
Select from Inventory of Active Sampling Points		10/1/19 - 10/31	1/19		Com	plete
		11/1/19 - 11/30	0/19		Com	plete
		12/1/19 - 12/31	1/19		Com	plete
		1/1/20 - 1/31/	/20		Com	plete
		2/1/20 - 2/29/	/20		Com	plete
		3/1/20 - 3/31/	/20			

	Connecticut Do	anartment of	Dublic Hoalth	Drink	ing W	ator So	ction	
		•	oring and Com		_		CUOII	
PWS ID	PWS Name	quality Monit		_			ner Type P	rimary Sour
CT077909		AD SERVICE AREA		NTNC		25	P	SWP
	ress (where applicable)		Service Resident	ial Comm			Combined	
BUCKLANI			Connections	5		raastriai	Combined	7.81104164
	ved: MANCHESTER							
		Monite	oring Requireme	nts				
Water Sy	stem Facility: <b>DISTRIBUTIO</b>							
<b>Total Co</b>	liform (3100)					1 ro	utine (RT)	per mont
Samp	oling Point (Sampling Point ID)	)	Monitorii	ng Period	Collect	ion Period	Compli	ance Status
			4/1/20 -	4/30/20				
			5/1/20 -					
			6/1/20 -					
			7/1/20 -					
			8/1/20 -	8/31/20				
			9/1/20 -					
Lead And	d Copper (PBCU)					1	routine (F	T) per yea
	oling Point (Sampling Point ID)		Monitorii	ng Period	Collect	ion Period	=	ance Status
_	t from Inventory of Active Sam		1/1/19 - 1		6/1	1-9/30	Co	mplete
	·	<del></del>	1/1/20 - 1	12/31/20	6/1	1-9/30		·
			1/1/21 - 1	12/31/21	6/1	1-9/30		
Physical	Parameters (PPS)				<u>-</u>		utine (RT)	per mont
-	oling Point (Sampling Point ID)		Monitorii	ng Period	Collect	ion Period		ance Status
_	t from Inventory of Active Sam		10/1/19 -					mplete
	•		11/1/19 -	11/30/19				mplete
			12/1/19 -					mplete
			1/1/20 -					mplete
			2/1/20 -					mplete
			3/1/20 -					
			4/1/20 -					
			5/1/20 -					
			6/1/20 -					
			7/1/20 -					
			8/1/20 -					
			9/1/20 -					
		Other C	ompliance Sched					
Complian	ce Schedule Activity		<u> </u>	Due Date		Achieved	Date	
CROSS CO	NNECTION SURVEY REPORT		3	3/1/2020				
	Wate	er System Facili	ity and Sampling	Point Ir	vento	ry		
Water					Total	Lead and		
System	Water System Facility	Sampling Point	Sampling Point		Coliform			Stag
Facility ID	)	ID	Description	Status	Rule		Asbestos	WQP 2 DB
00600	DISTRIBUTION SYSTEM	3045	LOWES-31 BUCKLAND I			N	Υ	Υ
		3045-1	ORECK STORE	Α	Υ	N		
		3046	TARGET-125 BUCKLAND	О А	Υ	N		Υ
		3047	VIT SHOP-105 BUCK	Α	Υ	N		
				_				

MN WHS-194 BUCK

**DISTRIBUTION SYSTEM** 

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CTUTO79093 CTWC - BUCKLAND ROAD SERVICE AREA  NOTINC  Service Residential Commercial SuckLAND ROAD Connections  Water System Facility and Sampling Point Inventory  Water System Facility Sampling Point ID Description Status Rule Tier Asbestos WQP 2 DBPR  DOWNSTREAM UPSTREAM WITHIN 5 SERVICE CON A  ST781 INTERCONNECTION - CT0473011- CTVWC WESTERN  S7783 INTERCONNECTION - MANCHESTER WATER DEPT  Certified Operator Information  Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)  Facility (ID SISTRIBUTION SYSTEM)  Contact Information  SIREEN, III, CLIFFORD CHIEF OPERATOR DISTRIBUTION SYSTEM OPERATOR - CLASS III 3/31/2023  COntact Information  Water System Facility: Distribution System (WSF ID: 00600)  Facility Classification: SMALL WATER SYSTEM Operator Name Operator Name Operator Vipe Contact Information  Vin Craig J. Patla Connecticut Water Company Vp, Service Delivery  Wailing Address Line One Mailing Address Line Two Size Connecticut Water Company Vp, Service Delivery  Walling Address Line One Mailing Address Line Two Organization Size Connecticut Water Company Vp, Service Delivery  Walling Address Line One Mailing Address Line Two Organization Size Connecticut Water Company Vp, Service Delivery  Walling Address Line One Mailing Address Line Two Organization Size Connecticut Water Company Vp, Service Delivery  Walling Address Line One Mailing Address Line Two Organization Size Connecticut Water Company Vp, Service Delivery  Malling Address Line Two Organization Size Connecticut Water Company Vp, Service Delivery  Malling Address Line One Mailing Address Line Two Organization Size City Size Zip Code  Mailing Address Line Two Organization Size City Size Zip Code  Mailing Address Line Two Organization Size City Size Zip Code	C	onnectic	ut Depa	rtment of	Public	Health	l Di	rinki	ng V	Water	Se	ection	
COTOT79093 CTWC - BUCKLAND ROAD SERVICE AREA  Service   Residential   Commercial   Industrial   Combined   Agricultural   Connections   Service   Residential   Commercial   Industrial   Combined   Agricultural   Connections   Service   Residential   Commercial   Industrial   Combined   Connections   Service   Service   Comper   Comper   Stage   Service   Comper   Comper   Stage   Service   Rule Tier   Asbestos   WQP 2 DBPR   Commission   Comper   Rule Tier   Asbestos   WQP 2 DBPR   Commission   Comper   Rule Tier   Asbestos   WQP 2 DBPR   Commission   Comper   Rule Tier   Asbestos   WQP 2 DBPR   Connecticut Water   Comper   Rule Tier   Asbestos   WQP 2 DBPR   Connecticut Water   Comper   Rule Tier   Asbestos   WQP 2 DBPR   Connecticut Water   Comper   Rule Tier   Asbestos   WQP 2 DBPR   Connecticut Water   Comper   Rule Tier   Asbestos   WQP 2 DBPR   Connecticut Water   Comper   Rule Tier   Asbestos   WQP 2 DBPR   Connecticut Water   Comper   Rule Tier   Asbestos   WQP 2 DBPR   Connecticut Water   Comper   Rule Tier   Asbestos   WQP 2 DBPR   Connecticut Water   Comper   Rule Tier   Asbestos   WQP 2 DBPR   Connecticut Water   Comper   Rule Tier   Asbestos   WQP 2 DBPR   Connecticut Water   Comper   Rule Tier   Asbestos   WQP 2 DBPR   Connecticut Water   Comper   Connecticut Water   Comper   Connecticut Water   Comper   Connecticut Water   Company   Connecticut Water   Compen   Connecticut Water   Compen   Connecticut Water   Company   Connecticut Water   Company   Connecticut Water   Compen   Connecticut Wa		Wat	ter Qua	lity Monit	oring a	nd Con	npl	lianc	e Sc	hedu	le		
Service   Residential   Commercial   Industrial   Combined   Agricultural	PWS ID PV	VS Name					Cla	ssificatio	on Po	pulation	Owr	ner Type P	rimary Source
SuckLand Road   Survey   Manchester	СТ0779093 СТ	WC - BUCKLAI	ND ROAD SE	RVICE AREA				NTNC		25		Р	SWP
Water System Facility Water System Facility Sampling Point Sampling Point Coliform Copper Status Water System Facility DOWNSTREAM WITHIN 5 SERVICE CON A DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A  STATUS TOTAL Lead and Coliform Copper Status Rule Rule Tier Asbestos WQP 2 DBPR WITHIN 5 SERVICE CON A  STATUS TOTAL Lead and Coliform Copper Status Rule Rule Tier Asbestos WQP 2 DBPR WITHIN 5 SERVICE CON A  STATUS TOTAL Lead and Coliform Copper Status Rule Rule Tier Asbestos WQP 2 DBPR WITHIN 5 SERVICE CON A  STATUS TOTAL Lead and Coliform Copper Status Rule Rule Tier Asbestos WQP 2 DBPR WITHIN 5 SERVICE CON A  STATUS TOTAL Lead and Coliform Copper Status Rule Rule Tier Asbestos WQP 2 DBPR WITHIN 5 SERVICE CON A  STATUS TOTAL Lead and Coliform Copper Status Rule Rule Tier Asbestos WQP 2 DBPR WITHIN 5 SERVICE CON A  STATUS TOTAL Lead and Coliform Copper Status Rule Rule Tier Asbestos WQP 2 DBPR WITHIN 5 SERVICE CON A  STATUS TOTAL Lead and Coliform Copper Status Rule Rule Tier Asbestos WQP 2 DBPR WITHIN 5 SERVICE CON A  STATUS TOTAL Lead and Coliform Copper Status Rule Rule Tier Asbestos WQP 2 DBPR Status Rule Rule Tier Asbestos WQP 2 DBPR Status Rule Rule Tier Asbestos WQP 2 DBPR TOTAL Lead and Coliform Copper Status Rule Rule Tier Asbestos WQP 2 DBPR Status Rule Rule Tier Asbestos WQP 2 DBPR Status Rule Tier Asbestos WQP 2 DBPR Status Rule Rule Tier Asbestos WQP 2 DBPR TOTAL Rule Rule Tier Asbestos WQP 2 DBPR TOTAL Rule Rule Tier Asbestos WQP 2 DBPR Status Rule Tier Asbestos WQP 2 DBPR TOTAL Rule Rule Tier Asbe	Local Address (whe	re applicable)			Service	Residen	itial	Comme	ercial	Industr	ial	Combined	Agricultural
Water System Facility Water System Facility Water System Facility Sampling Point ID Description Status Facility ID Description Nater Status WITHIN 5 SERVICE CON A DESTREAM DESTREAM WITHIN 5 SERVICE CON A DESTREAM DESTREAM WITHIN 5 SERVICE CON A DESTREAM WITHIN 5 SERVICE CON A DESTREAM WITHIN 5 SERVICE CON A DESTREAM DESTREAM DESTR	BUCKLAND ROAD				Connection	าร		5					
Sampling Point   Sampling Point   Sampling Point   State   State   State   Rule   Total   Coliform   Copper   Copper   State   Rule   Total   Coliform   Copper   Copper   State   Rule   Rule   Titler   Asbestos   WQP 2 DBPR	Towns Served: MA	NCHESTER											
System Water System Facility ID DOWNSTREAM WITHIN 5 SERVICE CON A DOWNSTREAM WITHIN 5 SERVICE CON A JUPSTREAM WITHIN 5 SERVICE CON A  57781 INTERCONNECTION - CT0473011- CTWC WESTERN S7783 INTERCONNECTION - MANCHESTER WATER DEPT  Certified Operator Information  Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)  Facility Classification: SMALL WATER SYSTEM Departor Name Operator Name Operator Type Certification(s)  Contact Information  Name Organization Organization Organization Organization Organization Si West Main Street  Mailing Address Line One Business Phone Extension Same Organization Organizatio			Water Sy	ystem Facili	ity and Sa	ampling	Po	int In	vent	tory			
DOWNSTREAM WITHIN 5 SERVICE CON A  STATUS  TOWNSTREAM WITHIN 5 SERVICE CON A  DESTREAM WITHIN 5 SERVICE CON A  STATUS  TOWNSTREAM WITHIN 5 SERVICE CON A  DESTREAM WITHIN 5 SERVICE CON A  STATUS  TOWNSTREAM WITHIN 5 SERVICE CON A  DESTREAM WITHIN 5 CORTAL SERVICE CON A  DESTREAM WITHIN 5 COR													
DOWNSTREAM WITHIN 5 SERVICE CON A  UPSTREAM WITHIN 5 SERVICE CON A  ST781 INTERCONNECTION - CT0473011- CTWC WESTERN  57783 INTERCONNECTION - MANCHESTER WATER DEPT  Certified Operator Information  Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)  Facility Classification: SMALL WATER SYSTEM  Operator Name  Operator Type  Certification(s)  Contact Information  Name  Organization  Organization  Organization  Mailing Address Line One  Mailing Address Line One  Mailing Address Line Two  Organization  Extension Fax  Mobile Phone  Mobile Ph		ystem Facility						(	-		•		_
ST781   NTERCONNECTION - CT0473011-   CTWC WESTERN	Facility ID				-				Rule	e Rule	Tier	Asbestos	WQP 2 DBPR
INTERCONNECTION - CTO473011-CTWC WESTERN													
CTWC WESTERN  57783 INTERCONNECTION - MANCHESTER WATER DEPT    Certified Operator Information				UPSTREAM	WITHIN 5 S	ERVICE COI	N	Α					
Certified Operator Information  Nater System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)  Facility Classification: SMALL WATER SYSTEM Operator Type Certification(s)  GREEN, III, CLIFFORD CHIEF OPERATOR DISTRIBUTION SYSTEM OPERATOR - CLASS III 3/31/2023  ***Contact Information**  Name Organization Orga			T0473011-										
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)  Facility Classification: SMALL WATER SYSTEM Operator Name Operator Type Certification(s)  SEREEN, III, CLIFFORD CHIEF OPERATOR DISTRIBUTION SYSTEM OPERATOR - CLASS III 3/31/2023  CONTact Information  Name Organization One dialing Address Line Two Oity State Ointon Official Address Seo-664-6140 Organization Organization Oity State Oift 06413 Official Address Organization Organization Official Address Organization Organization Official Address Organization Organization Organization Organization Official Address Organization Or			DEPT										
Facility Classification: SMALL WATER SYSTEM Operator Name Operator Type Operator Name Operator Type Operator Name Operator Type Operator Name Operator Type Operator Name Organization Organization Organization Organization Organization Operator Water Company Operator Water C				Certified	Operato	r Inform	nati	on					
Contact Information    Contact Information   Connecticut Water Company   Contact Information   Contact Information   Contact Information   Connecticut Water Company   Contact Information   Connecticut Water Company   Contact Information   Contact Information   Connecticut Water Company   Contact Information   C	Water System Fa	cility: DISTR	IBUTION SY	STEM (WSF II	D: 00600)								
Contact Information    Contact Information   Connecticut Water Company   Contact Information   Contact Information   Contact Information   Connecticut Water Company   Contact Information   Connecticut Water Company   Contact Information   Contact Information   Connecticut Water Company   Contact Information   C	Facility Classification	on: SMALL WA	TER SYSTEM	]									Certification
Contact Information  Name Organization Organ	Operator Name			Operator Type	e	Certification	on(s)						-
Name Organization	GREEN, III, CLIFFOR	lD.		CHIEF OPERATO	)R	DISTRIBUTI	ON S	SYSTEM	OPER	ATOR - C	LASS	Ш	3/31/2023
Mr. Craig J. Patla Connecticut Water Company Vp, Service Delivery City State Zip Code Clinton CT 06413  Business Phone Extension Scontact Role(s):  Vame  Organization Connecticut Water Company  Organization Connecticut Water Company  Director, Service De  Mailing Address Line One Mailing Address Line Two Connecticut Water Company  Mailing Address Line One Mailing Address Line Two Connecticut Water Company  Mailing Address Line One Mailing Address Line Two Clinton CT 06413  Connecticut Water Company Connecticut Water Company  Mailing Address Line One Clinton CT 06413  Connecticut Water Company City City City City Code Clinton CT 06413  Confection CT 06413				Con	tact Info	rmation	1						
Mailing Address Line One Mailing Address Line Two Clinton CT O6413  Business Phone R60-664-6140 Contact Role(s):  Mailing Address Line Two Connecticut Water Company Mailing Address Line One Mailing Address Line Two Contact Role Mailing Address Line One Mailing Address Line Two Connecticut Water Company Clinton Clinton Contact Role Mailing Address Line Two Connecticut Water Company Clinton Clinton CT O6413  Business Phone R60-664-6141 Contact Role(s): Administrative Contact Contact Role(s): Administrative Contact Clinton CT O6413 Contact Role(s): Administrative Contact	Name			Or	rganization							Job Title	
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 860-664-6140 800-391-1924 cpatla@ctwater.com  Contact Role(s): Legal Contact Name Organization Job Title  Mr. David Connors Connecticut Water Company Director, Service De Mailing Address Line One Mailing Address Line Two Clinton CT 06413  Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 860-664-6141 860-227-4902 dconnors@ctwater.com	Mr. Craig J. Patla			Co	nnecticut W	/ater Comp	any			Vp, Servi	ce De	livery	
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 860-664-6140 800-391-1924 cpatla@ctwater.com  Contact Role(s): Legal Contact  Name Organization Job Title  Mr. David Connors Connecticut Water Company Director, Service De  Mailing Address Line One Mailing Address Line Two City State Zip Code 23 West Main St Clinton CT 06413  Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 860-664-6141 860-227-4902 dconnors@ctwater.com  Contact Role(s): Administrative Contact	Mailing Address Lir	ne One		Mailing Address	s Line Two					City		State	Zip Code
860-664-6140  Rome Organization Connecticut Water Company Mailing Address Line One Mailing Address Line Two Mailing St  Business Phone Extension St  State Mobile Phone Emergency Phone Email Address Mobile Phone Emergency Phone Email Address Mobile Phone Mobile Phon	93 West Main Stree	et						Clin	iton			СТ	06413
Contact Role(s): Legal Contact  Name Organization Organiz	Business Phone	Extension	Fax	Mobi	le Phone	Emergency	/ Pho	one Em	ail Add	dress			
Name Organization	860-664-6140					800-391-	-192	4 сра	tla@c	twater.co	om		
Mr. David Connors    Connecticut Water Company   Director, Service De	Contact Role(s): Le	egal Contact											
Mailing Address Line One Mailing Address Line Two City State Zip Code  O3 West Main St Clinton CT 06413  Business Phone Extension Fax Mobile Phone Emergency Phone Email Address  860-664-6141 860-227-4902 dconnors@ctwater.com  Contact Role(s): Administrative Contact	Name			Or	rganization							Job Title	
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address  860-664-6141 860-227-4902 dconnors@ctwater.com  Contact Role(s): Administrative Contact	Mr. David Connors	1		Co	nnecticut W	/ater Comp	any			Director,	Servi	ce De	
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 860-664-6141 860-227-4902 dconnors@ctwater.com Contact Role(s): Administrative Contact	Mailing Address Lir	ne One		Mailing Address	s Line Two					City		State	Zip Code
860-664-6141 860-227-4902 dconnors@ctwater.com Contact Role(s): Administrative Contact	93 West Main St							Clin	iton			СТ	06413
Contact Role(s): Administrative Contact	Business Phone	Extension	Fax	Mobi	le Phone	Emergency	/ Pho	one Em	ail Add	dress			
	860-664-6141					860-227-	-490	2 dco	nnors	@ctwate	r.con	n	
Please note the following:	Contact Role(s): A	dministrative	Contact										
	Please note the fol	lowing:											

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 correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

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3.

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

PWS ID	PWS Name			Cla	ssification	Population	Own	ner Type	Prim	nary Source
СТ0779083	ELISABETH M. BENNET ACADEMY				NTNC	536		L		SWP
Local Address (where applicable)		Service	Residential		Commercia	al Industri	al	Combine	ed A	Agricultural
1151 MAIN STRE	ET	Connections			1					

1151 MAIN STREET	Connections	:	1	
Towns Served: MANCHESTER		-		-
Mo	nitoring Requirem	ents		
Water System Facility: DISTRIBUTION SYSTEM (W	/SF ID: 00600)			
Chlorine Residual (1012)			1 rc	outine (RT) per month
Sampling Point (Sampling Point ID)	Monit	oring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/1	9 - 10/31/19		Complete
	11/1/1	9 - 11/30/19		Complete
	12/1/1	9 - 12/31/19		Complete
	1/1/2	0 - 1/31/20		Complete
	2/1/2	0 - 2/29/20		Complete
	3/1/2	0 - 3/31/20		
	4/1/2	0 - 4/30/20		
	5/1/2	0 - 5/31/20		
	6/1/2	0 - 6/30/20		
	7/1/2	0 - 7/31/20		
	8/1/2	0 - 8/31/20		
	9/1/2	0 - 9/30/20		
Asbestos (1094)			1 routi	ne (RT) per nine years
Sampling Point (Sampling Point ID)	Monit	oring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/13	- 12/31/19		Complete
	1/1/20	- 12/31/28		
Total Haloacetic Acids (2456)			1 ro	utine (RT) per quarter
Sampling Point (Sampling Point ID)	Monit	oring Period	<b>Collection Period</b>	Compliance Status
CONE WATER COOLER (B4C001)	7/1/1	9 - 9/30/19	9/1-9/30	Complete
	10/1/1	9 - 12/31/19	12/1-12/31	Complete
	1/1/2	0 - 3/31/20	3/1-3/31	
	4/1/2	0 - 6/30/20	6/1-6/30	
	7/1/2	0 - 9/30/20	9/1-9/30	
Total Trihalomethanes (2950)			1 ro	utine (RT) per quarter
Sampling Point (Sampling Point ID)	Monit	oring Period	<b>Collection Period</b>	Compliance Status
BARNARD WATER COOLER (B4B001)	7/1/1	9 - 9/30/19	9/1-9/30	Complete
	10/1/1	9 - 12/31/19	12/1-12/31	Complete
	1/1/2	0 - 3/31/20	3/1-3/31	
	4/1/2	0 - 6/30/20	6/1-6/30	
	7/1/2	0 - 9/30/20	9/1-9/30	
Total Coliform (3100)				outine (RT) per month
Sampling Point (Sampling Point ID)	Monit	oring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points		9 - 10/31/19		Complete
		9 - 11/30/19		Complete
		9 - 12/31/19		Complete
	1/1/2	0 - 1/31/20		Complete
		0 - 2/29/20		Complete
	3/1/2	0 - 3/31/20		

Conno	octicut Donartment of D	uhlic Hoolth Drinki	ng Water See	ction		
Comile	ecticut Department of P		Ŭ			
DIAIC ID	Water Quality Monitor			- T Duine Course		
PWS ID PWS Nam			-	er Type Primary Source		
	H M. BENNET ACADEMY	NTNC	536	L SWP		
Local Address (where appli	,	rvice Residential Commo		Combined Agricultural		
1151 MAIN STREET		onnections 1				
Towns Served: MANCHEST						
Mater System Facility		ng Requirements				
Total Coliform (3100)	DISTRIBUTION SYSTEM (WSF ID: 0	0000)	1	itine (RT) per month		
Sampling Point (Sam)	nling Point ID)	Monitoring Period	Collection Period	Compliance Status		
Sumpling Point (Sum)	ping Foint ID)	4/1/20 - 4/30/20	Collection Period	Compliance Status		
		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				
Lead And Copper (PBC	u)	3/1/20 3/30/20	20 routine	(RT) per six months		
Sampling Point (Sam)	-	Monitoring Period	Collection Period	Compliance Status		
	of Active Sampling Points	7/1/19 - 12/31/19		Complete		
,		1/1/20 - 6/30/20				
		7/1/20 - 12/31/20				
Physical Parameters (P	PPS)		1 rou	itine (RT) per month		
Sampling Point (Sam		Monitoring Period	<b>Collection Period</b>	Compliance Status		
Select from Inventory	of Active Sampling Points	10/1/19 - 10/31/19		Complete		
		11/1/19 - 11/30/19		Complete		
		12/1/19 - 12/31/19		Complete		
		1/1/20 - 1/31/20		Complete		
		2/1/20 - 2/29/20		Complete		
		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				
Mor	nthly Water System Facility	(WSF) Level Monitori	ng Requiremer	its		
Water System Facility:	TREATMENT PLANT (WSFID: 5779)	2)				
Analyte	Monitoring Requirement (Summary	Type) Operating Limit		Samples Req/Month		
рН	Entry Point pH Monitoring (PHRD)	Minimum: 7.0 F	РН	4		
<b>Start Date:</b> 9/1/2011		Compliance History:	Operating Limit	Monitoring		
		<b>Monitoring Period</b>	Compliance Status:	<b>Compliance Status:</b>		
		10/1/2019 - 10/31/2019				
		11/1/2019 - 11/30/2019				
		12/1/2019 - 12/31/2019				
		1/1/2020 - 1/31/2020				
		2/1/2020 - 2/29/2020				

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	Conne	ecticut De	partmer	nt of	f Public H	ealth	Dr	inkin	g W	'ater	Se	ction		
		Water Qu	uality M	onit	coring and	d Com	ıpli	iance	Sch	edul	e			
PWS ID								Classification   Population   Owner Type   Primary So						
CT0779083	ELISABET	H M. BENNET A	CADEMY				1	NTNC		536		L	SWP	
Local Address	(where app	licable)			Service	Resident	ial (	Commer	cial I	ndustria	al	Combined	Agricultural	
1151 MAIN ST	REET				Connections			1						
Towns Served	: MANCHES	TER					,		·		,			
Water Syster	m Facility:	TREATMENT P	LANT (WSF	ID: 57	7792)									
Analyte		Monitoring Re	equirement (	Summ	ary Type)	Oper	atin	g Limit				Samples Ro	eq/Month	
рН		Entry Point pH	l Monitoring	(PHRE	D)	Maxi	mun	n: 7.6 PH	l			4		
Start Date	9/1/2011				Complia	nce Histo	ry:	0	perat	ing Limi	it	Monitor	ing	
					Monitor	ing Period	d		-	ance Sta			nce Status:	
					10/1/201	19 - 10/31	/201	19						
					11/1/201	19 - 11/30	)/201	19						
					12/1/201	L9 - 12/31	/201	19						
					1/1/2020	) - 1/31/2	020							
					2/1/2020	) - 2/29/2	020							
			Oth	er C	ompliance	Sched	ule	S						
Compliance S	chedule Acti	ivity				D	Due L	Date		Achie	ved I	Date		
DISTRIBUTION	I SYSTEM MA	ATERIALS EVALU	ATION			8/	/31/2	2019						
SUBMIT LEAD	CONSUMER	NOTICE CERTIFI	CATE			9/	/28/2	2019						
CROSS CONNE	ECTION SURV	VEY REPORT				3	3/1/2	2020						
SUBMIT LEAD	CONSUMER	NOTICE CERTIFI	CATE			3/	/30/2	2020						
			Public	Not	tification R	equire	me	nts						
				C	Compliance	Notice		<u>Public</u> l	Notific	ation		PN Cert	<u>ification</u>	
Violation/Situ	ıation				Period Tier			Requirea	l Pe	rforme	d D	ue to DPH	Received	
Total Trihalon	nethanes M8	&R Violation		10/1	/18 - 12/31/18	3	(	6/9/2020			6/19/2020			
Total Haloace	tic Acids M&	R Violation		10/1,	/18 - 12/31/18	3	(	6/9/2020	)		6	5/19/2020		
		Water	System I	Facil	ity and San	npling	Poi	int Inv	ento	ry				
Water									Total	Lead	and			
- /	ater System	Facility		Point	Sampling Poin	nt			liform				Stage	
Facility ID			ID		Description		S	Status	Rule	Rule	Tier	Asbestos	WQP 2 DBPR	
00600 DIS	TRIBUTION				DISTRIBUTION SYSTEM			Α						
		B4B			BARNARD WA	TER		Α	Υ				Υ	
			B4B00	24	COOLER BARNARD FAC	` I A\/		۸	Υ	2				
			B4B00		BARNARD CUS			A A	ī	2				
			B4B0.		BARNARD WA		IIR	A		2				
			B4B104(		BARNARD FAC		OIX	A		2				
			B4B113(		BARNARD SCI			A		2				
			B4B116(		BARNARD CUS			A		2				
			B4B206(		BARNARD-SCI		,	Α	Υ	2				
			B4B211(		BARNARD SCI			Α	Υ	2				
			B4B213(		BARNARD SCI			Α	Y	2				
			B4C00		CONE WATER			Α	Υ	2			Υ	
			B4C0:		CONE BOYS LF			Α	Y	2				
			B4C02		CONE-CHANG			Α	Υ	2				
			B4C10		CONE-WATER			Α	Υ					

Α

Υ

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B4C104(C109 CONE HC LAV

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

PWS ID PWS Name					ssification	Population	Owner Type	Primary Source
СТ0779083	CT0779083 ELISABETH M. BENNET ACADEMY					536	L	SWP
Local Address (where applicable)		Service	Resider	itial Commerc		al Industri	al Combine	ed Agricultural
1151 MAIN STREET		Connections			1			

Towns Served: MANCHESTER

Water System Facility:

**Facility Classification:** 

**Operator Name** 

GRANT, SHANE

Water System Facility and Sampling Point Inventory										
Water	ear Sustam Easility	Campling Doint	Campling Doint		Total	Lead and			Charac	
System Wat acility ID	er System Facility	Sampling Point ID	Sampling Point Description		Coliform Rule	Copper Rule Tier	Asbestos	MOD	Stage	
ucinty 1D			CONE LIBRARY WK RM	<u>Status</u>	Y		ASDESIUS	WQF	2 001	
		B4C107(C109		A		2				
		B4C204	CONE CHANGING LAV	A	Υ	1				
		B4CH100	CHENEY COOLER	A		1				
		B4CH107	CHENEY CLASSROOM	A		1				
		B4CH1HC	CHENEY HC LAV	A		1				
		B4CH201	CHENEY COOICV	A		1				
		B4CH209	CHENEY CISS ROOM	A		1				
		B4CH20FI	CHENEY CICSS ROOM	Α		1				
		B4CHNURSE	CHENEY NURSE	Α		1				
		B4CHZHC	CHENEY HC LAV	Α		1				
		B4CN207	CHENEY CICSS ROOM	Α		1				
		B4F001	FRANKLIN COOLER	Α		2				
		B4F004(F012	FRANKLIN LAV	Α		2				
		B4F009(F001	FRANKLIN ART LAB	Α		2				
		B4F014	FRANKLIN TECH LAB	Α		2				
		B4F101	FRAN WATER COOLER	Α	Υ	2				
		B4F104	FRAN FACULTY LAV	Α	Υ	2				
		B4F107	FRANKLIN-NURSE	Α	Υ					
		B4F111(F103	FRANK SCIENCE LAB	Α	Υ	2				
		B4F117	FRANKLIN NURSE	Α	Υ	2				
		B4F201	FRANK WATER COOLER	Α	Υ	2				
		B4F213(F205	FRANK SCIENCE LAB	Α	Υ	2				
		B4R103	REC WATER COOLER	Α	Υ	2				
		B4R107(R111	REC FACULTY LAV	Α	Υ	2				
		B4R112	REC DIST KITCHEN	Α		2				
		B4R207	REC FACULTY LAV	Α	Υ	2				
		B4RSTR20	RECREATION COOLER	Α	Υ	2				
			WITHIN 5 SERVICE CON	Α						
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
	RCONNECTION - 770021 - MANCHESTER	2. 22								
	ATMENT PLANT	B3RAW	ENTRY POINT RAW	Α						
		B3TREAT	ENTRY POINT TREATED	Α						

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.

Certification(s)

WATER TREATMENT PLANT OPERATOR - CLASS II

Certification

**Expiration** 

9/30/2020

**DISTRIBUTION SYSTEM (WSF ID: 00600)** 

**Operator Type** 

**CHIEF OPERATOR** 

PWS ID	PWS Name						ssification	Population	Owner Type	Primary Source		
CT0779083	T0779083 ELISABETH M. BENNET ACADEMY						NTNC	536	L	SWP		
Local Address (w	cal Address (where applicable) Service					ntial	Commerc	ial Industri	al Combine	ed Agricultural		
1151 MAIN STRE	ET			Connection	ns 1							
Towns Served: N	1ANCHESTER						I					
			Certified	Operato	r Inform	nati	on					
Water System F	acility: DISTRI	BUTION SY	STEM (WSF ID	D: 00600)								
Facility Classifica	ition:									Certification		
Operator Name			Operator Type	2	Certification	on(s)				Expiration		
					DISTRIBUTI	ON S	SYSTEM OF	ERATOR - CI	ASS II	9/30/2020		
Water System I	acility: TREAT	MENT PLA	NT (WSF ID: 5	7792)								
Facility Classifica	ition: CLASS 1 TRI	EATMENT P	LANT							Certification		
Operator Name Operator Type					Certification(s) Expiration							
GRANT, SHANE			CHIEF OPERATO	EF OPERATOR WATER TREATMENT PI			IENT PLAN	IT OPERATOI	9/30/2020			
				DISTRIBUTION SYSTEM OPE					ERATOR - CLASS II 9/30			
PETITTI, ANDY			ASSIGNED OPER	ATOR	DISTRIBUTI	ON S	SYSTEM OF	ERATOR - CI	-ASS I	6/30/2022		
				WATER TREATMENT PLANT					OPERATOR - CLASS I			
			Con	tact Info	rmation	)						
Name			Or	ganization					Job Title	<u> </u>		
Ms. Laren Clancy	1		Ma	anchester Pu	Public Schools Dir of Finance					e & Mgt		
Mailing Address	Line One		Mailing Address	Line Two				City	State	Zip Code		
45 North School	Street					Manchester CT 06						
Business Phone	e Extension	Fax	Mobil	e Phone	Emergency	nergency Phone Email Address						
860-647-3444						klclancy@mpspride.org						
Contact Role(s):	Administrative C	Contact										
Name			Or	ganization	Job 7					e		
Mr. Matt Geary			Ma	anchester Pu	Public Schools Supt of Schools							
Mailing Address Line One Mailing Address Line Two					City State					Zip Code		
45 North School Street					Manchester CT 06042							
Business Phone	e Extension	Fax	Mobil	e Phone	Emergency	/ Pho	ne Email	Address				
860-647-3441							mgear	y@mpspride	e.org			
Contact Role(s):	Legal Contact											
Please note the	following:											
1. The residual di	sinfectant concentr	ation must b	e measured at the	same locatio	n and time a	as ea	ch total colif	form sample.				

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