

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0770072	SHADY GLEN RESTAURANT	NTNC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
840 EAST MIDDLE TURNPIKE		1					

Towns Served: MANCHESTER

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Chlorine Residual (1012)	1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	10/1/19 - 12/31/19		Complete	
	1/1/20 - 3/31/20		Complete	
	4/1/20 - 6/30/20			
	7/1/20 - 9/30/20			
Chlorine Residual (1012)	4 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete	
Asbestos (1094)	1 routine (RT) per nine years			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		Complete	
	1/1/20 - 12/31/28			
Total Haloacetic Acids (2456)	1 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
KITCHEN HAND SINK (4004)	1/1/19 - 12/31/19	8/1-8/31	Complete	
	1/1/20 - 12/31/20	8/1-8/31		
	1/1/21 - 12/31/21	8/1-8/31		
Total Trihalomethanes (2950)	1 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
BASEMENT WEST (4003)	1/1/19 - 12/31/19	8/1-8/31	Complete	
	1/1/20 - 12/31/20	8/1-8/31		
	1/1/21 - 12/31/21	8/1-8/31		
Total Coliform (3100)	1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	7/1/19 - 8/31/19		Complete	
	10/1/19 - 12/31/19		Complete	
	1/1/20 - 3/31/20		Complete	
	4/1/20 - 6/30/20			
	7/1/20 - 9/30/20			
Lead And Copper (PBCU)	5 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	1/1/19 - 12/31/19	6/1-9/30		
	1/1/20 - 12/31/20	6/1-9/30		
	1/1/21 - 12/31/21	6/1-9/30		
Physical Parameters (PPS)	1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete	
	10/1/19 - 12/31/19		Complete	
	1/1/20 - 3/31/20		Complete	

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PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0770072	SHADY GLEN RESTAURANT	NTNC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
840 EAST MIDDLE TURNPIKE			1				

Towns Served: MANCHESTER

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Physical Parameters (PPS)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Inorganic Chemicals (IOCS)	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		

Nitrate And Nitrite (NOX)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Pesticides, Herbicides and PCBs-Phase II (SOC2)	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		

Pesticides, Herbicides and PCBs-Phase V (SOC5)	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		

Organic Chemicals (VOCS)	1 routine (RT) per three years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		

Water System Facility: **WELL 1 (WSF ID: 10366)**

E. Coli (3014)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 1 (2)	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0770072	SHADY GLEN RESTAURANT	NTNC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
840 EAST MIDDLE TURNPIKE			1				

Towns Served: MANCHESTER

Monitoring Requirements

Water System Facility: **WELL 2 (WSF ID: 10990)**

E. Coli (3014)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 2 (2)	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **ENTRY POINT (WSFID: 00700)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Chlorine	Entry Point Chlorine Residual Monitoring (CHLR)	Minimum: .2 MG/L	Daily
Start Date: 1/1/2002	Compliance History:	Operating Limit	Monitoring
	Monitoring Period	Compliance Status:	Compliance Status:
	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		

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7.0 PH	4
Start Date: 7/1/2003	Compliance History:	Operating Limit	Monitoring
	Monitoring Period	Compliance Status:	Compliance Status:
	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		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2017	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2018	
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	
CROSS CONNECTION SURVEY REPORT	3/1/2020	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Chlorine M&R Violation	7/1/19 - 9/30/19	3	11/12/2020		11/22/2020	
Total Coliform M&R Violation	9/1/19 - 9/30/19	3	11/12/2020		11/22/2020	

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CT0770072	SHADY GLEN RESTAURANT	NTNC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
840 EAST MIDDLE TURNPIKE			1				
Towns Served: MANCHESTER							

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	2001	WELL #1 RAW	P				
		2002	WELL #2 RAW	P				
		3003	FINISH ENTER SYSTEM	P				
		4	DISTRIBUTION SYSTEM	A	Y			
		4001	BASEMENT EAST	P			1	
		4002	BASEMENT MIDDLE	P			1	
		4003	BASEMENT WEST	A			1	Y
		4004	KITCHEN HAND SINK	A			1	Y
		4005	KITCHEN SLOP SINK	P			1	
				DOWNSTREAM	WITHIN 5 SERVICE CON	A		
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10366	WELL 1	2	WELL 1	A				
10990	WELL 2	2	WELL 2	A				
1332	SHADY GLEN TP							

Certified Operator Information

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

Facility Classification: CLASS 1 TREATMENT PLANT

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

Contact Information

Name		Organization			Job Title			
Mr. William Hoch		Shady Glen Inc.			Owner			
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
840 East Middle Turnpike						Manchester	CT	06040
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-649-4245		860-646-2993		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

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0779023	MANCHESTER PACKING COMPANY, INC.	NTNC	34	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
349 WETHERALL STREET			1				
Towns Served: MANCHESTER							

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Asbestos (1094)		1 routine (RT) per nine years			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19				
	1/1/20 - 12/31/28				
Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19				
	10/1/19 - 12/31/19				
	1/1/20 - 3/31/20				
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				
Lead And Copper (PBCU)		5 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	1/1/19 - 12/31/19	6/1-9/30			
	1/1/20 - 12/31/20	6/1-9/30			
	1/1/21 - 12/31/21	6/1-9/30			
Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19				
	10/1/19 - 12/31/19				
	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 routine (RT) per three years			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/19 - 12/31/21				
	1/1/22 - 12/31/24				
Nitrate And Nitrite (NOX)		1 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete		
	1/1/20 - 12/31/20				
	1/1/21 - 12/31/21				
Pesticides, Herbicides and PCBs-Phase II (SOC2)		1 routine (RT) per three years			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/17 - 12/31/19				
	1/1/20 - 12/31/22				
	1/1/23 - 12/31/25				
Pesticides, Herbicides and PCBs-Phase V (SOC5)		1 routine (RT) per three years			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0779023	MANCHESTER PACKING COMPANY, INC.	NTNC	34	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
349 WETHERALL STREET			1				
Towns Served: MANCHESTER							

Monitoring Requirements

Water System Facility: ENTRY POINT (WSF ID: 00700)

Pesticides, Herbicides and PCBs-Phase V (SOC5) 1 routine (RT) per three years

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		

Organic Chemicals (VOCS) 1 routine (RT) per year

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
	1/1/21 - 12/31/21		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2012	
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	
CROSS CONNECTION SURVEY REPORT	3/1/2020	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		MM01	PATTIE ROOM	A	Y	1		Y
		MM02	CUTTING ROOM	A	Y	1		Y
		MM03	RETAIL	A	Y	1		Y
		MM04	OFFICE BATHROOM	A	Y	1	Y	Y
		MM05	DOCK	A	Y	1	Y	Y
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10368	WELL	2	WELL	A				

Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Facility Classification: SMALL WATER SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration
NAVICKIS, THOMAS L.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS I	6/30/2021

Contact Information

Name	Organization	Job Title		
Mr. William J. Bogner	Manchester Packing \ Bravo	Owner / Manager		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
349 Wetherell Street		Manchester	CT	06080

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

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CT0779023	MANCHESTER PACKING COMPANY, INC.	NTNC	34	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
349 WETHERALL STREET			1				
Towns Served: MANCHESTER							
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-871-2333					William@bravopetfoods.com		
Contact Role(s): Administrative Contact, Legal Contact, Owner							
Please note the following:							
<ol style="list-style-type: none"> 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 2. If a Collection Period is specified, all water quality samples must be collected during the specified period. 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule. 							

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End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0779073	BIRCH MOUNTAIN DAY SCHOOL	NTNC	83	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
645 BIRCH MOUNTAIN ROAD				1			
Towns Served: MANCHESTER							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Asbestos (1094) **1 routine (RT) per nine years**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		Complete
	1/1/20 - 12/31/28		

Total Coliform (3100) **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Lead And Copper (PBCU) **5 routine (RT) per six months**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory 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 (PPS) **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Inorganic Chemicals (IOCS) **1 routine (RT) per three years**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/20		Complete
	1/1/21 - 12/31/23		

Nitrate And Nitrite (NOX) **1 routine (RT) per year**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
	1/1/21 - 12/31/21		

Pesticides, Herbicides and PCBs - Phase II & V (SOCS) **1 routine (RT) per three years**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		

Organic Chemicals (VOCS) **1 routine (RT) per three years**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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CT0779073	BIRCH MOUNTAIN DAY SCHOOL	NTNC	83	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
645 BIRCH MOUNTAIN ROAD				1			
Towns Served: MANCHESTER							

Monitoring Requirements

Water System Facility: ENTRY POINT (WSF ID: 00700)			
Organic Chemicals (VOCS)		1 routine (RT) per three years	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: ENTRY POINT (WSFID: 00700)			
Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7.0 PH	4
Start Date: 4/1/2006	Compliance History:	Operating Limit	Monitoring
	Monitoring Period	Compliance Status:	Compliance Status:
	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		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SWTS 1: PWS TO RECOMMEND SOWT	3/31/2016	
SWTS 2: DWS REVIEW & APPROVAL OF SOWT	9/30/2016	
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	
CROSS CONNECTION SURVEY REPORT	3/1/2020	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	3/30/2020	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		BM1	RES	A	Y			
		BM2	LITTLE RS	A	Y			
		BM3	LF BATH	A	Y			
		BM4	BREAK ROOM	A	Y			
		BM5	BM5	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		MB5	RIGHT CENTER SINK	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10970	WELL	2	WELL	A				
1659	WTP							

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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0779073	BIRCH MOUNTAIN DAY SCHOOL	NTNC	83	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
645 BIRCH MOUNTAIN ROAD				1			
Towns Served: MANCHESTER							

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
51998	PRESSURE STORAGE						

Certified Operator Information

Water System Facility: **WTP (WSF ID: 1659)**

Facility Classification: CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification 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 Minicucci		Birch Mountain Day School			President		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
645 Birch Mountain Road					Manchester	CT	06040
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0779093	CTWC - BUCKLAND ROAD SERVICE AREA	NTNC	25	P	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
BUCKLAND ROAD				5			

Towns Served: MANCHESTER

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Chlorine Residual (1012)		1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
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			
Asbestos (1094)		1 routine (RT) per nine years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		Complete	
	1/1/20 - 12/31/28			
Total Haloacetic Acids (2456)		1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
LOWES-31 BUCKLAND HILLS DR (3045)	7/1/19 - 9/30/19	8/1-8/31	Complete	
	10/1/19 - 12/31/19	11/1-11/30	Complete	
	1/1/20 - 3/31/20	2/1-2/28	Complete	
	4/1/20 - 6/30/20	5/1-5/31		
	7/1/20 - 9/30/20	8/1-8/31		
Total Trihalomethanes (2950)		1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
TARGET-125 BUCKLAND HILLS DR (3046)	7/1/19 - 9/30/19	8/1-8/31	Complete	
	10/1/19 - 12/31/19	11/1-11/30	Complete	
	1/1/20 - 3/31/20	2/1-2/28	Complete	
	4/1/20 - 6/30/20	5/1-5/31		
	7/1/20 - 9/30/20	8/1-8/31		
Total Coliform (3100)		1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
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			

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0779093	CTWC - BUCKLAND ROAD SERVICE AREA	NTNC	25	P	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
BUCKLAND ROAD				5			
Towns Served: MANCHESTER							

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100)		1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
	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			

Lead And Copper (PBCU)		1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	1/1/19 - 12/31/19	6/1-9/30	Complete	
	1/1/20 - 12/31/20	6/1-9/30		
	1/1/21 - 12/31/21	6/1-9/30		

Physical Parameters (PPS)		1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
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			

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2020	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	3045	LOWES-31 BUCKLAND HI	A		N	Y	Y
		3045-1	ORECK STORE	A	Y	N		
		3046	TARGET-125 BUCKLAND	A	Y	N		Y
		3047	VIT SHOP-105 BUCK	A	Y	N		
		3048	MN WHS-194 BUCK	A	Y	N		
		4	DISTRIBUTION SYSTEM	A				

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0779093	CTWC - BUCKLAND ROAD SERVICE AREA	NTNC	25	P	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
BUCKLAND ROAD				5			
Towns Served: MANCHESTER							

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
57781	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)	Certification Expiration
GREEN, III, CLIFFORD	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	3/31/2023

Contact Information

Name		Organization			Job Title		
Mr. Craig J. Patla		Connecticut Water Company			Vp, Service Delivery		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
93 West Main Street					Clinton	CT	06413
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
93 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							

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 Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0779083	ELISABETH M. BENNET ACADEMY	NTNC	536	L	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1151 MAIN STREET				1			
Towns Served: MANCHESTER							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Chlorine Residual (1012)		1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
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			
Asbestos (1094)		1 routine (RT) per nine years		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		Complete	
	1/1/20 - 12/31/28			
Total Haloacetic Acids (2456)		1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
CONE WATER COOLER (B4C001)	7/1/19 - 9/30/19	9/1-9/30	Complete	
	10/1/19 - 12/31/19	12/1-12/31	Complete	
	1/1/20 - 3/31/20	3/1-3/31		
	4/1/20 - 6/30/20	6/1-6/30		
	7/1/20 - 9/30/20	9/1-9/30		
Total Trihalomethanes (2950)		1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
BARNARD WATER COOLER (B4B001)	7/1/19 - 9/30/19	9/1-9/30	Complete	
	10/1/19 - 12/31/19	12/1-12/31	Complete	
	1/1/20 - 3/31/20	3/1-3/31		
	4/1/20 - 6/30/20	6/1-6/30		
	7/1/20 - 9/30/20	9/1-9/30		
Total Coliform (3100)		1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
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			

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0779083	ELISABETH M. BENNET ACADEMY	NTNC	536	L	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1151 MAIN STREET				1			
Towns Served: MANCHESTER							

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100)		1 routine (RT) per month	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	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		

Lead And Copper (PBCU)		20 routine (RT) per six months	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory 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 (PPS)		1 routine (RT) per month	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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		

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: TREATMENT PLANT (WSFID: 57792)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7.0 PH	4
Start Date: 9/1/2011	Compliance History:	Operating Limit	Monitoring
	Monitoring Period	Compliance Status:	Compliance Status:
	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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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0779083	ELISABETH M. BENNET ACADEMY	NTNC	536	L	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1151 MAIN STREET				1			

Towns Served: MANCHESTER

Water System Facility: TREATMENT PLANT (WSFID: 57792)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
pH	Entry Point pH Monitoring (PHRD)	Maximum: 7.6 PH	4
Start Date: 9/1/2011		Compliance History:	Monitoring Compliance Status:
		Monitoring Period	Operating Limit Compliance Status:
		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	

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	9/28/2019	
CROSS CONNECTION SURVEY REPORT	3/1/2020	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	3/30/2020	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Total Trihalomethanes M&R Violation	10/1/18 - 12/31/18	3	6/9/2020		6/19/2020	
Total Haloacetic Acids M&R Violation	10/1/18 - 12/31/18	3	6/9/2020		6/19/2020	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A			
		B4B001	BARNARD WATER COOLER	A	Y		Y
		B4B004	BARNARD FAC LAV	A	Y	2	
		B4B016	BARNARD CUSTODIAL	A		2	
		B4B100	BARNARD WATER CONUR	A		2	
		B4B104(B111)	BARNARD FAC LAV	A		2	
		B4B113(B106)	BARNARD SCIENCE LAB	A		2	
		B4B116(B113)	BARNARD CUSTODIAL	A		2	
		B4B206(B215)	BARNARD-SCIENCE LAV	A	Y	2	
		B4B211(B204)	BARNARD SCIENCE LAV	A	Y	2	
		B4B213(B206)	BARNARD SCIENCE LAV	A	Y	2	
		B4C001	CONE WATER COOLER	A	Y	2	Y
		B4C011	CONE BOYS LR LAV	A	Y	2	
		B4C024	CONE-CHANGING LAV	A	Y	2	
		B4C101	CONE-WATER COOLER	A	Y		
		B4C104(C109)	CONE HC LAV	A	Y	2	

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0779083	ELISABETH M. BENNET ACADEMY	NTNC	536	L	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1151 MAIN STREET				1			
Towns Served: MANCHESTER							

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		B4C107(C109)	CONE LIBRARY WK RM	A	Y	2		
		B4C204	CONE CHANGING LAV	A	Y			
		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	A		1		
		B4CHNURSE	CHENEY NURSE	A		1		
		B4CHZHC	CHENEY HC LAV	A		1		
		B4CN207	CHENEY CICSS ROOM	A		1		
		B4F001	FRANKLIN COOLER	A		2		
		B4F004(F012)	FRANKLIN LAV	A		2		
		B4F009(F001)	FRANKLIN ART LAB	A		2		
		B4F014	FRANKLIN TECH LAB	A		2		
		B4F101	FRAN WATER COOLER	A	Y	2		
		B4F104	FRAN FACULTY LAV	A	Y	2		
		B4F107	FRANKLIN-NURSE	A	Y			
		B4F111(F103)	FRANK SCIENCE LAB	A	Y	2		
		B4F117	FRANKLIN NURSE	A	Y	2		
		B4F201	FRANK WATER COOLER	A	Y	2		
		B4F213(F205)	FRANK SCIENCE LAB	A	Y	2		
		B4R103	REC WATER COOLER	A	Y	2		
		B4R107(R111)	REC FACULTY LAV	A	Y	2		
		B4R112	REC DIST KITCHEN	A		2		
		B4R207	REC FACULTY LAV	A	Y	2		
		B4RSTR20	RECREATION COOLER	A	Y	2		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
57790	INTERCONNECTION - CT0770021 - MANCHESTER							
57792	TREATMENT PLANT	B3RAW	ENTRY POINT RAW	A				
		B3TREAT	ENTRY POINT TREATED	A				

Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Facility Classification:			
Operator Name	Operator Type	Certification(s)	Certification Expiration
GRANT, SHANE	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2020

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0779083	ELISABETH M. BENNET ACADEMY	NTNC	536	L	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1151 MAIN STREET				1			

Towns Served: MANCHESTER

Certified Operator Information

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Facility Classification:				Certification Expiration
Operator Name	Operator Type	Certification(s)		
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	9/30/2020	

Water System Facility: **TREATMENT PLANT (WSF ID: 57792)**

Facility Classification: CLASS 1 TREATMENT PLANT				Certification Expiration
Operator Name	Operator Type	Certification(s)		
GRANT, SHANE	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2020	
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	9/30/2020	
PETITTI, ANDY	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2022	
		WATER TREATMENT PLANT OPERATOR - CLASS I	12/31/2022	

Contact Information

Name		Organization			Job Title	
Ms. Laren Clancy		Manchester Public Schools			Dir of Finance & Mgt	
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
45 North School Street				Manchester	CT	06042
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-647-3444					klclancy@mpspride.org	

Contact Role(s): **Administrative Contact**

Name		Organization			Job Title	
Mr. Matt Geary		Manchester 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	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-647-3441					mgeary@mpspride.org	

Contact Role(s): **Legal Contact**

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

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

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

End of schedule