C	onnectic	•							_		ection	
	Wa	ter Qual	ity N	lonit	oring a	nd Con	npli	ance	Sch	edule		
PWS ID PV	VS Name						Class	ification	Рори	ulation Ow	ner Type	Primary Source
CT0791213 DE	EP EASTERN D	DISTRICT HEA	DQUAR	TERS				NC		53	S	GW
Local Address (whe	re applicable)				Service	Resider	ntial C	commer	cial I	ndustrial	Combine	d Agricultural
209 HEBRON ROAD)				Connection	ns 5						
Towns Served: MAI	RLBOROUGH						'					'
			N	/lonit	oring Red	quireme	nts					
Water System Fac	cility: DISTR	IBUTION SY	STEM	(WSF II	D: 00600)							
Total Coliform (3100)									1 ro	utine (RT)	per quarter
Sampling Poir	nt (Sampling P	oint ID)				Monitor	ing Pe	riod	Collect	tion Period	l Comp	liance Status
Select from In	ventory of Act	ive Sampling	Points			7/1/19	- 8/31/	′ 19			C	omplete
						10/1/19	- 12/31	L/19			C	omplete
						1/1/20	- 3/31/	′20				
						4/1/20						
						7/1/20						
Physical Parame	ters (PPS)									1 ro	utine (RT)	per quarter
Sampling Poir	•	oint ID)				Monitor	ing Pe	riod	Collect	tion Period		liance Status
Select from In	. , ,	•	Points			7/1/19						omplete
	,	1 0				10/1/19						omplete
						1/1/20						
						4/1/20						
						7/1/20						
Water System Fac	cility: FNTR	Y POINT (W	SE ID:	00700)		., _, _	5,55,					
Nitrate And Nitr	•		J. 15.	007007						1	routino (RT) per year
Sampling Poir	-	oint ID)				Monitor	ina Do	riod	Collec	ı tion Period	-	liance Status
ENTRY POINT		טווונ וטן				1/1/19 -			Conec	lion Period		omplete
EINTRY POINT	(5)											ompiete
						1/1/20 -	-	•				
						1/1/21 -		-				
		Water Sy	stem	Facili	ty and S	ampling	Poi	nt Inv	ento	ry		
Water									Total	Lead and		
	ystem Facility	3		_	Sampling F				oliform			Stage
Facility ID			II		Description			tatus	Rule	Rule Tie	r Asbestos	s WQP 2 DBPR
00600 DISTRIBI	JTION SYSTEM		2			ION SYSTEM		Α	Υ			
		l	DOWNS	TREAM	WITHIN 5 S	SERVICE CO	N	Α				
			UPSTI	REAM	WITHIN 5 S		N	Α				
00700 ENTRY P	OINT		3	}	ENTRY POI	NT		Α				
10760 WELL#1			2	<u> </u>	WELL #1			Α				
				Con	tact Info	rmation	1					
Name				Or	ganization						Job Title	
Mr. David Cooley				De	ep-Enginee	ring Unit			Su	pv Civil Eng	gineer	
Mailing Address Lin	ie One		Mailing		Line Two					City	State	Zip Code
163 Great Hill Road								Portla		-	СТ	06480
Business Phone	Extension	Fax		Mobil	le Phone	Emergency	y Phon			ess		
860-342-2215		860-344-2	560		05-7552	860-424				y@ct.gov		
	dministrative									, =0		
Contact Role(s): A	dministrative	Contact, Leg	al Conta	ct, Own	ier							

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0791213	DEEP EASTERN DISTRICT HEADQUARTERS			NC	53	S	GW
Local Address (v	vhere applicable)	Service	Residen	ntial Commerc	ial Industri	al Combine	ed Agricultural
209 HEBRON RO)AD	Connections	5				

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 De	partment of lality Monit					_			ction	
DIA/C ID		ianty Monit	oring and	u Con						an Truna Du	:
PWS ID	PWS Name	407			Clas	sificatio			Own	P Type Pr	imary Source
CT0790014	AMERICAN LEGION POST	197	Service	Residen	+iol	NC Comme		25 ndustria	.1 4	Combined	GW
	ss (where applicable)		Connections	Residen	tiai		rciai ir	idustria	11 (Combined	Agricultur
	AMPTON ROAD		Connections			1					
Towns Serve	ed: MARLBOROUGH			•					-		
Water Syst	em Facility: DISTRIBUTION		oring Requ D: 00600)	iireme	nts						
Total Colif	orm (3100)							1	rout	tine (RT) _I	er quarte
Sampli	ng Point (Sampling Point ID)			Monitori	ing Po	eriod	Collect	ion Per	iod	Compli	ance Status
Select f	rom Inventory of Active Samp	ing Points		7/1/19 -	9/30)/19				Co	mplete
				10/1/19 -	12/3	31/19				Со	mplete
				1/1/20 -	3/31	L/20				Со	mplete
				4/1/20 -	6/30)/20					
				7/1/20 -	9/30)/20					
Physical Pa	arameters (PPS)							1	rout	tine (RT) ¡	er quarte
Sampli	ng Point (Sampling Point ID)			Monitori	ing Po	eriod	Collect	ion Per	iod	Compli	ance Status
DISTRIE	BUTION SYSTEM (4)			7/1/19 -	9/30)/19				Co	mplete
				10/1/19 -	12/3	31/19				Со	mplete
							Со	mplete			
				7/1/20 -	9/30)/20					
Water Syst	em Facility: ENTRY POINT	(WSF ID: 00700)									
Nitrate An	d Nitrite (NOX)								1 r	outine (R	T) per yea
Sampli	ng Point (Sampling Point ID)			Monitori	ing Po	eriod	Collect	ion Per	iod	Compli	ance Status
ENTRY	POINT (3)			1/1/19 -	12/3	1/19				Со	mplete
				1/1/20 -	12/3	1/20				Со	mplete
				1/1/21 -	12/3	1/21					
		Other C	ompliance								
•	Schedule Activity				Due L			Achie	ved E	Date	
CORRECTIVE	ACTION/CORRECTIVE ACTION	PLAN		1	12/4/	2017					
Water	Water	System Facili	ity and Sar	npling	Poi	int Inv	vento Total	r y Lead o			
	Vater System Facility	Sampling Point	Samplina Poi	nt		(Coliform				Stag
Facility ID		ID	Description			Status	Rule			Asbestos	WQP 2 DBF
00600 D	ISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		A	Υ				
		DOWNSTREAM	WITHIN 5 SER	RVICE CON	N	Α					
		UPSTREAM	WITHIN 5 SER	NICE CON	N	Α					
00700 E	NTRY POINT	3	ENTRY POINT			Α					
	VELL	2	WELL			Α					
	OLY ATM STORAGE TANK										
	OLY ATM STORAGE TANK										
	OLY ATM STORAGE TANK										
		Con	tact Inforr	nation							
N.				เเสนเปก						1.1.200	
Name			rganization	D : 10=						Job Title	
Mr. Bernard	<u> </u>		nerican Legion	Post 197	'			nmand	er	6	7: 0 :
Mailing Add	ress Line One	Mailing Address	s Line Two				Ci	ty		State	Zip Code

Mailing Address Line One Mailing Address Line Two City State Zip Code

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.

•	Commectic	ut Depa	i unent or	I ublic i	licaru.	ווועו	אווואו	vvaler	Section	
	Wa	ter Qual	ity Monito	oring an	nd Con	nplia	nce S	Schedul	le	
PWS ID	PWS Name					Classification Popul		Population	Owner Type	Primary Source
CT0790014	AMERICAN LEGI	ON POST 197	•		N	C	25	Р	GW	
Local Address (wh	Service	Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricultural			
128 EAST HAMPT	ON ROAD			Connections	S		1			
Towns Served: M	ARLBOROUGH				·					
PO Box 178							Marlbo	rough	СТ	06447
Business Phone	Extension	Mobile	e Phone E	one Emergency Phone		Email A	Address			
860-295-7810										

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact, 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

	Connecticut Dej	partmer	nt of	Public H	ealth I	Drinkir	ng W	ater S	Section	
	Water Qu	iality Mo	onit	oring and	d Com	oliance	Sch	edule		
PWS ID	PWS Name				C	lassificatio	n Popu	lation O	wner Type P	rimary Source
СТ0790044	J&S ENTERPRISE LLC					NC	2	25	Р	GW
Local Addres	ss (where applicable)			Service	Residentia	al Comme	rcial Ir	ndustrial	Combined	Agricultural
394 NORTH	MAIN STREET			Connections		1				
Towns Serve	d: MARLBOROUGH									
		M	onito	oring Requ	iremen	ts				
Water Syst	em Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)						
	orm (3100)							1 r	outine (RT)	per quarter
Samplii	ng Point (Sampling Point ID)			ı	Monitoring	g Period	Collect	ion Perio	od Compl	iance Status
Select f	rom Inventory of Active Sampl	ing Points			7/1/19 - 9					mplete
				1	10/1/19 - 1	-			Co	mplete
					1/1/20 - 3					
					4/1/20 - 6					
	4 >				7/1/20 - 9	/30/20				
_	arameters (PPS)			,			o " .			per quarter
-	ng Point (Sampling Point ID)	in - Deinte		ı	Monitoring		Collect	ion Perio		iance Status
Select i	rom Inventory of Active Sampl	ing Points		1	7/1/19 - 9 <u>/</u> 10/1/19 - 1	•				omplete omplete
					1/1/20 - 3				CC	inplete
					4/1/20 - 6					
					7/1/20 - 9					
Water Syst	em Facility: ENTRY POINT	(WSF ID: 00	0700)		., _,	, ,				
-	d Nitrite (NOX)	(,						1 routine (F	RT) per year
	ng Point (Sampling Point ID)			1	Monitoring	Period	Collect	tion Perio	=	iance Status
ENTRY	POINT (3)				1/1/19 - 12				Co	mplete
				!	1/1/20 - 12	2/31/20				
					1/1/21 - 12	2/31/21				
		Public	Not	ification R	equiren	nents				
			Co	ompliance	Notice	<u>Public</u>	Notific	<u>ation</u>	PN Cer	<u>tification</u>
Violation/Si				Period	Tier	Require		rformed		Received
	ameters M&R Violation			13 - 9/30/13	3	2/25/202			3/7/2015	
	m M&R Violation			18 - 12/31/18	3	2/11/202			2/21/2020	
-	ameters M&R Violation			18 - 12/31/18	3	2/11/202			2/21/2020	
	m M&R Violation			19 - 3/31/19	3	6/16/202			6/26/2020	
Physical Para	ameters M&R Violation			19 - 3/31/19	3	6/16/202			6/26/2020	
	Water	System F	acili	ty and San	npling P	oint Inv	/ento	ry		
Water System W Facility ID	Vater System Facility	Sampling ID	Point	Sampling Poir Description	nt	C Status	Total oliform Rule		r	Stage WQP 2 DBPR
	ISTRIBUTION SYSTEM	4		DISTRIBUTION	I SYSTEM	A	Y			, , , , , , , , , , , , , , , , , , , ,
			REAM	WITHIN 5 SER		A	-			
		UPSTRE		WITHIN 5 SER		A				
00700 E	NTRY POINT	3		ENTRY POINT		Α				
	VELL	2		WELL		Α				

55499

BLADDER TANK

Connecticut Department of Public Health Drinking Water Section										
Water Quality Monitoring and Con	npliance S	Schedul	e							
DIA/S Name	Classification	Donulation	Owner Type	Drima						

PWS ID	PWS Name			Class	sification	Population	Owner Type	Prim	ary Source
СТ0790044	J&S ENTERPRISE LLC				NC	25	Р		GW
Local Address (v	vhere applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	ed A	Agricultural
394 NORTH MA	IN STREET	Connections			1				

				Contact Info	ormation					
Name			Job Title							
Mr. Nadeem Kham J&S Enterprise LLC.										
Mailing Address Line One				g Address Line Two		City	State	Zip Code		
394 North Main Str	eet					Marlbor	ough	СТ	06447	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	ne Email Address				
860-295-1618		860-529-7	182	860-918-8486		jdsgasway@hotmail.com				

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

Please note the following:

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

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

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

End of schedule

	ut Departme						_			ection			
Wa	ter Quality M	lonito	oring an										
PWS ID PWS Name	MMUNITY CHURCH			С	las	sificati NC	on Po	opulat 25	ion Ow	vner Type P	Pri		
	WINDNITY CHURCH		Service	Residentia	- I	Comm	oreial		ustrial	-		GV A cris	
Local Address (where applicable)			Connections		11		0.0.0	mat	ıstriai	Combine	2a	Agric	cultural
24 SOUTH ROAD			Conficctions	'		1	-						
Towns Served: MARLBOROUGH	_			•	_	_	_	_	_		_	_	_
			ring Req	uirement	ts								
Water System Facility: DISTR	IBUTION SYSTEM	(WSF ID	D: 00600)										
Total Coliform (3100)									1 ro	utine (R1	「) p	er qı	ıarter
Sampling Point (Sampling P	oint ID)			Monitoring	g P	eriod	Coll	ectio	n Period	d Com	plia	nce S	tatus
Select from Inventory of Act	ive Sampling Points			7/1/19 - 9/	/30	0/19					Cor	nplet	e _
				10/1/19 - 12	2/3	31/19				(Cor	nplete	e
				1/1/20 - 3/	/31	1/20					Cor	nplete	e
				4/1/20 - 6/	/30	0/20							
				7/1/20 - 9/	/30	0/20							
Physical Parameters (PPS)									1 ro	utine (R1	⁻) p	er qı	ıarter
Sampling Point (Sampling P	oint ID)			Monitoring	j P	eriod	Coll	ection	n Period	d Com	plia	nce S	tatus
Select from Inventory of Act	ive Sampling Points			7/1/19 - 9/	/30	0/19				(Cor	nplete	9
				10/1/19 - 12	2/3	31/19				(Cor	nplete	9
				1/1/20 - 3/	/31	1/20				(Cor	nplete	e
				4/1/20 - 6/	/30	0/20							
				7/1/20 - 9/	/30	0/20							
Water System Facility: ENTR	Y POINT (WSF ID:	00700)											
Nitrate And Nitrite (NOX)									1	routine	(R	r) pe	r vear
Sampling Point (Sampling P	oint ID)			Monitoring	j P	eriod	Coll	ection	n Period		-		tatus
ENTRY POINT (3)	•			1/1/19 - 12								nplete	
				1/1/20 - 12	•	-						nplete	
				1/1/21 - 12								· p· · · ·	-
	Water System	Eacilit	ty and Sa				want	torv	,				
Western	water System	i aciiii	ty and Ja	inping i	U	1116 111				J			
Water System Water System Facility	Samplin	a Point	Sampling Po	int			Tota Colifo		ead and Copper				Stage
Facility ID	IL	_	Description				Rule			r Asbesto	os I	NOP	_
00600 DISTRIBUTION SYSTEM	1 4		DISTRIBUTIO	N SYSTEM		<u>Status</u> A	Y			7100000			
DISTRIBUTION STSTEN			WITHIN 5 SE			Α							
	UPSTF		WITHIN 5 SE			A							
00700 ENTRY POINT	3		ENTRY POIN			A							
21378 WELL			WELL	1		A							
21376 WLLL	2												
			tact Infor	mation									
Name			ganization							Job Title	e		
Ms. Wendy K Nichols	T		lowship Com	ım. Church					n. Assist				
Mailing Address Line One	Mailing	Address	Line Two					City		State		Zip C	
24 South Road							arlboro			СТ		064	47
Business Phone Extension	Fax	Mobile	e Phone E	mergency P									
860-295-0844				860-295-96	529) FC	CEFREE	@gm	ail.com	1			
Contact Role(s): Administrative	Contact												

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

					_ A			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
СТ0790094	FELLOWSHIP COMMU	JNITY CHURCH			NC	25	Р	GW
Local Address (v	vhere applicable)		Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
24 SOUTH ROAD		Connections	Connections					
						·	·	

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

	11. ** 1.1 5		***			
Connecticut Department of P	ublic Health D	rinkin	ig Wa	ter Se	ction	
Water Quality Monitor	ring and Comp	liance	Sche	dule		
PWS ID PWS Name					ner Type Pr	imary Source
CT0790124 HARTFORD COUNTY 4-H CAMP		NC	25		Р	GW
	ervice Residential				Combined	Agricultural
	onnections	1				7.6
Towns Served: MARLBOROUGH						
	na Doquiromont	•				
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0	ng Requirement 00600)	S				
Total Coliform (3100)				1 rou	itine (RT) p	er quarter
Sampling Point (Sampling Point ID)	Monitoring	Period	Collectio	n Period	Compli	ance Status
Select from Inventory of Active Sampling Points	7/1/19 - 9/3	30/19			Cor	mplete
	4/1/20 - 6/3	30/20				_
	7/1/20 - 9/3	30/20				
Physical Parameters (PPS)				1 rou	itine (RT) p	er quarter
Sampling Point (Sampling Point ID)	Monitoring	Period	Collectio			ance Status
Select from Inventory of Active Sampling Points	7/1/19 - 9/3	30/19			Cor	mplete
	4/1/20 - 6/3	30/20				
	7/1/20 - 9/3	30/20				
Water System Facility: ENTRY POINT - WELL 1 (WSF ID: 0	0700)					
Nitrate And Nitrite (NOX)	•			1	routine (R	T) per year
Sampling Point (Sampling Point ID)	Monitoring	Period	Collectio		=	ance Status
ENTRY POINT - WELL 1 (3)	1/1/19 - 12/				-	mplete
()	1/1/20 - 12/					1
	1/1/21 - 12/					
Water System Facility: ENTRY POINT - WELL 2 (WSF ID: 0						
Nitrate And Nitrite (NOX)				1	routine (R	T) per year
Sampling Point (Sampling Point ID)	Monitoring	Period	Collectio		-	ance Status
ENTRY POINT - WELL 2 (3)	1/1/19 - 12/		001100010			mplete
ENTITY WELL 2 (3)	1/1/20 - 12/	•				прісте
	1/1/21 - 12/					
Other Core						
	npliance Schedul					
Compliance Schedule Activity		Date		Achieved	Date	
CROSS CONNECTION SURVEY REPORT		/2015				
CROSS CONNECTION SURVEY REPORT		/2016				
CROSS CONNECTION SURVEY REPORT		/2017				
CROSS CONNECTION SURVEY REPORT	3/1	/2018				
CROSS CONNECTION SURVEY REPORT		/2019				
CROSS CONNECTION SURVEY REPORT		/2020				
SEASONAL START UP COMPLETION	4/1	/2020				
Water System Facility	and Sampling Po	oint Inv	entory	1		
Water			Total I	Lead and		
System Water System Facility Sampling Point Sai			oliform	Copper		Stage
,	escription	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
	STRIBUTION SYSTEM	Α	Υ			
	ITHIN 5 SERVICE CON	Α				
UPSTREAM WI	ITHIN 5 SERVICE CON	Α				
00700 ENTRY POINT - WELL 1 3 EN	ITRY POINT - WELL 1	Α				

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source					
СТ0790124	HARTFORD COUNTY 4-H CAMP		NC	25	Р	GW						
Local Address	ocal Address (where applicable)			ntial Commerc	cial Industr	ial Combin	ed Agricultural					
247 SOUTH ROAD Connections 1												

Connecticut Department of Public Health Drinking Water Section

Towns Served: MARLBOROUGH

	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	WQP	Stage 2 DBPR					
00701	ENTRY POINT - WELL 2	3	ENTRY POINT - WELL 2	Α										
21381	WELL 1 (MAIN WELL)	2	WELL	Α										
55013	WELL 2 (AUXILIARY WELL)	2	WELL 2	А										

			(Contact Info	ormation					
Name				Organization		Job Title				
Mr. William Bradle	у			Hartford Cou	ınty 4-H Camp	Camp Caretaker				
Mailing Address Lin	e One		Mailing Ad	dress Line Two		City	State	Zip Code		
Camp Caretaker			247 South	Road		South Windsor	СТ	06074-2410		
Business Phone	Extension	Fax	N	Nobile Phone	Emergency Phone Email Address					
						wbradley247@gmail.	com			
Contact Role(s): A	dministrative	Contact				1				
Name				Organization			Job Title	5		
Ms. Cathy Dillon-O	rduz			Hartford Cou	ınty 4-H Camp	President				
Mailing Address Lin	e One		Mailing Ad	dress Line Two		City	State	Zip Code		
Hartford County 4-I	H Camp Presid	ent	428 Pleasa	nt Valley Road		South Windsor	СТ	06074		
Business Phone	Extension	Fax	N	Nobile Phone	Emergency Phone	Email Address				
			_	60-462-1534		korduz@att.net				

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 Departmen	nt of Public H	lealth	Dı	rinking	g W	/ater	Se	ction	
	Water Quality M	onitoring an	d Con	npl	iance	Sch	nedul	e		
PWS ID	PWS Name			Clas	ssification	Pop	ulation	Owr	ner Type Pi	imary Source
CT0790174	LIBERTY BANK				NC		25		Р	GW
	(where applicable)	Service	Residen	tial	Commerc	ial	Industria	al	Combined	Agricultural
26 EAST HAMI		Connections			1					
Towns Served	: MARLBOROUGH									
	M	onitoring Requ	iireme	nts						
Water Syster	n Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)								
Total Colifor	rm (3100)						1	L ro	utine (RT)	per month
	Point (Sampling Point ID)		Monitori			Collec	tion Per	iod	Compli	ance Status
Select fro	om Inventory of Active Sampling Points		10/1/19 -							mplete
			11/1/19 -							mplete
			12/1/19 -		-					mplete
			1/1/20 -							mplete
			2/1/20 -						Со	mplete
			3/1/20 -							
			4/1/20 -							
			5/1/20 - 6/1/20 -							
			7/1/20 -							
			8/1/20 -							
			9/1/20 -							
Physical Par	ameters (PPS)		3, 1, 20	3,3	<i>5,25</i>		1	l ro	utine (RT)	per month
-	Point (Sampling Point ID)		Monitori	ing P	eriod (Collec	ction Per			ance Status
	TION SYSTEM (4)		10/1/19 -							mplete
	· ·		11/1/19 -							mplete
			12/1/19 -	12/	31/19	Complete				
			1/1/20 -	1/3	1/20				Со	mplete
			2/1/20 -	2/2	9/20			Со	mplete	
			3/1/20 -	3/3	1/20					
			4/1/20 -	4/3	0/20					
			5/1/20 -	5/3	1/20					
			6/1/20 -	6/3	0/20					
			7/1/20 -							
			8/1/20 -							_
			9/1/20 -	9/3	0/20					
-	m Facility: ENTRY POINT (WSF ID: 0	0700)								_•
	Nitrite (NOX)					. "			=	T) per year
	Point (Sampling Point ID)		Monitori			Lolled	tion Per	iod		ance Status
ENTRY PO	(3) ואונ		1/1/19 -							mplete
			1/1/20 - 1/1/21 -						Co	mplete
	Oth	or Compliance		-						
a !! -		ner Compliance								
	chedule Activity				Date		Achiev	ved	vate	
RESPOND TO S	SANITARY SURVEY			3/8/	2020					

6/6/2020

CORRECTIVE ACTION/CORRECTIVE ACTION PLAN

	Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name		Clas	ssification	Population	Owner Type	Primary Source						
СТ0790174	LIBERTY BANK			NC	25	Р	GW						
Local Address (v	where applicable)	Service	Residen	sidential Comme		al Industri	al Combine	ed Agricultural					
26 EAST HAMPT	TON ROAD	Connections			1								

Connecticut Department of Public Health Drinking Water Section

Towns Served: MAI	RLBOROUGH							<u>'</u>		
		Water Sy	stem Faci	lity and S	Sampling Poi	int In	vento	ry		
Water							Total	Lead and		
*	ystem Facility		Sampling Poin				Coliform	Copper		Stage
Facility ID			ID	Descriptio	n s	Status	Rule	Rule Tier	Asbestos	WQP 2 DBP
00600 DISTRIBI	JTION SYSTEM		4	DISTRIBUT	ION SYSTEM	Α	Υ			
			DOWNSTREAM	/ WITHIN 5	SERVICE CON	Α				
			UPSTREAM	WITHIN 5	SERVICE CON	Α				
00700 ENTRY P	OINT		3	ENTRY PO	INT	Α				
21385 WELL			2	WELL		Α				
			Со	ntact Info	ormation					
Name			(Organization					Job Title	
Ms. Melinda A. St.	John		l	iberty Bank						
Mailing Address Lin	ie One		Mailing Addre	ss Line Two			Ci	ty	State	Zip Code
315 Main Street			P. O. Box 2700)		Mid	dletown		СТ	06457
Business Phone	Extension	Fax	Mol	oile Phone	Emergency Pho	ne Ema	ail Addre	SS		
860-344-7324					860-395-7221	. mst	john@lib	erty-bank.	com	
Contact Role(s): O	wner									
Name				Organization					Job Title	
Ms. Kristen Gitche	I		l	iberty Bank			Mg	r 3Rd Party	Svcs	
Mailing Address Lin	ie One		Mailing Addre	ss Line Two			Ci	ty	State	Zip Code
26 E. Hampton Rd						Mar	lborougl	1	СТ	06447
Business Phone	Extension	Fax	Mol	oile Phone	Emergency Pho	ne Ema	ail Addre	SS		
860-344-7214						kgit	chell@gr	mail.com		
					•					

Contact Role(s): Administrative Contact, 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

С	onnectic									
		ter Qua	lity Mon	itoring a	ind Con					
	VS Name									rimary Source
CT0790204 M	ARLBOROUG	I PIZZA REST	AURANT			N	С	25	Р	GW
Local Address (whe	ere applicable)			Service	Residen	tial Co	mmercial	Industria	l Combined	l Agricultural
7 INDEPENDENCE [DRIVE			Connectio	ons		1			
Towns Served: MA	RLBOROUGH									
			Moni	itoring Re	quireme	nts				
Water System Fa	cility: DISTR	RIBUTION S	YSTEM (WSF	ID: 00600)						
Total Coliform (3100)							1	routine (RT)	per quarter
Sampling Poir	nt (Sampling P	Point ID)			Monitori	ng Perio	od Coll	ection Peri	od Compl	iance Status
Select from In	ventory of Act	ive Sampling	Points		7/1/19 -	9/30/1	9		C	omplete
					10/1/19 -	12/31/	19		Co	omplete
					1/1/20 -	3/31/20	0		Co	omplete
					4/1/20 -	6/30/20	0			
					7/1/20 -	9/30/20	0			
Physical Parame	ters (PPS)							1	routine (RT)	per quarter
Sampling Poir	nt (Sampling P	oint ID)			Monitori	ng Perio	od Coll	ection Peri	iod Compl	iance Status
Select from In	ventory of Act	ive Sampling	Points		7/1/19 -	9/30/1	9		Co	omplete
					10/1/19 -	12/31/	19		Co	omplete
					1/1/20 -	3/31/20	0		Co	omplete
					4/1/20 -	6/30/20	0			
					7/1/20 -	9/30/20	0			
Water System Fa	cility: ENTR	Y POINT (V	VSF ID: 0070	0)						
Nitrate And Nitr	ite (NOX)								1 routine (RT) per year
Sampling Poir	nt (Sampling P	oint ID)			Monitori	ng Perio	od Coll	ection Peri		iance Status
ENTRY POINT	(3)				1/1/19 -	12/31/1	L9		Co	omplete
					1/1/20 -	12/31/2	20		Co	omplete
					1/1/21 -	12/31/2	21			•
		Water S	ystem Fac	ility and S	Sampling	Point	t Inven	tory		
Water				•			Tota		ınd	
System Water S	ystem Facility	,	Sampling Poir	nt Sampling	Point		Colifo	rm Copp	er	Stage
Facility ID			ID	Descriptio	n	Sta	tus Rul	e Rule 1	Tier Asbestos	WQP 2 DBPR
00600 DISTRIB	UTION SYSTEM	1	11	DISH SINK		Δ	Y Y			
			4	DISTRIBUT	TON SYSTEM	Δ	Α Υ			
			DOWNSTREA	M WITHIN 5	SERVICE CON	Ι Α	١			
			UPSTREAM	WITHIN 5	SERVICE CON	Ι Α	٨			
00700 ENTRY P	POINT		3	ENTRY PO	INT	Δ	١			
21388 WELL			2	WELL		Δ	١			
	IENT PLANT									
			Co	ntact Info	ormation					
Name				Organization					Job Title	
Mr. Nikolaos Aival	iotis			Marlborough	Pizza Restai	ırant		Owner	335 1100	
Mailing Address Lir			Mailing Addr		. ILLA NESIAL			City	State	Zip Code
7 Independence Dr			Maning Addit	COS LINE TWO			Marlboro		CT	06447
Business Phone	Extension	Fax	Ma	bile Phone	Emergency	Phone			CI	JUTT/
860-295-8181	LACCIOUII	гах	IVIO	DIE FIIONE	860-295-		Linaii Au	u1 C33		
000-233-0101					000-293-	03/0				

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

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

					0		1			4
PWS ID		PWS Name					Classificatio	n Population	Owner Type	Primary Source
CT079020	04	MARLBOROUGH PIZZ	A RESTA	URANT			NC	25	Р	GW
Local Add	Local Address (where applicable)			Service	Resider	ntial Comme	rcial Industr	ial Combine	ed Agricultural	
7 INDEPENDENCE DRIVE		Connections		1						

Please note the following:

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

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

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

End of schedule

	Connectic	ut Departme	nt of	f Public	Health l	Drin	king	Wa	ater S	ection	
	Wat	ter Quality M	Ionit	oring a	ind Com	plia	nce S	che	edule		
PWS ID	PWS Name				C	Classifi	cation P	opul	ation Ow	ner Type	Primary Source
СТ0790234	MARLBOROUGH	TOWN HALL				N	С	38	8	L	GW
Local Addre	ss (where applicable)			Service	Residentia	al Cor	mmercial	l In	dustrial	Combine	d Agricultura
26 NORTH N	MAIN STREET			Connectio	ns		1				
Towns Serve	ed: MARLBOROUGH										
		N	1onit	oring Re	quiremen	ts					
Water Syst	tem Facility: DISTR	IBUTION SYSTEM	(WSF I	D: 00600)							
Total Colif	form (3100)								1 ro	utine (RT)	per quarter
Sampli	ing Point (Sampling Po	oint ID)			Monitoring	g Perio	od Co	llecti	on Period	Comp	liance Status
Select	from Inventory of Acti	ve Sampling Points			7/1/19 - 9	/30/19	9				omplete
					10/1/19 - 1						omplete
					1/1/20 - 3					С	omplete
					4/1/20 - 6	-					
					7/1/20 - 9	/30/20	0				
_	arameters (PPS)										per quarter
	ing Point (Sampling Po				Monitoring			llecti	on Period		liance Status
Select	from Inventory of Acti	ve Sampling Points			7/1/19 - 9						omplete
					10/1/19 - 1						omplete
					1/1/20 - 3					C	omplete
					4/1/20 - 6 7/1/20 - 9						
Mater Syst	tem Facility: ENTRY	/ DOINT /WSE ID:	2001		7/1/20 - 9	/30/20	J				
	nd Nitrite (NOX)	Trong (WSI ID.	00700)						1	routino (RT) per year
	ing Point (Sampling Po	oint ID)			Monitoring	n Perio	nd Co	llecti	د on Period	-	liance Status
	POINT (3)				1/1/19 - 12			iicciii	on remou		omplete
2	10 (3)				1/1/20 - 12						omplete
					1/1/21 - 12						····p··σ·σ
		Water System	Facil	ity and S				itor	У		
Water		- "		- "			Tot		Lead and	1	
•	Nater System Facility	Samplin IL		Sampling I			Colife Luc Ru		Copper	r Achasta	Stage WQP 2 DBP
Facility ID 00600	DISTRIBUTION SYSTEM				ION SYSTEM	Star	tus		Kule He	ASDESTOS	VVQP Z DBP
00000 L	JIST KIBUTIUN STSTEIN				SERVICE CON	A					
		UPSTF			SERVICE CON	А					
00700 E	ENTRY POINT	3		ENTRY POI		A					
	WELL			WELL	141	A					
21330 \	TV LLL				vrna o ti o re						
					ormation						
Name	S Karranhara			rganization	haraush			Ch:	of Canita	Job Title	
	G Karrenberg	Mailing		own of Marl	borougn				ef Sanitari		Zin Codo
26 North M	Iress Line One	P O Box		s Line Two			Marlbor	Cit	-	State	Zip Code 06447
Business F		Fax		le Phone	Emergency P	hone				CI	00447
860-295-		860-295-0317	IVIODI	ic i none	860-675-12					OROUGHO	T COM
	e(s): Administrative (000-073-17	_10	HEALIII	J	₩ IVININE		1.00101
Zontact Noi	CION NOTIFICATION OF THE PROPERTY OF THE PROPE										

(Connectic	ut Depa	ırtme	ent of	Public	Health	D	rinking	g Water	Section	l	
	Wa	ter Qua	lity N	Monit	oring a	nd Con	np	liance S	Schedul	le		
PWS ID	WS Name						Cla	ssification	Population	Owner Type	Prima	ary Source
CT0790234	MARLBOROUGH	I TOWN HAL	L				NC		38	L		GW
Local Address (wh	ere applicable)				Service	Residen	itial	Commerci	al Industri	al Combin	ed A	gricultural
26 NORTH MAIN		Connection	ns	1								
Towns Served: M	ARLBOROUGH					·				·		
Name				Or	ganization					Job Titl	e	
Ms. Catherine D.	Gaudinski			То	wn of Marlb	lborough First Selectman						
Mailing Address L	ine One		Mailing	g Address	Line Two				City	State	Zij	o Code
26 North Main St	reet		P.O. Bo	x 29				Marlbo	orough	СТ	064	47-0029
Business Phone	Business Phone Extension Fax Mob				e Phone	Emergency	/ Pho	one Email A	Address	·		
860-295-6204		860-295-	0317					firstsel	ectman@m	arlboroughct	.net	
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.
- B. 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

Page 16

	Connecticut De	-									ection	
	Water Q	uality M	lonito	ring a	nd Coi				hedu	ıle		
PWS ID	PWS Name					Clas	ssification	on Po	pulation	n Ow	ner Type F	rimary Sourc
СТ0790274	CHATEAU LE GARI						NC		25		Р	GW
	where applicable)			Service	Reside	ntial	Commo		Industi	rial	Combined	Agricultura
303 SOUTH MA				Connectio	ns		1					
Towns Served:	MARLBOROUGH											
		<u>N</u>	/lonito	ring Re	quirem	ents						
Water System	Facility: DISTRIBUTIO	N SYSTEM	(WSF ID	: 00600)								
Total Coliforn	m (3100)									1 rou	ıtine (RT)	per quarter
Sampling	Point (Sampling Point ID)				Monito	ring P	eriod	Colle	ection P	eriod	Compl	iance Status
Select fror	m Inventory of Active Sam	pling Points			7/1/19							mplete
					10/1/19						Co	mplete
					1/1/20							
					4/1/20							
					7/1/20	- 9/30	0/20					
-	ameters (PPS)											per quarter
	Point (Sampling Point ID)	aliaa Deles			Monito			Colle	ection P	eriod		iance Status
Select from	m Inventory of Active Sam	pling Points			7/1/19							omplete
					10/1/19 1/1/20						C	mplete
					4/1/20							
					7/1/20							
Water System	n Facility: ENTRY POIN	T (WSE ID-	00700\		7/1/20	- 9/30	0/20					
-	Nitrite (NOX)	1 (0031 10.	00700)							1	routing (RT) per year
	Point (Sampling Point ID)				Monito	rina P	eriod	Colle	ection P		=	iance Status
ENTRY PO					1/1/19							mplete
	(5)				1/1/20	-						
					1/1/21							
		Ot	her Co	mplian	ce Sche		-					
Compliance Scl	hedule Activity					Due	Date		Achi	ieved	Date	
CROSS CONNEC	CTION SURVEY REPORT					3/1/2	2020					
	Wate	r System	Facilit	v and S	amplin	g Po	int In	vent	orv			
Water		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		•	1(Tota		d and		
	ter System Facility	Samplin	g Point S	Sampling I	Point			Colifor		pper		Stage
Facility ID		IE) [Description	n		Status	Rule	Rul	e Tier	Asbestos	WQP 2 DBP
00600 DIST	TRIBUTION SYSTEM	4		DISTRIBUT	ION SYSTE	M	Α	Υ				
00700 ENT	RY POINT	3	В Е	NTRY POI	NT		Α					
21394 WEL	.L	2	<u>۲</u>	WELL			Α					
61009 BLAI	DDER STORAGE											
			Cont	act Info	rmatio	n						
Name			Org	anization							Job Title	
Mr. Gary Crum	ıp											
Mailing Addres	s Line One	Mailing	Address I	Line Two					City		State	Zip Code
303 South Mair	n St						Ма	rlboro	ugh		СТ	06447
Business Pho	ne Extension	Fax	Mobile	Phone	Emergeno	y Pho	ne Em	ail Add	lress			
860-467-629	96				860-559	9-1457	7 gar	yvin27	@sbcglo	obal.r	iet	
Contact Role(s)	Administrative Contact	, Owner										

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

			U		1			4
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
СТ0790274	CHATEAU LE GARI				NC	25	Р	GW
Local Address (w	vhere applicable)		Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
303 SOUTH MAI	N STREET		Connections		1			

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 Dep Water Qu	partment of ality Monit					_			ction		
PWS ID	PWS Name				Clas	sificatio	n Popu	ılation	Own	er Type Pi	imary	Source
CT0790354	ST JOHN FISHER CHURCH					NC	2	25		Р	GW	V
Local Address	(where applicable)		Service	Residen	tial	Comme	rcial Ir	ndustria	al	Combined	Agric	cultural
JONES HOLLO	W ROAD		Connections			1						
Towns Served	: MARLBOROUGH				·				'		,	
		Monito	oring Requ	ireme	nts							
-	m Facility: DISTRIBUTION											
Total Colifo	•									tine (RT)	-	
	g Point (Sampling Point ID)			Monitori			Collect	ion Per	riod	Compli		
Select fro	om Inventory of Active Sampl	ing Points	_	7/1/19 -					_		mplete	_
			:	10/1/19 -							mplete	
				1/1/20 -						Со	mplete	5
				4/1/20 - 7/1/20 -								
Physical Par	rameters (PPS)							1	rou	tine (RT)	per qu	ıarter
	g Point (Sampling Point ID)			Monitori			Collect	ion Per	riod	Compli	ance S	tatus
Select fro	om Inventory of Active Sampl	ing Points		7/1/19 -		•				Со	mplete	9
				10/1/19 -							mplete	
				1/1/20 -		•				Со	mplete	9
				4/1/20 -								
				7/1/20 -	9/30	0/20						
-	m Facility: ENTRY POINT	(WSF ID: 00700)										
	Nitrite (NOX)									routine (R		-
	g Point (Sampling Point ID)			Monitori			Collect	ion Per	riod	Compli		
ENTRY P	OINT (3)			1/1/19 -							mplete	
				1/1/20 -		-				Со	mplete	5
				1/1/21 -	12/3	1/21						
		Other C	ompliance	Sched	lule	!S						
Compliance S	chedule Activity					Date		Achie	ved L	Date		
RESPOND TO	SANITARY SURVEY			10	0/28,	/2018						
	Water	System Facili	ty and Sar	npling	Poi	int Inv		_				
Water System Wo	ater System Facility	Sampling Point	Samplina Poi	nt			Total oliform	Lead (Stage
Facility ID	iter by stem i domey	ID	Description			Status	Rule			Asbestos		_
	STRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		A	Υ					
		DOWNSTREAM				Α						
		UPSTREAM	WITHIN 5 SER	VICE CON	N	Α						
00700 EN	TRY POINT	3	ENTRY POINT			Α						
21402 WE		2	WELL			Α						
	ADDER TANK											
	ON AND MANGANESE FILTER											
		Con	tact Inforr	nation								
Name		Oı	ganization							Job Title		
St. John Fishe	r Church Corporation											
Mailing Addre	ess Line One	Mailing Address	s Line Two				С	ity		State	Zip Co	ode
24 Cheney Ro	ad					Marl	boroug	h		СТ	064	47

	Connectic	ut Depa	rtment	tof	Public	Healt	h Dr	inking	Water S	Section	l
	Wa	ter Qua	lity Mo	nito	oring a	nd Co	mpli	ance S	chedule		
PWS ID	PWS Name										Primary Sour
СТ0790354	ST JOHN FISHER	CHURCH						NC	25	Р	GW
Local Address (w	here applicable)				Service	Resid	ential (Commercial	Industrial	Combin	ed Agricultur
JONES HOLLOW I	ROAD				Connectio	ns		1			
Towns Served: M	IARLBOROUGH						'				,
Business Phone	Extension	Fax	N	Mobile	e Phone	Emerger	ncy Phor	e Email Ad	ldress		
860-295-0067											
Contact Role(s):	Owner										
Name				Org	ganization					Job Titl	e
Mr. Arthur J. Aud	det			St.	John Fishe	r Church			Administrate	or	
Mailing Address I	Line One		Mailing Ad	dress	Line Two				City	State	Zip Code
30 Jones Hollow	Road							Marlbor	ough	СТ	06447
Business Phone	Extension	Fax	N	Nobile	e Phone	Emerger	ncy Phor	e Email Ad	ldress		
860-295-0001		860-295-8	8682			860-29	95-0067	stjohnfis	h@aol.com		
Contact Role(s):	Legal Contact		·					·			
Name				Org	ganization					Job Titl	е
Reverend Thoma	is J Sas			St.	John Fishe	r Church			Pastor		
Mailing Address I	Line One		Mailing Ad	dress	Line Two				City	State	Zip Code
30 Jones Hollow	Road							Marlbor	ough	СТ	06447
Business Phone	Extension	Fax	N	Mobile	e Phone	Emerger	ncy Phor	e Email Ad	ldress		•
860-295-0001		860-295-8	8682					stjohnfis	her30@yaho	o.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 Pub		•	ection				
Water Quality Monitoring							
PWS ID PWS Name		-	vner Type Primary Source				
CT0790374 MARLBOROUGH PROFESSIONAL CENTER	NC NC	25	P GW				
Local Address (where applicable) Service	-41	nercial Industrial	Combined Agricultural				
9-11 SO. MAIN STREET Conne	ections	L					
Towns Served: MARLBOROUGH							
Monitoring	Requirements						
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	00)						
Total Coliform (3100)		1 ro	utine (RT) per quarter				
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status				
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete				
	10/1/19 - 12/31/19		Complete				
	1/1/20 - 3/31/20		Complete				
	4/1/20 - 6/30/20						
	7/1/20 - 9/30/20						
Physical Parameters (PPS)		1 ro	utine (RT) per quarter				
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period					
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete				
	10/1/19 - 12/31/19	10/1/19 - 12/31/19					
	1/1/20 - 3/31/20	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)	<u> </u>						
Nitrate And Nitrite (NOX)			routine (RT) per year				
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period					
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete				
. ,	1/1/20 - 12/31/20		'				
	1/1/21 - 12/31/21						
Water System Facility: WELL 2 (WSF ID: 21404)	, , , , , , , ,						
E. Coli (3014)		1 ro	utine (RT) per quarter				
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	• • •				
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		complete				
	7/1/20 - 9/30/20						
Water System Facility: DUG WELL 1 (WSF ID: 57610)	7/1/20 - 3/30/20						
E. Coli (3014)		1 ro	utine (RT) per quarter				
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	• • • •				
DUG WELL 1 (2)	7/1/19 - 9/30/19	2230	Complete				
	10/1/19 - 12/31/19		Complete				
	1/1/20 - 3/31/20		Complete				
	4/1/20 - 6/30/20		Complete				
	7/1/20 - 9/30/20						
Matar System Facility on		wonton					
Water System Facility an	u sampling Point II	•					
Water System Water System Facility Sampling Point Sampl	ina Point	Total Lead and	_				
System Water System Facility Sampling Point Sampl	_	Coliform Copper	Stage				

Rule Tier Asbestos WQP 2 DBPR

Rule

Status

Schedule Generation Date: 3/10/2020 Page 21

Description

ID

Facility ID

	Water Quality Monito	oring and	d Con	npliance S	Schedul	e	
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0790374	MARLBOROUGH PROFESSIONAL CENTER			NC	25	Р	GW
Local Address (w	here applicable)	Service	Residen	itial Commerci	al Industri	al Combine	ed Agricultural
9-11 SO. MAIN S	TREET	Connections		1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: MARLBOROUGH

	V	Vater System Facili	ity and Sampling P	Point II	nvento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21404	WELL 2	2	WELL 2	Α					
57610	DUG WELL 1	2	DUG WELL 1	Α					
E7627	TDEATMENT DIANT								

57627 TREATMENT PLANT

				Contact Inf	ormation						
Name				Organization	1			Job Title			
Mr. Douglas Thiboo	deau			Marlborough	n Professional Ctr.		Owner, Op	erator			
Mailing Address Lin	e One		Mailing A	ddress Line Two	Line Two			State	Zip Code		
21 Portland Rd						Marlbor	ough	СТ	06447		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress	,			
860-295-9189		860-295-8	3448		860-978-1513	dougt21	.@comcast.r	@comcast.net			
Contact Role(s): A	dministrative	Contact, Leg	al Contact	, Owner							
Name				Organization	1			Job Title			
Ms. Nathalie D. Thi	bodeau			Marlborough	n Professional Ctr.		Owner				
Mailing Address Lin	e One		Mailing A	ddress Line Two			City	State	Zip Code		
21 Portland Rd						Marlbor	ough	СТ	06447		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress				
860-295-9189		860-659-9	9368								

Contact Role(s): 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	WS ID PWS Name Classification Population Owner Type Primary Source												
CT0790454 MARLBOROUGH COUNTRY BARN# 1 NC 25 P G/V													
Local Address (w	here applicable)	Service	Residen	itial	Commerci	al Industria	al Combine	ed Agricultural					
45 NORTH MAIN	STREET	Connections			3								
Towns Served: N	owns Served: MARLBOROUGH												

Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 1 Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 1	Monitoring Period 7/1/19 - 9/30/19 .0/1/19 - 12/31/19 Monitoring Period 4/1/20 - 4/30/20 5/1/20 - 5/31/20 6/1/20 - 6/30/20 7/1/20 - 7/31/20 8/1/20 - 8/31/20 9/1/20 - 9/30/20 Monitoring Period 12/4/19 - 12/9/19 1/17/20 - 1/22/20	1 rou Collection Period	compliance Status Complete Complete Complete tine (RT) per month Compliance Status Deat (RP) per period Compliance Status
Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 1 Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 1	7/1/19 - 9/30/19 .0/1/19 - 12/31/19 Monitoring Period 4/1/20 - 4/30/20 5/1/20 - 5/31/20 6/1/20 - 6/30/20 7/1/20 - 7/31/20 8/1/20 - 8/31/20 9/1/20 - 9/30/20 Monitoring Period 12/4/19 - 12/9/19	1 rous Collection Period 3 rep	Compliance Status Complete Complete tine (RT) per month Compliance Status Deat (RP) per period
Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 1 Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 1	7/1/19 - 9/30/19 .0/1/19 - 12/31/19 Monitoring Period 4/1/20 - 4/30/20 5/1/20 - 5/31/20 6/1/20 - 6/30/20 7/1/20 - 7/31/20 8/1/20 - 8/31/20 9/1/20 - 9/30/20 Monitoring Period 12/4/19 - 12/9/19	1 rous Collection Period 3 rep	Compliance Status Complete Complete tine (RT) per month Compliance Status Deat (RP) per period
Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points	Monitoring Period 4/1/20 - 4/30/20 5/1/20 - 5/31/20 6/1/20 - 6/30/20 7/1/20 - 7/31/20 8/1/20 - 8/31/20 9/1/20 - 9/30/20 Monitoring Period 12/4/19 - 12/9/19	Collection Period 3 rep	Complete tine (RT) per month Compliance Status Deat (RP) per period
Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 1	Monitoring Period 4/1/20 - 4/30/20 5/1/20 - 5/31/20 6/1/20 - 6/30/20 7/1/20 - 7/31/20 8/1/20 - 8/31/20 9/1/20 - 9/30/20 Monitoring Period 12/4/19 - 12/9/19	Collection Period 3 rep	tine (RT) per month Compliance Status Deat (RP) per period
Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 1	4/1/20 - 4/30/20 5/1/20 - 5/31/20 6/1/20 - 6/30/20 7/1/20 - 7/31/20 8/1/20 - 8/31/20 9/1/20 - 9/30/20 Monitoring Period 12/4/19 - 12/9/19	Collection Period 3 rep	Compliance Status Deat (RP) per period
Select from Inventory of Active Sampling Points Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 1	4/1/20 - 4/30/20 5/1/20 - 5/31/20 6/1/20 - 6/30/20 7/1/20 - 7/31/20 8/1/20 - 8/31/20 9/1/20 - 9/30/20 Monitoring Period 12/4/19 - 12/9/19	Collection Period 3 rep	Compliance Status Deat (RP) per period
Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 1	5/1/20 - 5/31/20 6/1/20 - 6/30/20 7/1/20 - 7/31/20 8/1/20 - 8/31/20 9/1/20 - 9/30/20 Monitoring Period 12/4/19 - 12/9/19	•	• • • •
Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 1	6/1/20 - 6/30/20 7/1/20 - 7/31/20 8/1/20 - 8/31/20 9/1/20 - 9/30/20 Monitoring Period 12/4/19 - 12/9/19	•	
Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 1	7/1/20 - 7/31/20 8/1/20 - 8/31/20 9/1/20 - 9/30/20 Monitoring Period 12/4/19 - 12/9/19	•	
Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 1	8/1/20 - 8/31/20 9/1/20 - 9/30/20 Monitoring Period 12/4/19 - 12/9/19	•	
Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 1	9/1/20 - 9/30/20 Monitoring Period 12/4/19 - 12/9/19	•	• • • •
Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 1	Monitoring Period 12/4/19 - 12/9/19	•	• • • •
Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 1	12/4/19 - 12/9/19	•	• • • •
Select from Inventory of Active Sampling Points 1	12/4/19 - 12/9/19	Collection Period	Compliance Status
1			compnance status
	1/17/20 - 1/22/20		Complete
	1/1//20 - 1/22/20		Complete
	1/17/20 - 1/22/20		Complete
1	1/17/20 - 1/22/20		Complete
	2/26/20 - 3/2/20		Complete
Total Coliform (3100)		3 temporary rou	tine (TR) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/20 - 1/31/20		Complete
	2/1/20 - 2/29/20		Complete
	3/1/20 - 3/31/20		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
1	.0/1/19 - 12/31/19	_	Complete
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
DISTRIBUTION SYSTEM (4)	2/1/20 - 2/29/20		
	3/1/20 - 3/31/20		
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		

	Co	nn actiont D	on outro	nat of	Dublic	Haalth	D	ain lein c	- 117	aton	Coation		
	CC	nnecticut D	•					•				1	
DIA/C ID	DVA		Quality N	101111	ornig ai	iu Con						Duri	
PWS ID		S Name	ITDV DADNI# 1				Cla		-		Owner Type P	Pri	mary Source
CT0790454		RLBOROUGH COUN	IIKY BAKN# J	•	Service	Residen	+ial	NC		25 ndustria	•	04	Agricultural
45 NORTH	-	e applicable)			Connection		lidi	Commerci 3	lai II	iuustria	l Combin	eu	Agricultural
		LBOROUGH			Commedian			3					
TOWIIS SEL	veu. IVIAN	LBOROUGH		/lonit/	oring Req	uireme	nts						
Water Sv	stem Fac	ility: ENTRY POIN			oring iteq	uneme	1163						
Nitrate A		•	11 (1131 15.	007007							1 routine	(R1	Γ) per year
		: (Sampling Point ID)			Monitori	ng F	Period C	ollect	ion Peri		-	nce Status
	Y POINT (,			1/1/19 -							nplete
	•					1/1/20 -							nplete
						1/1/21 -							· ·
Water Sys	stem Fac	ility: WELL #1 (V	VSF ID: 2141	2)			·						
E. Coli (3	3014)									1 t	riggered (1	ΓG)	per period
Samp	ling Poin	(Sampling Point ID)			Monitori	ng F	Period C	ollect	ion Peri	iod Con	plia	nce Status
WELL	#1 (2)					12/3/19	- 12,	/9/19				Con	nplete
					1/16/20	- 1/2	22/20				Con	nplete	
						1/16/20	- 1/2	22/20				Con	nplete
						1/16/20	- 1/2	22/20				Con	nplete
						2/25/20	- 3/	2/20				Con	nplete
			Publ	ic Not	ification	Require	eme	ents					
				С	ompliance	Notice	,	<u>Public N</u>	-				<u>fication</u>
Violation/		M40 D 1/2 L 1/2		40/4	Period	Tier		Required	Pei	rformed			Received
-		M&R Violation			/08 - 12/31/0			3/9/2010			3/19/20:		
Physical Pa	arameters	M&R Violation	au Creatana		/09 - 3/31/09		Da	6/1/2010		-42.4	6/11/20:	10	
144		wat	er System	Facili	ity and Sa	impiing	PO				,		
Water	Water Sv	stem Facility	Samplin	a Point	Sampling Po	oint				Lead a			Stage
Facility ID	Truce. 5,	occini r donicy		D	Description				Rule			os l	NQP 2 DBPR
	DISTRIBU	TION SYSTEM	4	1	DISTRIBUTIO	ON SYSTEM		A	Υ				
	2.0120				WITHIN 5 SE			Α	•				
				REAM	WITHIN 5 SE			Α					
00700	ENTRY PO	DINT		3	ENTRY POIN			Α					
	WELL #1			2	WELL #1			Α					
	BLADDER	TANK											
				Con	tact Info	rmation							
Name				Oı	rganization						Job Tit	le	
Ms. Karly 2	Zirkenbac	h			ountry Barn P	roperties			Ow	ner			
Mailing Ad			Mailing		s Line Two				С	ity	State		Zip Code
91 Bull Hill	Road							Colche	ster		СТ		06415
Business	Phone	Extension	Fax	Mobi	le Phone	Emergency	Pho	one Email A	Addre	SS	1		-

karlyatthebarn@gmail.com

860-918-2901

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

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

					0		1			4
Р١	WS ID	PWS Name					Classification	Population	Owner Type	Primary Source
C	Г0790454	MARLBOROUGH COU	NTRY B	ARN# 1			NC	25	Р	GW
Lc	ocal Address (w	here applicable)			Service	Resider	ntial Commerc	cial Industri	al Combine	ed Agricultural
45	NORTH MAIN	I STREET			Connections		3			

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

								_			ection	
		ter Qua	lity Moni	itoring a	ind Con	_						
PWS ID	PWS Name					Class				Ow	ner Type Pi	imary Source
CT0798024		URANT					NC				Р	GW
						ntial	Commer 2	cial	Industria	al	Combined	Agricultural
Towns Served:	MARLBOROUGH					1						
			Moni	toring Re	guireme	nts						
Water System	n Facility: DISTR	IBUTION S			•							
Total Colifor	m (3100)								1	rou	utine (RT)	per quarter
Sampling	Point (Sampling Po	oint ID)			Monitori	ing Pe	eriod	Collec				
			g Points		7/1/19 -	- 9/30)/19				Со	mplete
					10/1/19 -	- 12/3	31/19				Co	mplete
												•
					7/1/20 -	- 9/30	/20					
Physical Para	meters (PPS)								1	rou	utine (RT) _l	per quarter
Sampling	Point (Sampling Po	oint ID)			Monitori	ing Pe	eriod	Collec	tion Per	riod	Compli	ance Status
Select from	m Inventory of Acti	ve Sampling	g Points		7/1/19 -	- 9/30)/19				Со	mplete
					10/1/19 -	- 12/3	1/19				Со	mplete
					1/1/20 -	- 3/31	./20				Со	mplete
					4/1/20 -	- 6/30)/20					
					7/1/20 -	- 9/30)/20					
Water System	ADJER'S RESTAURANT Service Residential Commercial Industrial Combined Agricultural											
	•									1	-	
		oint ID)						Collec	tion Per	riod	•	
ENTRY PO	INT (3)						-					
											Со	mplete
	,	Water S	ystem Faci	ility and S	Sampling	Poi	int Inv	ento				
Facility ID			ID	Description	n		Co Status	oliforn	1 Сорр	oer		_
00000 0131	TRIBOTION STSTEIN											
00700 ENT	RV P∩INIT											
					INI							
				VVELL#Z			A					
30272 BLA	DDEK TANK											
					ormation	1						
Name											Job Title	
					aurant					ner		
	s Line One			ess Line Two								
61 N Main St					_						СТ	06447
		Fax	Mo	bile Phone								
860-295-000			_		860-977-	-1364	mrkh	ags@a	aoi.com			

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

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

				A			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0798024	SADLER'S RESTAURANT			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	ntial Commerc	ial Industri	al Combine	ed Agricultural
61 NORTH MAIN	N STREET	Connections		2			
				· · · · · · · · · · · · · · · · · · ·	· ·	· · · · · · · · · · · · · · · · · · ·	

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 De Water Q	•						_			tion	
PWS ID	PWS Name	dulity	·······································	or mg an		_					r Type [rimary Sour
CT0798034	JESSICA'S GARDEN					Clas	NC		36		p Type r	GW
	ss (where applicable)			Service	Residen	tial	Comme		ndustria		ombined	
198 E HAMI				Connection		tiai	Commi	er Ciai II	iluustila	11 C	1	Agricultu
	ed: MARLBOROUGH										т_	
TOWIIS SELVE	eu. MANEDONOGGII		N.A :+	auina Daa								
Water Syst	em Facility: DISTRIBUTIO			oring Rec D: 00600)	quireme	nts						
•	form (3100)		•	•					1	routi	ne (RT)	per quarte
	ing Point (Sampling Point ID)				Monitori	ng P	eriod	Collect	tion Per			iance Status
	from Inventory of Active Sam	oling Points			7/1/19 -							omplete
		. 0			10/1/19 -						_	omplete
					1/1/20 -							1
					4/1/20 -							
					7/1/20 -							
Physical P	arameters (PPS)				, , <u>, , , , , , , , , , , , , , , , , </u>		•		1	routi	ne (RT)	per quarte
-	ing Point (Sampling Point ID)				Monitori	ng P	eriod	Collect	tion Per		• •	iance Status
_	from Inventory of Active Sam	oling Points	i		7/1/19 -						C	omplete
	·	<u> </u>			10/1/19 -	12/3	31/19				C	omplete
					1/1/20 -	3/31	1/20					
					4/1/20 -							
					7/1/20 -							
Water Syst	em Facility: ENTRY POIN	T (WSF ID	: 00700)		, .	·	•					
	nd Nitrite (NOX)	•	•							1 rc	outine (RT) per yea
	ing Point (Sampling Point ID)				Monitori	ng P	eriod	Collect	tion Per		-	iance Status
	POINT (3)				1/1/19 -							omplete
	. ,				1/1/20 -							•
					1/1/21 -							
	Wate	r Systan	n Facil	ity and Sa				vento	rv			
14/	vvacc	i Systen	ii i acii	ity and se	amping	10	111C 111					
Water System V	Nater System Facility	Sampli	ina Point	Sampling P	oint			Total Coliform	Lead o			Stag
Facility ID	rater system racinty	=	ng rome ID	Description			Status `	Rule			Asbestos	WQP 2 DB
	DISTRIBUTION SYSTEM		4	DISTRIBUTION			A					
		DOWN		WITHIN 5 S			Α					
			ΓREAM	WITHIN 5 S			Α					
00700 E	ENTRY POINT		3	ENTRY POIN			Α					
	WELL 1		2	WELL 1			Α					
23.00				tact Info	rmation							
Name				rganization						J	ob Title	
Ms. Jessica	Carroll			essica's Garde	en							
	Iress Line One	Mailin		s Line Two				C	ity		State	Zip Code
198 E. Ham							Mai	rlboroug			СТ	06447
Business I		Fax	Mobi	ile Phone	Emergency	Pho					<u> </u>	
860-295-				-	860-604-			ica@jess		den.n	et	
0							,	C)-50	- 3			

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

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

				F				
PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
СТ0798034	JESSICA'S GARDEN				NC	36	Р	GW
Local Address (v	vhere applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
198 E HAMPTON	N RD	Connections					1	

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 Dep					0		ection	
	Water Qu	ality Monit	oring and	d Com	plianc	e Sch	edule		
PWS ID	PWS Name			(Classificat	ion Popu	ulation Owi	ner Type Pr	imary Source
CT0798054	THE FARM AT CARTER HIL	L			NC		31	Р	GW
Local Address	(where applicable)		Service	Resident	ial Comm	nercial I	ndustrial	Combined	Agricultural
86 EAST HAMP	PTON RD		Connections					1	
Towns Served:	MARLBOROUGH								
		Monite	oring Requ	iremer	nts				
Water Systen	n Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)						
Total Colifor	m (3100)						1 rou	ıtine (RT) բ	er quarter
Sampling	Point (Sampling Point ID)		1	Monitorin	g Period	Collec	tion Period	Compli	ance Status
Select fro	m Inventory of Active Sampli	ng Points		7/1/19 - 9	9/30/19			Cor	mplete
			1	0/1/19 - 1	12/31/19			Cor	mplete
				1/1/20 - 3	3/31/20			Cor	mplete
				4/1/20 - 6	6/30/20				
				7/1/20 - 9	9/30/20				
-	ameters (PPS)						1 rou		er quarter
	Point (Sampling Point ID)			Monitorin	_	Collec	tion Period		ance Status
Select fro	m Inventory of Active Sampli	ng Points		7/1/19 - 9					mplete
				.0/1/19 - 1					mplete
				1/1/20 - 3				Cor	mplete
				4/1/20 - 6					
				7/1/20 - 9	9/30/20				
	n Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate (104	•								er quarter
	Point (Sampling Point ID)			Monitorin	_	Collect	tion Period		ance Status
ENTRY PC	DINT (3)			7/1/19 - 9					mplete
				0/1/19 - 1					mplete
				1/1/20 - 3				Cor	mplete
				4/1/20 - 6	•				
				7/1/20 - 9	9/30/20				
Nitrite (104	· · · · · · · · · · · · · · · · · · ·		_			- "		=	T) per year
	Point (Sampling Point ID)			Monitorin		Collect	tion Period		ance Status
ENTRY PC	JINT (3)			1/1/20 - 1				Cor	mplete
Nitrata And	Nitrite (NOX)			1/1/21 - 1	.2/31/21		1	routino (D	T) per year
	Point (Sampling Point ID)		,	Monitorin	a Period	Collec	tion Period	•	ance Status
ENTRY PC				1/1/19 - 3			1-3/31		mplete
LIVIKITO	71111 (3)	Other C	ompliance			/	1 3/31		Прісте
Complianae Ca	bodulo Activitu	Other C	Ullipliance		ue Date		Achieved	Desta	
-	ANITARY SURVEY				19/2017		Acmeveu	Dute	
RESPOND TO 3		System Fasili	tu and Can			wonto	. E		
144 :	water	System Facili	ity and San	ibiing	roint if				
Water System Wa	ter System Facility	Sampling Point	Sampling Doin	ıt.		Total Coliform	Lead and Copper		Stage
Facility ID	ter system ruemty	ID	Description		Charter-	Rule		Asbestos	Stage WQP 2 DBPR
_	TRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	<u>Status</u> A	Y		3.030000	
55555 515	50 11011 51512141	DOWNSTREAM			A	•			
		UPSTREAM	WITHIN 5 SER						
		J. J.I.L./ (14)							

	Water Quality Monit	oring an	d Con	nplia	ance S	Schedul	e	
PWS ID	PWS Name		Classi	ification	Population	Owner Type	Primary Source	
СТ0798054	THE FARM AT CARTER HILL			ı	NC	31	Р	GW
Local Address ((where applicable)	Service	Residen	tial C	Commercia	al Industri	al Combine	d Agricultural
86 EAST HAMP	TON RD	Connections					1	

Connecticut Department of Public Health Drinking Water Section

Towns Served: MARLBOROUGH

	W	ater System Facili	ity and Samplir	ng Point Ir	nventoi	γ			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Coliform	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00700	ENTRY POINT	3	ENTRY POINT	Α					
60015	WELL 1	2	WELL 1	Α					
		Can	tact Informatio	. .					

			Co	ontact Info	ormation				
Name		Organization		Job Title					
Ms. Hazel Luchatz									
Mailing Address Lin	e One		Mailing Addr	ress Line Two			City	State	Zip Code
78 East Hampton R	oad					Marlbord	ough	СТ	06447
Business Phone	Extension	Fax	Мо	obile Phone	Emergency Phone	Email Ad	dress		
860-906-7866					860-906-7866	mitchspl	ace@sbcglob	al.net	
Contact Dala(s).	d	C							

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