

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0830014	COYOTE BLUE RESTAURANT	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1960 SAYBROOK ROAD				1			
Towns Served: MIDDLETOWN							

Monitoring Requirements

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

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		Complete	
	7/1/20 - 9/30/20		Complete	

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		Complete	
	7/1/20 - 9/30/20		Complete	

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

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		Complete	
	1/1/21 - 12/31/21		Complete	

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			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21467	WELL	2	WELL	A				

Contact Information

Name			Organization			Job Title			
Ms. Jo-Ann Pytlik									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
P.O. Box 421						Higganum		CT	06441
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-659-2711									
Contact Role(s):		Legal Contact, Owner							

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			
CT0830014	COYOTE BLUE RESTAURANT	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
1960 SAYBROOK ROAD				1				
Towns Served: MIDDLETOWN								
Name			Organization			Job Title		
Mr. Drew Engelhardt								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
1960 Saybrook Road						Middletown	CT	06457
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-345-2403								
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		
CT0830024	RON MCCUTCHEON PARK	NC	25	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
LIVINGSTON ROAD				2			
Towns Served: MIDDLETOWN							

Monitoring Requirements

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

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

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Physical Parameters (PPS) 1 routine (RT) per quarter

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

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

Nitrate (1040) 1 routine (RT) per quarter

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		
	1/1/20 - 3/31/20		
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Nitrite (1041) 1 routine (RT) per year

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

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SEASONAL START UP COMPLETION	5/10/2020	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Physical Parameters M&R Violation	7/1/12 - 9/30/12	3	12/31/2013		1/10/2014	
Physical Parameters M&R Violation	4/1/14 - 6/30/14	3	8/21/2015		8/31/2015	
Total Coliform M&R Violation	7/1/19 - 9/30/19	3	11/13/2020		11/23/2020	
Physical Parameters M&R Violation	7/1/19 - 9/30/19	3	11/13/2020		11/23/2020	

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 WQP 2 DBPR	Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	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		
CT0830024	RON MCCUTCHEON PARK	NC	25	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
LIVINGSTON ROAD				2			
Towns Served: MIDDLETOWN							

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
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21468	WELL	2	WELL	A				
55812	ATMOSPHERIC TANK							

Contact Information

Name		Organization			Job Title		
Mr. Daniel T. Drew		City of Middletown			Mayor		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
City Hall, Municipal Building		245 Dekoven Drive			Middletown	CT	06457
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-638-4800		860-344-3540			mayor@MiddletownCT.gov		

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0830034	ITALIAN AMERICAN CIVIC ORDER, INC	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
550 ARBUTUS ROAD				1			
Towns Served: MIDDLETOWN							

Monitoring Requirements

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

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				

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)

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		Complete		
	1/1/21 - 12/31/21				

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	11/16/2018	

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			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21469	WELL	2	WELL	A				

Contact Information

Name		Organization			Job Title			
Mr. Louis Aresco		Italian American Civic Order			President			
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
550 Arbutus Street						Middletown	CT	06457
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-369-3931								

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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	
CT0830034	ITALIAN AMERICAN CIVIC ORDER, INC	NC	25	P	GW	
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
550 ARBUTUS ROAD			1			
Towns Served: MIDDLETOWN						
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		
CT0830044	MIDDLETOWN DOT REST AREA (I-91 NORTH)	NC	25	S	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
I - 91 NORTH				1			

Towns Served: MIDDLETOWN

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>
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		Complete
	4/1/20 - 4/30/20		
	5/1/20 - 5/31/20		
	6/1/20 - 6/30/20		
	7/1/20 - 7/31/20		
	8/1/20 - 8/31/20		
	9/1/20 - 9/30/20		

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>
DISTRIBUTION SYSTEM (4)	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		

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

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		Complete
	1/1/21 - 12/31/21		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2024	

Water System Facility and Sampling Point Inventory

<i>Water System</i>	<i>Water System Facility</i>	<i>Sampling Point</i>	<i>Sampling Point</i>	<i>Total Coliform</i>	<i>Lead and Copper</i>	<i>Stage</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
CT0830044	MIDDLETOWN DOT REST AREA (I-91 NORTH)	NC	25	S	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
I - 91 NORTH			1			

Towns Served: MIDDLETOWN

Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		UPSTREAM	WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
21470	WELL	2	WELL	A			
57902	PRESSURE TANK						
57904	TRANSFER PUMPS						
ST001	ATMOSHERIC STORAGE						

Certified Operator Information

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

Facility Classification: DISTRIBUTION SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration
GRANT, SHANE	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2020
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	9/30/2020

Contact Information

Name	Organization	Job Title
Mr. James P. Redeker	Department of Transportation	Commissioner

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
2800 Berlin Turnpike		Newington	CT	06111

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-594-3000				860-594-3000	

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

Name	Organization	Job Title
Mr. Jeff Tedesco	CT Dot	Site Main Supervisor

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
2800 Berlin Tpke		Newington	CT	06111

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-594-3000				860-594-3000	jeffrey.tedesco@ct.gov

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

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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		
CT0839054	MINER HILLS FAMILY GOLF LLC	NC	29	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
80 MINER HILLS DR						1	
Towns Served: MIDDLETOWN							

Monitoring Requirements

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

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		

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)**

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		

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			
00700	ENTRY POINT	3	ENTRY POINT	A				
60094	WELL 1	2	WELL 1	A				

Contact Information

Name			Organization			Job Title			
Mr. Michael Streckfus			Miner Hil Family Golf LLC			Manager			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
80 Miner Hills Drive						Middletown		CT	06457
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-635-0051		860-563-4593		860-563-5320	minerhillsgolf@att.net				
Contact Role(s): Administrative Contact, Legal Contact, Owner									

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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	
CT0839054	MINER HILLS FAMILY GOLF LLC	NC	29	L	GW	
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
80 MINER HILLS DR					1	
Towns Served: MIDDLETOWN						

Please note the following:

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

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End of schedule