Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWS Name** Classification Population Owner Type Primary Source PWS ID CT0850024 **BEACON HILL EVANGELICAL FREE CHURCH** NC 33 Р GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 371 OLD ZOAR ROAD 2 Towns Served: MONROE **Monitoring Requirements** Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per month **Compliance Status** Sampling Point (Sampling Point ID) **Monitoring Period Collection Period** 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 Complete 1/1/20 - 1/31/20 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 Sampling Point (Sampling Point ID) Monitoring Period **Collection Period Compliance Status** Select from Inventory of Active Sampling Points 10/1/19 - 10/31/19 Complete 11/1/19 - 11/30/19 Complete 12/1/19 - 12/31/19 Complete 1/1/20 - 1/31/20 Complete 2/1/20 - 2/29/20 Complete 3/1/20 - 3/31/20 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 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) 1 routine (RT) per year Sampling Point (Sampling Point ID) **Collection Period Compliance Status Monitoring Period** ENTRY POINT (3) 1/1/19 - 12/31/19 Complete 1/1/20 - 12/31/20 Complete 1/1/21 - 12/31/21 Water System Facility and Sampling Point Inventory

		-				-		
Water System Facility IL		Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Ashestos	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	<u>Status</u>	Y	nuic nei	,	
00000	DISTRIBUTION STOTEM	BH001	KIT SNK TRP LWR LEV	A	Ŷ		Y	

	water	Quality Monit	oring an	a com	ipnanc	e 50	cneau	le	
PWS ID	PWS Name				Classificatio	on Po	opulation	Owner Type	Primary Source
СТ0850024	4 BEACON HILL EVANGE	LICAL FREE CHURCH			NC		33	Р	GW
Local Addr	ess (where applicable)		Service	Resident	tial Comme	ercial	Industri	al Combin	ed Agricultura
371 OLD Z	OAR ROAD		Connections		2				
Towns Ser	ved: MONROE		-	1				I	
	Wat	er System Facili	ity and Sar	npling	Point In	ven	tory		
Water		-				Toto	ıl Lead	and	
System	Water System Facility	Sampling Point	Sampling Poi	nt		Colifo	rm Cop	per	Stage
Facility ID		ID	Description		Status	Rul	e Rule	Tier Asbest	os WQP 2 DBP
		BH002	RR MENS LOV	VER LEVEI	L A	Y		Y	
		BH003	RR LADIES LO	WER LVL	А	Y		Y	
		BH004	KITCHENETTE	MAIN FL	R A	Y		Y	
		BH005	RR LADY RM I	MAIN FLR	А	Y		Y	
		BH006	RR MENS RM	MAIN FLF	R A	Y		Y	
		DOWNSTREAM	WITHIN 5 SER	VICE CON	I A				
		UPSTREAM	WITHIN 5 SER	VICE CON	I A				
00700	ENTRY POINT	3	ENTRY POINT		А				
21478	WELL	2	WELL		А				

Contact Information

А

WELL 2

Name	Name				1	Job Title				
Mr. James Duncan				Beacon Hill E	Evangelical Church	Snr Property Manager				
Mailing Address Line One Mailing Ad				ress Line Two			City	State	Zip Code	
Beacon Hill Church	eacon Hill Church 371 Old Zoa			r Road		Monroe		06468		
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Ad	dress			
203-268-8521		203-452-9	126			deacons	deacons@beaconhillchurch.org			
Contact Role(s): A	dministrative	Contact, Leg	al Contact			1				

Please note the following:

61020

WELL 2

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

2

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

		*	Public Health		0		ction	
	Water Q	Juality Monit	oring and Com	plianc	e Sche	edule		
PWS ID	PWS Name			Classificati	on Popul	ation Ow	ner Type Prim	ary Source
СТ0850054	DUCHESS OF MONROE			NC	2	5	Р	GW
Local Address (where applicable)		Service Resident	al Comm	ercial In	dustrial	Combined A	gricultural
134 MAIN STRE	ET		Connections	1				
Towns Served:	MONROE							
		Monite	oring Requiremen	its				
Water System	n Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)					
Total Coliforn	• •					1 rou	itine (RT) pe	r quarter
Sampling	Point (Sampling Point ID)		Monitorin	g Period	Collecti	on Period	Complian	ce Status
Select from	m Inventory of Active Sam	pling Points	7/1/19 - 9	9/30/19			Comp	olete
			10/1/19 - 1				Comp	
			1/1/20 - 3				Comp	olete
			4/1/20 - 6					
			7/1/20 - 9	9/30/20				
-	ameters (PPS)					1 rou	itine (RT) pe	r quarter
	Point (Sampling Point ID)		Monitorin	_	Collecti	on Period	Complian	
Select from	m Inventory of Active Sam	pling Points	7/1/19 - 9				Comp	
			10/1/19 - 1	12/31/19			Comp	olete
			1/1/20 - 3				Comp	olete
			4/1/20 - 6	5/30/20				
			7/1/20 - 9	9/30/20				
Water System	n Facility: ENTRY POIN	T (WSF ID: 00700)						
Nitrate And I	Nitrite (NOX)					1	routine (RT)	per year
Sampling	Point (Sampling Point ID)		Monitorin	g Period	Collecti	on Period	Complian	ce Status
ENTRY PO	INT (3)		1/1/19 - 1	2/31/19			Comp	olete
			1/1/20 - 1	2/31/20			Comp	olete
			1/1/21 - 1	2/31/21				
Water System	n Facility: WELL (WSF	ID: 21481)						
E. Coli (3014	4)					1 rou	itine (RT) pe	r quarter
Sampling	Point (Sampling Point ID)	1	Monitorin	g Period	Collecti	on Period	Complian	ce Status
WELL (2)			7/1/19 - 9	9/30/19			Comp	olete
			10/1/19 - 1	12/31/19			Comp	
			1/1/20 - 3				Comp	olete
			4/1/20 - 6					
			7/1/20 - 9	9/30/20				
	Wate	er System Facili	ity and Sampling	Point In	ventor	Ъ		
Water					Total	Lead and		
	ter System Facility		Sampling Point		Coliform	Copper		Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos W	QP Z DBPR
00600 DIST	TRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOM001	KIT HAND SNK FRONT	A	Y		Y	
		DOM002	KIT HAND SNK BACK	A	Y		Y	
		DOM003	KIT HAND SNK M	A	Y		Y	
		DOM004	RR MENS RR	A	Y		Y	
		DOM005	RR LADY ROOM	A	Y		Y	
		DOM006	KIT SNK SINGLE	A	Y		Y	
		DOM007	KIT SNK TRPL SNK	A	Y		Y	

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWSID PWS Name** Classification Population Owner Type Primary Source Р CT0850054 DUCHESS OF MONROE NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections **134 MAIN STREET** 1 Towns Served: MONROE Water System Facility and Sampling Point Inventory Water **Total** Lead and Sampling Point Sampling Point Water System Facility Coliform System Copper Stage Facility ID ID Description Rule Rule Tier Asbestos WQP 2 DBPR Status DOWNSTREAM WITHIN 5 SERVICE CON Α UPSTREAM WITHIN 5 SERVICE CON А 00700 ENTRY POINT ENTRY POINT А 3 21481 WELL 2 WELL А 56747 TREATMENT PLANT **Contact Information** Name Organization Job Title Mr. Louis Berkowitz Duchess of Monroe Mailing Address Line One Mailing Address Line Two State Zip Code City 134 Main Street 06468 Monroe CT **Business Phone** Extension Emergency Phone Email Address Fax **Mobile Phone** 203-452-0197 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

CT08850064 19 MAIN STREET - MONROE NC 25 P GW LCcal Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Towns Served: MONITORing Requirements Industrial Combined Agricultural Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00500) Ioutine (RT) per quarter Somplane Period Complete	Connecticut Dopartmor	at of Dublic H	loolth D	rinking	wator S	Soction		
DWS Name Classification Population Owner, Service Residential Commercial Industrial Commercial Industrial Commercial Industrial Commercial Industrial Commercial Commercial Industrial Commercial Commercial Industrial Commercial Commercial Industrial Industrial Indust	A			-				
CTOBSIGOA 129 MAIN STREET - MONROE Residential Commercial Industrial Combined Agricultural Connections Service Residential Commercial Industrial Combined Agricultural Towns Served: MONITOR Requirements: Unitable Service Complete Complete Complete Service Servi	Water Quality M	onitoring an	I					
Local Address (where applicable) Service Connections Residential 1 Industrial 1 Combined Agricultural Noms Served: MONROE Nonitoring Requirements Industrial 1 Combined Agricultural Agricultural Water System Facility: Sampling Point (Sampling Point ID) Monitoring Period Collection Period Collection Period Complete Complete Complete 11/20 - 3/31/20 Complete 11/20 - 3/31/20 Complete Complete 4/1/20 - 6/30/20 Trutine (RT) per quarter Sampling Point (Sampling Point ID) Monitoring Period Collection Period Collection Period Collection Period Collection Period Complete Complete Complete 1/1/20 - 3/31/20 Complete Complete Complete Collection Period Collection Period Complete Complete Complete 1/1/20 - 3/31/20 Complete 1/1/20 - 3/31/20 Complete 1/1/20 - 3/31/20 Complete Complete Complete 1/1/20 - 3/31/20 Complete 1/1/20 - 3/31/20 Complete			Cl		-		-	
Connections 1 Image: connections Towns Served: MONROE Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per quarter Sampling Point ID) Monitoring Period Complete Sompling Point ID) Complete Advantage Point Complete Advantage Point Complete Advantage Point Physical Parameters (PPS) 1 routine (RT) per quarter Sampling Point ID) Monitoring Period Complete Advantage Period Complete Advant		1				Р		
Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) I routine (RT) per quarter Generation Inventory of Active Sampling Point (D) Monitoring Period Complete 10/1/19: 12/31/19 Complete	Local Address (where applicable)		Residentia	I Commerci	al Industrial	Combined	Agricultural	
Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) I routine (RT) per quarter Sampling Point (Sampling Point ID) Monitoring Period Collection Period Complete 3/1/19		Connections		1				
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) I routine (RT) per quarter Sampling Point (Sompling Point (D) I routine (RT) per quarter Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete Complete 10/1/19 - 12/31/19 Complete 10/1/20 - 3/31/20 Complete 4/1/20 - 6/30/20 7/1/20 - 9/30/19 Complete Complete 7/1/20 - 9/30/20 7/1/20 - 9/30/19 Complete Complete Sampling Point (D) Monitoring Period Complete Monitoring Period Complete <								
Total Coliform (3100) In outline (RT) per quarter Sampling Point (Sampling Point ID) Monitoring Period Collection Period Collection Period Collection Period Complete Complete 10/1/19 - 12/31/19 Complete Complete Complete 11/1/20 - 6/30/20 T/1/20 - 6/30/20 Complete 41/1/20 - 6/30/20 Toutine (RT) per quarter Sampling Point (Sampling Point IC) Monitoring Period Collection Period Complete Select from Inventory of Active Sampling Point IC) Monitoring Period Collection Period Complete 10/1/19 - 12/31/19 Complete Complete Complete 11/1/20 - 3/31/20 Complete Complete Complete 11/1/19 - 9/30/19 Complete Complete Complete 11/1/10 - 3/31/19 Complete Complete Complete 11/1/20 - 3/31/20 Complete Complete Complete 11/1/21 - 12/31/19 Collection Period Compliance Status Sempling Point IS Monitoring Period Collection Period Compliance Status Sempling Point IS Monitoring Period Collection Period Compliance Status <	M	onitoring Requ	iirement	S				
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status Select from Inventory of Active Sampling Points 7/1/19 - 1/3/1/19 Complete 1/1/20 - 3/31/20 Complete 1/1/20 - 3/31/20 Complete 4/1/20 - 6/30/20 7/1/20 - 9/30/20 7/1/20 - 9/30/20 Toutine (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 Complete 1/1/20 - 3/31/20 Complete Complete Complete Complete 1/1/20 - 3/31/20 Complete Complete Complete Complete 1/1/20 - 3/31/20 Complete Toutine (RT) per quarter Complete Complete 1/1/20 - 3/31/20 Complete Toutine (RT) per quarter Complete Complete </th <th>Water System Facility: DISTRIBUTION SYSTEM (</th> <th>WSF ID: 00600)</th> <th></th> <th></th> <th></th> <th></th> <th></th>	Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)						
Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete 10/1/19 - 12/31/19 Complete 1/1/10 - 12/31/19 Complete 4/1/20 - 6/30/20 7/1/20 - 9/30/20 Toutine (RT) per quarter Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliete Select from Inventory of Active Sampling Points 7/1/19 - 12/31/19 Compliete Collection Period Complete 1/1/20 - 3/31/20 Complete 1/1/20 - 3/31/20 Complete 4/1/20 - 6/30/20 7/1/20 - 9/30/20 Complete 1/1/20 - 3/31/20 Complete 4/1/20 - 6/30/20 7/1/20 - 9/30/20 Torutine (RT) per year Torutine (RT) per year Water System Facility: ENTRY POINT (WSF ID: 00700) I routine (RT) per year Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status ENTRY POINT (3) 1/1/19 - 1/2/31/19 Complete 1/1/20 - 1/2/31/20 Complete 1/1/20 - 1/2/31/20 Complete 1/1/20 - 3/31/20 Complete Collection Period Compliance Status Sengling Point (Sampling Point ID) Monitoring P	Total Coliform (3100)				1 r	outine (RT) p	er quarter	
10/1/19 - 12/31/19 Complete 11/1/20 - 3/31/20 Complete 11/1/20 - 3/31/20 Complete 41/1/20 - 6/30/20 71/1/20 - 9/30/20 I routine (RT) per quarter Sampling Point (Sampling Point (D) Monitoring Period Complete 10/1/19 - 12/31/19 Complete 1/1/20 - 3/31/20 Complete 11/1/20 - 3/31/20 Toutine (RT) per quarter Complete 1/1/20 - 3/31/20 Complete 11/1/20 - 3/31/20 Toutine (RT) per year Complete 1/1/20 - 3/31/20 Complete 11/1/20 - 3/31/20 Toutine (RT) per year Complete 1/1/20 - 3/31/20 Complete 11/1/20 - 3/31/20 Complete 1/1/20 - 1/31/19 Compliance Status Select from line (RT) per year Monitoring Period Collection Period Compliance Status Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status WELL (2) 7/1/19 - 9/30/19 Complete 1/1/20 - 1/31/20 Compliance Status WELL (2) 7/1/19 - 9/30/19 Compliance Status Co	Sampling Point (Sampling Point ID)		Monitoring	Period C	ollection Perio	od Complia	ance Status	
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 Sampling Point (Sampling Point (D) Monitoring Period Collection Period Complete Sompling Point (Sampling Point (D) Toutine (RT) per quarter 3/1/20 Complete 1/1/20 - 3/31/20 Complete 4/1/20 - 3/31/20 Complete 4/1/20 - 3/31/20 Complete 4/1/20 - 3/31/20 Complete 4/1/20 - 3/31/20 Complete 4/1/20 - 3/31/20 Complete 4/1/20 - 3/31/20 Complete 4/1/20 - 3/31/20 Complete 1/1/20 - 3/31/20 Complete 5/1/20 - 9/30/20 1/1/20 - 1/31/20 Complete Complete 1/1/20 - 1/2/31/20 Complete 1/1/20 - 1/2/31/20 Complete Sampling Point ID Monitoring Period Coll Collection Period Complete Sampling Point ISampling Point ID Monitoring Period Coll Collection Period Complete <tr< td=""><td>Select from Inventory of Active Sampling Points</td><td></td><td>7/1/19 - 9/</td><td>30/19</td><td></td><td>Сог</td><td>nplete</td></tr<>	Select from Inventory of Active Sampling Points		7/1/19 - 9/	30/19		Сог	nplete	
4/1/20 - 6/30/20 7/1/20 - 9/30/20 Physical Parameters (PPS) 1 routine (RT) per quarter Collection Period Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Select from Inventory of Active Sampling Points 7/1/20 - 6/30/20 Tytze - 9/30/20 Complete 4/1/20 - 6/30/20 7/1/20 - 9/30/20 Water System Facility: ENTRY POINT (WSF ID: 00700) Toutine (RT) per year Nitrate And Nitrite (NOX) 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 Compliance Status Collection Period Compliance Status Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status WELL (2) 7/1/19 - 9/30/19 Complete Complete Complete 10/1/20 - 3/31/20 Complete 10/1/20 - 3/31/20 Complete Complete <td></td> <td></td> <td>10/1/19 - 12</td> <td>2/31/19</td> <td></td> <td>Cor</td> <td>nplete</td>			10/1/19 - 12	2/31/19		Cor	nplete	
7/1/20 - 9/30/20 Iroutine (RT) per quarter Sampling Point (Sampling Point ID) Monitoring Period Compliance Status Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complience Status Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete 10/1/19 - 12/31/19 Complete 4/1/20 - 6/30/20 7/1/20 - 3/31/20 Complete 7/1/20 - 9/30/20 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) I routine (RT) per year Sampling Point (Sampling Point ID) Monitoring Period Collection Period Complete Sampling Point (Sampling Point ID) Monitoring Period Collection Period Complete 1/1/20 - 12/31/20 Complete 1/1/20 - 12/31/20 Complete Sampling Point (Sampling Point ID) Monitoring Period Collection Period Complete 1/1/10 - 12/31/19 Complete Sampling Point (Sampling Point ID) Monitoring Period Collection Period Complete <td></td> <td></td> <td>1/1/20 - 3/</td> <td>31/20</td> <td></td> <td>Сог</td> <td>nplete</td>			1/1/20 - 3/	31/20		Сог	nplete	
Physical Parameters (PPS) 1 routine (RT) per quarter Collection Period Compliance Status Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Compliance Status Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Compliance Status Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete 1/1/20 - 3/31/20 Complete 4/1/20 - 6/30/20 Water System Facility: ENTRY POINT (WSF ID: 00700) I routine (RT) per year Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status ENTRY POINT (3) 1/1/19 - 12/31/20 Complete 1/1/20 - 12/31/20 Complete 1/1/20 - 12/31/20 Complete 1/1/20 - 12/31/20 Complete 2/1/20 - 12/31/20 Complete 1/1/20 - 12/31/20 1/1/20 - 12/31/20 Complete 2/1/20 - 12/31/20 Compliance Status WELL (2) 7/1/19 - 9/30/19 Compliance Status Collection Period Compliance Status Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status VEL (2) 7/1/19 - 9/30/19 <td< td=""><td></td><td></td><td>4/1/20 - 6/</td><td>30/20</td><td></td><td></td><td></td></td<>			4/1/20 - 6/	30/20				
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 4/1/20 - 6/30/20 - 7/1/20 - 9/30/20 - Water System Facility: ENTRY POINT (WSF ID: 00700) I routine (RT) per year Nitrate And Nitrite (NOX) 1 routine (RT) per year Complete Sampling Point (Sampling Point ID) Monitoring Period Collection Period Complete 1/1/20 - 1/31/19 Complete Complete Complete Complete 500 (3014) 1/1/19 - 12/31/19 Complete Complete Complete 501 (3014) 7/1/19 - 9/30/19 Complete Complete Complete 501 (3014) 7/1/19 - 9/30/19 Complete Complete Complete 501 (3014) 7/1/19 - 9/30/19 Complete Complete Complete 501 (3014) 1/1/19 - 12/31/19 Complete Complete Complete 501 (3014) 1/1/10 - 9/30/19 Complete			7/1/20 - 9/	30/20				
Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete 10/1/19 - 12/31/19 Complete 11/120 - 3/31/20 Complete 4/1/20 - 6/30/20 7/1/20 - 9/30/20 Water System Facility: ENTRY POINT (WSF ID: 00700) In routine (RT) per year) Nitrate And Nitrite (NOX) 1 routine (RT) per year) Collection Period Complete Sampling Point (D) Monitoring Period Complete 1/1/20 - 12/31/19 Complete Lottine (RT) per year) Well (WSF ID: 21482) E. Coli (3014) 1 routine (RT) per quarter Complete 1/1/19 - 9/30/19 Complete Sampling Point (D) Monitoring Period Complete 0/1/19 - 9/30/19 Complete 1/1/10 - 9/30/19 Complete 0/1/120 - 9/30/20 WELL (2) 7/1/19 - 9/30/19 Complete 0/1/120 - 9/30/19 Complete 1/1/20 - 9/30/20 Complete	Physical Parameters (PPS)				1 r	outine (RT) p	er quarter	
10/1/19 · 12/31/19 Complete 1/1/20 · 3/31/20 Complete 4/1/20 · 3/31/20 Complete Water System Facility: ENTRY POINT (WSF ID: 00700) 1 routine (RT) per year Sampling Point (Sampling Point ID) Monitoring Period Collection Period Complete 1/1/19 · 12/31/19 Complete 1/1/20 · 12/31/20 Complete 1/1/12 · 12/31/19 Complete 1/1/20 · 12/31/31 Complete Sampling Point (Sampling Point ID) Monitoring Period Complete Collection Period Complete Sampling Point (Sampling Point ID) Monitoring Period Complete Complete Sampling Point ID Monitoring Period Complete Complete Sampling Point ID Monitoring Period Complete Complete Sampling Point ID Monitoring Period Complete Complete 10/1/19 · 12/31/19 Complete 10/1/20 · 3/31/20 Complete <	Sampling Point (Sampling Point ID)		Monitoring	Period C	ollection Perio	od Complia	ance Status	
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) 1 routine (RT) per year Nitrate And Nitrite (NOX) 1 routine (RT) per year Sampling Point (Sampling Point ID) Monitoring Period Collection Period Complete 1/1/20 - 12/31/19 Complete Complete Complete 1/1/20 - 12/31/20 Complete Complete Complete 1/1/21 - 12/31/20 Complete Complete Complete 1/1/21 - 12/31/20 Complete Complete Complete 1/1/21 - 12/31/20 Complete Complete Complete Sampling Point (Sampling Point ID) Monitoring Period Collection Period Complete 10/1/19 - 12/31/19 Complete Complete Complete 11/20 - 3/31/20 Complete Complete Complete 10/1/19 - 12/31/19 Complete Complete Complete 11/20 - 3/31/20 Complete Complete Complete 10/1/19 - 12/31/19 Complete Complete Complete 1/1/20 - 6/30/20 Complete Complete <	Select from Inventory of Active Sampling Points		7/1/19 - 9/	30/19		Сог	nplete	
4/1/20 - 6/30/20 7/1/20 - 9/30/20 Water System Facility: ENTRY POINT (WSF ID: 00700) I routine (RT) per year Sampling Point (Sampling Point ID) Monitoring Period Complence Status ENTRY POINT (3) 1 routine (RT) per year Complete 1/1/10 - 12/31/20 Complete 1/1/20 - 12/31/20 Complete 1/1/20 - 12/31/20 Complete Sampling Point (D) Monitoring Period Complete Use International (Sampling Point ID) Monitoring Period Complete Sampling Point ID) Monitoring Period Complete Sampling Point ID) Monitoring Period Complete Monitoring Period Complete 1/1/120 - 3/31/20 Complete Molitor Complete Molitor Compliance Status Complete		:	10/1/19 - 12	2/31/19		Сог	nplete	
7/1/20 - 9/30/20 Water System Facility: ENTRY POINT (WSF ID: 00700) I routine (RT) per year Sampling Point (Sampling Point ID) I routine (RT) per year Collection Period Compliance Status ENTRY POINT (3) 1/1/19 - 12/31/19 Complete 1/1/20 - 12/31/20 Complete 1/1/21 - 12/31/21 1/1/21 - 12/31/21 Water System Facility: WELL (WSF ID: 21482) E. Coli (3014) I routine (RT) per quarter Sampling Point ID: Monitoring Period Compliance Status WELL (2) 7/1/19 - 9/30/19 Complete U/1/19 - 9/30/19 Complete U/1/19 - 9/30/19 Complete 10/1/19 - 9/30/19 Complete U/1/20 - 3/31/20 Complete Compliance Schedule Activity Due Date Achieved Date RESPOND TO SANITARY SURVEY Public Notification Public Notification PIN Certification Duo to SANITARY SURVEY			1/1/20 - 3/	31/20		Сог	nplete	
Water System Facility: ENTRY POINT (WSF ID: 00700) I routine (RT) per year Sampling Point (Sampling Point ID) Nonitoring Period Collection Period Compliance Status ENTRY POINT (3) 1/1/19 - 12/31/19 Complete Complete 1/1/20 - 12/31/20 Complete Complete Complete 1/1/20 - 12/31/20 Complete Complete Complete Totutine (RT) per quarter Sampling Point (Sampling Point ID) Monitoring Period Complete Sampling Point (Sampling Point ID) Monitoring Period Complete Sampling Point (Sampling Point ID) Monitoring Period Complete Sampling Point (Sampling Point ID) Monitoring Period Complete Complete USUBLE (VSF ID: 21482) Complete Complete Complete Complete Sampling Point (Sampling Point ID) Monitoring Period Complete			4/1/20 - 6/	30/20				
Nitrate And Nitrite (NOX) I 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 Complete 1/1/20 - 12/31/20 Complete 1/1/21 - 12/31/20 Complete 1/1/21 - 12/31/21 Complete Water System Facility: WELL (WSF ID: 21482) I routine (RT) per quarter Sampling Point (Sampling Point ID) Monitoring Period Collection Period Complete 10/1/19 - 12/31/19 Complete Complete Complete Complete WELL (2) 7/1/19 - 9/30/19 Complete Complete Complete 10/1/19 - 12/31/19 Complete Complete Complete Complete 10/1/19 - 3/31/20 Complete Complete Complete Complete 11/120 - 6/30/20 T/1/20 - 9/30/20 Complete Complete Complete Completer 6/5/2011 E E E E RESPOND TO SANITARY SURVEY 6/5/2011			7/1/20 - 9/	30/20				
Sampling Point (Sampling Point (D) Monitoring Period Collection Period Compliance Status ENTRY POINT (3) 1/1/19 · 12/31/19 Complete 1/1/20 · 12/31/20 Complete 1/1/20 · 12/31/20 Complete Under Status Water System Facility: WELL (WSF ID: 21482) E Coli (3014) Internet RT) per quarter Sampling Point (Sampling Point ID) Internet RT) per quarter WELL (2) Complete Other Tory 3/120 Complete Complete Sampling Point (Sampling Point ID) Monitoring Period Complete VI/1/19 - 9/30/19 Complete Internet RT per quarter Sampling Point (Sampling Point ID) Complete VI/1/19 - 9/30/19 Complete Complete Complete Complete Complete Complete Complete Complete	Water System Facility: ENTRY POINT (WSF ID: 0	0700)						
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: WELL (WSF ID: 21482) E. Coli (3014) 1 routine (RT) per quarter Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status WELL (2) 7/1/19 - 9/30/19 Complete Complete Unit (Sampling Point ID) Monitoring Period Collection Period Complete WELL (2) 7/1/19 - 9/30/19 Complete Complete Unit (Sampling Point ID) Monitoring Period Complete Complete Unit (Sampling Point ID) Monitoring Period Complete Complete Unit (Sampling Point ID) Monitoring Period Complete Complete Unit (Sampling Point ID) Complete Complete Complete Complete Unit (Sampling Point ID) Complete	Nitrate And Nitrite (NOX)					1 routine (R	T) per year	
1/1/20 - 12/31/20 Complete 1/1/21 - 12/31/21 Water System Facility: WELL (WSF ID: 21482) E. Coli (3014) 1 routine (RT) per quarter Collection Period Compliance Status WELL (2) 7/1/19 - 9/30/19 Complete U/1/19 - 12/31/19 Complete Monitoring Period Complete VELL (2) 7/1/19 - 9/30/19 Complete U/1/19 - 12/31/19 Complete U/1/20 - 3/31/20 Complete Compliance Schedule Activity Complete DV Complete Complete Compliance Schedule Activity Complete Public Compliance Schedule Activity Achieved Date RESPOND TO SANITARY SURVEY S/1/2016 Violation/Situation Public Notification PN Certification Violation/Situation Public Notification PN Certification <th colsp<="" td=""><td></td><td></td><td></td><td></td><td>ollection Perio</td><td></td><td></td></th>	<td></td> <td></td> <td></td> <td></td> <td>ollection Perio</td> <td></td> <td></td>					ollection Perio		
1/1/21 - 12/31/21 Water System Facility: WELL (WSF ID: 21482) I routine (RT) per quarter Sampling Point (Sampling Point ID) Monitoring Period Compliance Status WELL (2) 7/1/19 - 9/30/19 Complete 10/1/19 - 12/31/19 Complete 10/1/19 - 3/31/20 Complete 1/1/20 - 3/31/20 Complete 1/1/20 - 6/30/20 - 7/1/20 - 9/30/20 Complete Other Compliance Schedule Activity Due Date Actived Date RESPOND TO SANITARY SURVEY 6/5/2011 Public Notification Required Performed PN Certification Notice Violation/Situation 4/1/13 - 6/30/13 2 10/17/2013 10/27/2013 Total Coliform M&R Violation 4/1/13 - 6/30/13 2 10/17/2013 10/27/2013 Total Coliform M&R Violation 7/1/13 - 9/30/13 2 2/16/2014 2/26/2014 Physical Parameters M&R Violation 4/1/13 - 6/30/13 3 9/17/2014 9/27/2014	ENTRY POINT (3)					Сог	nplete	
Water System Facility: WELL (WSF ID: 21482) E. Coli (3014) I routine (RT) per quarter Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status WELL (2) 7/1/19 - 9/30/19 Complete 10/1/19 - 12/31/19 Complete 10/1/19 - 12/31/19 Complete 10/1/19 - 12/31/20 Complete 10/1/20 - 6/30/20						Сог	nplete	
I routine (RT) per quarter Sampling Point (Sampling Point ID) I routine (RT) per quarter WELL (2) 7/1/19 - 9/30/19 Complete 10/1/19 - 12/31/19 Complete Complete 10/1/19 - 12/31/19 Complete Complete 10/1/19 - 12/31/19 Complete Complete 11/1/20 - 3/31/20 Due Date Achieved Date RESPOND TO SANITARY SURVEY 6/5/2011 RESPOND TO SANITARY SURVEY 10/201/2013 Compliance Public Notification <t< td=""><td></td><td></td><td>1/1/21 - 12,</td><td>/31/21</td><td></td><td></td><td></td></t<>			1/1/21 - 12,	/31/21				
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status WELL (2) 7/1/19 - 9/30/19 Complete 10/1/19 - 12/31/19 Complete 10/1/19 - 12/31/19 Complete 11/120 - 3/31/20 Complete 4/1/20 - 6/30/20 - 7/1/20 - 9/30/20 - Compliance Schedule Activity Compliance Schedule Activity RESPOND TO SANITARY SURVEY 6/5/2011 RESPOND TO SANITARY SURVEY 6/5/2011 RESPOND TO SANITARY SURVEY 8/31/2016 Public Notification Period PN Certification Violation/Situation Quantification Public Notification PN Certification Violation M&R Violation 4/1/13 - 6/30/13 2 10/17/2013 10/27/2013 Total Coliform M&R Violation 7/1/13 - 9/30/13 2 2/16/2014 2/26/2014 Physical Parameters M&R Violation 4/1/13 - 6/30/13 3 9/17/2014 9/27/2014	Water System Facility: WELL (WSF ID: 21482)							
WELL (2) 7/1/19 - 9/30/19 Complete 10/1/19 - 12/31/19 Complete 11/20 - 3/31/20 Complete 4/1/20 - 6/30/20	E. Coli (3014)				1 r	outine (RT) p	oer quarter	
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 Other Compliance Schedules Compliance Schedules Compliance Schedule Activity Due Date Achieved Date RESPOND TO SANITARY SURVEY RESPOND TO SANITARY SURVEY Public Notification Requirements Violation/Situation Poscal Period Public Notification Violation M&R Violation 4/1/13 - 6/30/13 2 10/17/2013 PN Certification Total Coliform M&R Violation 7/1/13 - 9/30/13 2 2/16/2014 2/26/2014 Physical Parameters M&R Violation 4/1/13 - 6/30/13 3 9/17/2014 9/27/2014	Sampling Point (Sampling Point ID)				ollection Perio	od Complia	ance Status	
1/1/20 - 3/31/20 Complete 4/1/20 - 6/30/20 7/1/20 - 9/30/20 Other Compliance Schedules Compliance Schedules Compliance Schedule Activity Achieved Date Compliance Schedules Compliance Schedule Activity Achieved Date RESPOND TO SANITARY SURVEY 6/5/2011 RESPOND TO SANITARY SURVEY 8/31/2016 Public Notification Requirements Violation/Situation Period Notice Public Notification Violation/Situation Period Notice Public Notification Violation/Situation A(1/13 - 6/30/13 2 10/17/2013 Total Coliform M&R Violation A(1/13 - 9/30/13 2 2/16/2014 2/26/2014 Provide Schedule Activity Schedule Activity Compliance Public Notification Notice Public Notification								

	v v	<u>U</u>						
PWS ID	PWS Name			Classificat	ion Po	opulation	Owner Type	Primary Source
СТ0850064	179 MAIN STREET - MONROE			NC		25	Р	GW
Local Address (where applicable)	Service	Resider	ntial Comm	ercial	Industria	al Combine	ed Agricultural
		Connections		1	-			
Towns Served:	MONROE							

Public	Public Notification Requirements												
	Compliance Notice <u>Public Notification</u> <u>PN Certification</u>												
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received							
Total Coliform M&R Violation	1/1/15 - 3/31/15	2	8/5/2015		8/15/2015								
Total Coliform M&R Violation	4/1/15 - 6/30/15	2	10/24/2015		11/3/2015								
Physical Parameters M&R Violation	4/1/15 - 6/30/15	3	9/23/2016		10/3/2016								

	Wat	ter System Facil	ity and Sampling P	Point Ir	nvento	ry
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Stage Rule Tier Asbestos WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	А	Y	
		BP001	KIT HAND SNK FRONT	А	Y	Y
		BP002	KIT HAND SNK MIDDLE	А	Y	Y
		BP003	KIT HAND SNK BACK	А	Y	Y
		BP004	KIT SNK SINGLE	А	Y	Y
		BP005	KIT SNK TRPL SNK	А	Y	Y
		BP006	RR MENS RR	А	Y	Y
		BP007	RR LADY ROOM	А	Y	Y
		DOWNSTREAM	WITHIN 5 SERVICE CON	А		
		KSHS	KIT HAND SNK	А	Y	Y
		RR	RR GENERIC RR	А	Y	Y
		UPSTREAM	WITHIN 5 SERVICE CON	А		
00700	ENTRY POINT	3	ENTRY POINT	А		
21482	WELL	2	WELL	А		
59261	ΤΡΕΔΤΜΕΝΤ ΡΙ ΔΝΤ					

TREATMENT PLANT 59264

				Conta	act Inf	ormation				
Name				Orga	nization	1			Job Title	
Mr. Charles T. Rega	ı									
Mailing Address Lin	e One		Mailing A	Address L	Iress Line Two			City	State	Zip Code
179 Main Street							Monroe		СТ	06468
Business Phone	Extension	Fax		Mobile	Phone	Emergency Phone	Email Ad	ddress	i	
203-261-8499		203-268-2	2114							
Contact Role(s): Ad	dministrative	Contact								
Name				Orga	nization	1			Job Title	
Ms. Rega L. Sage				Dba	Out Fror	nt Farm		Co-Owner		
Mailing Address Lin	e One		Mailing A	Address L	dress Line Two			City	State	Zip Code
D/B/A Out Front Fa	rm		179 Main	n Street			Monroe CT			06468
Business Phone	Extension	Fax		Mobile	Phone	Emergency Phone	Email Ad	ddress	. I	
203-261-8499										
Contact Role(s): Le	egal Contact, C	wner				·	*			

		201 200				P-		ounoun		
PWS ID P	WS Name					Clas	sification	Population	Owner Type	Primary Source
СТ0850064 1	79 MAIN STREE	T - MONRO	E	NC			NC	25	Р	GW
Local Address (whe	ere applicable)			Service	Reside	ntial	Commerc	ial Industr	ial Combin	ed Agricultural
				Connectio	ons		1			
Towns Served: MC	NROE				I					
Name				Organization					Job Titl	e
Ms. Gena R. Newr	nan							Co-Owne	r	
Mailing Address Li	ne One		Mailing Addr	ess Line Two				City	State	Zip Code
D/B/A Out Front Fa	arm		179 Main Str	eet			Monre	be	СТ	06468
Business Phone	Extension	Fax	Mo	obile Phone	Emergend	y Pho	ne Email	Address		
Contact Role(s):	Owner									
Please note the fo	llowing:									
1. The residual disi	nfectant concent	ration must b	e measured at	the same locat	ion and time	as ead	h total coli	form 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

	Connecticut De Water Q	•	Public Healt oring and Co		0			
PWS ID	PWS Name			Classifica	tion Pop	oulation O	wner Type Pr	imary Source
СТ0850084	LAKE ZOAR DRIVE IN			NC		25	Р	GW
Local Address	s (where applicable)		Service Reside	ntial Com	mercial	Industrial	Combined	Agricultura
215 ROOSEVE			Connections		1			
Towns Served	d: MONROE							
		Monite	oring Requirem	ents				
Water Syste	m Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)					
Total Colifo	orm (3100)					1 r	outine (RT) p	oer quarter
Sampling	g Point (Sampling Point ID)		Monito	ring Period	Colle	ction Perio	od Compli	ance Status
Select fro	om Inventory of Active Sam	oling Points	7/1/19	- 9/30/19			Co	mplete
			10/1/19	- 12/31/19)			mplete
				- 3/31/20			Со	mplete
				- 6/30/20				
			7/1/20	- 9/30/20				
•	rameters (PPS)						outine (RT) p	-
	g Point (Sampling Point ID)			ring Period	Colle	ction Perio		ance Status
Select fro	om Inventory of Active Sam	oling Points		- 9/30/19				mplete
				- 12/31/19	,			mplete
				- 3/31/20 - 6/30/20			0	mplete
				- 9/30/20				
Mator Systo	m Facility: ENTRY POIN	(۱۸/SE ۱D· 00700)		- 9/30/20				
-	Nitrite (NOX)						1 routine (R	
	g Point (Sampling Point ID)		Monito	ring Period	Colle	ction Perio	-	ance Status
ENTRY P				- 12/31/19	conc			mplete
Litin				- 12/31/20				mplete
				- 12/31/21				inpiece
Water Syste	m Facility: WELL (WSF I	D: 21484)		12,01,21				
E. Coli (301	· · · ·					1 r	outine (RT) j	per quarter
-	g Point (Sampling Point ID)		Monito	ring Period	Colle	ction Perio		ance Status
WELL (2)				- 9/30/19				mplete
	,			- 12/31/19)			mplete
				- 3/31/20				mplete
			4/1/20	- 6/30/20				
			7/1/20	- 9/30/20				
		Other C	ompliance Sche	dules				
Compliance S	Schedule Activity			Due Date		Achieve	d Date	
-	SANITARY SURVEY			5/9/2008				
		r System Eacili	ity and Samplin		nvont	orv		
	vvale	- System Facili	ity and Samping	5 FOILT		-	a d	
14/0-1			Sampling Point		Total Colifori			Stage
Water System Wi	ater System Facility	Samnling Point			Conjon			Juge
System We	ater System Facility	Sampling Point ID	Description	Ctat	_c Rule	Rule Ti	er Asbestos	WQP 2 DBPI
System Wo Facility ID		ID	Description	<u>Statu</u> M A	3	Rule Ti	er Asbestos	WQP 2 DBP
System Wo Facility ID	ater System Facility STRIBUTION SYSTEM	<i>ID</i> 4	Description DISTRIBUTION SYSTEM	M A	r <mark>s Rule</mark> Y	Rule Ti	er Asbestos	WQP 2 DBPI
System Wo Facility ID		<i>ID</i> 4	Description	M A	3	Rule Ti	er Asbestos Y	WQP 2 DBPI

PWS ID	PWS Name					Cla	ssificati	on Pop	ulation	Owi	ner Type P	rimary Source
СТ0850084	4 LAKE ZOAR DRIV	/E IN					NC		25		Р	GW
Local Addr	ess (where applicable)			Service	Residen	tial	Comm	ercial	Industri	al	Combined	Agricultura
215 ROOS	EVELT DR			Connections			1					
Towns Ser	ved: MONROE							·				
		Water Syst	em Facil	lity and Sa	mpling	Po	int Ir	vento	ory			
Water								Total	Lead	and		
System	Water System Facility	San	npling Point	Sampling Po	int			Coliforn	n Cop	per		Stage
Facility ID			ID	Description			Status	Rule	Rule	Tier	Asbestos	WQP 2 DBP
			LZD003	HAND SINK F	RONT		А	Y			Y	
			LZD004	RR GENERIC	RR		А	Y			Y	
		U	PSTREAM	WITHIN 5 SE	RVICE CO	N	А					
00700	ENTRY POINT		3	ENTRY POIN	Г		А					
21484	WELL		2	WELL			А					
61122	TREATMENT PLANT											
			Cor	ntact Infor	mation)						
Name			C)rganization							Job Title	
Mr. Rober	t P. Defeo		L	ake Zoar Drive	-In			N	anager			
Mailing Ad	dress Line One	Ma	iling Addres	ss Line Two					City		State	Zip Code
PO Box 76							Ste	venson			СТ	06491
Business	Phone Extension	Fax	Mob	ile Phone E	mergency	/ Pho	one Em	ail Addr	ess			
							Zoa	arbeach	@gmail.	com		
Contact Ro	ole(s): Administrative	Contact, Legal C	ontact, Ow	ner								
Please not	e the following:											
1. The res	idual disinfectant concen	tration must be m	easured at th	e same location	and time a	as ead	ch total	coliform	sample.			
2. If a Coll	ection Period is specified	, all water quality s	samples mus	t be collected du	iring the sp	ecifie	ed perio	d.				
	ling on results, additional								-			
corresp	ondence sent by the DW			<u>te of this schedu</u> contact the Dr							d in this sche	dule.

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

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

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWS Name** Classification Population Owner Type Primary Source PWS ID Р CT0850094 MONROE AMOCO (G & M AUTO) NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 172, 176, 178 MAIN STREET 1 Towns Served: MONROE **Monitoring Requirements** Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per month **Compliance Status** Sampling Point (Sampling Point ID) **Monitoring Period Collection Period** 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 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 1 routine (RT) per month **Physical Parameters (PPS)** Sampling Point (Sampling Point ID) **Collection Period Compliance Status** Monitoring Period 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 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 Sampling Point (Sampling Point ID) **Monitoring Period Collection Period Compliance Status** ENTRY POINT (3) 1/1/20 - 12/31/20 Complete 1/1/21 - 12/31/21 Water System Facility: WELL (WSF ID: 21485) E. Coli (3014) 1 routine (RT) per month **Compliance Status** Sampling Point (Sampling Point ID) **Monitoring Period Collection Period** 10/1/19 - 10/31/19 WELL (2) 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

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations. Schedule Generation Date: 3/10/2020

9/1/20 - 9/30/20

	C	Connectic	ut Depa	rtment of	Public	: Health	n Dri	inking	Wat	er Se	ection	
		Wa	ter Qua	lity Monit	oring a	ind Con	npli	ance S	Sched	lule		
PWS ID	P	WS Name					Class	ification	Populat	ion Ow	ner Type	Primary Source
СТ085009	94 №	IONROE AMOO	CO (G & M A	UTO)				NC	25		Р	GW
Local Add	lress (wh	ere applicable)			Service	Resider	ntial C	Commercia	al Indu	strial	Combine	d Agricultural
172, 176,	178 MAI	N STREET			Connectio	ons		1				
Towns Se	rved: MC	ONROE										
				Other C	omplian	ce Scheo	dules	5				
Complian	ce Schea	lule Activity					Due D	ate	Ad	chieved	l Date	
L1 ASSESS	SMENT (N	MULTIPLE TC+)				1	.0/12/2	2018				
CROSS CC	DNNECTI	ON SURVEY REP	PORT				3/1/2	020				
			Water Sy	ystem Facili	ity and S	Sampling	; Poi	nt Inve	ntory			
Water System	Water	System Facility		Sampling Point	Samplina	Point				ead and Copper	1	Stage
Facility IL		,,	·	ID	Descriptio		S	-			r Asbesto	s WQP 2 DBPR
00600		BUTION SYSTEM	1	4	DISTRIBUT	ION SYSTEM			Y			-
				DOWNSTREAM	WITHIN 5	SERVICE CO	N	А				
				MA001	HAND SIN	к		А	Y		Y	
				MA002	TRIPLE SIN	IK		A	Y		Y	
				MA003	SLOP SINK			А	Y		Y	
				MA004	RR GENER	IC RR		A	Y		Y	
				UPSTREAM	WITHIN 5	SERVICE CO	N	А				
00700	ENTRY	POINT		3	ENTRY PO	INT		А				
21485	WELL			2	WELL			А				
				Con	tact Info	ormatior	ו					
Name				01	rganization						Job Title	
Mr. Soub	hi Toma			М	onroe High	mart LLC			Owne	r		
Mailing A	ddress Li	ne One		Mailing Address	s Line Two				City		State	Zip Code
172 Main	St							Monroe	е		СТ	06468
Busines	s Phone	Extension	Fax	Mobi	le Phone	Emergency	y Phon	e Email A	ddress			
203-11	.5-2916		203-445-2	2916		203-500-	-9299	mobilhi	ighmart:	172@0	utlook.com	า
Contact R	lole(s):	Administrative	Contact, Leg	al Contact, Owr	ner							
Please no	ote the fo	llowing:										
				e measured at the					orm samp	ole.		
2. If a Co	llection P	eriod is specified,	, all water qua	lity samples must	be collected	during the sp	pecified	l 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

Co	nnecticut Departr Water Quality					0			n	
PWS ID PWS	Name	^v MOII	itoring and		Classification					imary Sourc
	SCENT VILLAGE				NC		25	P	JE FI	GW
Local Address (where			Service	Resident	-		ndustria		ined	Agricultura
115 MAIN STREET			Connections		1					
Towns Served: MON	ROE									
		Mon	itoring Requ	iiremei	nts					
Water System Facil	ity: DISTRIBUTION SYSTE									
Total Coliform (31		•					1	routine (RT) į	per quartei
Sampling Point	(Sampling Point ID)			Monitorir	ng Period	Collec	tion Per	iod Co	mpli	ance Status
Select from Inve	ntory of Active Sampling Poir	its	_	7/1/19 -	9/30/19				Со	mplete
				10/1/19 -	12/31/19				Со	mplete
				1/1/20 -	3/31/20				Со	mplete
				4/1/20 -						
				7/1/20 -	9/30/20					
Physical Paramete						~ "				per quarter
	(Sampling Point ID)			Monitori	-	Collec	tion Per	iod Co		ance Status
Select from inve	ntory of Active Sampling Poir	its		7/1/19 -						mplete
				10/1/19 - 1/1/20 -						mplete mplete
				4/1/20 -					CU	inpiete
				7/1/20 -						
Water System Facil	ity: ENTRY POINT (WSF I	D: 0070	0)	.,_,	.,,					
Nitrate And Nitrite Sampling Point ENTRY POINT (3	(Sampling Point ID)			Monitorir 1/1/19 - 1 1/1/20 - 1	.2/31/19 .2/31/20	Collec	tion Per		mpli Co	T) per year ance Status mplete mplete
				1/1/21 - 1						
	Pu	blic N	otification R	equire	ments					
			Compliance	Notice	<u>Public</u>					<u>ification</u>
Violation/Situation		10	Period	Tier	Require		erformed			Received
Total Coliform MCL V Total Coliform MCL V			/1/15 - 12/31/15 /1/15 - 12/31/15		1/10/201 1/14/201			1/20/2 1/24/2		
								1/24/2	010	
	Water Syste	em Fac	and Sar	npling			•			
Water System Water Sys	tem Facility Sam	nlina Poi	nt Sampling Poi	nt		Total oliform	Lead o Copp			Stage
Facility ID	Sum Sum	ID	Description		Status	Rule			stos	WQP 2 DBP
	ION SYSTEM	4	DISTRIBUTION	N SYSTEM	A	Y				•
		CV001	UNIT 1 A FIRS		А	Y		Y		
		CV002	UNIT 1 B FIRS		А	Y		Y		
		CV003	UNIT 2 FIRST	FLOOR	А	Y		Y		
		CV004	UNIT 5 FIRST	FLOOR	А	Y		Y		
		CV005	UNIT 7 A FIRS	T FLOOR	А	Y		Y		
		CV006	UNIT 8 FITST		А	Y		Y		
		CV007	UNIT 9 FIRST		А	Y		Y		
		CV008	UNIT 3 SECON	ID FLOOR	А	Y		Y		
		CV009 CV010	UNIT 4A SECC UNIT 4 SECON		R A A	Y Y		Y Y		

			0		1			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
СТ0850104	CRESCENT VILLAGE				NC	25	Р	GW
Local Address (v	where applicable)		Service	Residen	tial Commerci	ial Industri	al Combine	ed Agricultural
115 MAIN STRE	ET		Connections		1			
Towns Served:	MONROE		· · · ·		·	·		

Water				Total	Lead and
System Water System Facility	Sampling Point	Sampling Point		Coliform	Copper Stage
Facility ID	ID	Description	Status	Rule	Rule Tier Asbestos WQP 2 DBPR
	CV011	UNIT 6 SECOND FLOOR	А	Y	Y
	CV012	UNIT 7B SECOND FLOOR	А	Y	Y
	CV013	UNIT 10 SECOND FLOOR	А	Y	Y
	CV014	UNIT 11 SECOND FLOOR	А	Y	Y
	CV015	UNIT 12 SECOND FLOOR	А	Y	Y
	DOWNSTREAM	WITHIN 5 SERVICE CON	А		
	UPSTREAM	WITHIN 5 SERVICE CON	А		
00700 ENTRY POINT	3	ENTRY POINT	А		
21486 WELL	2	WELL	А		

Contact Information

Name				Organization	l			Job Title	
Mr. John Kalas				Tide Water G	Group		Property Ov	wner	
Mailing Address Lin	e One		Mailing Add	dress Line Two			City	State	Zip Code
115 Main Street						Monroe		СТ	06468
Business Phone	Extension	Fax	N	1obile Phone	Emergency Phone	Email Ad	dress		
203-459-2500		203-459-9	9778		203-459-2500				
Contact Role(s): A	dministrative	Contact. Leg	al 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.

Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related 3. 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

	Connecticut Departmen Water Quality M				0			1	
		onitoring an		^				Dut	
PWS ID	PWS Name			Classificatio	on Po	-		Pri	mary Source
CT0850154		Comico	Desident	NC		25	P		GW
	where applicable)	Service Connections	Resident		ercial	Industrial	Combin	ea	Agricultural
150 MAIN STRE		connections		1					
Towns Served:			•	_					
Water System		onitoring Requ WSF ID: 00600)	uremer	nts	-	_	_	-	_
Total Colifor	m (3100)					1	routine (R	T) p	er quarter
	Point (Sampling Point ID)		Monitorin	g Period	Coll	ection Peri	-		nce Status
	m Inventory of Active Sampling Points		7/1/19 - 9	-				-	nplete
			10/1/19 - 1		_				nplete
			1/1/20 - 3						•
			4/1/20 - 0						
			7/1/20 - 9						
Physical Para	ameters (PPS)					1	routine (R	т) р	er quarter
Sampling	Point (Sampling Point ID)		Monitorin	ng Period	Coll	ection Peri	od Con	nplia	nce Status
Select from	m Inventory of Active Sampling Points		7/1/19 - 9	9/30/19				Con	nplete
			10/1/19 - 1	12/31/19				Con	nplete
			1/1/20 - 3	3/31/20					
			4/1/20 -	6/30/20					
			7/1/20 - 9	9/30/20					
Water System	n Facility: ENTRY POINT (WSF ID: 0	0700)							
Nitrate (104	0)					1	routine (R	Т) р	er quarter
Sampling	Point (Sampling Point ID)		Monitorin	g Period	Coll	ection Peri	od Con	nplia	nce Status
ENTRY PO	INT (3)		7/1/19 - 9	9/30/19				Con	nplete
			10/1/19 - 1	12/31/19				Con	nplete
			1/1/20 - 3	3/31/20					
			4/1/20 -	6/30/20					
			7/1/20 - 9	9/30/20					
Nitrite (1041	L)						1 routine	e (R1) per year
Sampling	Point (Sampling Point ID)		Monitorin	g Period	Coll	ection Peri	od Con	nplia	nce Status
ENTRY PO	INT (3)		1/1/19 - 1	.2/31/19				Con	nplete
			1/1/20 - 1	2/31/20					
			1/1/21 - 1	2/31/21					
Water System	Facility: WELL (WSF ID: 21491)								
E. Coli (3014)					1	routine (R	т) р	er quarter
Sampling	Point (Sampling Point ID)		Monitorin	g Period	Coll	ection Peri			nce Status
WELL (2)			7/1/19 - 9	9/30/19				Con	nplete
			10/1/19 - 1	12/31/19				Con	nplete
			1/1/20 - 3	3/31/20					
			4/1/20 -	6/30/20					
			7/1/20 - 9						
	Oth	er Compliance	Sched	ules					
Compliance Scl		er Compliance		ules Due Date		Achiev	ed Date		

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWSID PWS** Name Classification Population Owner Type Primary Source Р CT0850154 AMERICAN PIE NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections **150 MAIN STREET** 1 Towns Served: MONROE **Public Notification Requirements** Compliance Notice **Public Notification PN Certification** Violation/Situation Period Tier Reauired Performed Due to DPH Received Nitrate M&R Violation 1/1/13 - 3/31/13 2 8/2/2013 8/12/2013 Water System Facility and Sampling Point Inventory Lead and Water Total Water System Facility Sampling Point Sampling Point System Coliform Copper Staae Facility ID ID Description Rule Tier Asbestos WQP 2 DBPR Rule Status 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM Δ v AP001 SINGLE SINK А Υ Y AP002 HAND SINK Δ γ γ DOWNSTREAM WITHIN 5 SERVICE CON Δ UPSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT А 21491 WELL 2 WELL Α 55125 **UV TREATMENT** 55127 PRESSURE STORAGE TANKS **Contact Information** Job Title Name Organization Mr. Stephen Chuckta, Sr. Mailing Address Line Two Mailing Address Line One State Zip Code Citv 88 Coram Road СТ 06484 Shelton **Business Phone Extension** Fax **Mobile Phone** Emergency Phone Email Address 203-261-0415 Contact Role(s): Administrative Contact, Legal Contact, Owner Please note the following: The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 1. 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

Co	onnecticut D Water (•						-	-		ction	
PWS ID PV	VS Name	Quui		ome	or mg u							Primary Sou
	IE SMITHY RESTAUR						N			25	P	GW
		ANT			Service	Deciden					-	
Local Address (whe 171 MAIN STREET	re applicable)				Connectio	Residen		mmerci	di li	ndustrial	Combine	d Agricultu
Towns Served: MOI					connectio	115		1				
Towns served. MOI	INROE		N/	onite	oring Po	quireme	ntc					
Water System Fac	cility: DISTRIBUTI					quireine	iits					
Total Coliform (3	•			VVJFI	D. 00000)					1 rou	tine (RT)	per quart
-	nt (Sampling Point IL	ור				Monitori	na Perio	nd C	allect	ion Period		liance Statu
	ventory of Active Sar		Points			7/1/19 -	-		Unect	ion r erioù		omplete
Select Irolli lin	ventory of Active Sal	npiing	1 01113			10/1/19 -						omplete
						1/1/20 -						omplete
						4/1/20 -					Ľ	ompiete
						7/1/20 -						
						//1/20-	9/30/20	0		4		
Physical Paramet	ters (PPS) ht (Sampling Point IL					Monitori	na Poris	nd C	ollect	1 rou ion Period	• •) per quarto <i>liance Statu</i>
	ventory of Active Sar	-	Points			7/1/19 -	-		Unect	ion Periou		omplete
Select II OIII III	ventory of Active Sal	npiing	FUIILS			10/1/19 -						omplete
						1/1/20 -						omplete
						4/1/20 -					Ľ	ompiete
Matar System Fac		NT /\A		0700)		7/1/20 -	9/50/20	0				
	cility: ENTRY POI	NI (V V	5F ID: 0	0700)							/	
Nitrate And Nitri									- 11 4		-	RT) per yea
	nt (Sampling Point IL	り				Monitori	-		ollect	ion Period		liance Statu
ENTRY POINT ((3)					1/1/19 -						omplete
						1/1/20 -					C	omplete
	14/	C		F = - 11		1/1/21 -						
	Wat	er Sy	stem	Facili	ity and S	ampling	Point	t Inve	nto	ry		
Water System Water S	ystem Facility	S	Samplina	Point	Sampling	Point			otal iform	Lead and Copper		Sta
Facility ID			. J		Descriptio		Sta		Rule		Asbesto	S WQP 2 DE
00600 DISTRIBU	JTION SYSTEM		4		DISTRIBUT	ION SYSTEM			Y			
		[DOWNST	REAM	WITHIN 5	SERVICE CON	N A	4				
			UPSTRI	AM	WITHIN 5	SERVICE CON	N A	4				
00700 ENTRY P	OINT		3		ENTRY POI	NT	А	٩				
21495 WELL			2		WELL		A	4				
59138 TREATM	ENT PLANT											
				Con	tact Info	ormation						
Name				0	rganization						Job Title	
Mr. Steve Scinto					e Smithy R	estaurant			Ow	ner		
Mailing Address Lin	e One		Mailing A		s Line Two				Ci	ty	State	Zip Code
171 Main Street								Monro			СТ	06468
Business Phone	Extension	Fax		Mobi	le Phone	Emergency	Phone	Email /	Addre	SS		
203-268-4267						/						
	dministrative Conta	ct	I			1		1				
	has been provided to he ned herein will not reliev	-		-	-	-					-	ing requiremer

Schedule Generation Date: 3/10/2020

		- · · · ·	-)	- O			1-			-		
PWS ID F	WS Name						Clas	sification	Population	Owner	Туре	Primary Source
CT0850204 1	HE SMITHY REST	AURANT						NC	25	Р		GW
Local Address (wh	ere applicable)			Service	Res	siden	tial	Commerc	ial Industri	ial Co	mbine	ed Agricultural
171 MAIN STREET				Connecti	ions			1				
Towns Served: M	ONROE			÷	·		·		·			
Name				Organizatio	n					Jo	b Title	ē
Mr. Frank J. Pellig	ra			171 Main St	:				Trustees			
Mailing Address L	ine One		Mailing Addr	ess Line Two)				City	c.	State	Zip Code
171 Main Street								Monro	be		СТ	06468
Business Phone	Extension	Fax	Mo	bile Phone	Emerg	gency	Pho	ne Email	Address			
Contact Role(s):	Legal Contact, Ov	vner										
Please note the f	ollowing:											
1 The residual dis	infectant concentra	ation must h	e measured at	the same loca	tion and t	time a		h total colif	form sample			

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

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

	Connecticut D	-						<u> </u>			ection	
		Juality Mo	onit	oring an	d Com							
PWS ID	PWS Name					Clas		on Po		Ov		rimary Source
СТ0850174	MONROE FOOD MART						NC		25		P	GW
	s (where applicable)			Service	Resident	tial	Comme	ercial	Industr	ial	Combined	Agricultura
145 MAIN STR				Connections			1					
Towns Served	d: MONROE							_				
		Mo	onite	oring Requ	ireme	nts						
Water Syste	m Facility: DISTRIBUTIO	ON SYSTEM (V	VSF I	D: 00600)								
Total Colifo	orm (3100)								:	1 ro	utine (RT)	per quarter
Sampling	g Point (Sampling Point ID)			Monitori	ng P	eriod	Coll	ection Pe	riod	d Compli	ance Status
Select fro	om Inventory of Active San	npling Points			7/1/19 -		-	_				mplete
				:	10/1/19 -						Co	mplete
					1/1/20 -						Со	mplete
					4/1/20 -							
					7/1/20 -	9/3	0/20					
•	rameters (PPS)											per quarter
	g Point (Sampling Point ID				Monitori	-		Coll	ection Pe	eriod		ance Status
Select fro	om Inventory of Active San	npling Points			7/1/19 -							mplete
					10/1/19 -							mplete
					1/1/20 -						Co	mplete
					4/1/20 -		-					
			>		7/1/20 -	9/3	0/20					
	m Facility: ENTRY POIN	IT (WSF ID: 00	700)									
	Nitrite (NOX)										-	T) per year
	g Point (Sampling Point ID)			Monitori	-		Coll	ection Pe	eriod		ance Status
ENTRY P	OINT (3)				1/1/19 - 1							mplete
					1/1/20 - 1						Со	mplete
					1/1/21 - 1							
		Public	Not	ification R	equire	me	ents					
			С	ompliance	Notice		Publi	c Noti	fication		PN Cert	ification
Violation/Situ	uation			Period	Tier		Requir	ed	Performe	ed	Due to DPH	Received
Total Coliform	n MCL Violation		7/1,	/14 - 9/30/14	2		9/18/20)14			9/28/2014	
	Wate	er System F	acili	ity and Sar	npling	Ро	int In	ven	tory			
Water								Tota	ıl Lead	and	d	
	ater System Facility		Point	Sampling Poi	nt			Colifo		-		Stage
Facility ID		ID		Description			Status	Rul	e Rule	Tie	r Asbestos	WQP 2 DBP
00600 DIS	STRIBUTION SYSTEM	4		DISTRIBUTION			А	Y				
				WITHIN 5 SER		1	A					
		MFM00		KIT SNK TRPL			A	Y			Y	
		MFM00		KIT HAND SNI		_	A	Y			Y	
		MFM00		KIT HAND SN		ł	A	Y			Y	
		MFM00		RR GENERIC R	к		A	Y			Y	
		MFM00		MOP SINK	(A	Y				
		MFM00		KIT HAND SNI			A	Y				
00700		UPSTRE	AM	WITHIN 5 SER	VICE CON	J	A					
		3		ENTRY POINT			A					
48654 WE	ELL	2		WELL			А					

C	Connectic	ut Depa	rtment of	Public	Health	Drin	nking	Wat	ter Se	ection	
	Wat	ter Qual	lity Monit	oring a	nd Con	nplia	nce S	che	dule		
PWS ID P	WS Name	<u> </u>								ner Type Pi	rimary Source
СТ0850174 М	IONROE FOOD	MART				N	IC	25		Р	GW
Local Address (wh	ere applicable)			Service	Residen	tial Co	mmercial	Ind	ustrial	Combined	Agricultural
145 MAIN STREET				Connection	ns		1				
Towns Served: MC	ONROE								·		
		Water Sy	/stem Facili	ity and S	ampling	Poin	t Inven	ntory	1		
Water							Tot	al L	ead and		
	System Facility	2	Sampling Point				Colife		Copper		Stage
Facility ID			ID	Description	ו	Sta	itus Ru	le I	Rule Tier	Asbestos	WQP 2 DBPR
55077 BLADD	ER TANK										
			Con	tact Info	rmation	1					
Name			Or	rganization						Job Title	
Mr. Sal Jamal			Ch	nestnut Petr	olium Distri	butor		Prope	erty Own	er	
Mailing Address Li	ne One		Mailing Address	s Line Two				City		State	Zip Code
536 Main Street							New Pal	tz		NY	12561
Business Phone	Extension	Fax	Mobil	le Phone	Emergency	/ Phone	Email Ac	dress			
845-256-0162		845-255-2	2305				chestnu	tpetro	leum@h	vc.rr.com	
Contact Role(s):	Administrative	Contact						_			
Name			Or	rganization						Job Title	
Mr. Jay D Keillor			Po	ond View LLO	2		1	Mana	ager		
Mailing Address Li	ne One		Mailing Address	s Line Two				City	,	State	Zip Code
82 Hannah Lane							Monroe			СТ	06468
Business Phone	Extension	Fax	Mobil	le Phone	Emergency	/ Phone	Email Ac	dress			
Contact Role(s):	egal Contact, C	Dwner									
Name			Or	rganization						Job Title	
Pond View LLC											
Mailing Address Li	ne One		Mailing Address					City	,	State	Zip Code
P.O. Box 762			755 Main St Bld	_			Monroe			СТ	06468
Business Phone	Extension	Fax	Mobil	le Phone	Emergency	/ Phone	Email Ac	dress			
	_										
Contact Role(s):											
Please note the fo	0			1	1.11	1					
			e measured at the					rm sam	ipie.		
			lity samples must ay be required (i.e					adula ia	subject t	a change an	d any related
			ne generation date								

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

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

	Connecticut D	A				0				
	Water Q	Juality Monit	oring and	Comp	lianc	e Sch	edule)		
PWS ID	PWS Name			Cla	assificati	on Popu	lation (wner Type	Primary	y Source
СТ0859054	4 DUNKIN DONUTS				NC	2	25	Р	G	W
Local Addr	ess (where applicable)		Service F	Residential	Comm	ercial Ir	ndustrial	Combin	ed Agri	icultural
135 MAIN	STREET		Connections		1					
Towns Ser	ved: MONROE		1							
		Monito	oring Requi	rement	s					
Water Sys	stem Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)							
Total Col	liform (3100)						1 ו	routine (R	Г) per q	uarter
Samp	oling Point (Sampling Point ID)	M	onitoring	Period	Collect	ion Peri	od Com	pliance :	Status
Select	t from Inventory of Active Sam	npling Points	7	/1/19 - 9/3	30/19				Complet	te
			10	/1/19 - 12,	/31/19				Complet	te
			1	/1/20 - 3/3	31/20				Complet	te
				/1/20 - 6/3						
				/1/20 - 9/3						
Physical	Parameters (PPS)				-		1	outine (R	T) per a	uarter
-	oling Point (Sampling Point ID)	м	onitoring	Period	Collect	ion Peri	-	pliance :	
	t from Inventory of Active Sam	•		/1/19 - 9/3					Complet	
				/1/19 - 12					Complet	
				/1/20 - 3/3					Complet	
				/1/20 - 6/3						
				/1/20 - 9/3						
Water Sv	stem Facility: ENTRY POIN	IT (W/SE ID: 00700)		, _, _ 0 _ , 0	50,20					
	And Nitrite (NOX)							1 routine	(PT) pc	rvoar
	bling Point (Sampling Point ID)	•	onitoring	Period	Collect	ion Peri		pliance :	-
	Y POINT (3)	/		/1/19 - 12/		conect	ion r en		Complet	
LININ				/1/20 - 12/					Complet	
				/1/21 - 12/					complet	le
	Wat	er System Facili	-	· ·	•	vento	rv			
Water	vul	ci Systemi i dem	ity and Sam			Total	Lead a	nd		
System	Water System Facility	Samplina Point	Sampling Point			Coliform				Stage
Facility ID		ID	Description		Status	Rule		ier Asbesto	os WQP	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		A	Y				
		DD001	TRIPLE SINK		А	Y		Y		
		DD002	RR MENS RR		A	Ŷ		Ŷ		
		DD002	RR LADY ROOM		A	Ŷ		Ŷ		
		DD004	HAND SINK #1		A	Ŷ		Ý		
		DD004	HAND SINK #2		A	Ŷ		Y		
		DD005	HAND SINK #2		A	Ŷ		Y		
		DD000	HAND SINK #3		A	Ŷ		Y		
			WITHIN 5 SERV			I		I		
		UPSTREAM	WITHIN 5 SERVI		A					
00700					A					
	ENTRY POINT	3	ENTRY POINT		A					
10061	WELL	2	WELL		A					
	TREATMENT PLANT									

	vva	ter quu	mey mon			прп		Juncuu		
PWS ID	PWS Name					Clas	sification	Population	Owner Type	Primary Source
СТ0859054	DUNKIN DONUT	S					NC	25	Р	GW
Local Address (w	here applicable)			Service	Resider	ntial	Commerci	ial Industr	ial Combin	ed Agricultural
135 MAIN STREE	Т			Connectio	ns		1			
Towns Served: N	IONROE				I				1	· · ·
			Co	ontact Info	ormatio	n				
Name				Organization					Job Tit	le
Mr. Jay Keillor				Pondview, LL	С					
Mailing Address	Line One		Mailing Addr	ess Line Two				City	State	Zip Code
82 Hannah Lane							Monro)e	СТ	06468
Business Phon	e Extension	Fax	Mo	bile Phone	Emergenc	y Pho	ne Email /	Address		-
203-452-7448					203-268	-7943				
Contact Role(s):	Administrative	Contact, Le	gal Contact, O	wner						
Please note the	following:									
1. The residual d	isinfectant concen	tration must	be measured at	the same locati	on and time	as eac	h total colif	form sample.		

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

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

	Conne	ecticut De	partment of	Public H	ealth	Driv	nkino	σW	ater	Se	ction	
	Conn		ality Monit								CHOIT	
PWS ID	PWS Nan			or mg and				1			er Type P	rimary Sour
CT0859053						N		-	25	Own	P	GW
	ess (where app			Service	Resident				dustria	al	Combined	-
	VELT AVENUE	ileasiej		Connections	nesiden		1		laastin		combined	Agricultu
	ed: MONROE						-					
			Monito	oring Requ	ireme	nts						
Water Sys	tem Facility:	DISTRIBUTION	I SYSTEM (WSF II				_			_	_	
Total Coli	form (3100)								1	rou	tine (RT)	per quarte
	• •	pling Point ID)			Monitori	ng Peri	od (Collect	ion Pe			ance Statu
Select	from Inventor	y of Active Sampl	ing Points		7/1/19 -	9/30/1	.9				Co	mplete
					10/1/19 -	12/31/	/19				Co	mplete
					1/1/20 -	3/31/2	20					
					4/1/20 -	6/30/2	20					
					7/1/20 -	9/30/2	20					
-	Parameters (-										per quarte
		pling Point ID)			Monitori	-		Collect	ion Pe	riod		ance Statu
Select	from Inventor	y of Active Sampl	ing Points		7/1/19 -							mplete
					10/1/19 -						Сс	mplete
					1/1/20 -							
					4/1/20 -							
Motor Cur	tom Facility		(WSF ID: 00700)		7/1/20 -	9/30/2	20					
	nd Nitrite (N		(WSF ID: 00700)							1.	outino /r	
	-	on) Ipling Point ID)			Monitori	na Peri	ind (Collect	ion Pe		-	RT) per yea <i>ance Statu</i>
-	' POINT (3)	<i>pmg</i> : cm : 2)			1/1/19 - 1	-						mplete
	(0)				1/1/20 - 1							
					1/1/21 - 1							
			Other Co	ompliance								
Compliance	e Schedule Acti	ivity		-		Due Da	te		Achie	ved L	Date	
CROSS CON	INECTION SURV	VEY REPORT			Э	3/1/201	17					
CROSS CON	INECTION SUR	VEY REPORT			Э	3/1/201	18					
CROSS CON	INECTION SUR	VEY REPORT				3/1/201	19					
CROSS CON	INECTION SUR	VEY REPORT			Э	3/1/202	20					
		Water	System Facili	ity and Sar	npling	Poin	t Inve	ento	r y			
Water							-	otal	Lead			
	Water System	Facility	Sampling Point		nt			liform	Сорр		Actor	Stag
Facility ID			ID	Description			itus	Rule	Kule	iier	ASDESTOS	WQP 2 DB
00600	DISTRIBUTION	SYSTEIVI					А ^	Y				
			DOWNSTREAM UPSTREAM	WITHIN 5 SER			А ^					
00700							۹ ۸					
	ENTRY POINT		3	ENTRY POINT WELL 1			A					
	WELL 1 WELL 2		2	WELL 1 WELL 2			۹ ۸					
	ATMOSPHERIC	STOPACE	۷	VVELL Z		ŀ	Ą					
52080	PRESSURE STO	NAGE										

	vvu	ici Quu	mey mon	norms u		<u> iipi</u>	unce	Juncuu			
PWS ID	PWS Name					Class	sification	Population	Owner Type	Primary Source	
СТ0859053	THE WATERVIEV	V					NC	25	Р	GW	
Local Address (w	here applicable)			Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural	
215 ROOSEVELT	AVENUE			Connection	S		1				
Towns Served: N	IONROE										
			Со	ontact Info	rmatio	n					
Name				Organization Job Title					e		
Mr. Simon T. Cu	rtis			Cfo							
Mailing Address	Line One		Mailing Addro	ig Address Line Two			City		State	Zip Code	
506 Candlewood	l Lake Rd						Brookf	ïeld	СТ	06804	
Business Phon	e Extension	Fax	Mo	bile Phone	Emergenc	y Phoi	ne Email /	Address			
203-775-4442 203-775-4623					203-770	-3762	sc@we	estnav.com			
Contact Role(s): Administrative Contact, Legal Contact,				wner							
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

	Connecticut Depa				<u> </u>			
	•	ity Monitoring an	d Con					
PWS ID	PWS Name			Clas			Owner Type Pr	
CT0859064	ROUTE 34 PLAZA - MONROE				NC	49	P	GW
	(where applicable)	Service Connections	Residen	tial	Commercia	al Industria	Combined	Agricultura
230 ROOSEVEI		Connections			6			
Towns Served:	: MUNRUE		•					
Mater Custor		Monitoring Requ	uireme	nts				
Total Colifor	m Facility: DISTRIBUTION SY					1	routine (RT)	er quarter
	Point (Sampling Point ID)		Monitori	ina P	eriod Ca	ollection Peri		ance Status
	om Inventory of Active Sampling	Points	7/1/19 -	-				mplete
			10/1/19 -					mplete
			1/1/20 -					I
			4/1/20 -					
			7/1/20 -					
Physical Par	ameters (PPS)				-	1	routine (RT) ı	per quarter
-	Point (Sampling Point ID)		Monitori	ing P	eriod Ca	ollection Peri		ance Status
Select fro	om Inventory of Active Sampling	Points	7/1/19 -	9/30)/19		Со	mplete
			10/1/19 -	12/3	31/19		Со	mplete
			1/1/20 -	3/31	L/20			
			4/1/20 -	6/30)/20			
			7/1/20 -	9/30)/20			
Nater Syster	m Facility: ENTRY POINT (W	/SF ID: 00700)						
Nitrate And	Nitrite (NOX)						1 routine (R	T) per year
Sampling	Point (Sampling Point ID)		Monitori			ollection Peri	od Compli	ance Status
ENTRY PC	DINT (3)		1/1/19 -	12/3	1/19		Со	mplete
			1/1/20 -				Со	mplete
			1/1/21 -	12/3	1/21			
Water Syster	m Facility: WELL #1 (WSF ID	: 54538)						
E. Coli (3014	4)					1	routine (RT) រ	per quartei
	Point (Sampling Point ID)		Monitori			ollection Peri	od Compli	ance Status
WELL #1	(2)		7/1/19 -		-			mplete
			10/1/19 -		-			mplete
			1/1/20 -				Со	mplete
			4/1/20 -					
			7/1/20 -					
		Public Notification F	-	-				
Violation/Situ	untion	Compliance Period	Notice Tier			<u>otification</u>		i <u>fication</u>
	MCL Violation	10/1/14 - 12/31/14			Required	Performed	Due to DPH 12/10/2014	Received
	MCL Violation	12/1/14 - 12/31/14	-		3/1/2015		3/11/2015	
	MCL Violation	1/1/15 - 1/31/15	2		3/7/2015		3/17/2015	
	MCL Violation	2/1/15 - 2/28/15	2		4/9/2015		4/19/2015	
	MCL Violation	3/1/15 - 3/31/15	2		6/3/2015		6/13/2015	
		vstem Facility and Sa				ntorv	1, 20, 2020	
Water			10			tal Leada	nd	
	iter System Facility S	Sampling Point Sampling Po	int			form Copp		Stage
Facility ID	-	ID Description			-			WQP 2 DBP

Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations. Schedule Generation Date: 3/10/2020

PWS ID	PW	/S Name				Classifi	cation P	opulation Ov	vner Type F	rimary Sourc
СТ0859064	RO	UTE 34 PLAZA - MONROE				N	С	49	Р	GW
Local Addre	ess (whe	re applicable)		Service	Resident	tial Co	mmercial	Industrial	Combined	Agricultura
230 ROOSE	VELT DR	IVE		Connection	S		6			
Towns Serv	ed: MON	NROE				·		·		·
00600	DISTRIBL	JTION SYSTEM	4	DISTRIBUTIO	DN	A	4			
			DOWNSTREAM	WITHIN 5 SE	RVICE CON	I A	4			
			RT34P001	DUNKIN HS	1	A	Α Y			
			RT34P002	DUNKIN HS	2	A	Α Y			
			RT34P003	DUNKIN HS	3	A	λ Y			
			RT34P004	POST OFFIC	UNISEX BR	A	λ Y			
			UPSTREAM	WITHIN 5 SERVICE		I A	4			
00700	ENTRY P	DINT	3	ENTRY POINT		A	4			
54538	WELL #1		2	WELL #1		A	4			
61178	REATM	ENT PLANT								
			Con	tact Info	rmation					
Name			01	rganization					Job Title	
Mr. Emanu	el Pinhe	iro	Fit	fth Realty, LL	С			Owner		
Mailing Add	dress Lin	e One	Mailing Address	s Line Two				City	State	Zip Code
400 Washir	igton Str	eet					Westwo	od	MA	02090
Business	Phone	Extension Fax	Mobi	le Phone	Emergency	Phone	Email Ad	ldress		
203-993	4420		781-7	18-4971						
Contact Ro	e(s): Ad	dministrative Contact, Leg	al Contact, Owr	ner			1			
Please note	the foll	owing:								
1. The resid	dual disin	fectant concentration must b	e measured at the	e same locatio	n and time as	s each to	otal colifor	m sample.		
2. If a Colle	ction Per	iod is specified, all water qua	lity samples must	be collected d	uring the spe	ecified p	eriod.			
3. Dependi		ults, additional monitoring m ent by the DWS on or after tl								

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

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

	Connecticut De	nartmon	t of Public L	laalth I	rink	ing W	ator S	action	
		•				0		ection	
		uality Mo	nitoring an						
PWS ID	PWS Name			C		-			imary Source
CT0859074	588 MONROE TNPK - DD	OH ASSOCIATES,		Desident	NC	2		P	GW
Local Address (588 MONROE 1	(where applicable)		Service Connections	Residentia	al Comm	ierciai In	dustrial	Combined 1	Agricultural
Towns Served:			connections					L	
Towns Serveu.		N/-	nitoring Dec	liromore	to				
Water System	n Facility: DISTRIBUTIO		onitoring Requ /SF ID: 00600)	inemen	15				
Total Colifor	m (3100) Point (Sampling Point ID)			Monitoring	Period	Collecti	1 rc ion Perio	outine (RT)	oer quarter ance Status
	m Inventory of Active Sam	oling Points		7/1/19 - 9		conecti	onreno		mplete
Sciectifol				10/1/19 - 1					mplete
				1/1/20 - 3					mplete
				4/1/20 - 6					•
				7/1/20 - 9					
Physical Para	ameters (PPS)						1 rc	utine (RT)	per quarter
-	Point (Sampling Point ID)			Monitoring	Period	Collecti	ion Perio		ance Status
Select from	m Inventory of Active Samp	oling Points		7/1/19 - 9					mplete
				10/1/19 - 1					mplete
				1/1/20 - 3				Со	mplete
				4/1/20 - 6					
				7/1/20 - 9	/30/20				
-	n Facility: ENTRY POINT	(WSF ID: 00)	/00)						_)
	Nitrite (NOX)							1 routine (R	
	Point (Sampling Point ID)			Monitoring		Collecti	ion Perio		ance Status
ENTRY PO	/INT (3)			1/1/19 - 12					mplete
				1/1/20 - 12 1/1/21 - 12				0	mplete
		Othe	or Compliance						
a <i>II</i> =		Othe	er Compliance					1.2.1	
-					e Date		Achieve	a Date	
RESPOND TO S	ANITARY SURVEY	~ / !!			8/2015				
		Public	Notification R	-					
Violation (Cit.	ation		Compliance	Notice		<u>ic Notifica</u>			i <u>fication</u>
Violation/Situa	ατιοπ		<i>Period</i> 4/1/19 - 6/30/19	Tier	<i>Require</i>		formed	Due to DPH 8/22/2020	Received
E. Coli	\\/_ ·	n Curtore F		3	8/12/2			8/22/2020	
	wate	r system Fa	acility and Sai	npling P	oint ir		-		
Water System Wat	ter System Facility	Samplina P	Point Sampling Poi	nt		Total Coliform	Lead an Copper		Stage
Facility ID		ID	Description		Status	Rule			WQP 2 DBPR
00501 WEI	LL 1	2	WELL 1		A				
00600 DIST	TRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	А	Y			
		DDH00	1 NAIL SALON		А	Y		Y	
		DDH00	2 RR FRONT		А	Y		Y	
		DDH00	3 HAND SINK F	RONT	А	Y		Y	
		DDH004	4 MASSAGE RO	OM	А	Y		Y	
		DDH00			А	Y		Y	
		DDH00	6 WAX ROOM I	NO 1	А	Y		Y	

		wai	ter Qua	lity Monit	oring a	ina cor	npila	ance	5cn	eaule	2		
PWS ID	PW	'S Name					Class	ification	Рори	ulation C	wner Type	Prin	nary Source
СТ0859074	588	MONROE TN	IPK - DDH AS	SSOCIATES, LLC				NC		25	Р		GW
Local Addres	s (wher	e applicable)			Service	Reside	ntial C	ommerc	ial I	ndustrial	Combin	ed /	Agricultura
588 MONROI	E TURN	PIKE			Connectio	ns					1		
Towns Serve	d: MON	IROE											
			Water Sy	/stem Facili	ty and S	ampling	g Poir	nt Inve	ento	ry			
Water					-			7	otal	Lead a	nd		
System W	′ater Sy	stem Facility		Sampling Point	Sampling I	Point		Со	liform	Сорре	er		Stage
Facility ID				ID	Descriptio	n	St	tatus ^I	Rule	Rule T	ier Asbest	os N	QP 2 DBP
				DDH007	WAX ROOI	M NO 2		A			Y		
				DDH008	RR BACK			А	Y		Y		
				DDH009	RR 1ST FL	VIDEO PRO	D	A Y			Y		
				DDH010	RR 2ND FL	OOR		А	Y		Y		
				DOWNSTREAM	WITHIN 5	SERVICE CC	N	А					
				UPSTREAM	WITHIN 5 S	SERVICE CC	N	А					
00700 EN	NTRY PO	DINT		3	ENTRY POI	NT		А					
				Con	tact Info	ormatio	n						
Name				Or	ganization						Job Titl	e	
Mr. Harold S	teeves			Do	dh Associate	es, LLC			Ma	anager			
Mailing Addr	ess Line	e One		Mailing Address	s Line Two				C	ity	State	Z	Zip Code
50 Roosevelt	Drive							Trum	oull		СТ		06611
Business Pl	Business Phone Extension Fax				le Phone	Emergenc	y Phon	e Email	Addre	ess			
203-261-3	876												
Contact Role	(s): Ad	Iministrative (Contact, Leg	al Contact									
Please note t	the foll	owing:											
1. The residu	ual disinf	ectant concent	ration must b	e measured at the	e same locati	on and time	as each	total coli	form s	ample.			
2. If a Collect	tion Peri	od is specified,	all water qua	lity samples must	be collected	during the s	pecified	period.					
				ay be required (i.e ne generation date									

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

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

	Connecticut D Water (*	Public Health oring and Con		0		ection	
PWS ID	PWS Name	Quality Monit	or mg and Con		T			Drimory Course
CT085908				NC		25	P	Primary Source GW
	ress (where applicable)		Service Residen	-	nercial	Industrial	Combine	-
181 MAIN			Connections		1	muustiiai	Combine	u Agricultura
	ved: MONROE				1			
100113 501		Monit	oring Poquiromo	nto				
			oring Requireme	nts				
	stem Facility: DISTRIBUTI	ON SYSTEM (WSF I	D: 00600)					
	liform (3100)) per quarter
	oling Point (Sampling Point ID			ing Period	Colle	ction Period		liance Status
Selec	t from Inventory of Active Sar	npling Points		9/30/19				omplete
				12/31/19				omplete
				3/31/20			C	Complete
				6/30/20				
			7/1/20 -	9/30/20				
-	Parameters (PPS)) per quarter
	oling Point (Sampling Point ID	-		ing Period	Colle	ction Period		liance Status
Selec	t from Inventory of Active Sar	npling Points		9/30/19				omplete
				12/31/19				omplete
				3/31/20			C	Complete
				6/30/20				
				9/30/20				
	stem Facility: ENTRY POII	NT (WSF ID: 00700)						
	And Nitrite (NOX)							RT) per year
	oling Point (Sampling Point ID)		ing Period	Colle	ction Period		liance Status
ENTR	Y POINT (3)			12/31/19				Complete
				12/31/20			C	omplete
				12/31/21				
	Wat	er System Facili	ity and Sampling	Point I	nvent	ory		
Water					Total	Lead and	1	
System	Water System Facility		Sampling Point		Colifor			Stage
Facility ID		ID	Description	Status	, Rule	Rule Tie	r Asbesto	s WQP 2 DBP
00501	WELL 1	2	WELL 1	A				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	1 A	Y			
			WITHIN 5 SERVICE COI					
		UPSTREAM	WITHIN 5 SERVICE COI	N A				
		ZF001	SMOKE SHOP	A	Y		Y	
		ZF002	DENTIST OFFICE	A	Y		Y	
		ZF003	ACCOUNTANT OFFICE	A	Y		Y	
		ZF004	PHYS TH OFFICE KIT	А	Y		Y	
		ZF005	PHYS TH OFFICE RR	A	Y		Y	
00700	ENTRY POINT	3	ENTRY POINT	Α				
		Con	tact Information					
		0	rganization				Job Title	
Name			elinski Futures, LLC		Ν	lanaging Me	ember	
Name Mr. Peter	S. Zielinski	Zi	ennski i utures, LLC					
Mr. Peter	S. Zielinski Idress Line One	Zi Mailing Addres				City	State	Zip Code
Mr. Peter	ddress Line One			Tr	umbull	City		Zip Code 06611

Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations. Schedule Generation Date: 3/10/2020

					0		r				
P٧	/S ID	PWS Name					Cla	ssification	Population	Owner Type	Primary Source
СТ	0859084	181 MAIN STR	EET					NC	25	Р	GW
Lo	cal Address (v	vhere applicabl	e)		Service	Resider	ntial	Commerc	ial Industri	al Combine	ed Agricultural
18	1 MAIN STREE	ET			Connection	S		1			
То	owns Served: MONROE								·	·	
	203-260-1892					peterz	ielinski@sbc	global.net			
Со	ntact Role(s):	Administrativ	e Contact, Legal Cont	act, Owr	ner			·			
Ple	ease note the	following:									
1.	The residual o	lisinfectant conc	entration must be measu	ured at the	e same locatio	n and time	as ea	ch total colif	form sample.		
2. If a Collection Period is specified, all water quality samples must be collected duri						luring the sp	pecifi	ed period.			
3.	Depending on results, additional monitoring may be required correspondence sent by the DWS on or after the generation de									0,	'

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

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

	Connecticut De	*				0			
	Water Q	uality M	onitoring and	d Com	npl	liance S	chedule	ć	
PWS ID	PWS Name				Cla	ssification P	opulation (Owner Type Pr	imary Source
СТ0859094	MONROE LITTLE LEAGU	E BEARDSLEY	FIELDS			NC	25	L	GW
Local Address	(where applicable)		Service	Resident	tial	Commercial	Industria	Combined	Agricultural
67 CROSS HILL	ROAD		Connections			1			
Towns Served:	MONROE								
		Μ	onitoring Requ	ireme	nts	;			
Water Syster	n Facility: DISTRIBUTIO	N SYSTEM (WSF ID: 00600)						
Total Colifor	m (3100)						1	routine (RT)	per month
Sampling	Point (Sampling Point ID)			Monitori	ing P	Period Co	llection Peri	od Compli	ance Status
Select fro	m Inventory of Active Sam	oling Points		4/1/20 -	4/3	0/20			
				5/1/20 -	5/3	1/20			
				6/1/20 -					
				7/1/20 -					
				8/1/20 -		-			
				9/1/20 -	9/3	0/20			
-	ameters (PPS)							routine (RT)	•
	Point (Sampling Point ID)			Monitori			llection Peri		ance Status
Select fro	m Inventory of Active Sam	oling Points		10/1/19 -		-			of Service
				11/1/19 -				Out c	of Service
				4/1/20 -					
				5/1/20 -					
				6/1/20 -					
				7/1/20 -					
				8/1/20 -					
				9/1/20 -	9/3	0/20			
	n Facility: ENTRY POIN	T (WSF ID: 0	0700)						
	Nitrite (NOX)							1 routine (R	
Sampling	Point (Sampling Point ID)			Monitori	-		llection Peri	_	ance Status
ENTRY PC	DINT (3)			1/1/19 - 1				Co	mplete
				1/1/20 - 1					
				1/1/21 - 3		-			
		Oth	er Compliance	Sched	lule	es			
Compliance Sc	chedule Activity			L	Due	Date	Achiev	ed Date	
RESPOND TO S	SANITARY SURVEY			8	8/29,	/2018			
SEASONAL STA	ART UP COMPLETION			2	4/1/	2020			
		Public	Notification R	equire	eme	ents			
			Compliance	Notice		Public Not	<u>tification</u>	PN Cert	i <u>fication</u>
Violation/Situ			Period	Tier		Required	Performed		Received
	olor MCL Violation		4/1/13 - 6/30/13	2		9/30/2014		10/10/2014	
E. Coli			9/1/18 - 12/19/18	3		1/4/2020		1/14/2020	
	Wate	r System I	Facility and Sar	npling	Ро	oint Inven	tory		
Water						Tot	al Lead a	nd	
	ter System Facility		Point Sampling Point	nt		Colife			Stage
Facility ID		ID	Description			Status Ru	le Rule 1	ier Asbestos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION			A			
		BF00	1 CONCESSION	STAND		A Y			

		Connectic	ut Depa	irtment of	f Public	Health	D	rinking	g W	Vater	Section		
		Wat	er Qua	lity Monit	coring a	nd Con	npl	iance	Scł	nedul	e		
PWS ID		PWS Name					Clas	sification	Pop	oulation	Owner Type	Primary	/ Source
СТ085909	94	MONROE LITTLE	LEAGUE BE	ARDSLEY FIELDS	5			NC		25	L	G١	W
Local Add	ress (w	here applicable)			Service	Residen	tial	Commerc	ial	Industria	al Combin	ed Agri	icultural
67 CROSS	HILL R	DAD			Connection	ns		1					
Towns Se	rved: N	1ONROE											
			Water S	ystem Facil	ity and S	ampling	Ро	int Inve	ente	ory			
Water System Facility IL		r System Facility		Sampling Point ID	Sampling F Description			Col	otal iforr Rule			os WQP	Stage 2 DBPR
				DOWNSTREAM UPSTREAM		SERVICE COI		A A					
00700	ENTR	Y POINT		3	ENTRY POI	NT		А					
58261	WELL			2	WELL			А					
				Cor	ntact Info	rmation)						
Name				0	rganization						Job Tit	e	
Little Lea	gue Bas	eball of Monroe	, Inc										
Mailing A	ddress	Line One		Mailing Addres	s Line Two					City	State	Zip (Code
PO Box 33	39							Monro	be		СТ	064	468
Busines	s Phon	e Extension	Fax	Mob	ile Phone	Emergency	/ Pho	ne Email	Addı	ress			
Courte et D	- 1 - (-) -	0											
Contact R	ole(s):	Owner		0	rappization						Job Titl		
Name	Dricco				rganization	Doordolou					Job Tit	2	
Mr. Ryan Mailing A				Mailing Addres	ttle League I	searusiey				City	State	Zip (Code
PO Box 33		Line One			s line i wo			Monro		City	State CT		468
Busines		e Extension	Fax	Mab	ile Phone	Emergency	, Dho	Monro			CI	002	+00
Dusines	SPHON	Extension	FdX	NUD	lie Phone	Emergency	/ P110				ttleleague.o	σ	
Contact R		Administrative (Contact Leo	al Contact				runsee	me	nomoen	ttieleague.o	5	
Please no	. ,												
		isinfectant concent	ration must h	e measured at th	e same locatio	on and time a	as eac	h total colif	orm	sample			
		Period is specified,											

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

Connecticut Dep Water Ou	ality Monitoring a				0				
PWS ID PWS Name				ification				Type P	rimary Sourc
241 ROOSEVELT DRIVE				NC	25		Р		GW
ocal Address (where applicable)	Service	Resider	ntial C	Commerc	ial Ind	lustria	l Co	mbined	Agricultura
	Connectior	s						1	
owns Served: MONROE		1							
	Monitoring Rec	Juireme	ents						
Vater System Facility: DISTRIBUTION	SYSTEM (WSF ID: 00600)								
Total Coliform (3100)						1	L routi	ne (RT) per month
Sampling Point (Sampling Point ID)		Monitor	ing Pe	riod (Collectic	on Per	iod	Compl	iance Status
Select from Inventory of Active Sampli	ng Points	10/1/19	- 10/32	l/19				Cc	omplete
		11/1/19	- 11/30	0/19				Сс	omplete
		12/1/19	- 12/32	l/19				Cc	omplete
		1/1/20							omplete
		2/1/20						Сс	omplete
		3/1/20							
		4/1/20							
		5/1/20							
		6/1/20							
		7/1/20							
		8/1/20							
		9/1/20	- 9/30/	20				()	
Physical Parameters (PPS)		Monitor	ing Do	wind (Collectio				per quarte
Sampling Point (Sampling Point ID)	na Dointe	<i>Monitor</i> 7/1/19	_		Collectio	on Per	100		<i>iance Status</i> omplete
Select from Inventory of Active Sampli		//1/19	- 9/30/	19		1) per month
Physical Parameters (PPS) Sampling Point (Sampling Point ID)		Monitor	ina Do	riod (Collectio				iance Status
Select from Inventory of Active Sampli	ng Points	10/1/19	_		concerne	ni r ch	100		omplete
Sciect from inventory of Active Sumpli		11/1/19		-					omplete
		12/1/19							omplete
		1/1/20		-					omplete
		2/1/20							omplete
		3/1/20							mpiece
		4/1/20							
		5/1/20							
		6/1/20							
		7/1/20							
		8/1/20							
		9/1/20							
Vater System Facility: ENTRY POINT	(WSF ID: 00700)								
Nitrate And Nitrite (NOX)							1 rou	utine (I	RT) per yeai
Sampling Point (Sampling Point ID)		Monitor	ing Pe	riod (Collectio	on Per		-	iance Status
ENTRY POINT (3)		1/1/19 -	12/31	/19				Сс	omplete
		1/1/20 -	12/31	/20					
		1/1/21 -	12/31	/21					
Water	System Facility and Sa	ampling	g Poi	nt Inve	entory	y			
Water System Water System Facility				T	otal	Lead a	and		

		water yu	ancy monit	or mg an	u con	I PI	lance	50	ncuui	C				
PWS ID		PWS Name				Cla	ssificatio	n Po	pulation	Owr	ner Type	Prima	ry Sou	rce
СТ085910	04	241 ROOSEVELT DRIVE					NC		25		Р	(GW	
Local Add	dress (w	here applicable)		Service	Residen	tial	Commer	cial	Industri	al	Combine	d Ag	ricultu	Iral
				Connections							1			
Towns Se	erved: M	IONROE										÷		
Facility IL	D		ID	Description			Status	Rule	e Rule	Tier	Asbesto	s WQ	P 2 DI	3PR
00600	DISTR	IBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		А							
			DOWNSTREAM	WITHIN 5 SEF	RVICE CON	١	А							
			HP005	HANDSINK 1			А	Y						
			HP007	COFFEE PREP			А	Υ						
			HP009	3 BAY SINK			А	Υ						
			HP010	MENS ROOM			А	Y						
			HP012	LADIES ROOM	1		А	Y						
			HP014	HANDSKIN 2			А	Y						
			UPSTREAM	WITHIN 5 SEF		١	А							
00700	ENTRY	POINT	3	ENTRY POINT			А							
58501	WELL	2	2	WELL 2			А							
			Con	tact Inform	mation									

Name			Organization		Job Title						
Mr. Suneet Sharma	LLC	Reg Maintenance Mngr									
Mailing Address Line One Mailing Address Line							City	State	Zip Code		
35 Great Neck Rd.						Waterford			06385		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress				
774-245-3040		571-343-4	1456			ssharma	ma@petromg.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

	Connecticut Departmen Water Quality M					<u> </u>			ection			
PWS ID	PWS Name	onitoring an	u con						upor Tupo	Dri	mary Source	
CT0859114	500 PURDY HILL ROAD			Cla	NC	PU	35	0	L	PII	GW	
	(where applicable)	Service	Residen	tial	Commerc	ial	Industri	al	Combine	he	Agricultura	
Local Address		Connections	Residen		connere	Jul	maastri	ui	1	24	Agriculturu	
Towns Served:	MONROE	L										
	Μ	onitoring Requ	uireme	nts	;							
Water Systen	n Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)										
Total Colifor	m (3100)						1	l ro	utine (RT	T) p	er quarter	
Sampling	Point (Sampling Point ID)		Monitor	ing F	Period (Colle	ection Pe	riod	l Com	plia	nce Status	
Select fro	m Inventory of Active Sampling Points		7/1/19 -	- 9/3	0/19				(Con	nplete	
			10/1/19 -								nplete	
			1/1/20 - 3/31/20							Con	nplete	
			4/1/20 -		-							
			7/1/20 -	- 9/3	0/20							
-	ameters (PPS)								-		er quarter	
	Point (Sampling Point ID)		Monitor			Colle	ection Pe	riod		Compliance Status		
Select fro	m Inventory of Active Sampling Points		7/1/19 -								nplete	
			10/1/19 -								nplete	
			1/1/20 -						(Con	nplete	
			4/1/20 -									
			7/1/20 -	- 9/3	0/20							
-	n Facility: ENTRY POINT (WSF ID: 0	0700)										
Nitrate (104	-								-		er quarter	
	Point (Sampling Point ID)		Monitor			Colle	ection Pe	riod			nce Status	
ENTRY PC	DINT (3)		7/1/19 -						(Con	plete	
			10/1/19 -							_		
			1/1/20 -						(Con	plete	
			4/1/20 -									
			7/1/20 -	- 9/3	0/20					/		
Nitrite (104)	•					c - 11				•) per year	
	Point (Sampling Point ID)		Monitor	_		LOIIE	ection Pe	rioa			nce Status	
ENTRY PC	JINT (3)		1/1/20 -		•					Con	plete	
			1/1/21 -	12/:	31/21					/07	4	
	Nitrite (NOX)		Manitar	:	Devied (C _11	action Do			-	[•]) per year <i>nce Status</i>	
ENTRY PC	Point (Sampling Point ID)		Monitor 1/1/19 -				ection Pe 1/1-3/31	rioa			nplete	
	n Facility: WELL 1 (WSF ID: 60098)		1/1/19-	- 5/5	1/19		1/1-5/51			COII	ipiete	
	, , ,								utine (DT	-)		
E. Coli (3014	+) Point (Sampling Point ID)		Monitor	ing f	Dericd	Colle	1 ection Pe		-		er quarter nce Status	
WELL 1 (2			<i>Monitor</i>	_		cone	cuon re	100			nplete	
VVELL I (2	-1		7/1/19 - 9/30/19								plete	
			10/1/19 - 12/31/19 1/1/20 - 3/31/20								nplete	
			4/1/20 -							COIL	ipicie	
			7/1/20									
	Public	Notification F			-							
		Compliance	Notice	-	Public N	loti	fication		DN C4	orti	fication	
Violation/Situ	ation	Period	Tier	•	Required	-		d	Due to DP	-	Received	
÷	nation has been provided to help owners and opera			iin co	-							

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0859114	500 PURDY HILL ROAD			NC	35	L	GW
Local Address	Local Address (where applicable)			tial Commerc	ial Industri	al Combine	ed Agricultural
		Connections				1	

Towns Served: MONROE

Public Notification Requirements											
	Compliance	Notice	Public Notification		<u>PN Certi</u>	<u>fication</u>					
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Physical Parameters M&R Violation	7/1/16 - 9/30/16	3	2/8/2018		2/18/2018						
Total Coliform M&R Violation	7/1/16 - 9/30/16	3	2/8/2018		2/18/2018						
Physical Parameters M&R Violation	10/1/16 - 12/31/16	3	5/3/2018		5/13/2018						
Total Coliform M&R Violation	10/1/16 - 12/31/16	3	5/3/2018		5/13/2018						
Total Coliform M&R Violation	1/1/17 - 3/31/17	3	6/8/2018		6/18/2018						
Physical Parameters M&R Violation	1/1/17 - 3/31/17	3	6/8/2018		6/18/2018						
		3									

Water System Facility and Sampling Point Inventory

Water								Tot	al	Lead and			
System		stem Facility	9	Sampling Point				Colife		Copper			Stage
Facility ID				ID	Description		Stat	us Ru	le	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBU	TION SYSTEM		4	DISTRIBUT	ION SYSTEM	Α	Y					
				DOWNSTREAM	WITHIN 5 S	SERVICE CON	Α						
				PH001	BUILD 1 DE	ENT LAB SNK	Α	Y			Y		
				PH002	BUILD 1 DE	ENT RR1	Α	Y			Y		
				PH003	BUILD 1 DENT RR2		Α	Y			Y		
				PH004	BUILD 1 DENT RR3		Α	Y			Y		
				PH005	BUILD 1 IN	S RR1	Α	Y			Y		
				PH006	BUILD 1 IN	S RR2	Α	Y			Y		
				PH007	BUILD1 CN	1S 2ND FL RR	Α	Y			Y		
				PH008	BUILD1 3R	D FL STO RR	Α	Y			Y		
				PH009	BUILD2 EN	JILD2 ENGINEERG RR1 A		Y			Y		
				PH010	BUILD2 EN	GINEERG RR2	Α	Y			Y		
				PH011	BUILD2 CH	IRO RR1	Α	Y			Y		
				PH012	BUILD2 CH	IRO RR2	Α	Y			Y		
				PH013	B2 ENGIN	KITCHEN	Α	Y					
				UPSTREAM	WITHIN 5 S	SERVICE CON	Α						
00700	ENTRY PC	DINT		3	ENTRY POI	NT	А						
60098	WELL 1			2	WELL 1		А						
60413	TREATME	NT PLANT											
				Con	tact Info	ormation							
Name				0	rganization						Job Title		
Mr. Mark	Christo												
			Mailing Addres	s Line Two		City			State	Zip (Code		
26 Arrowh	nead Dr							Monroe			СТ	064	168
Business	s Phone	Extension	Fax	Mobi	le Phone	Emergency Ph	one	Email Ad	ldres	S	I		
203-559-6965								markchristo56@gmail.com					
Contact Ro	ole(s): Ad	ministrative	Contact, Leg	al Contact, Owr	ner								

	\mathbf{v}	0 -		I ⁻ -			-					
PWS ID	PWS Name	Classifica	ation	Population	Owner Type	Primary Source						
CT0859114 500 PURDY HILL ROAD						35	L	GW				
Local Address	ervice Resident		tial Commercia		al Industri	al Combine	ed Agricultural					
	C	Connections					1					
Towns Served	Towns Served: MONROE											
Please note th	ne following:											
1. The residua	al disinfectant concentration must be measured at the s	ame location	and time a	as each tota	al colifo	orm sample.						
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.												
1 0	on results, additional monitoring may be required (i.e. r lence sent by the DWS on or after the generation date o						0,					

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

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

	Compostion + D	a a vetres a set - (Dwind		Vatar	C	ation		
	Connecticut Dep					<u> </u>			ction		
	Water Qu	ality Monit	oring and	d Com	plianc	ce Sc	hedul	e			
PWS ID	PWS Name			C	Classificat	ion Po	pulation	Owr	ner Type Pri	mary Source	
СТ0859134	GREAT HOLLOW LAKE				NC		35		L	GW	
Local Address (where applicable)		Service	Residenti	al Comm	nercial	Industri	al	Combined	Agricultural	
454 PURDY HILI	L		Connections						4		
Towns Served:	MONROE										
		Monite	oring Requ	iremen	ts						
Water System	Facility: DISTRIBUTION	I SYSTEM (WSF I	D: 00600)								
Total Coliforn	n (3100)							1 ro	utine (RT)	per month	
Sampling	Point (Sampling Point ID)			Monitorin	g Period	Colle	ction Pe			nce Status	
Select from	n Inventory of Active Sampl	ing Points	-	10/1/19 - 1	.0/31/19				Cor	nplete	
				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 Para	meters (PPS)							1 ro	utine (RT)	per month	
Sampling I	Point (Sampling Point ID)			Monitoring	g Period	Colle	ection Pe	riod	Complia	nce Status	
Select from	m Inventory of Active Sampl	ing Points	-	10/1/19 - 1	.0/31/19				Cor	nplete	
				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 N	Nitrite (NOX)						1 routine (RT) per yea				
Sampling	Point (Sampling Point ID)			Monitorin	g Period	Colle	ection Pe	riod	Complia	nce Status	
ENTRY POI	INT (3)			1/1/19 - 12	2/31/19				Cor	nplete	
				1/1/20 - 12	2/31/20						
				1/1/21 - 12	2/31/21						
		Other C	ompliance	Schedu	les						
Compliance Sch	hedule Activity			Du	ue Date		Achie	ved	Date		
SEASONAL STAF	RT UP COMPLETION			4/:	15/2020						
CAP - ADDRESS	DEFICIENCY			5/	′1/2020						
CAP - ADDRESS	DEFICIENCY			5/	′1/2020						
	Water	System Facili	ity and Sar	npling F	Point Ir	nvent	ory				
Water		-	-			Total	-	and			
	er System Facility	Sampling Point		nt		Colifor	m Cop	per		Stage	
Facility ID		ID	Description		Status	Rule	Rule	Tier	Asbestos	NQP 2 DBPR	
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	А	Y					
		DOWNSTREAM	WITHIN 5 SER	VICE CON	А						
		GHL001	LADIES ROM		А	Y					
		GHL002	SLOP SINK GA	Y							
		GHL003	HAND SINK		А	Y					
		UPSTREAM	WITHIN 5 SER	VICE CON	А						

	Connectic	ut Dena	rtmen	t of	f Public	Health	n Dri	nking	σW	'ater	Se	ction		
		*							0			ction		
	vva	ter Qua	IITY MO	onit	coring a	na con	npila	ance	Sch	eaui	e			
PWS ID	PWS Name						Class	ification	cation Population O			wner Type Primary Sou		
СТ0859134	GREAT HOLLOW	/ LAKE						NC		35		L	GW	
Local Address (w	nere applicable)				Service	Resider	ntial C	ommerc	ial I	ndustria	al	Combined	Agricultura	
454 PURDY HILL					Connectior	าร						4		
Towns Served: M	ONROE													
		Water S	ystem F	acili	ity and S	ampling	g Poir	nt Inve	ento	ry				
Water							-	т	otal	Lead	and			
System Water System Facility Sampling Po				Point					liform				Stage	
Facility ID			ID		Description	1	St	atus l	Rule	Rule	Tier	Asbestos	WQP 2 DBP	
00700 ENTRY POINT 3 ENTRY POINT						NT		А						
61004 WELL	1		2		WELL 1			А						
61189 ATMO	SPHERIC STORA	GE TANK												
				Con	tact Info	rmatior	า							
Name				0	rganization							Job Title		
Mr. Kenneth M k	Cellogg			Тс	own of Monr	oe			Fir	st Selec	tmai	n		
Mailing Address I	ine One		Mailing Ad	ddres	s Line Two				C	ity		State	Zip Code	
7 Fan Hill Rd								Monro	be			СТ	06468	
Business Phone	e Extension	Fax		Mobi	le Phone	Emergency	y Phon	e Email	Addre	ess				
203-209-4815								kkello	gg@n	nonroed	ct.or	g		
Contact Role(s):	Administrative	Contact, Leg	gal Contact											
Please note the f	ollowing:													
1. The residual di	sinfectant concen	tration must b	be measured	l at the	e same locatio	on and time a	as each	total coli	form s	ample.				
2. If a Collection I	Period is specified	, all water qua	ality samples	must	be collected of	during the sp	pecified	period.						
3 Depending on	results additional	monitoring m	hav he requir	red (i é	e reneat or co	onfirmation	sample	s) This so	hedul	e is suhi	ect to	change ar	nd any related	

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