	Connecticut Dep	oartment of	Public F	lealth	Dr	inking	Water	S	ection	
	Water Qu	ality Monit	oring an	d Com	ıpli	ance S	Schedu	le		
PWS ID	PWS Name				Class	sification	Population	O۷	wner Type P	rimary Source
CT0970024	BOTSFORD DRIVE IN					NC	25		Р	GW
Local Addres	s (where applicable)		Service	Resident	tial (Commerci	al Industr	ial	Combined	Agricultural
282 SOUTH N	MAIN STREET		Connections			1				
Towns Serve	d: NEWTOWN									
		Monito	oring Requ	uireme	nts					
Water Syste	em Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)							
Total Colifo	orm (3100)						:	1 rc	outine (RT)	per quarter
Samplin	ng Point (Sampling Point ID)			Monitori			ollection Pe	rio	d Compl	ance Status
Select fi	rom Inventory of Active Sampl	ing Points		7/1/19 -					Cc	mplete
				10/1/19 -						
				1/1/20 -						
				4/1/20 -						
	. (220)			7/1/20 -	9/30	/20			.: (5=)	
•	rameters (PPS)			Manitari	na Da	wind C				per quarter ance Status
	ng Point (Sampling Point ID) rom Inventory of Active Sampl	ing Points		<i>Monitorii</i> 7/1/19 -			ollection Pe	21100		mplete
Jelect II	on inventory of Active Sample	ing Foilits		10/1/19 -					CC	ilipiete
				1/1/20 -						
				4/1/20 -						
				7/1/20 -						
Water Syste	em Facility: ENTRY POINT	(WSF ID: 00700)				, 				
	d Nitrite (NOX)							1 rc	outine (RT)	per quarter
	ng Point (Sampling Point ID)			Monitorii	ng Pe	eriod C	ollection Pe			ance Status
ENTRY F	POINT (3)			7/1/19 -	9/30	/19			Co	mplete
				10/1/19 - 12/31/19						
				1/1/20 -	3/31	/20				
				4/1/20 -	6/30	/20				
				7/1/20 -	9/30	/20				
		Public Not	ification F	Require	me	nts				
		C	ompliance	Notice		Public No	otification		PN Cer	tification_
Violation/Sit	tuation		Period	Tier	F	Required	Performe	ed .	Due to DPH	Received
Total Colifori	m MCL Violation	9/1/	14 - 9/30/14	2	10	0/25/2014			11/4/2014	
Total Colifori	m MCL Violation		14 - 9/30/14	2	10	0/25/2014			11/4/2014	
Nitrate And I	Nitrite M&R Violation		15 - 6/30/15	2		2/6/2016			2/16/2016	
	Water	System Facili	ty and Sai	mpling	Poi	nt Inve	ntory			
Water							tal Lead	an	d	
System W Facility ID	ater System Facility	Sampling Point ID	Sampling Poil Description	int	_		form Cop ule Rule			Stage WQP 2 DBPR
	•			IBUTION SYSTEM A Y						
	DOWNSTREAM WITHIN 5 SI									
		UPSTREAM	WITHIN 5 SEF			A				
00700 Ef	NTRY POINT	3	ENTRY POINT			Α				
21675 W	/ELL	2	WELL			Α				

Connecticut Department of Public Health	ı Drinking	g water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	le	
PWS Name	Classification	Population	Owner Type	Primary So

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PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0970024	BOTSFORD DRIVE IN			NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial Commerc	ial Industr	ial Combin	ed Agricultural
282 SOUTH MA	IN STREET	Connections		1			

Towns Served: NEWTOWN

Contact Information											
Name				Organization	1	Job Title					
Mr. Kris J. Castagna				Botsford Driv	ve-In		Owner				
Mailing Address Lin	e One		Mailing Addr	ess Line Two		City		State	Zip Code		
12 Wills Road						Newtow	n	СТ	06470		
Business Phone Extension Fax M			Mo	obile Phone	Emergency Phone	Email Address					
203-426-4279					jumbo.d	ogs@gmail.c	om				

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.

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

End of schedule

	Connecticut Departmen	nt of Public H	lealth	D	rinking	Water S	Section		
	Water Quality M	onitoring an	d Con	npl	liance S	Schedule)		
PWS ID	PWS Name			Cla	ssification	Population C	wner Type Pri	mary Source	
СТ0970044	CHRIST THE KING LUTHERAN CHURCH				NC	25	P	GW	
Local Address (where applicable)	Service	Residen	tial	Commerci	al Industrial	Combined	Agricultural	
83 MOUNT PLE	ASANT ROAD	Connections			1				
Towns Served:	NEWTOWN								
	M	onitoring Requ	ıireme	nts	•				
Water System	Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)							
Total Colifor	m (3100)					1 r	outine (RT) p	er quarter	
Sampling	Point (Sampling Point ID)		Monitori	ng F	Period C	ollection Perio	od Complia	nce Status	
Select fror	m Inventory of Active Sampling Points		7/1/19 -	9/3	0/19		Cor	nplete	
			1/1/20 -	3/3	1/20		Cor	nplete	
			4/1/20 -	6/3	0/20				
			7/1/20 -	9/3	0/20				
Total Colifor	m (3100)					3	repeat (RP)	per period	
Sampling	Point (Sampling Point ID)		Monitori	ng F	Period C	ollection Perio	od Complia	ince Status	
Select from	m Inventory of Active Sampling Points		9/21/19	- 9/2	26/19		Cor	nplete	
			9/21/19 - 9/26/19				Complete		
			9/21/19	- 9/2	26/19		Cor	nplete	
Total Colifor	m (3100)				3	temporary	routine (TR)	per month	
Sampling	Point (Sampling Point ID)		Monitori	ng F	Period C	ollection Perio	od Complia	ince Status	
Select from	m Inventory of Active Sampling Points		10/1/19 -	10/	/31/19		Cor	nplete	
Physical Para	ameters (PPS)					1 r	outine (RT) p	er quarter	
Sampling	Point (Sampling Point ID)		Monitori	ng F	Period Co	ollection Perio	od Complia	ince Status	
Select from	m Inventory of Active Sampling Points		7/1/19 -	9/3	0/19				
			10/1/19 -	12/	/31/19		Cor	nplete	
			1/1/20 - 3/31/20				Cor	nplete	
			4/1/20 - 6/30/20						
			7/1/20 -	9/3	0/20				
Water System	n Facility: ENTRY POINT (WSF ID: 0	0700)							
Nitrate And I	Nitrite (NOX)						1 routine (R	Γ) per year	
Sampling	Point (Sampling Point ID)		Monitori	ng F	Period C	ollection Perio	od Complia	nce Status	
ENTRY PO	INT (3)		1/1/19 -	12/3	31/19		Cor	nplete	
			1/1/20 -	12/3	31/20		Cor	nplete	
			1/1/21 -	12/3	31/21				
Water System	r Facility: WELL (WSF ID: 21676)								
E. Coli (3014	·)					1 tr	iggered (TG)	per period	
Sampling	Point (Sampling Point ID)		Monitori	ng F	Period Co	ollection Perio	od Complia	nce Status	
WELL (2)			9/20/19	- 9/2	26/19		Cor	nplete	
			9/20/19	- 9/2	26/19		Cor	nplete	
			9/20/19	- 9/2	26/19		Cor	nplete	
	Public	Notification R	Require	m	ents				
		Compliance	Notice		Public No	<u>otification</u>	PN Certi	fication	
Violation/Situa		Period	Tier		Required	Performed		Received	
Physical Param	eters M&R Violation	4/1/09 - 6/30/09	3		9/8/2010		9/18/2010		

4/1/13 - 6/30/13

Total Coliform MCL Violation

7/17/2013

7/27/2013

Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name		Clas	ssification	Population	Owner Type	Primary Source				
СТ0970044	CHRIST THE KING LUTHERAN CHURCH				NC	25	Р	GW			
Local Address (v	Service	Residen	ntial Commerc		al Industri	al Combine	ed Agricultural				
83 MOUNT PLEA	3 MOUNT PLEASANT ROAD				1						

Towns Served: NEWTOWN

	Wat	er System Facili	ity and Sampling P	oint Ir	nvento	у
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	Α	Υ	
		CKC001	RR LADY ROOM NO 1	Α	Υ	Υ
		CKC002	RR LADY ROOM NO 2	Α	Υ	Υ
		CKC003	RR MENS NO 1	Α	Υ	Υ
		CKC004	RR MENS NO 2	Α	Υ	Υ
		CKC005	KIT SNK TRPL SNK	Α	Υ	Υ
		CKC006	KIT HAND SNK	Α	Υ	Υ
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α		
		UPSTREAM	WITHIN 5 SERVICE CON	Α		
00700	ENTRY POINT	3	ENTRY POINT	Α		
21676	WELL	2	WELL	Α		

			Co	ontact Inf	ormation						
Name				Organization			Job Title				
Reverend Robert M	lorris			Christ The King Lutheran Churc Reverend							
Mailing Address Line	Mailing Address Line One Mailing Add						City	State	Zip Code		
81 Mount Pleasant	Rd					Newtown	า	СТ	06470		
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	mail Address				
203-426-6300						ctknewtown@gmail.com					
Contact Role(s): Ac	lministrative C	ontact	,								
Name				Organization				Job Title			
Mr. Mark Johannin	g			Christ The Ki	ng Lutheran Churc						
Mailing Address Line	e One		Mailing Addr	ess Line Two			City	State	Zip Code		
85 Mount Pleasant	Road					Newtown	า	СТ	06470		
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	dress				
			203	3-948-6601		mark@ve	erdiconstru	ction.com			

Please note the following:

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

End of schedule

Connecticut Dep									ction		
Water Qua	ality Monit	toring an	d Con	npli	anc	e Sch	edul	le			
PWS ID PWS Name				Class	sification	on Pop	ulation	Owr	ner Type P	rimary	Source
CT0970094 DICKINSON MEMORIAL PA	RK				NC		25		Р	G۷	V
Local Address (where applicable)		Service	Residen	tial	Comm	ercial	Industri	al	Combined	Agric	cultural
ELM DRIVE		Connections			1						
Towns Served: NEWTOWN											
	Monit	oring Requ	uireme	nts							
Water System Facility: DISTRIBUTION											
Total Coliform (3100)							1	rou	itine (RT)	per qu	uarter
Sampling Point (Sampling Point ID)			Monitori	ing Pe	eriod	Collec	tion Pe	riod	Compli	ance S	tatus
Select from Inventory of Active Samplin	ng Points		7/1/19 -	9/30	/19				Co	mplet	e
			10/1/19 -	12/3	1/19				Со	mplet	е
			4/1/20 -	6/30	/20						
			7/1/20 -	9/30	/20						
Physical Parameters (PPS)							1	rou	itine (RT)	per qu	uarter
Sampling Point (Sampling Point ID)			Monitori	ing Pe	eriod	Collec	tion Pe	riod	Compli	ance S	tatus
Select from Inventory of Active Samplin	ng Points		7/1/19 - 9/30/19						Co	mplet	е
		10/1/19 -		-				Co	mplet	е	
			4/1/20 -		-						
			7/1/20 -	9/30	/20						
Water System Facility: ENTRY POINT (WSF ID: 00700)										
Nitrate And Nitrite (NOX)								1	routine (F		-
Sampling Point (Sampling Point ID)			Monitori	ing Pe	eriod	Collec	tion Pe	riod	Compli	ance S	tatus
ENTRY POINT (3)			1/1/19 -				1-12/31		Со	mplet	е
			1/1/20 -				1-12/31				
			1/1/21 -			4/	1-12/31				
	Other C	ompliance	Sched	lule	S						
Compliance Schedule Activity				Due D			Achie	ved	Date		
CROSS CONNECTION SURVEY REPORT				3/1/2							
CROSS CONNECTION SURVEY REPORT				3/1/2							
CROSS CONNECTION SURVEY REPORT				3/1/2							
CROSS CONNECTION SURVEY REPORT				3/1/2							
CROSS CONNECTION SURVEY REPORT				3/1/2							
CROSS CONNECTION SURVEY REPORT				3/1/2							
CROSS CONNECTION SURVEY REPORT				3/1/2							
CROSS CONNECTION SURVEY REPORT				3/1/2							
CROSS CONNECTION SURVEY REPORT				3/1/2							
SEASONAL START UP COMPLETION				4/1/2							
Water 9	System Facil	ity and Sai	mpling	Poi	nt In	vento	ory				
Water						Total	Lead				
System Water System Facility	Sampling Point		nt			Coliforn			01-	14/05	Stage
Facility ID	ID	Description	U CVCTTT		tatus	Rule	Kule	Her	Asbestos	WQP	Z DRLK
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION		I	A	Y			V		
	DMP001	RR LADY ROC			A	Y			Y		
	DMP002 DMP003	RR LADY ROC			A	Y Y			Y		
	DMP003	RR MENS RR			A A	Y Y			Y Y		
	DIVIFUU4	WIN INITIAN WIN	L		^	ī			ī		

Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source			
СТ0970094	CT0970094 DICKINSON MEMORIAL PARK					25	Р	GW			
Local Address (\	Service	Residen	ntial (Commercia	al Industri	al Combin	ed Agricultural				
ELM DRIVE		Connections			1						

	Water System Facility and Sampling Point Inventory												
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR				
		DMP005	WATER FOUNTAIN	Α	Υ		Υ						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α									
		UPSTREAM	WITHIN 5 SERVICE CON	Α									
00700	ENTRY POINT	3	ENTRY POINT	Α									
21681	WELL #1	2	WELL #1	Α									
55240	WELL #2	2	WELL #2	Α									

			•	Jiiida et iiii	or matron				
Name			Organization	١	Job Title				
Mr. Carl Samuelson	1			Newtown Pa	rks & Rec	Park Superintendent			
Mailing Address Lin	e One		Mailing Add	ress Line Two		City State			
3 Main Street						Newtown CT 06			06470
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ac	dress		
203-270-4378			20	3-948-2523	203-417-8244	carl.sam	uelson@newtov	wn-ct.go	v
Contact Role(s): A	dministrative Co	ntact							

Contact Information

Contact Noic(3).	aiiiiiisti ative	Contact							
Name				Organization	า			lob Title	9
Ms. Donna Culbert				Newtown H	ealth District		Director of Heal	th	
Mailing Address Lin	e One		Mailing A	ddress Line Two			City	State	Zip Code
3 Primrose Street						Newtow	n	CT	06470-2104
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress		
203-270-4291		203-270-	1528			donna.c	ulbert@newtowi	า-ct.goง	/

Contact Role(s): Legal Contact

Please note the following:

Towns Served: NEWTOWN

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

End of schedule

	Connecticut Dep Water Qua		Public Heal oring and C			_			ction		
PWS ID	PWS Name			Cla	ssificatio	n Pop	ulation	Own	er Type Pr	imary	Source
CT0970114	DODGINGTON MARKET		_		NC		25		Р	G۷	V
Local Address (v	vhere applicable)		Service Resi	dential	Comme	ercial	Industria	al	Combined	Agric	cultural
57 DODGINGTO	N ROAD		Connections		1						
Towns Served: I	NEWTOWN										
		Monito	oring Requirer	nents	5						
Water System	Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)								
Total Coliforn	n (3100)						1	rou	tine (RT) բ	er qu	ıarter
Sampling I	Point (Sampling Point ID)		Moni	toring I	Period	Collec	ction Per	iod	Compli	ance S	tatus
Select from	n Inventory of Active Samplin	g Points	7/1/	19 - 9/3	0/19				Co	mplete	9
			10/1/	19 - 12/	31/19	_			Co	mplete	9
			1/1/	20 - 3/3	1/20				Co	mplete	9
			4/1/	20 - 6/3	0/20						
			7/1/	20 - 9/3	0/20						
Physical Para	meters (PPS)						1	rou	tine (RT) բ	er qu	ıarter
Sampling I	Point (Sampling Point ID)		Moni	toring l	Period	Collec	tion Per	iod	Compli	ance S	tatus
Select from	n Inventory of Active Samplin	g Points	7/1/	19 - 9/3	0/19				Co	mplete	9
			10/1/	19 - 12/	/31/19				Co	mplete	9
			1/1/	20 - 3/3	1/20				Co	mplete	9
			4/1/	20 - 6/3	0/20						
			7/1/	20 - 9/3	0/20						
Water System	Facility: ENTRY POINT (WSF ID: 00700)									
Nitrate And N	litrite (NOX)							1 ı	routine (R	T) per	r year
Sampling I	Point (Sampling Point ID)		Moni	toring l	Period	Collec	ction Per	iod	Compli	ance S	tatus
ENTRY POI	NT (3)		1/1/1	.9 - 12/3	31/19				Co	mplete	9
			1/1/2	20 - 12/3	31/20						
			1/1/2	21 - 12/3	31/21						
Water System	Facility: WELL (WSF ID:	21683)									
E. Coli (3014)							1	rou	tine (RT) բ	er qu	ıarter
Sampling F	Point (Sampling Point ID)		Moni	toring I	Period	Collec	ction Per	iod	Compli	ance S	tatus
WELL (2)			7/1/	19 - 9/3	0/19				Co	mplete	9
			10/1/	19 - 12/	′31/19				Co	mplete	9
			1/1/	20 - 3/3	1/20				Co	mplete	9
				20 - 6/3		_					
			7/1/	20 - 9/3	0/20						
		Other Co	ompliance Sch	edul	es						
Compliance Sch	edule Activity			Due	Date		Achie	ved L	Date		
RESPOND TO SA	NITARY SURVEY			9/11	/2015						
	Water 9	System Facili	ty and Sampli	ng Po	int In	vento	ory				
Water						Total	Lead (and			
•	er System Facility	Sampling Point	Sampling Point		(Coliforn					Stage
Facility ID		ID	Description		Status	Rule	Rule	Tier	Asbestos	WQP .	2 DBPR
00600 DISTI	RIBUTION SYSTEM	4	DISTRIBUTION SYS	ΓEM	Α	Υ					
		DM001	RR APARTMENT 1		Α	Υ			Υ		
		DM002	RR APARTMENT 2		Α	Υ			Υ		
		DM003	RR APARTMENT 3		Α	Υ			Υ		

	Water Quality Monit	oring an	d Con	nplian	ce S	chedul	e	
PWS ID	PWS Name			Classificat	ion F	opulation	Owner Type	Primary Source
СТ0970114	DODGINGTON MARKET			NC		25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	itial Comn	nercia	l Industri	al Combine	ed Agricultural
57 DODGINGTO	N ROAD	Connections			1			

	Wat	er System Facili	ity and Sampling P	oint Ir	nventoi	y
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
		DM004	RR APARTMENT 4	Α	Υ	Υ
		DM005	KIT SNK APARTMENT 1	Α	Υ	Υ
		DM006	KIT SNK APARTMENT 2	Α	Υ	Υ
		DM007	KIT SNK APARTMENT 3	Α	Υ	Υ
		DM008	KIT SNK APARTMENT 4	Α	Υ	Υ
		DM009	HAND SINK COFFEE	Α	Υ	Υ
		DM010	HAND SINK	Α	Υ	Υ
		DM011	RR GENERIC RR	Α	Υ	Υ
		DM012	TRIPLE SINK	Α	Υ	Υ
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α		
		UPSTREAM	WITHIN 5 SERVICE CON	Α		
00700	ENTRY POINT	3	ENTRY POINT	Α		
21683	WELL	2	WELL	Α		

			(Contact Inf	ormation				
Name				Organization	1		Job Title		
Mr. George Hamila	kis			Dodgington	Market	Co-Owi	ner		
Mailing Address Lin	e One		Mailing Ad	ldress Line Two		City	State	Zip Code	
57 Dodginton Road						Newtown	СТ	06470	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address			
203-270-1678		203-270-	1678		203-232-1941				
Contact Role(s): A	dministrative	Contact, Leg	gal Contact,	Owner					
Name				Organization	1		Job Title		
Mr. George Marne	lakis			Dodgington	Market				
Mailing Address Lin	e One		Mailing Ad	ldress Line Two		City	State	Zip Code	
4 Rockwell Road						Bethel	СТ	06801	
Business Phone	Extension	Fax	1	Mobile Phone	Emergency Phone	Email Address			
203-426-0745					203-792-7868				

Contact Role(s): Owner

Towns Served: NEWTOWN

Please note the following:

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

End of schedule

	Co	nnoctic	ut Dono	rtmont o	f Dublic	Uoolth Г	rir	alzina	~ 1//	ator So	oction		
	C			rtment o				`			ction		
		Wat	ter Qua	lity Moni	toring a	ind Comp	olia	nce	Sch	edule			
PWS ID	PW	/S Name				Cl	lassifi	ication	Popu	lation Ow	ner Type P	rimary S	Source
CT0970154	4 CH	EESEBREAD F	ACTORY				N	С	2	28	Р	GW	
Local Addr	ess (wher	re applicable)			Service	Residentia	l Co	mmerc	ial Ir	ndustrial	Combined	Agricu	ultural
286 SOUTH	H MAIN S	ΓREET			Connectio	ns		1					
Towns Serv	ved: NEW	TOWN											
				Monit	toring Re	quirement	ts						
Water Sys	stem Fac	ility: DISTR	IBUTION S'	YSTEM (WSF	ID: 00600)								
Total Col	iform (3	100)		·						1 rou	ıtine (RT)	per qua	arter
	-	t (Sampling Po	oint ID)			Monitoring	Perio	od (Collect	ion Period		iance Sto	
Select	t from Inv	entory of Acti	ve Sampling	Points		7/1/19 - 9/	/30/1	9			Co	mplete	
						10/1/19 - 12	2/31/	19			Co	mplete	
						1/1/20 - 3/	/31/2	0			Co	mplete	
						4/1/20 - 6/	/30/2	0					
						7/1/20 - 9/	/30/2	0					
Physical	Paramet	ers (PPS)								1 rou	ıtine (RT)	per qua	arter
Samp	ling Poin	t (Sampling P	oint ID)			Monitoring			Collect	ion Period	Compl	iance Sto	atus
Select	t from Inv	entory of Acti	ve Sampling	Points		7/1/19 - 9/	•				Co	mplete	
						10/1/19 - 12						mplete	
						1/1/20 - 3/					Co	mplete	
						4/1/20 - 6/							
						7/1/20 - 9/	/30/2	0					
		•	POINT (V	VSF ID: 00700									
Nitrate A		• •									routine (-
		t (Sampling Po	oint ID)			Monitoring			Collect	ion Period		iance Sto	
ENTR	Y POINT (3)				1/1/19 - 12					Co	mplete	
						1/1/20 - 12							
						1/1/21 - 12							
			Water S	ystem Faci	lity and S	Sampling P	oin	t Inve	ento	ry			
Water									otal	Lead and			
System		stem Facility		Sampling Poin ID	t Sampling I Description				liform		Ashastas		Stage
Facility ID		ITION SYSTEM		4			Sta	tus	Rule Y	Kule Hei	Asbestos	WQP 2	DDPK
00600	טואואנט	TION SYSTEIN		4 CBF001	DOUBLE SI	ION SYSTEM	F		Υ				
				CBF001 CBF002		K 1 KITCHEN	F F		Υ				
				CBF002 CBF003		K 2 BY BATHR	Α		Υ				
				DOWNSTREAM			Α		'				
				UPSTREAM		SERVICE CON	Α						
00700	ENTRY PO	TNIC		3	ENTRY POI		μ						
	WELL			2	WELL		μ						
						ormation		·					
Name						HIIALIUII					lob Title		
Name	A Busses	~~			Organization Buzz's Shell				0	nor	Job Title		
Mr. Gary Mailing Ad				Mailing Addre						ner	Stato	Zip Co	do
286 South				iviaiiiig Addre	33 LITE TWO			Newto		ity	State	2ip Co 0647	
Business		Extension	Fax	Mak	oile Phone	Emergency Pl	hone			cc	CI	0047	-
203-426		LATCHSIOH	203-270-9		733-4621	203-426-57				harter.net			
203-420	-3/30		203-270-	2070 203	733-4021	203-420-37	JU	garybl	عددسات	narter.net			

	Connectic	ut Depa	irtment d	of Public	Health	Dri	nking	Water	Section	
	Wat	ter Qua	lity Moni	itoring a	nd Con	nplia	ince S	Schedul	le	
PWS ID	PWS Name					Classif	fication	Population	Owner Type	Primary Source
СТ0970154	CHEESEBREAD FA	ACTORY				N	1C	28	Р	GW
Local Address (w	here applicable)			Service	Residen	tial Co	ommercia	al Industri	al Combin	ed Agricultural
286 SOUTH MAII	N STREET			Connection	ns		1			
Towns Served: N	EWTOWN									
Contact Role(s):	Legal Contact, C)wner								
Name				Organization					Job Titl	е
Mr. George Koca	ndag			Libya's Deli				Administr	ative	
Mailing Address	Line One		Mailing Addre	ess Line Two				City	State	Zip Code
286 South Main	Street						Newto	wn	СТ	06470
Business Phon	e Extension	Fax	Мо	bile Phone	Emergency	Phone	Email A	ddress	·	
203-426-9447					203-374-	5227				
Contact Role(s):	Administrative	Contact	,							

Please note the following:

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

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

End of schedule

Conne	ecticut Departmer	nt of Public H	lealth I	Orinki	ng Water S	Section	
	Water Quality Mo	onitoring and	d Comp	oliance	e Schedule		
PWS ID PWS Nam	ie		CI	lassificatio	on Population O	wner Type Pri	mary Source
CT0970174 FRIENDLY	SERVICE STATION (CITGO)			NC	25	Р	GW
Local Address (where appl	icable)	Service	Residentia	I Comme	ercial Industrial	Combined	Agricultural
151 SOUTH MAIN STREET		Connections		1			
Towns Served: NEWTOWN							
		onitoring Requ	irement	ts			
	DISTRIBUTION SYSTEM (WSF ID: 00600)					
Total Coliform (3100)						outine (RT) p	-
Sampling Point (Sam	-		Monitoring		Collection Perio	d Complia	ince Status
Select from Inventory	of Active Sampling Points		4/1/20 - 6/		<u>.</u>		_
			7/1/20 - 9/	/30/20		(>=)	
Total Coliform (3100)	nling Boint ID)		Maritania	. Dowler d		outine (RT) p	-
Sampling Point (Sam	· · · · · · · · · · · · · · · · · · ·		Monitoring		Collection Perio		nce Status
	of Active Sampling Points		7/1/19 - 9/	30/19	4		nplete
Physical Parameters (P	•		Monitorina	Dorind	Collection Perio	outine (RT) p	er quarter Ince Status
Select from Inventory	of Active Sampling Points		Monitoring 7/1/19 - 9/		Conection Perio		nplete
Select Holli inventory	of Active Jampinig Folits		4/1/20 - 6/	-		COI	пріссс
			7/1/20 - 9/	*			
Water System Facility:	ENTRY POINT (WSF ID: 00	0700)	7,1,20 3,	30,20			
Nitrate And Nitrite (NO	•					1 routine (R	Γ) ner vear
Sampling Point (Sam			Monitoring	Period	Collection Perio	-	ince Status
ENTRY POINT (3)	pg : 0		1/1/20 - 12			<u></u>	
(0)			1/1/21 - 12				
Moi	nthly Water System				ng Requirem	ents	
	ENTRY POINT (WSFID: 00				<u> </u>		
Analyte	Monitoring Requirement (-	Operat	ting Limit		Samples Re	g/Month
pH	Entry Point pH Monitoring		•	um: 7 PH		4	-1/
Start Date: 1/1/2014	, 1		nce History		Operating Limit	Monitori	ng
		Monitor	ing Period		Compliance State		nce Status:
		10/1/20	19 - 10/31/2		•		
		11/1/20	19 - 11/30/2	2019			
		12/1/20	19 - 12/31/2	2019			
		1/1/202	0 - 1/31/202	20			
		2/1/202	0 - 2/29/202	20			
	Public	Notification R	equiren	nents			
		Compliance	Notice		c Notification	PN Certi	
Violation/Situation		Period 7/4/44 0/20/44	Tier	Require	-	Due to DPH	Received
Total Coliform MCL Violation		7/1/11 - 9/30/11	2	9/25/20		10/5/2011	
	Water System I	-acility and Sar	npling P	oint In	•		
Water	Facility C!	Dolah Consulter D.			Total Lead ar		6.
System Water System Fracility ID	facility Sampling ID	Point Sampling Point Description	n C		Coliform Coppe Rule Rule Ti	r er Asbestos I	Stage NOP 2 DRPR
00600 DISTRIBUTION S		DISTRIBUTION	ICVCTENA	<u>Status</u> A	Y Kule III	ני שאראנט ו	WELL E DOFK
JOUGO DISTRIBUTIONS		DISTRIBUTION REAM WITHIN 5 SER		A	ı		
	FSS00			A	Υ	Υ	
	13300			,,	•		

Co	nnecticut Department of Public Healt	h Drinking	g Water	Section	Ĺ
	Water Quality Monitoring and Co	mpliance	Schedul	le	

				A			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0970174	FRIENDLY SERVICE STATION (CITGO)			NC	25	Р	GW
Local Address	(where applicable)	Service	Resider	ntial Commerc	ial Industri	ial Combine	ed Agricultural
151 SOUTH MA	AIN STREET	Connections		1			

Towns Served: NEWTOWN

	Wa	ter System Facili	ity and Sampling P	oint Ir	ivento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
		FSS002	KIT SNK TRPL SNK	Α	Υ		Υ		
		FSS003	RR GENERIC RR	Α	Υ		Υ		
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21688	WELL	2	WELL	Α					
55713	TREATMENT PLANT								

				Contact Inf	ormation				
Name				Organization	1			Job Title	
Ms. Christine Hoga	n			Consumers F	Petroleum		President		
Mailing Address Lin	e One		Mailing A	ddress Line Two			City	State	Zip Code
497 Bic Dr						Milford		СТ	06461
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress		
203-261-3123		203-261-7	755		860-318-6797	chogan@	consumersp	etroleum.c	om

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.
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End of schedule

	Connecticut Dep	partment of	Public H	lealth	Drinl	king	Wa	ter S	ection			
	Water Qu	ality Monit	oring an	d Con	nplian	ice S	che	dule				
PWS ID	PWS Name				Classifica	ation P	opula	tion Ov	vner Type Pi	imary Source		
CT0970184	1 DODGINGTOWN ROAD				NC		38		Р	GW		
Local Address	(where applicable)		Service Connections	Residen	tial Com	mercial	Ind	ustrial	Combined 3	Agricultural		
Towns Served:	NEWTOWN			1								
		Monito	oring Requ	ıireme	nts							
Water System	m Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)									
Total Colifor	m (3100)							1 ro	utine (RT)	per quarter		
Sampling	Point (Sampling Point ID)			Monitori	ng Period	d Col	llectio	n Perio	d Compli	ance Status		
Select fro	m Inventory of Active Sampli	ing Points		7/1/19 -	9/30/19				Co	mplete		
				10/1/19 -	12/31/19	9			Co	mplete		
				1/1/20 -	3/31/20				Со	mplete		
				4/1/20 -								
				7/1/20 -	9/30/20							
-	ameters (PPS)									per quarter		
	Point (Sampling Point ID)			Monitori		d Col	llectio	n Perio	d Compli	ance Status		
Select fro	m Inventory of Active Sampli	ing Points	7/1/19 - 9/30/19							Complete		
			:	10/1/19 -		9				mplete		
					3/31/20				Со	mplete		
				4/1/20 -	6/30/20							
				7/1/20 -	9/30/20							
Water Systen	n Facility: ENTRY POINT	(WSF ID: 00700)										
Nitrate (104										per quarter		
	Point (Sampling Point ID)			Monitori		d Col	llectio	n Perio		ance Status		
ENTRY PC	DINT (3)			7/1/19 -	9/30/19				Со	mplete		
			:	10/1/19 -	12/31/19	9			Со	mplete		
				1/1/20 -	3/31/20				Со	mplete		
			4/1/20 - 6/30/20									
				7/1/20 -	9/30/20							
	Nitrite (NOX)								-	T) per year		
	Point (Sampling Point ID)			Monitori			llectio	n Perio		ance Status		
ENTRY PC	DINT (3)				12/31/19					mplete		
					12/31/20				Со	mplete		
					12/31/21							
	Water	System Facili	ity and Sar	mpling	Point							
Water	tor Custom Facility	Compaline Delet	Campulin - D - !	int		Tot		ead an		C		
System Wa Facility ID	ter System Facility	Sampling Point ID	Description	nı		Colife Ru		Copper		Stage WQP 2 DBPR		
	TRIBUTION SYSTEM	4	DISTRIBUTION	U CVCTER A	Statu A	<u>is Ku</u> Y		Tuie He	י שארטנטט	THE POPER		
טטטטט טוא	I WIDO LION 2121 EIVI					Y						
		TAM001	KIT HS NEAR I		N A	v	,		Υ			
		TAM002			_		Y					
		TAM003		EN HAND SINK A EN SINK DOUBLE A			Y Y		Y			
		TAM004	BAR HAND SII	CHEN SINK DOUBLE A R HAND SINK A			Υ		Y Y			
		TAM005		R SINK TRIPLE A					Ϋ́Υ			
		TAM006				Y Y						
		AIVIUU	WEST KINI FAD	ILD MOON	/I A	Y			Υ			

REST RM MENS ROOM

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TAM007

Page 13 Schedule Generation Date: 3/10/2020

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

				<u> </u>			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0970184	1 DODGINGTOWN ROAD			NC	38	Р	GW
Local Address	(where applicable)	Service	Resident	ial Commerci	al Industri	al Combine	ed Agricultural
		Connections				3	

Towns Served: NEWTOWN

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR		
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
21689	WELL	2	WELL	Α							

				Contact Info	ormation				
Name				Organization				Job Title	
Mr. John M. Tamba	ascio			Jct, LLC			Manager		
Mailing Address Line One				Mailing Address Line Two			City		Zip Code
1 Dodgingtown Roa	ıd					Newtow	n	СТ	06470
Business Phone Extension Fax				Mobile Phone	Emergency Phone	Email Address			
203-426-2715		203-270-6	5867		203-733-8893	john_m_tambascio@sbcglobal.net			
	·								

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.
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End of schedule

С	onnecticut De _l	partment of	Public H	lealth	Dri	nking	Wa	ater S	Sectio	n		
	Water Qu	iality Monit	oring an	d Con	nplia	ance S	Sche	dule				
PWS ID P\	WS Name	<u>J</u>	<u> </u>		-	fication				e Pri	marv	Source
	NGS RESTAURANT					NC	25		Р /		GW	
Local Address (whe	ere applicable)		Service	Residen		ommercia		dustrial	Combi	ned		ultural
271 SOUTH MAIN S			Connections	2		1					7 10.10	
Towns Served: NEV				_								
Towns served: 112		Monite	orina Doan		n t c							
Water System Fa	cility: DISTRIBUTION		oring Requ D: 00600)	ııreme	iiis							
Total Coliform (3100)							1 r	outine (I	RT) p	er qu	arter
	nt (Sampling Point ID)			Monitori	ing Per	riod Co	ollectio	on Perio	-		nce Si	
	ventory of Active Sampl	ing Points		7/1/19 -							nplete	
				10/1/19 -							nplete	
				1/1/20 -							nplete	
				4/1/20 -								
				7/1/20 -								
Physical Parame	eters (PPS)			, , = -	,, -			1 r	outine (I	RT) n	er au	arter
_	nt (Sampling Point ID)			Monitori	ina Per	riod Co	ollectio	on Perio	=		nce Si	
	ventory of Active Sampl	ing Points		7/1/19 -							nplete	
	, ,		:	 10/1/19 -				Complete				
				1/1/20 -							nplete	
				4/1/20 -								
				7/1/20 -								
Water System Fa	cility: ENTRY POINT	(WSF ID: 00700)		., _, _ =	5,55,							
Nitrate And Nitr	•	(113. 15. 00700)							1 routin	۸ / D٦	[] nor	voor
	nt (Sampling Point ID)			Monitori	ina Dor	ind Co	allectio	on Perio		-	nce Si	-
ENTRY POINT				1/1/19 -			meeth	on reno	u coi		nplete	
LIVINITOINI	(5)			1/1/20 -						COI	iipicto	•
				1/1/21 -								
		O.H C										
		Otner C	ompliance	Sched	uies							
Compliance Sched	ule Activity			ı	Due Do	ate		Achieve	d Date			
RESPOND TO SANI	TARY SURVEY			1	11/5/20	017						
	Water	System Facili	ity and Sar	npling	Poin			-	•			
Water Water S	System Facility	Sampling Point	Sampling Doi	nt				Lead ar				Ctaas
System Water S Facility ID	ystem rudnity	Sumpling Point ID	Description		-		form ule	Coppe Rule Ti	r er Asbes	tos I		Stage 2 DRPR
	UTION SYSTEM	4	DISTRIBUTION	I SYSTEM		utus	Y		cc3			- 551 K
JOOGO DISTRIB	O HON SISILIVI	DOWNSTREAM				A	•					
		KR001	SERVER STAT				Υ		Υ			
		KR001	SERVER STAT				Υ		Y			
		KR003	RR GENERIC F				Υ		Y			
		KR003	KIT HAND SNI				Υ		Y			
		KR005	KIT HAND SNI				Υ		Y			
		KR005	KIT TIAND SINI				Υ		Y			
		KR007	KIT SNK SINGI				Υ	,				
		KR007	KIT SNK SNACE A				Υ		Y			
		UPSTREAM	WITHIN 5 SER			A	•		1			
		SISINLAWI	VVIIIIII J JEN	VICE COI	. •	, ,						

ENTRY POINT

Α

3

00700 ENTRY POINT

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source			
СТ0970234	KINGS RESTAURANT				NC	25	Р	GW			
Local Address (v	vhere applicable)	Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural			
271 SOUTH MAI	Connections	2		1							

Towns Served: NEWTOWN

		Water Sy	stem Fac	cility and	Sampling Po	int I	nvent	ory		
Water System Water Sy Facility ID 21693 WELL	stem Facility		Sampling Poi ID 2	int Sampling Description	an .	Statu: A	Total Coliforr _S Rule		Asbestos	Stage WQP 2 DBPR
			C	ontact Inf	ormation					
Name				Organization	า				Job Title	
Mr. Charles Bevens	ee		271 South Main Street							
Mailing Address Lin	Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
P.O. Box 492						В	otsford		СТ	06404
Business Phone	Extension	Fax	Me	obile Phone	Emergency Pho	ne Ei	mail Addı	ress		
203-270-8792										
Contact Role(s): Le	gal Contact, C	Owner								
Name				Organization	า				Job Title	
Mr. Nick Pirraglia				Kings Restau	ırant		О	wner		
Mailing Address Lin	e One		Mailing Add	ress Line Two				City	State	Zip Code
271 South Main Str	eet					N	ewtown		СТ	06470
Business Phone	Extension	Fax	M	obile Phone	Emergency Pho	ne Ei	mail Addı	ress		
203-426-6881					203-223-8100)				
Contact Role(s): Ac	dministrative	Contact	·							

Please note the following:

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

End of schedule

Cor	nnecticut Depar Water Quali					U			
PWS ID PWS	Name				Classificatio	n Popi	ulation O	wner Type Pr	imary Source
CT0970244 LORE	NZOS RESTAURANT				NC		29	Р	GW
Local Address (where	applicable)		Service	Residentia	al Comme	rcial I	ndustrial	Combined	Agricultural
229 RIVERSIDE ROAD			Connections		1				
Towns Served: NEWT	OWN								
		Mor	nitoring Requ	iiremen	ts				
•	ty: DISTRIBUTION SYS								
Total Coliform (31	•							outine (RT) p	•
	Sampling Point ID)			Monitoring		Collec	tion Perio		ance Status
Select from Inver	ntory of Active Sampling P	oints		10/1/19 - 1		_			mplete
				1/1/20 - 3					
				4/1/20 - 6					
	(222)			7/1/20 - 9	/30/20		_	(>=\	_
Physical Parameter	-			0.0 141-	Davis d	C-11		outine (RT) p	•
	Sampling Point ID)	aints		Monitoring		Collec	tion Perio		ance Status
Select from inver	ntory of Active Sampling P	OITILS		7/1/19 - 9	•				mplete
			•	10/1/19 - 1 1/1/20 - 3				COI	mplete
				4/1/20 - 6					
				7/1/20 - 9					
Water System Facili	ty: ENTRY POINT (WS	E ID: 007	00)	771720-3	730720				
•	ty. LIVINI POINT (WS	DF 1D. 007	00)				1	outino (DT) :	
Nitrate (1040)	Sampling Point ID)			Monitoring	a Pariod	Collec	tion Perio	outine (RT) p	ance Status
ENTRY POINT (3)				7/1/19 - 9		Conec	tion Ferio		mplete
LIVINI FOINT (3)				7/1/19 - 3 10/1/19 - 1					mplete
				1/1/20 - 3				COI	пріссе
				4/1/20 - 6					
				7/1/20 - 9					
Nitrite (1041)				7/1/20 3	750/20			1 routine (R	T) ner vear
	Sampling Point ID)			Monitorin	a Period	Collec	tion Perio	-	ance Status
ENTRY POINT (3)				1/1/19 - 12					mplete
2(3)				1/1/20 - 12	-				
				1/1/21 - 12					
		Public N	lotification R						
			Compliance	Notice		Notific		PN Cert	<u>ification</u>
Violation/Situation			Period	Tier	Require		rformed	Due to DPH	Received
Total Coliform M&R V			7/1/19 - 7/31/19	3	12/10/20			12/20/2020	
Water	Water Sys	stem Fa	cility and Sar	npling F	Point In	vento Total	ry Lead an	nd.	
	tem Facility So	ampling Po	int Sampling Poi	nt	(Coliform			Stage
Facility ID	-	ID	Description		Status	Rule			WQP 2 DBPR
00600 DISTRIBUT	ION SYSTEM	4	DISTRIBUTION	N SYSTEM	Α	Υ			
	D	OWNSTRE	AM WITHIN 5 SER	VICE CON	Α				
		LR001	KIT SNK DOU	BLE	Α	Υ		Υ	
		LR002	KIT SNK SINGI	_E	Α	Υ		Υ	
		LR003	RR LADY ROO	М	Α	Υ		Υ	
		LR004	RR MENS RR		Α	Υ		Υ	

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

		<u> </u>					
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0970244	LORENZOS RESTAURANT			NC	29	Р	GW
Local Address (where applicable)		Service	Residen	tial Commerc	ial Industri	ial Combine	ed Agricultural
229 RIVERSIDE ROAD		Connections		1			

Towns Served: NEWTOWN

	Water System Facility and Sampling Point Inventory										
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR		
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
61650	WELL 1	2	WELL 1	Α							

				Contact Inf	ormation						
Name				Organization	1		Job Title				
Miss Laurie McColl	um			Lorenzo's Re	staurant		Property Owner				
Mailing Address Lin	e One		Mailin	g Address Line Two		City State Zip Co					
1 Cente Street						Sandy H	ook	CT	06482		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address					
203-426-3485					203-788-4079	lauriem30@sbcglobal.net					
	·										

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

Please note the following:

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

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

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

End of schedule

	Connecticut Do	epartment of	Public H	ealth I	Orink	ing W	ater S	ection	
	Water Q	Quality Monit	oring and	d Com	plianc	e Sch	edule		
PWS ID	PWS Name			C	lassificati	ion Popu	ılation Ov	vner Type P	rimary Source
CT0970254	133 MT PLEASANT ROA	۱D			NC	2	25	Р	GW
Local Addre	ss (where applicable)		Service	Residentia	al Comm	nercial II	ndustrial	Combined	Agricultural
133 MT PLE	ASANT ROAD		Connections		1				
Towns Serv	ed: NEWTOWN				·				
		Monite	oring Requ	iremen	ts				
Water Syst	tem Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)						
Total Coli	form (3100)						1 ro	utine (RT)	per quarter
Sampl	ing Point (Sampling Point ID))		Monitoring	g Period	Collect	ion Period	l Compli	ance Status
Select	from Inventory of Active Sam	pling Points		7/1/19 - 9	/30/19			Co	mplete
			-	10/1/19 - 1	2/31/19			Co	mplete
				1/1/20 - 3	/31/20			Co	mplete
				4/1/20 - 6	/30/20				
				7/1/20 - 9	/30/20				
Physical P	arameters (PPS)						1 ro	utine (RT)	per quarter
Sampl	ing Point (Sampling Point ID))		Monitoring	g Period	Collect	tion Period	l Compli	ance Status
Select	from Inventory of Active Sam	pling Points		7/1/19 - 9	/30/19			Со	mplete
				10/1/19 - 1					mplete
				1/1/20 - 3				Co	mplete
				4/1/20 - 6	-				
				7/1/20 - 9	/30/20				
Water Syst	tem Facility: ENTRY POIN	T (WSF ID: 00700)							
	nd Nitrite (NOX)							=	RT) per year
	ing Point (Sampling Point ID))		Monitoring	•	Collect	tion Period	-	ance Status
ENTRY	POINT (3)			1/1/19 - 12				Сс	mplete
				1/1/20 - 12					
				1/1/21 - 12	2/31/21				
		Other C	ompliance	Schedu	ıles				
Compliance	Schedule Activity			Du	ıe Date		Achieved	l Date	
RESPOND T	O SANITARY SURVEY			1/	5/2020				
	Wate	er System Facili	ity and Sar	npling P	oint Ir	nvento	ry		
Water						Total	Lead and		
- /	Nater System Facility	Sampling Point		nt		Coliform			Stage
Facility ID		ID	Description		Status	Rule	Rule Tie	r Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ			
		DOWNSTREAM	WITHIN 5 SER	VICE CON	Α				
		TD001	BAR SINK		Α	Υ		Υ	
		TD002	KIT SNK		Α	Υ		Υ	
		TD003			Υ				
		TD004	004 RR LADY ROOM A Y Y			Υ			
		UPSTREAM	WITHIN 5 SER	VICE CON	Α				
00700 E	ENTRY POINT	3	ENTRY POINT		Α				
21695 \	WELL	2	WELL		Α				

Schedule Generation Date: 3/10/2020 Page 19

59537 TREATMENT PLANT

	Water Quality Monite	oring an	d Con	npl	iance S	Schedul	le	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0970254	133 MT PLEASANT ROAD			NC	25	Р	GW	
Local Address (where applicable)		Service	Residen	ntial	Commercia	al Industri	al Combine	d Agricultural
133 MT PLEASANT ROAD		Connections			1			

Towns Served: NEWTOWN

Contact Information									
Name				Organization	Organization Job Title				
Mr. Paul Hilario							Owner		
Mailing Address Lin	e One		Mailing Add	ress Line Two		City	State	Zip Code	
131 Mt Pleasant Ro	ad					Newtow	n	СТ	06470
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	dress		
203-426-1459		203-270-8	3211		203-426-1459	Hilarioto	w@aol.com		

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

Please note the following:

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

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

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

End of schedule

Connecticut Department of Publ	lic Health Drinki	ng Water Se	ection			
			CCIOII			
Water Quality Monitoring	<u> </u>					
PWS ID PWS Name			ner Type Primary Source			
CT0970304 160 SOUTH MAIN STREET - NEWTOWN	NC NC	125	P GW			
Local Address (where applicable) Service Connect		ercial Industrial	Combined Agricultural			
	ctions 1					
Towns Served: NEWTOWN						
Monitoring I	Requirements					
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	0)					
Total Coliform (3100)		1 rc	outine (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	./19 Comp				
	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					
	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					
Total Coliform (3100)		3 r	epeat (RP) per period			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points	Monitoring Period 11/2/19 - 11/7/19	Collection Period	Compliance Status Complete			
			-			
Select from Inventory of Active Sampling Points			Complete outine (RT) per month			
Select from Inventory of Active Sampling Points Physical Parameters (PPS)	11/2/19 - 11/7/19	1 rc	Complete outine (RT) per month			
Select from Inventory of Active Sampling Points Physical Parameters (PPS) Sampling Point (Sampling Point ID)	11/2/19 - 11/7/19 Monitoring Period	1 rc	Complete Dutine (RT) per month Compliance Status			
Select from Inventory of Active Sampling Points Physical Parameters (PPS) Sampling Point (Sampling Point ID)	11/2/19 - 11/7/19 Monitoring Period 10/1/19 - 10/31/19	1 rc	Complete Dutine (RT) per month Compliance Status Complete			
Select from Inventory of Active Sampling Points Physical Parameters (PPS) Sampling Point (Sampling Point ID)	11/2/19 - 11/7/19 Monitoring Period 10/1/19 - 10/31/19 11/1/19 - 11/30/19	1 rc	Complete Dutine (RT) per month Compliance Status Complete Complete			
Select from Inventory of Active Sampling Points Physical Parameters (PPS) Sampling Point (Sampling Point ID)	11/2/19 - 11/7/19 Monitoring Period 10/1/19 - 10/31/19 11/1/19 - 11/30/19 12/1/19 - 12/31/19	1 rc	Complete Dutine (RT) per month Compliance Status Complete Complete Complete			
Select from Inventory of Active Sampling Points Physical Parameters (PPS) Sampling Point (Sampling Point ID)	11/2/19 - 11/7/19 Monitoring Period 10/1/19 - 10/31/19 11/1/19 - 11/30/19 12/1/19 - 12/31/19 1/1/20 - 1/31/20	1 rc	Complete Dutine (RT) per month Compliance Status Complete Complete Complete			
Select from Inventory of Active Sampling Points Physical Parameters (PPS) Sampling Point (Sampling Point ID)	11/2/19 - 11/7/19 Monitoring Period 10/1/19 - 10/31/19 11/1/19 - 11/30/19 12/1/19 - 12/31/19 1/1/20 - 1/31/20 2/1/20 - 2/29/20	1 rc	Complete Dutine (RT) per month Compliance Status Complete Complete Complete			
Select from Inventory of Active Sampling Points Physical Parameters (PPS) Sampling Point (Sampling Point ID)	11/2/19 - 11/7/19 Monitoring Period 10/1/19 - 10/31/19 11/1/19 - 11/30/19 12/1/19 - 12/31/19 1/1/20 - 1/31/20 2/1/20 - 2/29/20 3/1/20 - 3/31/20	1 rc	Complete Dutine (RT) per month Compliance Status Complete Complete Complete			
Select from Inventory of Active Sampling Points Physical Parameters (PPS) Sampling Point (Sampling Point ID)	11/2/19 - 11/7/19 Monitoring Period 10/1/19 - 10/31/19 11/1/19 - 11/30/19 12/1/19 - 12/31/19 1/1/20 - 1/31/20 2/1/20 - 2/29/20 3/1/20 - 3/31/20 4/1/20 - 4/30/20	1 rc	Complete Dutine (RT) per month Compliance Status Complete Complete Complete			
Select from Inventory of Active Sampling Points Physical Parameters (PPS) Sampling Point (Sampling Point ID)	11/2/19 - 11/7/19 Monitoring Period 10/1/19 - 10/31/19 11/1/19 - 11/30/19 12/1/19 - 12/31/19 1/1/20 - 1/31/20 2/1/20 - 2/29/20 3/1/20 - 3/31/20 4/1/20 - 4/30/20 5/1/20 - 5/31/20	1 rc	Complete Dutine (RT) per month Compliance Status Complete Complete Complete			
Select from Inventory of Active Sampling Points Physical Parameters (PPS) Sampling Point (Sampling Point ID)	11/2/19 - 11/7/19 Monitoring Period 10/1/19 - 10/31/19 11/1/19 - 11/30/19 12/1/19 - 12/31/19 1/1/20 - 1/31/20 2/1/20 - 2/29/20 3/1/20 - 3/31/20 4/1/20 - 4/30/20 5/1/20 - 5/31/20 6/1/20 - 6/30/20	1 rc	Complete Dutine (RT) per month Compliance Status Complete Complete Complete			
Select from Inventory of Active Sampling Points Physical Parameters (PPS) Sampling Point (Sampling Point ID)	11/2/19 - 11/7/19 Monitoring Period 10/1/19 - 10/31/19 11/1/19 - 11/30/19 12/1/19 - 12/31/19 1/1/20 - 1/31/20 2/1/20 - 2/29/20 3/1/20 - 3/31/20 4/1/20 - 4/30/20 5/1/20 - 5/31/20 6/1/20 - 6/30/20 7/1/20 - 7/31/20	1 rc	Complete Dutine (RT) per month Compliance Status Complete Complete Complete			
Select from Inventory of Active Sampling Points Physical Parameters (PPS) Sampling Point (Sampling Point ID)	11/2/19 - 11/7/19 Monitoring Period 10/1/19 - 10/31/19 11/1/19 - 11/30/19 12/1/19 - 12/31/19 1/1/20 - 1/31/20 2/1/20 - 2/29/20 3/1/20 - 3/31/20 4/1/20 - 4/30/20 5/1/20 - 5/31/20 6/1/20 - 6/30/20 7/1/20 - 7/31/20 8/1/20 - 8/31/20	1 rc	Complete Dutine (RT) per month Compliance Status Complete Complete Complete			
Select from Inventory of Active Sampling Points Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points	11/2/19 - 11/7/19 Monitoring Period 10/1/19 - 10/31/19 11/1/19 - 11/30/19 12/1/19 - 12/31/19 1/1/20 - 1/31/20 2/1/20 - 2/29/20 3/1/20 - 3/31/20 4/1/20 - 4/30/20 5/1/20 - 5/31/20 6/1/20 - 6/30/20 7/1/20 - 7/31/20 8/1/20 - 8/31/20	1 rc	Complete Dutine (RT) per month Compliance Status Complete Complete Complete			
Select from Inventory of Active Sampling Points Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Water System Facility: ENTRY POINT (WSF ID: 00700)	11/2/19 - 11/7/19 Monitoring Period 10/1/19 - 10/31/19 11/1/19 - 11/30/19 12/1/19 - 12/31/19 1/1/20 - 1/31/20 2/1/20 - 2/29/20 3/1/20 - 3/31/20 4/1/20 - 4/30/20 5/1/20 - 5/31/20 6/1/20 - 6/30/20 7/1/20 - 7/31/20 8/1/20 - 8/31/20	1 rc	Complete Dutine (RT) per month Compliance Status Complete Complete Complete Complete Complete Complete			
Select from Inventory of Active Sampling Points Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX)	11/2/19 - 11/7/19 Monitoring Period 10/1/19 - 10/31/19 11/1/19 - 11/30/19 12/1/19 - 12/31/19 1/1/20 - 1/31/20 2/1/20 - 2/29/20 3/1/20 - 3/31/20 4/1/20 - 4/30/20 5/1/20 - 5/31/20 6/1/20 - 6/30/20 7/1/20 - 7/31/20 8/1/20 - 8/31/20 9/1/20 - 9/30/20	1 rc Collection Period	Complete Dutine (RT) per month Compliance Status Complete Complete Complete Complete Complete Tomplete Complete			
Select from Inventory of Active Sampling Points Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)	Monitoring Period 10/1/19 - 10/31/19 11/1/19 - 11/30/19 11/1/19 - 12/31/19 1/1/20 - 1/31/20 2/1/20 - 2/29/20 3/1/20 - 3/31/20 4/1/20 - 4/30/20 5/1/20 - 5/31/20 6/1/20 - 6/30/20 7/1/20 - 7/31/20 8/1/20 - 8/31/20 9/1/20 - 9/30/20 Monitoring Period	1 rc Collection Period	Complete Dutine (RT) per month Compliance Status Complete Complete Complete Complete Complete Complete Complete Complete			
Select from Inventory of Active Sampling Points Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)	Monitoring Period 10/1/19 - 10/31/19 11/1/19 - 10/31/19 11/1/19 - 11/30/19 12/1/19 - 12/31/19 1/1/20 - 1/31/20 2/1/20 - 2/29/20 3/1/20 - 3/31/20 4/1/20 - 4/30/20 5/1/20 - 5/31/20 6/1/20 - 6/30/20 7/1/20 - 7/31/20 8/1/20 - 8/31/20 9/1/20 - 9/30/20 Monitoring Period 1/1/19 - 12/31/19	1 rc Collection Period	Complete Dutine (RT) per month Compliance Status Complete Complete Complete Complete Complete Complete Complete Complete			
Select from Inventory of Active Sampling Points Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)	11/2/19 - 11/7/19 Monitoring Period 10/1/19 - 10/31/19 11/1/19 - 11/30/19 12/1/19 - 12/31/19 1/1/20 - 1/31/20 2/1/20 - 2/29/20 3/1/20 - 3/31/20 4/1/20 - 4/30/20 5/1/20 - 5/31/20 6/1/20 - 6/30/20 7/1/20 - 7/31/20 8/1/20 - 8/31/20 9/1/20 - 9/30/20 Monitoring Period 1/1/19 - 12/31/19 1/1/20 - 12/31/20	1 rc Collection Period	Complete Dutine (RT) per month Compliance Status Complete Complete Complete Complete Complete Complete Complete Complete			
Select from Inventory of Active Sampling Points Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3)	11/2/19 - 11/7/19 Monitoring Period 10/1/19 - 10/31/19 11/1/19 - 11/30/19 12/1/19 - 12/31/19 1/1/20 - 1/31/20 2/1/20 - 2/29/20 3/1/20 - 3/31/20 4/1/20 - 4/30/20 5/1/20 - 5/31/20 6/1/20 - 6/30/20 7/1/20 - 7/31/20 8/1/20 - 8/31/20 9/1/20 - 9/30/20 Monitoring Period 1/1/19 - 12/31/19 1/1/20 - 12/31/20	1 ro Collection Period 1 Collection Period	Complete Dutine (RT) per month Compliance Status Complete Complete Complete Complete Complete Complete Complete Complete			

Monitoring Period

Collection Period

Compliance Status

Page 21

Schedule Generation Date: 3/10/2020

Sampling Point (Sampling Point ID)

	Connoc	rticut Donartment	of Dublic Uc	alth D	rink	ing M	ator Sc	oction	
		cticut Department o Water Quality Moni						ction	
PWS ID	PWS Name	water Quality Mon	itoring and					ner Tyne Pi	rimary Source
CT097030		MAIN STREET - NEWTOWN		Cla	NC		25	P	GW
	dress (where applica		Service F	esidential			ndustrial	Combined	Agricultural
			Connections		1				- Greenen
Towns Se	rved: NEWTOWN								
		Moni	toring Requi	ements	S				
Water Sy	ystem Facility: V	VELL 2 (WSF ID: 60346)							
E. Coli ((3014)						1 trigg	gered (TG)	per period
Sam	pling Point (Sampl	ing Point ID)	M	onitoring l	Period	Collect	ion Period	Compli	ance Status
WEL	L 2 (2)		11	L/1/19 - 11	./7/19			Со	mplete
	Mont	thly Water System Fac	ility (WSF) Le	vel Mo	nitori	ng Req	Juireme	nts	
Water Sy	ystem Facility: EN	NTRY POINT (WSFID: 00700)							
Analy		Monitoring Requirement (Sum		Operati	ng Limi	t		Samples Ro	eq/Month
рН		Entry Point pH Monitoring(PHF		Minimu	_	PH		4	
Start I	Date: 10/1/2016		Complian	_		Operati	_	Monitor	_
			Monitorin	_		Complia	nce Status	: Complia	nce Status:
			10/1/2019						
			11/1/2019						
			12/1/2019 1/1/2020 -						
			2/1/2020 -						
		Water System Faci				vento	rv		
Water		Trater system rad	incy and Sam	P9 1 C	JC 11	Total	Lead and		
System	Water System Fa	cility Sampling Poin	nt Sampling Point				Copper		Stage
Facility II	ס	ID	Description		Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYS	STEM 4	DISTRIBUTION S	YSTEM	Α	Υ			
		BSHS1	BAR HAND SINK	NO 1	Α	Υ		Υ	
		BSHS2	BAR HAND SINK	NO 2	Α	Υ		Υ	
		BSHS3	BAR HAND SINK	NO 3	Α	Υ		Υ	
		BSHS4	BAR HAND SINK		Α	Υ		Υ	
		BSHS5	BAR HAND SINK		Α	Υ		Υ	
		BST	BAR SINK TRIPL		A	Y		Y	
			M KITCHEN BACK I		Α	Υ			
		KSDISHWASH		ASH	A	Y		Y	
		KSHS	KIT HAND SNK		A	Y		Y	
		KSS	KIT SNK SINGLE	Iν	Α	Y		Y	
		KSTS	KIT SNK TRPL SN		Α	Y		Y	
		RRLRL	RR LADY ROOM RR LADY ROOM		Α	Y Y		Y Y	
		RRLRR RRMR	RR MENS RR	N	A A	Υ Υ		Υ Υ	
		UPSTREAM	KITCHEN FRONT	SINGLE	A	Υ		ī	
00700	ENTRY POINT	3	ENTRY POINT	SHIGEL	A	•			
60346	WELL 2	2	WELL 2		A				
00040	** LLL 4		** 4		<i>,</i> ¬				

TREATMENT PLANT

60349

Schedule Generation Date: 3/10/2020 Page 22

CT0970304	160 SOUTH MAIN STREET - NEWTOWN	NC	125	Р	GW						
PWS ID PWS Name Classification Population Owner Type Primary Source											
Water Quality Monitoring and Compliance Schedule											
	Connecticut Department of Fublic Health Di Hiking Water Section										

CT0970304	160 SOUTH MAIN STREET - NEWTOWN			NC	125	Р	GW
Local Address (Local Address (where applicable)		Residenti	al Commerci	al Industri	al Combin	ed Agricultural
		Connections		1			

Towns Served: NEWTOWN

				Contact Info	ormation						
Name			Organization Job Title								
Mr. Kung Wei				Red Rooster Pub LLC Owner							
Mailing Address Lin	e One		Mailing Address Line Two City State Zi						Zip Code		
160 South Main Str	eet					Newtow	'n	СТ	06470		
Business Phone	Extension	Fax	•	Mobile Phone	Emergency Phone	Email Address					
203-270-0788					646-322-8208	ago-wei	@hotmail.co	om			

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

Please note the following:

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

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

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

End of schedule

	Connecticut Depar	tment of Public H	lealth	Dr	inkin	g W	ater	Se	ction	1	
	↑	ty Monitoring an				_					
PWS ID	PWS Name	9) 1101110011118 0111		_		_			ner Type	Pri	mary Source
CT0970314	316 SOUTH MAIN STREET				NC		25		Р	1	GW
	(where applicable)	Service	Resider	ntial	Commerc		ndustri	al	Combir	ied	Agricultura
		Connections			1						0
Towns Served:	NEWTOWN	l l									
		Monitoring Requ	ireme	nts							
Water Systen	n Facility: DISTRIBUTION SYS										
Total Colifor	m (3100)							1 ro	utine (RT) į	er month
	Point (Sampling Point ID)		Monitor	ing P	eriod (Collect	ion Pe		_		nce Status
Select fro	m Inventory of Active Sampling Po	oints	10/1/19	- 10/3	31/19					Con	nplete
			11/1/19								nplete
			12/1/19	- 12/3	31/19					Con	nplete
			1/1/20								nplete
			2/1/20	- 2/29	9/20					Con	nplete
			3/1/20	- 3/3:	1/20					Con	nplete
			4/1/20	- 4/30	0/20						
			5/1/20	- 5/3:	1/20						
			6/1/20	- 6/30	0/20						
			7/1/20	- 7/3:	1/20						
			8/1/20	- 8/32	1/20						
			9/1/20	- 9/30	0/20						
Physical Para	ameters (PPS)							1 ro	utine (RT) į	er month
Sampling	Point (Sampling Point ID)		Monitor	ing P	eriod (Collect	ion Pe	riod	Con	nplia	nce Status
Select fro	m Inventory of Active Sampling Po	oints	10/1/19	- 10/3	31/19					Con	nplete
			11/1/19	- 11/3	30/19					Con	nplete
			12/1/19								nplete
			1/1/20							Con	nplete
			2/1/20	- 2/29	9/20					Con	nplete
			3/1/20	- 3/32	1/20					Con	nplete
			4/1/20								
			5/1/20								
			6/1/20		•						
			7/1/20		-						
			8/1/20						_		
			9/1/20	- 9/30	0/20						
Water Systen	n Facility: ENTRY POINT (WS	F ID: 00700)									
	Nitrite (NOX)								-		er quarter
	Point (Sampling Point ID)		Monitor			Collect	ion Pe	riod	Con	_	nce Status
ENTRY PC	DINT (3)		7/1/19 - 9/30/19							nplete	
			10/1/19								nplete
			1/1/20		•					Con	nplete
			4/1/20		•						
			7/1/20		•						
	Water Sys	tem Facility and Sar	npling	Po	int Inve	ento	ry				
Water					7	Total	Lead	and			
System Wa	ter System Facility Sa	mpling Point Sampling Poi	nt		Со	liform	Cop	per			Stage

Rule

Status

Rule Tier Asbestos WQP 2 DBPR

Description

ID

Facility ID

	Co	nnectic	ut Dena	rtment o	f Public	Health	Dr	inkir	ισ Μ	/ater	Sp	ction	
			•	lity Moni					_			Ction	
PWS ID	PW	'S Name			0011118		_					ner Type P	rimary Source
CT097031		SOUTH MAI	N STREET				0.0.0	NC		25	-	Р	GW
		e applicable)			Service	Residen	itial (Comme		ndustria	al	Combined	
200017100	1000 (111101	e applicable)			Connectio		·ciai	1	· ciai · i	114456116	J		71811001101101
Towns Ser	rved: NEW	TOWN											
			Water Sy	stem Faci	lity and S	ampling	Poi	nt Inv	vento	ry			
Water									Total	Lead	and		
System	_	stem Facility		Sampling Point				C	oliform	Сорр	oer		Stage
Facility ID				ID	Description	n	S	tatus	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBU	TION SYSTEM	1	4	DISTRIBUT	ION SYSTEM	1	Α	Υ				
				DOWNSTREAM	1 WITHIN 5 S	SERVICE CO	N	Α					
				KOL001	BAR SINK T	TRIPLE		Α	Υ			Υ	
				KOL002	BAR HAND	SINK		Α	Υ			Υ	
				KOL003	RR MENS F	RR		Α	Υ			Υ	
				KOL004				Υ			Υ		
				KOL005	KIT HAND SNK A Y			Υ			Υ		
				KOL006	KIT SNK TRPL SNK A Y			Υ			Υ		
				KOL007	KIT SNK SINGLE A Y		Υ			Υ			
				UPSTREAM	WITHIN 5 S	SERVICE COI	N	Α					
00700	ENTRY PO	DINT		3	ENTRY POI	NT		Α					
21699	WELL			2	WELL			Α					
57381	TREATME	NT STATION											
				Coı	ntact Info	ormation	1						
Name				C	Organization							Job Title	
Ms. Susar	n Frenkel			F	renkel Realty	y Assoc Ltd F	Partn		Ma	anging N	Mem	ber	
Mailing Ad	ddress Line	e One		Mailing Addres	ss Line Two				C	City		State	Zip Code
29 Canter	bury Road			_				Sand	dy Hook	(СТ	06482
Busines	s Phone	Extension	Fax	Mob	ile Phone	Emergency	/ Phor		-				
203-42					994-0614	203-994-				el@att.r	net		
Contact R	ole(s): Ac	lministrative	Contact	l									
Name	()			C	Organization							Job Title	
	eality Asso	ciates Ltd Pr	tshp		0								
Mailing Ad			•-	Mailing Addre	ss Line Two				(City		State	Zip Code
	berry Lane				55 2			Sano	dy Hook			CT	06482
Busines		Extension	Fax	Moh	ile Phone	Emergency	/ Phor		-			<u> </u>	
Busines	31110110	Exterision	TUX	11102	and i morre	Lineigeney	1 1101	ic Lina					
Contact R	ole(s): Ov	vner											
Name				C	Organization							Job Title	
Mr. Alfred	d Frenkel			F	renkel Realit	y Associates	Ltd		Ge	eneral Pa	artne	er	
Mailing Ad	ddress Line	e One		Mailing Addres	ss Line Two				(City		State	Zip Code
758 B Qui	nnipiac La	ne						Strat	tford			СТ	06497
Busines	s Phone	Extension	Fax	Mob	ile Phone	Emergency	/ Phor	ne Ema	il Addre	ess			

Contact Role(s): Legal Contact

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

	Tracer Quality 110	0. 001	P	1011100 6	7 0 1 1 0 0 1 0 1 1			
PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT0970314 316 SOUTH MAIN STREET					NC	25	Р	GW
Local Address (where applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
		Connections			1			

Towns Served: NEWTOWN

Please note the following:

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

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

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

End of schedule

	Connecticut Department	of Public H	lealth	Dı	inking	g W	/ater	·Se	ection		
	Water Quality Mor	nitoring an	d Con	ıpl	iance	Sch	nedu	le			
PWS ID	PWS Name			Clas	sification	Pop	ulation	Ow	ner Type	Pri	mary Source
СТ0970384	ROCK RIDGE COUNTRY CLUB				NC		25		Р		GW
Local Address (where applicable)	Service	Residen	tial	Commerc	ial	Industri	ial	Combine	ed	Agricultural
ROUTE 302		Connections			1						
Towns Served:	NEWTOWN										
	Mor	nitoring Requ	iireme	nts							
Water System	Facility: DISTRIBUTION SYSTEM (WS	SF ID: 00600)									
Total Coliforn	n (3100)							1 rc	outine (R	(T)	er month
Sampling	Point (Sampling Point ID)		Monitori	ng P	eriod C	Collec	tion Pe	riod	Com	plia	nce Status
Select fron	n Inventory of Active Sampling Points		10/1/19 -								nplete
			11/1/19 -								nplete
			12/1/19 -								nplete
			1/1/20 -								nplete
			2/1/20 -		-					Con	nplete
			3/1/20 -								
			4/1/20 -								
			5/1/20 -								
			6/1/20 - 7/1/20 -								
			8/1/20 -								
Physical Para	meters (PPS)		9/1/20 -	5,0	-,			1 rc	outine (R	(T)	er month
_	Point (Sampling Point ID)		Monitori	ng P	eriod C	Collec	tion Pe		=		nce Status
Select from	n Inventory of Active Sampling Points		10/1/19 -	10/	31/19					Con	nplete
			11/1/19 -	11/3	30/19					Con	nplete
			12/1/19 -	12/3	31/19					Con	nplete
			1/1/20 -	1/3	1/20					Con	nplete
			2/1/20 -	2/2	9/20					Con	nplete
			3/1/20 -	3/3:	1/20						
			4/1/20 -		-						
			5/1/20 -								
			6/1/20 -								
			7/1/20 -								
			8/1/20 -								
	- 111		9/1/20 -	9/30	0/20						
-	Facility: ENTRY POINT (WSF ID: 007	00)									.,
Nitrate And N	•		0.0 11			n - 11	-41 D			-) per year
	Point (Sampling Point ID)		Monitori			olled	tion Pe	riod			nce Status
ENTRY PO	INT (5)		1/1/19 - 1/1/20 -		-					con	nplete
			1/1/20 -		-						
	Oth or	· Compliance		•							
- "		r Compliance									
Compliance Sch	-				Date		Achie	eved	Date		
RESPOND TO SA	ANITARY SURVEY		9	7/17/	′2007						

3/1/2020

CROSS CONNECTION SURVEY REPORT

	Water Quality Monitoring and Compliance Schedule										
PWS ID	WS ID PWS Name Classification Population Owner Type Primary Source										
СТ0970384	CT0970384 ROCK RIDGE COUNTRY CLUB					25	Р	GW			
Local Address (\	vhere applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural			
ROUTE 302		Connections			1						

Towns Served: NEWTOWN

Water System Facility and Sampling Point Inventory												
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier Asbestos W	Stage /QP 2 DBPR					
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		RR001	KIT HAND SNK 1	Α	Υ	Υ						
		RR002	KIT HAND SNK 2	Α	Υ	Υ						
		RR003	KIT HAND SNK 3	Α	Υ	Υ						
		RR004	KIT HAND SNK 4	Α	Υ	Υ						
		RR005	KIT SNK DOUBLE	Α	Υ	Υ						
		RR006	KIT SNK TRPL SNK	Α	Υ	Υ						
		RR007	BAR SINK	Α	Υ	Υ						
		RR008	RR LADY ROOM	Α	Υ	Υ						
		RR009	RR MENS RR	Α	Υ	Υ						
		RR010	CONCESSION STAND	Α	Υ	Υ						
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
21706	WELL	2	WELL	Α								
60740	STORAGE TANK											

007 10 0101010	_								
				Contact Inf	ormation				
Name				Organization	า			Job Title	
Mr. Richard Tibbits	•			Rock Ridge (Country Club		Club Manager		
Mailing Address Lin	e One		Mailing Ad	dress Line Two			City	State	Zip Code
Rock Ridge Road			P.O. Box 11	16		Newtow	n	CT	06470
Business Phone	Extension	Fax	ľ	Mobile Phone	Emergency Phone	Email Ac	ldress		
203-426-2106		203-270-1	.932			rockridg	ecountry@snet	.net	

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

End of schedule

	Connecticut Dep	partment of	F Public F	lealth	Dı	rinki	ng W	ater !	Sec	ction		
	*	ality Monit										
PWS ID	PWS Name	diffey 14101116	or mg an	u don	-					er Type P	rimary	Source
СТ097040	4 SANDY HOOK DINER					NC		25		P	G۷	
Local Add	ress (where applicable)		Service	Residen	itial	Comm	ercial Ir	ndustrial		Combined	Agrio	cultural
	CH HILL ROAD		Connections			1						
Towns Sei	rved: NEWTOWN											
		Monite	oring Requ	uireme	nts	;						
Water Sy	stem Facility: DISTRIBUTION											
Total Co	liform (3100)							1 :	rout	ine (RT)	per qu	uarter
	pling Point (Sampling Point ID)			Monitori	ing P	Period	Collect	ion Peri		Compli		
	ct from Inventory of Active Sampli	ing Points		7/1/19 -							mplete	
	, .		_	10/1/19 -					_		mplete	
				1/1/20 -							mplete	
				4/1/20 -								
				7/1/20 -		-						
-	Parameters (PPS)									ine (RT)		
	pling Point (Sampling Point ID)			Monitori			Collect	ion Peri	od	Compli		
Selec	ct from Inventory of Active Sampli	ing Points		7/1/19 -							mplete	
				10/1/19 -							mplete	
				1/1/20 -						Сс	mplete	5
				4/1/20 -		-						
				7/1/20 -	9/3	0/20						
Water Sy	stem Facility: ENTRY POINT	(WSF ID: 00700)										
Nitrate A	And Nitrite (NOX)								1 r	outine (F	RT) pe	r year
Sam	pling Point (Sampling Point ID)			Monitori	ing P	Period	Collect	ion Peri	od	Compli	iance S	tatus
ENTF	RY POINT (3)			1/1/19 -	12/3	31/19				Co	mplete	e
				1/1/20 -	12/3	31/20						
				1/1/21 -	12/3	31/21						
	Water	System Facili	ity and Sai	mpling	Po	int In	vento	ry				
Water							Total	Lead a	nd			
System	Water System Facility	Sampling Point		int			Coliform					Stage
Facility ID)	ID	Description			Status	Rule	Rule T	ier .	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	1	Α	Υ					
		DOWNSTREAM	WITHIN 5 SEF	RVICE CON	V	Α						
		SHD001	KIT SNK TRPL	SNK		Α	Υ			Υ		
		SHD002	KIT HAND SN	K BACK		Α	Υ			Υ		
		SHD003	KIT HAND SN	K FRONT		Α	Υ			Υ		
		SHD004	RR MENS RR			Α	Υ			Υ		
		SHD005	RR LADY ROO	M		Α	Υ			Υ		
		UPSTREAM	WITHIN 5 SEF	RVICE CON	V	Α						
00700	ENTRY POINT	3	ENTRY POINT	-		Α						
21708	WELL	2	WELL			Α						
59120	PRESSURE TANK											
			tact Infori	mation)							
Name			rganization							Job Title		
	rt Corrigan		andy Hook Dine	er			Ow	ner				
	ddress Line One	Mailing Addres	s Line Two					ity		State	Zip C	
P.O. Box 5	525C/O Sandy Hook Diner					Soi	ıthburv			СТ	064	.88

Page 29

Connecticut Department of Fublic Health Diffixing Water Section												
Water Quality Monitoring and Compliance Schedule												
PWS ID PWS Name Classification Population Owner Type Primary									Primary Source			
CT0970404	SANDY HOOK DI	INER				N	С	25	Р	GW		
Local Address (w	here applicable)			Service	Residen	itial Co	mmercia	al Industri	al Combine	ed Agricultural		
98 CHURCH HILL	ROAD			Connection	S		1					
Towns Served: N	EWTOWN				·	·						
Business Phone	Business Phone Extension Fax Mobile Phone						Email A	Address				
203-270-5509			203-88	88-8834								

Please note the following:

Contact Role(s): Administrative Contact, Legal Contact

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

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

End of schedule

	45 11: 1		_					
Connecticut Department of				_			ection	
Water Quality Mon	itoring an	d Com	ıpli	ance S	Sche	dule		
PWS ID PWS Name			Class	ification	Popula	tion Ov	wner Type P	rimary Source
CT0970464 MISTYVALE DELI				NC	25		Р	GW
Local Address (where applicable)	Service	Residen	tial	Commerci	ial Ind	ustrial	Combined	Agricultural
51 BERKSHIRE ROAD	Connections			1				
Towns Served: NEWTOWN	·		·		·			
Moni	toring Requ	iireme	nts					
Water System Facility: DISTRIBUTION SYSTEM (WSF	ID: 00600)							
Total Coliform (3100)						1 r	outine (RT)	per month
Sampling Point (Sampling Point ID)		Monitori	ng Pe	riod C	ollectio	n Perio	d Compli	iance Status
Select from Inventory of Active Sampling Points		10/1/19 -	10/3	1/19			Co	mplete
		11/1/19 -	11/30	0/19			Co	mplete
		12/1/19 -	12/3	1/19			Со	mplete
		1/1/20 -	1/31/	/20			Co	mplete
		2/1/20 -	2/29/	/20			Сс	mplete
		3/1/20 -	3/31/	/20			Со	mplete
		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 r	outine (RT)	per month
Sampling Point (Sampling Point ID)		Monitori	ng Pe	riod C	ollectio	n Perio	d Compli	iance Status
Select from Inventory of Active Sampling Points		10/1/19 -	10/3	1/19			Co	mplete
	:	11/1/19 -	11/30	0/19			Co	mplete
		12/1/19 -	12/3	1/19			Co	mplete
		1/1/20 -	1/31,	/20			Co	mplete
		2/1/20 -	2/29/	/20			Co	mplete
		3/1/20 -	3/31/	/20			Co	mplete
		4/1/20 -	4/30/	/20				
		5/1/20 -	5/31/	/20				
		6/1/20 -						
		7/1/20 -	7/31,	/20				
		8/1/20 -						
		9/1/20 -	9/30/	/20				
Water System Facility: ENTRY POINT (WSF ID: 0070)	0)							
Nitrate And Nitrite (NOX)						:	1 routine (F	RT) per year
Sampling Point (Sampling Point ID)		Monitori			ollectio	n Perio		iance Status
ENTRY POINT (3)		1/1/19 -	-	-			Co	mplete
		1/1/20 - :	-	-				
		1/1/21 -	12/31	./21				
Water System Fac	ility and Sar	npling	Poi	nt Inve	entory	1		
Water				To	otal L	ead an	d	
System Water System Facility Sampling Poir	nt Sampling Poi	nt		Col	-	Copper		Stage

DISTRIBUTION SYSTEM

Schedule Generation Date: 3/10/2020 Page 31

Description

DOWNSTREAM WITHIN 5 SERVICE CON

Rule Tier Asbestos WQP 2 DBPR

Rule

Υ

Status

Α

Α

ID

Facility ID

00600

DISTRIBUTION SYSTEM

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS ID PWS Name Classification Population Owner Type Primary Sour										
СТ0970464	MISTYVALE DELI				NC	25	Р	GW			
Local Address (w	here applicable)	Service	Residen	itial Commerc		al Industri	al Combine	ed Agricultural			
51 BERKSHIRE RO	1 BERKSHIRE ROAD Connections 1										

Towns Served: NEWTOWN

Water System Facility and Sampling Point Inventory												
Water System Water System Facility		Sampling Point		Total Coliform	• • •	Stage						
Facility ID	ID	Description	Status	Rule	Rule Tier Asbestos	WQP 2 DBPR						
	MVD001	HAND SINK FRONT	Α	Υ	Υ							
	MVD002	HAND SINK BACK	Α	Υ	Υ							
	MVD003	RR GENERIC RR	Α	Υ	Υ							
	MVD004	SLOP SINK	Α	Υ	Υ							
	MVD005	SINGLE SINK	Α	Υ	Υ							
	MVD006	DISH WASH SINK	Α	Υ	Υ							
	UPSTREAM	WITHIN 5 SERVICE CON	Α									
00700 ENTRY POINT	3	ENTRY POINT	Α									
21714 WELL	2	WELL	Α									

			Co	ontact Inf	ormation					
Name				Organization	1			Job Title	5	
Ms. Joyce Sgobbo			Property Owner							
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code	
37 Villa Street						Mt Vern	on	NY	10552-3027	
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ac	ldress			
Contact Role(s): O	wner									
Name				Organization	1			Job Title	5	
Mr. Peter A. Leone				Misty Vale D	eli		Restaurant 0	Owner		

Business Phone 203-426-1789 203-270-9182 203-743-4321 heathmar1@sbcglobal.net

Emergency Phone | Email Address Extension Fax Mobile Phone

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

Please note the following:

Mailing Address Line One

51 Berkshire Rd

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

Mailing Address Line Two

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

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

End of schedule

Zip Code

06482

State

CT

City

Sandy Hook

	Connecticut Dep						_					
		ality Monit	oring an	a Con								
PWS ID	PWS Name					ification			wner Type F		ource	
CT0970534	BURRITO SHACK		T			NC	2		P	GW		
	(where applicable)		Service	Residen	tial C	Commer	cial In	dustrial	Combined	l Agricu	lltural	
314 SOUTH M			Connections			1						
Towns Served:	: NEWTOWN											
Water System	m Facility: DISTRIBUTION		oring Requ	iireme	nts							
Total Colifor	,	31312141 (4431 11	D. 00000j					1 r	outine (RT)	ner aus	rtor	
	Point (Sampling Point ID)			Monitori	na Pei	riod	Collecti	on Perio		iance Sta		
	om Inventory of Active Sampli	ng Points		7/1/19 -			Concen	on reme		omplete	1645	
Select II o	on inventory of Active Sampin	ig i oliits		10/1/19 -						omplete	_	
				1/1/20 -					C	nii piete		
				4/1/20 -								
				7/1/20 -								
Dhysical Day	camptors (DDC)			//1/20-	9/30/	20		1	outing (DT)	nor e	rto=	
-	al Parameters (PPS) 1 routine (R7) mpling Point (Sampling Point ID) Monitoring Period Collection Period Com									per qua <i>iance Sta</i>		
		ng Doints					Conecu	on Penc		omplete	itus	
Select Iro	om inventory of Active Samplii	Inventory of Active Sampling Points					7/1/19 - 9/30/19 10/1/19 - 12/31/19					
									C	omplete		
				1/1/20 -								
				4/1/20 -								
	- 11:	····		7/1/20 -	9/30/	/20						
	m Facility: ENTRY POINT	(WSF ID: 00700)										
	Nitrite (NOX)								1 routine (-	
	g Point (Sampling Point ID)			Monitori			Collecti	on Perio	-	iance Sta	atus	
ENTRY PO	OINT (3)			1/1/19 -	12/31	./19			C	omplete		
				1/1/20 -	12/31	./20						
				1/1/21 -	12/31	/21						
	Water	System Facili	ity and Sar	npling	Poir	nt Inv	entor	У				
Water		•	•				Total	Lead a	nd			
System Wa	ater System Facility	Sampling Point	Sampling Poi	nt		Co	oliform	Сорре	er	S	tage	
Facility ID		ID	Description		St	tatus	Rule	Rule Ti	ier Asbestos	WQP 2	DBPR	
00600 DIS	STRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM		Α	Υ					
		BS001	KIT HAND SNI	K FRONT		Α	Υ		Υ			
		BS002	KIT SNK SINGI	_E		Α	Υ		Υ			
		BS003	KIT HAND SNI	K BACK		Α	Υ		Υ			
		BS004	KIT SNK DOUE	BLE		Α	Υ		Υ			
		BS005	KIT SNK TRPL	SNK		Α	Υ		Υ			
		BS006	RR NUMBER 1	L		Α	Υ		Υ			
		BS007	RR NUMBER 2			Α	Υ		Υ			
		DOWNSTREAM			٧	Α						
		UPSTREAM	WITHIN 5 SER			Α						
00700 EN	TRY POINT	3	ENTRY POINT			Α						
	ELL #1	2	WELL			Α						
						• •						

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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0970534	BURRITO SHACK				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
314 SOUTH MAI	N STREET	Connections			1			

Towns Served: NEWTOWN

				Contact Info	ormation					
Name Organization Job Title										
Ms. Susan Frenkel Frenkel Realty Assoc Ltd Partn Manging Member										
Mailing Address Lin	e One		Mailing	g Address Line Two			City	State	Zip Code	
29 Canterbury Road	ł					Sandy H	ook	СТ	06482	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	e Email Address				
203-426-6256				203-994-0614	203-994-0614	susanfre	susanfrenkel@att.net			

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

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

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

End of schedule

	Connecticut Dep Water Qu	artment of ality Monit					O			ion		
PWS ID	PWS Name				Classif	ication	Popu	lation O	wner 7	Гуре Рі	rimary S	Source
CT0979354	SUGAR HILL, LLC				N	IC	5	50	Р		GW	
	(where applicable)		Service	Resident	tial Co	mmer	cial In	dustrial	Con	nbined	Agric	ultural
153 SUGAR ST			Connections			1						
Towns Served	: NEWTOWN											
		Monito	oring Requ	ıiremeı	nts							
Water Syste	m Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)									
Total Colifo	rm (3100)							1 r	outine	e (RT)	per qu	arter
Sampling	g Point (Sampling Point ID)			Monitorii	ng Peri	iod (Collect	ion Perio	od	Compli	ance St	tatus
Select fro	om Inventory of Active Sampli	ng Points		7/1/19 -	9/30/1	.9				Со	mplete	
				10/1/19 -	12/31/	/19				Со	mplete	
				1/1/20 -								
				4/1/20 -								
				7/1/20 -	9/30/2	20						
	rameters (PPS)										per qu	
	g Point (Sampling Point ID)			Monitorii			Collect	ion Perio	od		ance St	
Select fro	om Inventory of Active Sampli	ng Points		7/1/19 -							mplete	
				10/1/19 -						Со	mplete	
				1/1/20 -								
				4/1/20 -								
Matax Custo	es Facility DOINT OF FAIT	OV /WCE ID: 007	00)	7/1/20 -	9/30/2	20						
-	m Facility: POINT OF ENT	RY (WSF ID: 007	00)					4		(DT)		
Nitrate (10	•			Manitari	na Davi	and .	Callast				per qu	
	g Point (Sampling Point ID) F ENTRY (3)			<i>Monitorii</i> 7/1/19 -			Conect	ion Perio	Ju		<i>ance St</i> mplete	
POINTO	r EININT (3)			10/1/19 -							mplete	
				1/1/20 -						CO	ilibiete	
				4/1/20 -								
				7/1/20 -								
Nitrite (104	11\			7/1/20-	3/30/2	.0			1 rous	tina (R	T) per	vear
-	g Point (Sampling Point ID)			Monitorii	na Peri	iod (Collect	ion Perio		-	ance St	-
	F ENTRY (3)			1/1/19 - 1			<u>Jone Con</u>				mplete	
10				1/1/20 - 1							тріссс	
				1/1/21 - 1								
		Other Co	ompliance									
Compliance S	chedule Activity				Due Da	te		Achieve	ed Date	2		
-	SANITARY SURVEY				/15/20							
	SANITARY SURVEY				1/6/20							
		System Facili	ity and Sar				entoi	rv				
Water	- Tracer	- 10.00 1 40	, and sar				Total	Lead a	nd			
	ater System Facility	Sampling Point	Sampling Poi	nt			liform	Coppe				Stage
Facility ID	•	ID	Description		Sto		Rule			bestos	WQP 2	_
00600 DIS	STRIBUTION SYSTEM	4	DISTRIBUTION	J		A						
		DOWNSTREAM	WITHIN 5 SER	VICE CON	1 /	A						
		UPSTREAM	WITHIN 5 SER	VICE CON	<u> </u>	A						
00700 PO	INT OF ENTRY	3	POINT OF EN	ΓRY	,	Α						

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0979354	SUGAR HILL, LLC				NC	50	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
153 SUGAR ST	REET	Connections			1			

Towns Served: NEWTOWN

	V	Vater System Facil	ity and Samplii	ng Point I	nvento	ry		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Coliform	Lead and Copper Rule Tier	Asbestos	tage DBPR
53104	WELL	2	WELL	А				
57887	TREATMENT PLANT							

				Contact Info	ormation				
Name				Organization			J	lob Title	9
Mr. Charles R. Mer	rifield, Jr.			Sugar Hill, LLO		Member			
Mailing Address Lin	e One		Mailing Address Line Two				City	State	Zip Code
153 Sugar Street						Newtow	n	CT	06470
Business Phone	Fax	Mobile Phone Emergency Phone			e Email Address				
203-426-8409						crmjr69@yahoo.com			

Contact Role(s): Administrative Contact, Legal Contact

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- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

			1D 111 YY	1.1 *	1				
	Connecticut Dep	artment of	Public H	ealth I	Orink	ing W	ater Se	ction	
	Water Oua	ality Monit	oring and	Com	oliano	e Sch	edule		
PWS ID	PWS Name	carrey 1-10111c			•			ner Tyne Di	rimary Source
CT0979393	144 SUGAR STREET				NC		25	P	GW
	where applicable)		Service	Residentia				Combined	Agricultura
Local Address (V	мпете аррпсавіе)		Connections	Residentia	1		luustiiai	Combined	Agricultura
Towns Served: I	NEW/TOWA/N		33			L			
Towns Served. I	NEWTOWN				_				
		Monito	oring Requ	iremen	ts				
Water System	Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)						
Total Coliforn	n (3100)						1 rou	itine (RT)	per quarter
Sampling I	Point (Sampling Point ID)		ı	Monitoring	g Period	Collect	tion Period	Compli	ance Status
Select from	n Inventory of Active Samplir	ng Points		7/1/19 - 9,	/30/19			Co	mplete
			1	0/1/19 - 1	2/31/19			Co	mplete
				4/1/20 - 6,	/30/20				
				7/1/20 - 9,	/30/20				
Physical Para	meters (PPS)						1 rou	itine (RT)	per quarter
-	Point (Sampling Point ID)		I	Monitoring	g Period	Collect	tion Period		ance Status
Select from	n Inventory of Active Samplir	ng Points		7/1/19 - 9,	/30/19			Со	mplete
			1	0/1/19 - 1	2/31/19			Co	mplete
				4/1/20 - 6,	/30/20				
				7/1/20 - 9,	/30/20				
Water System	Facility: ENTRY POINT ((WSF ID: 00700)							
Nitrate And N	litrite (NOX)						1	routine (R	T) per year
	Point (Sampling Point ID)		1	/onitoring	g Period	Collect	tion Period	=	ance Status
ENTRY POI	NT (3)			L/1/19 - 12	2/31/19			Со	mplete
			:	L/1/20 - 12	2/31/20				
				L/1/21 - 12	2/31/21				
Water System	Facility: WELL	(WSI	F ID: 53583)						
E. Coli (3014)							1 rou	itine (RT)	per quarter
•	Point (Sampling Point ID)		1	/onitoring	Period	Collect	tion Period		ance Status
WELL (2)				7/1/19 - 9,	•				mplete
				0/1/19 - 1:					mplete
				4/1/20 - 6,					
				7/1/20 - 9,					
		Other Co	ompliance						
Complian C !	andula Activity	Other C	omphance				Aghia	Deuts	
CDOSS CONNEC	-				e Date		Achieved	vale	
	TION EXEMPTION				1/2016				
	ANITARY SURVEY				/6/2018				
SEASUNAL STAF	RT UP COMPLETION				1/2020				
	Water 9	System Facili	ity and San	ipling P	oint Ir	rvento	ry		
Water						Total	Lead and		
*	er System Facility	Sampling Point		t		Coliform		A = 1 :	Stage
Facility ID	DIDLITION OVERTOR	ID	Description		Status	Rule	Kule Tier	Aspestos	WQP 2 DBP
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION	#0E 65::	A				
		DOWNSTREAM			A	.,		.,	
		FA001	RR GENERIC R		A	Y		Y	
		FA002	HAND SINK FR	UNI	Α	Υ		Y	

	Water Quality	Monitoring and	d Con	npli	iance S	Schedul	le	
PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
СТ0979393	144 SUGAR STREET				NC	25	Р	GW
Local Address (w	vhere applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
		Connections			1			

Towns Served: NEWTOWN

	Wa	ter System Facili	ity and Sampling P	oint lı	nvento	ry			
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
		FA003	HAND SINK BACK	Α	Υ		Υ		
		FA004	TRIPLE SINK BACK	Α	Υ		Υ		
		FA005	SNK NEAR HOLDING TNK	Α	Υ		Υ		
		FA006	FRUIT WASHING SINK	Α	Υ		Υ		
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
53583	WELL	2	WELL	Α					
		Con	tact Information						

			Co	ntact Inf	ormation				
Name				Organization	า			Job Title	
Ms. Shirley Ferris				144 Sugar St	reet LLC	Co-Owner			
Mailing Address Lin	ie One		Mailing Addr	ess Line Two			City	State	Zip Code
144 Sugar Street						Newtow	n	СТ	06470
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	ldress		
203-270-1406					203-426-5273	tlferris@	sbcglobal.net		
Contact Role(s): A	dministrative (Contact, Leg	al Contact, O	wner					
Name				Organization	า			Job Title	
Ms. Theresa Ferris				Ferris Acres	Creamery		Owner/Manage	er	

Ms. Theresa Ferris				Ferris Acres C	Creamery		Owner/Manage	r	
Mailing Address Line	e One		Mailing Addr	ess Line Two			City	State	Zip Code
144 Sugar Street						Newtow	n	CT	06470
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	dress		
203-426-8803					203-240-4633	tlferris@	sbcglobal.net		

Contact Role(s): Owner

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

End of schedule

	Connecticut Dep	artment of	Public Health	Drinki	ing Wa	ater Se	ction	
	Water Ou	alitv Monit	oring and Con	nplianc	e Sche	edule		
PWS ID	PWS Name	J	8	•			ner Type P	rimary Source
CT0979384	CONGREGATION ADATH IS	SRAFL		NC	20		Р	GW
	ss (where applicable)		Service Resider				Combined	Agricultural
	GTOWN ROAD		Connections	1		adstriai	Combined	, ignical cara
	d: NEWTOWN			_	•			
	<u></u>	Monite	oring Requireme	nts				
Water Syste	em Facility: DISTRIBUTION		•					
-	orm (3100)	01012101 (1101 11	2.00000			1 rou	tine (RT)	per quarter
	ng Point (Sampling Point ID)		Monitor	ing Period	Collecti	ion Period		ance Status
	rom Inventory of Active Sampli	ng Points		9/30/19				mplete
Sciecti	Tom inventory of Active Sample	118 1 011113		12/31/19				mplete
				- 3/31/20				Приссе
				- 6/30/20				
				- 9/30/20				
Physical Da	arameters (PPS)		7/1/20	3/30/20		1 rou	tino (PT)	per quarter
_	ng Point (Sampling Point ID)		Monitor	ing Period	Collecti	ion Period		ance Status
	rom Inventory of Active Sampli	ng Points		- 9/30/19	Concett	on remou		mplete
Sciecti	Tom inventory of Active Sumpin	118 1 0111113		12/31/19				mplete
				- 3/31/20				IIIpiete
				- 6/30/20				
				- 9/30/20				
Motor Custo	om Facilitus FNTDV DOINT	(MCE ID: 00700)		- 9/30/20				
-	em Facility: ENTRY POINT	(WSF ID: 00700)				4	··· (DT)	
Nitrate (10			0.0	to a Danta d	C-114			per quarter
_	ng Point (Sampling Point ID)			ing Period	Collecti	on Period		ance Status
ENIRY	POINT (3)			9/30/19				mplete
				12/31/19			Co	mplete
				- 3/31/20				
				- 6/30/20				
			7/1/20	- 9/30/20				_,
	d Nitrite (NOX)						•	RT) per year
_	ng Point (Sampling Point ID)			ing Period	Collecti	on Period		ance Status
ENTRY I	POINT (3)			12/31/19			Со	mplete
				12/31/20				
			1/1/21 -	12/31/21				
	Water	System Facili	ity and Sampling	Point Ir	ventor	У		
Water					Total	Lead and		
System W Facility ID	/ater System Facility	Sampling Point ID	Sampling Point Description		Coliform Rule	Copper Rule Tier	Ashestos	Stage WQP 2 DBPR
-	ISTRIBUTION SYSTEM	4	DISTRIBUTION	<u>Status</u> A	HUIC	naic Hel		Z DUFN
00000 D	ISTRIBUTION STSTEIN		WITHIN 5 SERVICE CO					
		UPSTREAM	WITHIN 5 SERVICE CO					
00700 5	NTDV DOINT							
	NTRY POINT	3	ENTRY POINT	Α				
53710 W	/ELL 1	2	WELL 1	A				

	Connectic	ut Depa	rtment	of Public	Health	ı Drii	nkıng	g Water	Section	
	Wa	ter Qua	lity Mon	itoring a	nd Con	nplia	ince S	Schedul	le	
PWS ID	PWS Name					Classif	fication	Population	Owner Type	Primary Source
СТ0979384	CONGREGATION	ADATH ISR	AEL			N	1C	202	Р	GW
Local Address (wh	nere applicable)			Service	Resider	ntial Co	ommerci	al Industri	al Combin	ed Agricultural
115 HUNTINGTO	WN ROAD			Connection	ns		1			
Towns Served: NI	WTOWN									
			C	ontact Info	rmation	า				
Name				Organization					Job Titl	e
Ms. Susan Rubin				Congregation	Adath Israe	el		Aministra	tive	
Mailing Address L	ine One		Mailing Add	ress Line Two				City	State	Zip Code
115 Huntingtown	Road		P. O. Box 62	3			Newto	wn	СТ	06470
Business Phone	Extension	Fax	M	obile Phone	Emergency	y Phone	Email A	Address		
203-426-5188							office@	congadath	israel.org	
Contact Role(s):	Administrative	Contact								
Name			Organization			Job Title				
Congregation Ad	ath Israel									
			1				1			

- CD | Lite II - Lile D - Lil Lee Miles - Ce - C

City

office@congadathisrael.org

Newtown

Emergency Phone Email Address

Contact Role(s): Legal Contact Please note the following:

Board President, Congreg. Adath Israel

Extension

Mailing Address Line One

Business Phone

203-426-5188

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

P. O. Box 623

Mailing Address Line Two

Mobile Phone

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

Fax

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

End of schedule

Zip Code

06470

State

CT

Connecticut Departr	nent of	Public H	lealth	Drinkin	ig Wate	er So	ection	
Water Quality	, Monit	oring an	d Con	pliance	Sched	ule		
PWS ID PWS Name		<u> </u>		Classification			ner Type Pr	imary Source
CT0979414 HAWLEYVILLE DEVELOPMENT, LL	.C.			NC	43		Р	GW
Local Address (where applicable)		Service	Resident	tial Commer	cial Indus	strial	Combined	Agricultural
23 BARNABAS RD		Connections		6				
Towns Served: NEWTOWN			I	l .				
	Monito	oring Requ	iireme	nts				
Water System Facility: DISTRIBUTION SYSTE								
Total Coliform (3100)	(5561					1 ro	utine (RT) i	per quarter
Sampling Point (Sampling Point ID)			Monitori	ng Period	Collection			ance Status
Select from Inventory of Active Sampling Poir	nts		7/1/19 -	_				mplete
, , ,				12/31/19				mplete
			1/1/20 -					mplete
			4/1/20 -					•
			7/1/20 -	9/30/20				
Physical Parameters (PPS)						1 ro	utine (RT) ı	per quarter
Sampling Point (Sampling Point ID)			Monitori	ng Period	Collection	Perioa	l Compli	ance Status
Select from Inventory of Active Sampling Poir	nts		7/1/19 -	9/30/19			Co	mplete
			10/1/19 -	12/31/19			Со	mplete
			1/1/20 -				Со	mplete
			4/1/20 -					
			7/1/20 -	9/30/20				
Water System Facility: ENTRY POINT (WSF)	D: 00700)							
Nitrate (1040)								oer quarter
Sampling Point (Sampling Point ID)				ng Period	Collection	Perioa		ance Status
ENTRY POINT (3)			7/1/19 -					mplete
				12/31/19				mplete
			1/1/20 -				Co	mplete
			4/1/20 -					
Nitwite (1041)			7/1/20 -	9/30/20		1	routing /D	T)
Nitrite (1041) Sampling Point (Sampling Point ID)			Monitori	ng Period	Collection		=	T) per year ance Status
ENTRY POINT (3)			1/1/19 - :		Conection	renou		mplete
LIVINI I OIIVI (3)			1/1/20 -					mplete
			1/1/21 - :					mpiece
Dı	ıhlic Not	ification R						
		ompliance	Notice		Notificatio	n	PN Cert	ification
Violation/Situation		Period	Tier	Required	-		Due to DPH	Received
E. Coli	4/1/	/19 - 6/30/19	3	8/12/202			8/22/2020	
Water Syste	em Facili	ity and Sar	npling	Point Inv	entory			
Water		-				ad and	1	
System Water System Facility Sam	pling Point	Sampling Poi	nt	Co	oliform C	opper		Stage
Facility ID	ID	Description		Status	Rule Ru	ıle Tie	r Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION						
		WITHIN 5 SER		I A A				
	HD001	RRMR PAPA		Y				
	HD002	RRLR PAPA AI		A	Y		Y	
	HD003	KSHSFRONT P	APA ALS	А	Υ		Υ	

	Water Quality Monite	oring an	d Con	ompliance Schedule					
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source	
СТ0979414	HAWLEYVILLE DEVELOPMENT, LLC.				NC	43	Р	GW	
Local Address (v	vhere applicable)	Service	Residen	Residential C		al Industri	al Combine	ed Agricultural	
23 BARNABAS R	D	Connections			6				

Towns Served: NEWTOWN

	W	ater System Facili	ity and Sampling P	oint lı	nvento	ry			
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
		HD004	KSHSBACK PAPA ALS	Α	Υ		Υ		
		HD005	KIT SNK DBL PAPA ALS	Α	Υ		Υ		
		HD006	LIQUORSTORE	Α	Υ		Υ		
		HD007	CHINESE RESTAURANT	Α	Υ		Υ		
		HD008	POSTOFFICE	Α	Υ		Υ		
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
56895	WELL 1	2	WELL 1	Α					
59793	TREATMENT PLANT								

			Co	ontact Inf	ormation				
Name				Organization	1		Job Title		
Mr. Steve Nicolosi				Hawleyville I	Development, LLC.				
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
64 Barnabas Rd						Newtow	1	СТ	06470
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	dress		
203-426-7196						hawleyvi	lledevl@ao	l.com	

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

End of schedule

	Connecticut De	partment of	Public H	lealth	Drii	nkir	ig Wa	ater	Se	ction		
	Water Qu	iality Monit	oring an	d Com	plia	ance	Sche	edul	e			
PWS ID	PWS Name									er Type P	rimary	Source
CT0979424	CHURCH OF LATTER DAY	SAINTS			N	NC	37	73		Р	GV	V
Local Addre	ess (where applicable)		Service	Resident	tial Co	ommer	cial In	dustria	ı (Combined	Agric	cultural
16 SAW MI	LL ROAD		Connections			1						
Towns Serv	ved: NEWTOWN								1			
		Monito	oring Requ	ireme	nts							
Water Sys	tem Facility: WELL #1		SF ID: 00501)									
E. Coli (3	014)							1	rou	tine (RT)	per qu	ıarter
Samp	ling Point (Sampling Point ID)			Monitori	ng Peri	riod	Collecti	on Per	iod	Compli	ance S	tatus
WELL	#1 (2)			7/1/19 -	9/30/1	19				Co	mplete	<u> </u>
				10/1/19 -	12/31,	/19				Co	mplete	9
				1/1/20 -						Co	mplete	9
				4/1/20 -	6/30/2	20						-
				7/1/20 -	9/30/2	20						
Water Sys	tem Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)									
Total Coli	iform (3100)							1	rou	tine (RT)	per qu	ıarter
Samp	ling Point (Sampling Point ID)			Monitori	ng Peri	riod	Collecti	on Per	iod	Compli	ance S	tatus
Select	from Inventory of Active Sampl	ing Points		7/1/19 -	9/30/1	19				Co	mplete	9
			:	10/1/19 -	12/31,	/19				Co	mplete	9
				1/1/20 -	3/31/2	20				Co	mplete	9
				4/1/20 -	6/30/2	20						
				7/1/20 -	9/30/2	20						
Physical F	Parameters (PPS)							1	rou	tine (RT)	per qu	ıarter
Samp	ling Point (Sampling Point ID)			Monitori	ng Peri	riod	Collecti	on Per	iod	Compli	ance S	tatus
Select	from Inventory of Active Sampl	ing Points		7/1/19 -	9/30/1	19				Co	mplete	9
			:	10/1/19 -	12/31,	/19				Co	mplete	9
				1/1/20 -	3/31/2	20				Co	mplete	9
				4/1/20 -	6/30/2	20						
				7/1/20 -	9/30/2	20						
Water Sys	tem Facility: ENTRY POINT	(WSF ID: 00700)										
Nitrate A	nd Nitrite (NOX)								1 r	routine (F	RT) pei	r year
Samp	ling Point (Sampling Point ID)			Monitori	ng Peri	riod	Collecti	on Per	iod	Compli	ance S	tatus
ENTRY	POINT (3)			1/1/19 - :	12/31/	/19				Со	mplete	2
				1/1/20 - :	12/31/	/20				Со	mplete	9
				1/1/21 - :	12/31/	/21						
	Water	System Facili	ity and Sar	npling	Poin	nt Inv	entor	У				
Water		•	-				Total	Lead o	and			
System	Water System Facility	Sampling Point	Sampling Poi	nt		C	oliform	Сорр	er			Stage
Facility ID		ID	Description		Sto	atus	Rule	Rule 1	Tier	Asbestos	WQP .	2 DBPR
00501	WELL #1	2	WELL #1			Α						
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	-	Α	Υ					
		DOWNSTREAM	WITHIN 5 SER	VICE CON	1 .	Α						
		UPSTREAM	WITHIN 5 SER	VICE CON	1	Α						
00700	ENTRY POINT	3	ENTRY POINT			Α						
59540	TREATMENT PLANT											

59542 HYDROPNEUMATIC TANK

Water Quality Monitoring and Compliance Schedule								
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0979424 CHURCH OF LATTER DAY SAINTS					NC	373	Р	GW
Local Address (v	where applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
16 SAW MILL RO	OAD	Connections			1			

Lovino	Served	· NIEN	MITC	11/1/
I OWNS	Served	. M+1	/V I () VV IXI

				Con	itact Info	ormation				
Name				0	rganization				Job Title	
Mr. Roy B. McDanie	el			N	atural Reso	urces-Special Proj		Manager		
Mailing Address Lin	e One		Mailing	Addres	s Line Two			City	State	Zip Code
50 East North Temp	ole St		Mfd 12T	Th Floo	r		Salt Lake	City	UT	84150
Business Phone	Extension	Fax		Mob	ile Phone	Emergency Phone	Email Ad	ldress		
801-240-4656		801-240-	2913				mcdanie	lrb@church	ofjesuschrist	.org
Contact Role(s): Le	gal Contact, C	Owner								
Name				0	rganization				Job Title	
Ms. Christine Spend	cer			Cl	hurch of Jes	sus Christ of Lds		Hartford Ad	lmin Asst	
Mailing Address Lin	e One		Mailing	Addres	s Line Two			City	State	Zip Code
130 South St							Cromwe	II	СТ	06516
Business Phone	Extension	Fax		Mob	ile Phone	Emergency Phone	Email Ad	ldress		
860-635-4035		860-835-	4036				spencer	ca@churcho	fjesuschrist.c	org
Contact Role(s): A	dministrative	Contact								

Please note the following:

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

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

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

End of schedule