(Connectic	•							_		ection	
	Wa	ter Qual	lity M	Ionit	oring a	ind Con	nplia	ance	Sch	edule		
PWS ID P	WS Name						_	ificatio			vner Type	Primary Source
CT1160034 N	/IARIKA'S PLAC	E						NC		29	Р	GW
Local Address (wh	ere applicable)				Service	Resider	ntial C	ommei	rcial I	ndustrial	Combine	d Agricultural
156 PROVIDENCE					Connectio			1				
Towns Served: PU												
			N	/lonit	nring Re	quireme	nts					
Water System Fa	acility: DIST R	RIBUTION SY				quireine	.1163					
Total Coliform	(3100)									1 ro	utine (RT) per quarter
Sampling Po	int (Sampling P	oint ID)				Monitor	ing Pe	riod	Collec	tion Period	- '	liance Status
Select from I	nventory of Act	ive Sampling	Points			7/1/19	- 9/30/	19			C	Complete
	•					10/1/19						 Complete
						1/1/20						Complete
						4/1/20						
						7/1/20						
Physical Parame	eters (DDC)					,,1,20	5,50			1 ro	utine (RT) per quarter
-	int (Sampling P	oint ID)				Monitor	ina Pe	rind	Collec	tion Period	= '	liance Status
	nventory of Act		Points			7/1/19			Sonet		•	Complete
Select Holli II	inventory of Act	ive Jampinig	TOTILS			10/1/19						Complete
						1/1/20						Complete
												Jonipiete
						4/1/20						
		V DOINE (14		202001		7/1/20	- 9/30/	20				
Water System Fa	•	Y POINT (W	/SF ID: (00700)								·
Nitrate And Nit	•											(RT) per year
	int (Sampling P	oint ID)				Monitor			Collec	tion Period		liance Status
ENTRY POINT	T (3)					1/1/19 -						Complete
						1/1/20 -					C	Complete
						1/1/21 -	12/31	/21				
		Water Sy	/stem	Facili	ity and S	ampling	Poir	nt Inv	ento	ry		
Water									Total	Lead and	d	
System Water	System Facility		Sampling	g Point	Sampling I			C	oliform	Copper		Stage
Facility ID			IE)	Description	n	St	atus	Rule	Rule Tie	r Asbesto	s WQP 2 DBPR
00600 DISTRIE	BUTION SYSTEM	1	4		DISTRIBUT	ION SYSTEM	1	Α	Υ			
			DOWNS	TREAM	WITHIN 5	SERVICE CO	N	Α				
			UPSTR	REAM	WITHIN 5	SERVICE CO	N	Α				
00700 ENTRY	POINT		3		ENTRY POI	NT		Α				
22009 WELL			2		WELL			Α				
				Con	tact Info	ormation	1					
Name					rganization						Job Title	
Mr. George Exarh	oulias				arika's Place						335 11110	•
Mailing Address Li			Mailing		s Line Two					City	State	Zip Code
156 Providence Pi			iviaiiiiig	Auui ES	S LINE I WU			Putn		Ji Ly	CT	06260
		Fav		NAch:	lo Dhono	Emorgon	, Dhan			200	CI	00200
Business Phone	Extension	Fax		Idoivi	le Phone	Emergency	-	_				
860-928-9400	A -l ! !- !	C · ·	-16: 1	-1.0		860-985	-2928	gexa	rnoulia	s@yahoo.	com	
Contact Role(s):	Administrative	Contact, Leg	ai Conta	ct, Owr	ner							

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

		_			_ L		,	
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT1160034	MARIKA'S PLACE				NC	29	Р	GW
Local Address (w	here applicable)		Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural
156 PROVIDENC	E TURNPIKE		Connections		1			

Towns Served: PUTNAM

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

End of schedule

Page 2

Schedule Generation Date: 3/10/2020

		•	irtment of								ction	
	M	Vater Qua	lity Monit	coring a	nd Com	plia	nce S	che	edul	e		
PWS ID	PWS Name					Classifi	cation F	opul	ation	Own	ier Type Pi	imary Source
CT1160064	STONEWALL	COMMONS OF	PUTNAM			N	С	2!	5		Р	GW
Local Addr	ess (where applicat	ole)		Service	Resident	ial Co	mmercia	l Ind	dustria	al	Combined	Agricultural
7 PROVIDE	NCE TURNPIKE			Connection	ns		1					
Towns Serv	ved: PUTNAM											
			Monit	oring Red	quiremer	nts						
Water Sys	tem Facility: DI	STRIBUTION S	YSTEM (WSF I	D: 00600)								
Total Coli	iform (3100)								1	rou	tine (RT)	oer quarter
Samp	ling Point (Samplin	g Point ID)			Monitorin	ng Perio	od Co	llecti	on Per	iod	Compli	ance Status
Select	from Inventory of	Active Sampling	Points		7/1/19 -	9/30/1	9				Со	mplete
					10/1/19 -	12/31/	19				Со	mplete
					1/1/20 -	3/31/2	0					
					4/1/20 -	6/30/2	0					
					7/1/20 -	9/30/20	0					
_	Parameters (PPS	=										oer quarter
	ling Point (Samplin				Monitorin			llecti	on Per	iod		ance Status
Select	from Inventory of	Active Sampling	Points		7/1/19 -	-						mplete
					10/1/19 -						Со	mplete
					1/1/20 -							
					4/1/20 -							
					7/1/20 -	9/30/20	0					
•	tem Facility: EN		VSF ID: 00700)									
	nd Nitrite (NOX)										=	T) per year
	ling Point (Samplin	g Point ID)			Monitorir	_		llecti	on Per	riod		ance Status
ENTR	Y POINT (3)				1/1/19 - 1						Со	mplete
					1/1/20 - 1							
					1/1/21 - 1	2/31/2	21					
		Water S	ystem Facil	ity and S	ampling	Point	t Inver	ntor	У			
Water							Tot		Lead (
	Water System Faci	ility	Sampling Point				Colife		Copp			Stage
Facility ID			ID	Description		Sta			Rule	Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYS	ГЕМ	4		ON SYSTEM	Δ		,				
			DOWNSTREAM									
			UPSTREAM		SERVICE CON							
	ENTRY POINT		3	ENTRY POI	NT	Δ	4					
	WELL		2	WELL		Α	4					
56917	WATER SOFTENER											
			Con	itact Info	rmation							
Name			0	rganization							Job Title	
Tavern Bro	ook LLC											
Mailing Ad	dress Line One		Mailing Addres	s Line Two				Cit	y		State	Zip Code
826 South	oridge Street		Suite 100				Auburn				MA	01501
Business	Phone Extension	on Fax	Mob	ile Phone	Emergency	Phone	Email Ad	ddres	S			
508-721	-0005	508-721-	0055									
Contact Ro	le(s): Owner											

	Connectic	ut Depa	rtment	of Public	Health	n Dri	nking	Water S	Sectio	n		
	Wa	ter Qua	lity Mon	itoring a	and Con	nplia	ance So	chedule				
PWS ID	PWS Name					Classi	fication P	opulation C	wner Ty	pe Pi	imary Source	
CT1160064	STONEWALL CO	MMONS OF	PUTNAM			ı	NC	25	Р		GW	
Local Address (wl	nere applicable)			Service	Resider	ntial C	ommercial	Industrial	Comb	ined	Agricultural	
7 PROVIDENCE TO	JRNPIKE			Connectio	ons		1					
Towns Served: Pl	JTNAM			1	,	,		,				
Name				Organization					Job ⁻	Title		
Mr. Kyle Napiera	ta			La Framboise	Water Svc			Certified Op	perator			
Mailing Address I	ine One		Mailing Addr	ess Line Two				City	Sta	te	Zip Code	
647 Thompson Ro	oad		P.O. Box 303				Thompso	n	C ⁻	Г	06277	
Business Phone	Extension	Fax	Мо	bile Phone Emergency Phone Email A			e Email Ad	dress				
860-923-9543		860-923-9	9971		860-508-1330 kyle@thewate				aterexperts.com			
Contact Role(s):	Administrative	Contact										
Name				Organization					Job ⁻	Title		
Mr. Michael C. O	'brien			Tavern Brook	, LLC			Member				
Mailing Address I	ine One		Mailing Addr	ess Line Two				City	Sta	te	Zip Code	
826 Southbridge	Street		Suite 100				Auburn		M	A	01501	
Business Phone	Extension	Fax	Мо	bile Phone	Emergence	y Phone	e Email Ad	dress				
508-721-0005		508-721-0	0055									
Contact Role(s):	Legal Contact											

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

End of schedule

Schedule Generation Date: 3/10/2020

	Connecticut De	epartment of	Public Health	Drink	ing Wa	ater Se	ection	
	Water Q	uality Monit	oring and Com	plianc	e Sche	edule		
PWS ID	PWS Name		(Classificat	ion Popu	lation Owi	ner Type Pr	imary Source
CT1160074	VILLAGE RESTAURANT &	LOUNGE		NC	4		Р	GW
	ss (where applicable)		Service Residenti			dustrial	Combined	Agricultural
ROUTE 171	ed: PUTNAM		connections	5)			
TOWIIS SELVE	eu. FOTNAM	Monite	oring Requiremen	tc				
Water Syst	em Facility: DISTRIBUTIO			ııs				
	form (3100)	14 31312101 (4431 1	2.00000			1 rou	ıtine (RT) r	er quarter
	ng Point (Sampling Point ID)		Monitorin	g Period	Collecti	ion Period		ance Status
Select	from Inventory of Active Samp	oling Points	7/1/19 - 9	/30/19			Coi	mplete
			10/1/19 - 1	2/31/19			Coi	mplete
			1/1/20 - 3	3/31/20				
			4/1/20 - 6	5/30/20				
			7/1/20 - 9	/30/20				
	arameters (PPS)							er quarter
	ing Point (Sampling Point ID)	alias Dainta	Monitoring		Collecti	ion Period		ance Status
Select	from Inventory of Active Samp	oling Points	7/1/19 - 9 10/1/19 - 1					mplete mplete
			1/1/20 - 3				COI	Tiplete
			4/1/20 - 6					
			7/1/20 - 9	* *				
Water Syst	em Facility: ENTRY POINT	(WSF ID: 00700)						
•	nd Nitrite (NOX)					1	routine (R	T) per year
	ng Point (Sampling Point ID)		Monitorin	g Period	Collecti	ion Period	=	nce Status
ENTRY	POINT (3)		1/1/19 - 12	2/31/19			Соі	mplete
			1/1/20 - 12	2/31/20				
			1/1/21 - 12	2/31/21				
Water Syst	em Facility: WELL (WSF I	D: 22704)						
E. Coli (30	= ·						_	er quarter
_	ng Point (Sampling Point ID)		Monitoring		Collecti	ion Period	Compli	ance Status
WELL (2)		1/1/20 - 3					
			4/1/20 - 6 7/1/20 - 9	<u> </u>				
		04		· ·				
. "		Other C	ompliance Schedu					
-	Schedule Activity			ue Date		Achieved		
RESPOND TO	O SANITARY SURVEY	C		/7/2019		2/18/20	120	
	wate	r System Facili	ity and Sampling F	oint ir		-		
Water System V	Vater System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and Copper		Stage
Facility ID	vater system racinty	ID	Description	Status	Rule		Asbestos	WQP 2 DBPR
	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700 E	NTRY POINT	3	ENTRY POINT	Α				
22704 V	VELL	2	WELL	Α				

Conne	ecticut Department of Public Health I	Drinking	g Water	Section	
	Water Quality Monitoring and Comp	pliance S	Schedul	e	

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1160074	VILLAGE RESTAURANT & LOUNGE			NC	49	Р	GW
Local Address (where applicable)	Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
ROUTE 171		Connections		5			

Towns Served: PUTNAM

	Contact Information											
Name				Organization	1	Job Title						
Ms. Judy Stavropou	ılos			Village Retsa	urant & Lounge	President & Owner						
Mailing Address Line One Mailing Add				ress Line Two			City	State	Zip Code			
P O Box 198						Woodsto	ock	СТ	06281			
Business Phone Extension Fax N			М	obile Phone	Emergency Phone	Email Ad	dress					
860-928-0230					860-928-5433							

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

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End of schedule

Schedule Generation Date: 3/10/2020

	Connecticut Department of Water Quality Monitor					_			ection	
PWS ID	PWS Name			Clas	ssification	Ро	pulation	Ow	ner Type	Primary Source
CT1169033	COLONIAL PLAZA CONDOMINIUM ASSN, INC				NC		40		Р	GW
Local Address (where applicable)	Service	Residen	tial	Commerc	cial	Industr	ial	Combine	d Agricultural
554 LIBERTY HI	GHWAY	Connections			1					
Towns Served:	PUTNAM					·				·
	Monito	oring Requ	ireme	nts						
Water System	Facility: DISTRIBUTION SYSTEM (WSF II									
Total Coliforn	• •									per quarter
	Point (Sampling Point ID)		Monitori			Colle	ection Pe	riod		liance Status
Select fror	n Inventory of Active Sampling Points	_	7/1/19 -							omplete
			10/1/19 -							omplete
			1/1/20 -						С	omplete
			4/1/20 -		•					
	()		7/1/20 -	9/3	0/20				(
-	meters (PPS)		0.4 :4 :		ania d	C-II.				per quarter
	Point (Sampling Point ID)		<i>Monitori</i> 7/1/19 -			Colle	ection Pe	rioa		liance Status
Select Irol	m Inventory of Active Sampling Points		- 10/1/19 - 10/1/19							omplete omplete
			1/1/20 -							omplete
			4/1/20 -							ompiete
			7/1/20 -							
Water System	Facility: ENTRY POINT (WSF ID: 00700)		7/1/20	<i>J</i> <i>J</i>	0/20					
Nitrate (104								1 roi	utine (RT)	per quarter
-	Point (Sampling Point ID)		Monitori	ing P	Period	Colle	ection Pe			liance Status
ENTRY PO			7/1/19 -							omplete
			10/1/19 -		-					omplete
			1/1/20 -							omplete
			4/1/20 -	6/3	0/20					·
			7/1/20 -	9/3	0/20					
Nitrite (1041	L)							1	routine (RT) per year
Sampling	Point (Sampling Point ID)		Monitori	ing P	Period	Colle	ection Pe	riod	Comp	liance Status
ENTRY PO	INT (3)		1/1/19 -	12/3	31/19				C	omplete
			1/1/20 -	12/3	31/20					
			1/1/21 -	12/3	31/21					
Water System	Facility: WELL 1 (WSF ID: 49293)									
E. Coli (3014)						:	1 ro	utine (RT)	per quarter
	Point (Sampling Point ID)		Monitori			Colle	ection Pe	riod	Comp	liance Status
WELL 1 (2)			7/1/19 -		-				C	omplete
			10/1/19 -		-					omplete
			1/1/20 -		-				С	omplete
			4/1/20 -		-					
	Othor Co	ompliance	7/1/20 -	-	-					
Committee Co.		mphance							Deste	
CDOSS CONNEC					Date		Acnie	eved	Date	
	CTION SURVEY REPORT				2014					
CKO35 CONNEC	CTION SURVEY REPORT			3/ 1 /.	2015					

	Connecticut De	partment	t of Public H	ealth	Drinki	ng W	ater	Section	
		•	nitoring an			_			
PWS ID	PWS Name	0.00			Classification				rimary Source
CT116903	3 COLONIAL PLAZA COND	OMINIUM ASSN	I, INC.		NC		40	P	GW
Local Add	ress (where applicable)		Service	Resident	ial Comme	ercial I	ndustria	Combined	Agricultural
554 LIBER	TY HIGHWAY		Connections		1				
Towns Ser	rved: PUTNAM		,		1	-			
		Othe	r Compliance	Sched	ules				
Complian	ce Schedule Activity			D	ue Date		Achiev	ed Date	
CROSS CO	NNECTION SURVEY REPORT			3	/1/2016				
CROSS CO	NNECTION SURVEY REPORT			3	/1/2017				
RESPOND	TO SANITARY SURVEY			12	/20/2017				
CROSS CO	NNECTION SURVEY REPORT			3	/1/2018				
CROSS CO	NNECTION SURVEY REPORT			3	/1/2019				
CROSS CO	NNECTION SURVEY REPORT			3	/1/2020				
		Public	Notification R	equire	ments				
			Compliance	Notice	<u>Publi</u>	. Notific	<u>cation</u>	PN Cer	<u>tification</u>
Violation,	/Situation		Period	Tier	Require	ed Pe	erformed	Due to DPH	Received
	arameters M&R Violation		1/1/14 - 3/31/14	3	7/15/20	15		7/25/2015	
	arameters M&R Violation		10/1/13 - 12/31/13	3	7/15/20			7/25/2015	
	form MCL Violation	-	11/1/15 - 11/30/15	2	1/10/20			1/20/2016	
Physical P	arameters M&R Violation		7/1/15 - 9/30/15	3	1/13/20			1/23/2017	
	Wate	r System Fa	acility and Sar	npling	Point In	vento	ry		
Water						Total	Lead a	nd	
System	Water System Facility		oint Sampling Poi	nt	(Coliform			Stage
Facility ID		ID	Description		Status	Rule	Rule T	ier Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	GENERIC DIST	RIBUTION	Α				
		4-1	UNIT 4		Α	Υ	2	Υ	
		4-2	UNIT 6		Α	Υ	2		
		4-3	UNIT 12		A	Y	2		
		4-4	UNIT 14		A	Y	2		
		4-5	UNIT 1	00046101	Α	Y	2		
		4-6	UNIT 6 BATH			Υ			
		UPSTREA	EAM WITHIN 5 SER .M WITHIN 5 SER						
00700	FAITDY DOINT			VICE CON					
00700	ENTRY POINT	3	ENTRY POINT		Α				
49293	WELL 1	2	WELL 1		Α				
60790	TREATMENT PLANT								
			Contact Inform	nation					
Name			Organization					Job Title	

			Co	ontact Inf	ormation				
Name				Organization	1	Job Title			
Mr. Thomas M. Tag	g			Colonial Plaza Condo Assoc Inc President					
Mailing Address Lin	e One	ess Line Two			City	State	Zip Code		
554 Liberty Highwa	У		Unit 4			Putnam		СТ	06260
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ad	dress		
860-928-2352					508-873-2200	taggsrus	@aol.com		
Contact Role(s): Ac	dministrative Co	ntact, Leg	al Contact		<u>'</u>				

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

PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
CT1169033	COLONIAL PLAZA CONDOMINIUM ASSN, INC.				NC	40	Р	GW	
Local Address (where applicable)		Service	Resider	itial Commerc	ial Industri	al Combine	ed Agricultural		
554 LIBERTY HIGHWAY		Connections		1					
				•			·	·	· ·

Towns Served: PUTNAM

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End of schedule