	Connecticut Dep									ction		
	Water Qu	ality Monit	oring and	d Con	npli	ianc	e Sch	nedu	le			
PWS ID	PWS Name				Clas	sificati	on Pop	oulation	Owi	ner Type [Primary	Source
CT1300014	CHURCH OF EPIPHANY					NC		25		Р	GV	V
	where applicable)		Service	Resider	itial	Comm	ercial	Industr	ial	Combined	d Agric	cultural
276 MAIN STRE			Connections			1						
Towns Served: S	SOUTHBURY											
		Monit	oring Requ	ireme	nts							
Water System	Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)									
Total Coliforn	•							:	1 rou	itine (RT)	per qu	uarter
	Point (Sampling Point ID)			Monitor			Colle	ction Pe	eriod	Comp	liance S	tatus
Select fron	n Inventory of Active Sampli	ng Points	_	7/1/19							omplete	
			:	10/1/19							omplete	
				1/1/20						C	omplete	e
				4/1/20		-						
				7/1/20 -	- 9/30	0/20						
Physical Para	-									itine (RT)		
	Point (Sampling Point ID)			Monitor			Colle	ction Pe	eriod		liance S	
Select fron	n Inventory of Active Sampli	ng Points		7/1/19							omplete	
			:	10/1/19							omplete	
				1/1/20						С	omplete	e
				4/1/20								
				7/1/20 -	- 9/30	0/20						
•	Facility: ENTRY POINT	(WSF ID: 00700)										
Nitrate (1040										itine (RT)		
	Point (Sampling Point ID)			Monitor			Colle	ction Pe	eriod		liance S	
ENTRY POI	NT (3)			7/1/19	-	-					omplete	
			-	10/1/19							omplete	
				1/1/20						C	omplete	е
				4/1/20								
_				7/1/20 -	- 9/30	0/20						
Nitrite (1041	•									routine (-
	Point (Sampling Point ID)			Monitor			Colle	ction Pe	eriod		liance S	
ENTRY POI	NT (3)			1/1/19 -							omplete	
				1/1/20 -						C	omplete	е
M/. 1	m. dh	22475		1/1/21 -	12/3	1/21						
-	Facility: WELL (WSF ID	: 22173)										
E. Coli (3014)										itine (RT)		
	Point (Sampling Point ID)			Monitor			Colle	ction Pe	eriod		liance S	
WELL (2)				7/1/19							omplete	
			•	10/1/19							omplete	
				1/1/20						C	omplete	е
				4/1/20		-						
	Mator	System Easili	ity and Sar	7/1/20 -	-	•	wort	orv.				
144	vvaler	System Facili	ity allu Sal	nhiilig	PUI	וווע ווו		-				
Water System Water	er System Facility	Sampling Point	Sampling Poi	nt			Total Coliforr		l and			Stage
Facility ID	o. System ruemey	ID	Description	••		Status	Rule	_	-	Asbestos	WQP	_
	RIBUTION SYSTEM	4	DISTRIBUTION	I SYSTFM		A A	Y				4-	
2.31		•				-						

	Water Quality Mo	onitoring and	d Con	npl	liance S	Schedul	le	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1300014	CHURCH OF EPIPHANY			NC	25	Р	GW	
Local Address	Local Address (where applicable)			ntial	Commerci	al Industri	al Combine	ed Agricultural
276 MAIN STREET NORTH		Connections			1			
Towns Served:	SOUTHBURY				,			

	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 Stage Rule Tier Asbestos WQP 2 DBPR						
		COE001	RR 1ST FLOOR	Α	Υ	Υ						
		COE002	RR 1ST FLR HANDICAP	Α	Υ	Υ						
		COE003	1ST FLOOR SACRISTY	Α	Υ	Υ						
		COE004	KIT SNK 1ST FLOOR	Α	Υ	Υ						
		COE005	KIT HAND SNK 1ST FLR	Α	Υ	Υ						
		COE006	KIT SNK DBL 1ST FLR	Α	Υ	Υ						
		COE007	RR 2ND FLOOR	Α	Υ	Υ						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
22173	WELL	2	WELL	Α								
60405	TREATMENT PLANT											

				Contact iiii	or mation						
Name				Organization	1	Job Title					
Church of The Epip	hany										
Mailing Address Lin	e One		Mailing	g Address Line Two			City	State	Zip Code		
276 Main Street No	rth					Southbur	У	СТ	06488		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Add	dress				
Contact Role(s): Le	gal Contact, O	wner									
Name			Organization					Job Title			
Mr. Marston Price											
Mailing Address Lin	e One		Mailing Address Line Two			City		State	Zip Code		
262 Main St. North						Southbur	У	СТ	06488		
Business Phone	Extension	Fax	•	Mobile Phone	Emergency Phone	Email Add	dress				
203-264-8150						epiphany	sby@att.n	et			
Contact Role(s): A	dministrative (Contact									

Contact Information

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 Departm Water Quality							ection	
PWS ID PWS Name		<u> </u>					ner Type Pri	mary Source
CT1300034 MIRANDAS PIZZA & RESTAURANT				NC	25		Р	GW
Local Address (where applicable)		Service	Residentia			rial	Combined	Agricultural
1056 MAIN STREET SOUTH		Connections	residentia	1	TCIGIT TITIGUSC	IIIII	Combined	Agriculturur
Towns Served: SOUTHBURY		33		1				
	Monite	oring Requ	irement	ts				
Water System Facility: DISTRIBUTION SYSTEM								
Total Coliform (3100)						1 rou	ıtine (RT) p	er guarter
Sampling Point (Sampling Point ID)			Monitoring	Period	Collection P			nce Status
Select from Inventory of Active Sampling Points	:		7/1/19 - 9/			0.7.0 0.		nplete
Select nom inventory of Atomic Sumpling Control			10/1/19 - 12					nplete
		-	1/1/20 - 3/					nplete
			4/1/20 - 6/				Con	пріссе
			7/1/20 - 9/					
Dhariad Damanadana (DDC)			7/1/20-9/	30/20		4	(DT)	
Physical Parameters (PPS)			Manitarina	Dovind	Callection D		utine (RT) p	-
Sampling Point (Sampling Point ID)	_	ı	Monitoring		Collection P	erioa		nce Status
Select from Inventory of Active Sampling Points	5		7/1/19 - 9/	-				nplete
			10/1/19 - 12					nplete
			1/1/20 - 3/				Con	nplete
			4/1/20 - 6/					
			7/1/20 - 9/	/30/20				
Water System Facility: ENTRY POINT (WSF ID	: 00700)							
Nitrate And Nitrite (NOX)						1	routine (R1	Γ) per year
Sampling Point (Sampling Point ID)		ı	Monitoring	Period	Collection P	eriod	Complia	nce Status
ENTRY POINT (3)			1/1/19 - 12	/31/19			Con	nplete
			1/1/20 - 12	/31/20			Con	nplete
			1/1/21 - 12	/31/21				
Water System Facility: WELL (WSF ID: 22175)								
E. Coli (3014)						1 rou	ıtine (RT) p	er guarter
Sampling Point (Sampling Point ID)			Monitoring	Period	Collection P			nce Status
WELL (2)			7/1/19 - 9/					nplete
			10/1/19 - 12					nplete
			1/1/20 - 3/					nplete
			4/1/20 - 6/				COIL	ripiete
			7/1/20 - 9/				_	_
Puh	lic Not	tification R		-				
1 40		ompliance	Notice		Notification		PN Certi	fication
Violation/Situation		Period	Tier				_	
E. Coli	7/1	/18 - 12/7/18	3	<i>Require</i> 1/2/202			Due to DPH 1/12/2020	Received
						-	1/12/2020	
Water Syster	n Facili	ity and Sar	npling P	oint inv	entory			
Water						d and		
	_	Sampling Poil	nt	C	-	pper		Stage
Facility ID	ID	Description		Status		e Tier	Asbestos l	NQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ			
		WITHIN 5 SER		Α				
UPS	TREAM	WITHIN 5 SER	VICE CON	Α				

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source			
CT1300034	MIRANDAS PIZZA & RESTAURANT		NC	25	Р	GW					
Local Address (v	Service	Residential		Commerci	al Industri	al Combine	ed Agricultural				
1056 MAIN STR	EET SOUTH	Connections			1						

Towns Served: SOUTHBURY

	Water System Facility and Sampling Point Inventory											
Water System Facility IL		Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR			
00700	ENTRY POINT	3	ENTRY POINT	Α								
22175	WELL	2	WELL	Α								
57039	TREATMENT PLANT											

Name				Organization				Job Title		
Mr. Qevsere Krivca				Miranda's Re	estaurant		Manager			
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code	
1056 Main Street						Southbu	ry	СТ	06488	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress			
203-262-6400										
Contact Role(s): A	dministrative C	ontact								
Name				Organization	l	Job Title				
Gony, LLC	Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code	
• •	e One		Mailing	Address Line Two			City	0.000		
• •	e One		Mailing	; Address Line Two		Southbu		CT	06488	

Contact Role(s): 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 Depa									
Water Qual	ity Mon	itoring an	d Com	plianc	e Sch	hedule			
PWS ID PWS Name			(Classificati	ion Pop	oulation O	wner Type Pr	imary Source	
CT1300054 HINE BROS INC.				NC		25	Р	GW	
Local Address (where applicable)		Service	Residenti	al Comm	ercial	Industrial	Combined	Agricultural	
67 SOUTH MAIN STREET		Connections		1	_				
Towns Served: SOUTHBURY									
	Moni	itoring Requ	iremen	ts					
Water System Facility: DISTRIBUTION SY									
Total Coliform (3100)						1 r	outine (RT) բ	•	
Sampling Point (Sampling Point ID)			Monitorin		Colle	ction Perio		ance Status	
Select from Inventory of Active Sampling	Points		7/1/19 - 9					mplete	
			10/1/19 - 1			mplete			
			1/1/20 - 3				Coi	mplete	
			4/1/20 - 6	· · ·					
			7/1/20 - 9	/30/20					
Physical Parameters (PPS)							outine (RT) p	-	
Sampling Point (Sampling Point ID)			Monitorin		Colle	ction Perio	-	ance Status	
Select from Inventory of Active Sampling	Points		7/1/19 - 9					mplete	
			10/1/19 - 1					mplete	
			1/1/20 - 3				Coi	mplete	
			4/1/20 - 6						
NATIONAL CONTRACTOR OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE	ICE ID ACTO	21	7/1/20 - 9	0/30/20					
Water System Facility: ENTRY POINT (W	SF ID: 00/0	U)					(==)		
Nitrate (1040)			0.0 14 1	Davida d	C-11-	1 rection Perio	outine (RT) p	-	
Sampling Point (Sampling Point ID)			Monitoring			ance Status			
ENTRY POINT (3)			7/1/19 - 9				Complete Complete		
		<u> </u>	10/1/19 - 1					•	
			1/1/20 - 3 4/1/20 - 6				COI	mplete	
Nitrito (1041)			7/1/20 - 9	730/20			1 routing (D	T) por voor	
Nitrite (1041) Sampling Point (Sampling Point ID)			Monitorin	a Pariod	Collo	ction Perio	1 routine (R	ance Status	
ENTRY POINT (3)			1/1/19 - 1		Colle	CLIOII PETIO		mplete	
LIVIRT FOINT (3)			1/1/20 - 1					mplete	
			1/1/21 - 1				COI	Tiplete	
	Public No	otification R							
		Compliance	Notice		lic Notifi	ication	PN Cert	ification	
Violation/Situation		Period	Tier	Requi		erformed	Due to DPH	Received	
E. Coli	4/	/1/18 - 6/30/18	3	8/16/2	019		8/26/2019		
Water Sv	stem Fac	ility and Sar	npling F	Point Ir	vent	ory			
Water		•			Total		nd		
	ampling Poir	nt Sampling Poi	nt		Colifori			Stage	
Facility ID	ID			Status	Rule	Rule Ti	er Asbestos	WQP 2 DBPR	
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	Α	Υ				
I	OOWNSTREA	M WITHIN 5 SER	VICE CON	Α					
	UPSTREAM	WITHIN 5 SER	VICE CON	Α					
00700 ENTRY POINT	3	ENTRY POINT		Α					

	Water Quality Monit	oring an	d Con	npl	iance S	Schedul	le	
PWS ID	PWS Name				ssification	Population	Owner Type	Primary Source
CT1300054	HINE BROS INC.					25	Р	GW
Local Address	Local Address (where applicable)		Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural
67 SOUTH MA	IN STREET	Connections			1			

Towns Served: SOUTHBURY

	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			
22177	WELL	2	WELL	Α								
Contact Information												
Name		0	rganization				Job Title					

					300			
Ms. Laura Hine								
e One		Mailing Add	ress Line Two			City	State	Zip Code
P O Box 406					ſy	CT	06488	
Extension	Fax	Mo	obile Phone	e Phone Emergency Phone Email Address				
	203-264-4	1177			laura@h	inebros.com		
		Extension Fax		e One Mailing Address Line Two Extension Fax Mobile Phone	Hine Bros Inc. e One Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone	Hine Bros Inc. e One Mailing Address Line Two Southbut Extension Fax Mobile Phone Emergency Phone Email Ad	Hine Bros Inc. e One Mailing Address Line Two City Southbury Extension Fax Mobile Phone Emergency Phone Email Address	Hine Bros Inc. e One Mailing Address Line Two City State Southbury CT Extension Fax Mobile Phone Emergency Phone Email Address

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

Schedule Generation Date: 3/10/2020

Page 6

Conno	ationt Dono	wtwo ox	1 of	Dublia	Haalth	D.	منیم اینیم	~ I	Mata	1 C a	ation	
Conne	ecticut Depa						,	_			ection	
	Water Qua	lity Mo	onit	coring a	nd Com	ıpl	iance	Sc	hedu	le		
PWS ID PWS Nam	e					Clas	ssification	Ро	pulation	Ow	ner Type	Primary Source
CT1300064 KETTLETC	WN S.P./BEACH W	/ELL					NC		167		S	GW
Local Address (where appl	icable)			Service	Resident	tial	Commerc	cial	Industr	ial	Combine	d Agricultural
1434 GEORGE HILL ROAD				Connection	ns 3							
Towns Served: SOUTHBUR	Y											
		M	onit	oring Red	quireme	nts						
Water System Facility:	DISTRIBUTION S	YSTEM (WSF I	D: 00600)								
Total Coliform (3100)										1 rou	itine (RT) per quarter
Sampling Point (Sam	pling Point ID)				Monitorii	ng P	eriod (Colle	ection Pe	riod	Comp	liance Status
Select from Inventory	of Active Sampling	Points			7/1/19 -	9/30	0/19					Complete
					4/1/20 -	6/30	0/20					
					7/1/20 -	9/30	0/20					
Physical Parameters (F	•								:	1 rou	- '	per quarter
Sampling Point (Sam					Monitori			Colle	ection Pe	eriod	Comp	liance Status
Select from Inventory	of Active Sampling	Points			7/1/19 -						C	Complete
					4/1/20 -							
					7/1/20 -	9/30	0/20					
Water System Facility:	-	VSF ID: 00	0700)									-
Nitrate And Nitrite (NO	•					_		- "				RT) per year
Sampling Point (Sam	pling Point ID)				Monitorii			Colle	ection Pe	eriod		liance Status
ENTRY POINT (3)					1/1/19 - 1						(Complete
					1/1/20 - 3							
			_	-	1/1/21 - :							
		Oth	er C	omplian	ce Sched	lule	es					
Compliance Schedule Activ	vity						Date		Achi	eved	Date	
SEASONAL START UP COM	PLETION						2020					
		Public	Not	tification	Require	me	ents					
			C	ompliance	Notice		<u>Public I</u>	Votij	<u>fication</u>		PN Ce	<u>rtification</u>
Violation/Situation				Period	Tier		Required		Performe		Due to DP	H Received
Total Coliform MCL Violation				/11 - 6/30/1:			8/24/2011				9/3/2011	
	Water S	ystem I	acili	ity and S	ampling	Ро			•			
Water System Water System I	Eacility	Camplina	Doint	Camplina D	laint			Total				Chara
System Water System I Facility ID	-ucinty	Sumping ID	Point	Sampling P Description				lifor Rule	-	•	Ashesto	Stage s WQP 2 DBPR
00600 DISTRIBUTION S	SYSTEM	4		-	ON SYSTEM		Status A	Υ	71070		715500500	3 10Q: 2331 N
00000 DISTRIBUTION S) I STEIVI	•	RFAM	WITHIN 5 S			A					
		UPSTRE			ERVICE CON		A					
00700 ENTRY POINT		3		ENTRY POI			A					
22178 WELL		2		WELL	<u> </u>		A					
ZZZ70 WZZZ			Con	tact Info	rmation							
Name				rganization	····ation						Job Title	
Mr. David Cooley				eep-Enginee	ring Init			C	Supv Civi	l Fnø		
Mailing Address Line One		Mailing A		s Line Two	01111			J	City	. <u>-</u> 118	State	Zip Code
163 Great Hill Road				2 2.1.2 1 440			Portla	and	City		CT	06480
Business Phone Exter	nsion Fax		Mobi	le Phone	Emergency	Pho			ress			- 3 . 3 3
860-342-2215	860-344-	2560		205-7552	860-424-3				ley@ct.g	gov		
									`			

	Connecticut Department of Public Health Drinking Water Section											
	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Classification Population Owner Type Pr		imary Source						
CT1300064	KETTLETOWN S.P./BEACH WELL				NC	167	S	GW				
Local Address	ocal Address (where applicable)			ntial	Commercia	al Industri	al Combined	Agricultural				
1434 GEORGE	HILL ROAD	3										

Towns Served: SOUTHBURY

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

Please note the following:

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

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

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

End of schedule

		ut Departmer							
PWS ID	PWS Name	ter Quality M	onitoring						Primary Source
CT1300074		P./CAMPGROUND WE			NC		.67	S	GW
	ss (where applicable)	i, crain dicond in	Service	Residentia			ndustrial	Combined	
	R FARMS ROAD		Connecti		ii comiiii	creiai i	Taustriai	COMBINE	Agricultura
	ed: SOUTHBURY			10					
TOWNS SCIVE	ed: 500THBORT	0.4	anitarina Da		l-a				
Water Syst	em Facility: DISTR		onitoring Re		ts				
•	form (3100)						1 r	outine (RT)	per quarter
	ing Point (Sampling Po	oint ID)		Monitoring	Period	Collec	tion Perio		liance Status
	from Inventory of Acti			7/1/19 - 9					omplete
	,			4/1/20 - 6					
				7/1/20 - 9	-				
Physical P	arameters (PPS)			,,1,20 3	30,20		1 r	outine (RT)	per quarter
	ing Point (Sampling Po	oint ID)		Monitoring	Period	Collec	tion Perio		liance Status
-	from Inventory of Acti			7/1/19 - 9		001100			omplete
30,000	Tom inventory or rice	ve sampling rollies		4/1/20 - 6	-				ompiete
				7/1/20 - 9	-				
Mater Syst	em Facility: ENTRY	POINT (WSF ID: 0	0700)	7/1/20 5	30/20				
•	•	POINT (W3FID. 0	0700)					1	DT\
	nd Nitrite (NOX) ing Point (Sampling Po	oint ID)		Monitoring	Pariod	Collec	tion Perio	=	RT) per year <i>liance Status</i>
_	POINT (3)	וווג וטו		1/1/19 - 12					omplete
ENIKI	POINT (3)			1/1/19 - 12	-		1-9/30 1-9/30	C	ompiete
						-	-		
				1/1/21 - 12		4/	1-9/30		
		Oth	er Compliar	nce Schedu	les				
					e Date				
Compliance	Schedule Activity			Du	C Dutt		Achieve	d Date	
_	Schedule Activity START UP COMPLETION	N			1/2020		Achieve	d Date	
_	START UP COMPLETIO	N Water System I	Facility and	5/	1/2020	vento		d Date	
SEASONAL S	START UP COMPLETION	Water System I	-	5/ Sampling P	1/2020 Point In	Total	ry Lead an	nd	
SEASONAL S Water System V	START UP COMPLETIO	Water System I	Point Sampling	5/ Sampling P	1/2020 Point In	Total Coliform	ry Lead ar Coppe	nd r	_
Water System V Facility ID	START UP COMPLETION Water System Facility	Water System I Sampling ID	Point Sampling Description	5/ Sampling P Point on	1/2020 Point In Status	Total Coliform Rule	ry Lead ar Coppe	nd r	_
Water System V Facility ID	START UP COMPLETION	Water System I Sampling ID 4	Point Sampling Description DISTRIBU	Sampling P Point on TION SYSTEM	1/2020 Point In Status A	Total Coliform	ry Lead ar Coppe	nd r	_
Water System V Facility ID	START UP COMPLETION Water System Facility	Water System I Sampling ID 4 DOWNST	Point Sampling Description DISTRIBU REAM WITHIN 5	Sampling P Point on TION SYSTEM SERVICE CON	201/2020 Point In Status A A	Total Coliform Rule	ry Lead ar Coppe	nd r	_
Water System V Facility ID 00600 D	Water System Facility DISTRIBUTION SYSTEM	Water System I Sampling ID 4 DOWNST UPSTRE	Point Sampling Description DISTRIBUTE REAM WITHIN 5	Sampling P Point on TION SYSTEM SERVICE CON	201/2020 Point In Status A A A	Total Coliform Rule	ry Lead ar Coppe	nd r	_
Water System V Facility ID 00600 D	Vater System Facility DISTRIBUTION SYSTEM	Water System I Sampling ID 4 DOWNST UPSTRE	Point Sampling Description DISTRIBUTE REAM WITHIN 5 EAM WITHIN 5 ENTRY PO	Sampling P Point on TION SYSTEM SERVICE CON	Status A A A A	Total Coliform Rule	ry Lead ar Coppe	nd r	_
Water System V Facility ID 00600 D 00700 E 22179 V	Water System Facility DISTRIBUTION SYSTEM ENTRY POINT	Sampling ID 4 DOWNST UPSTRE 3 2	Point Sampling Description DISTRIBUTE REAM WITHIN 5	Sampling P Point on TION SYSTEM SERVICE CON	201/2020 Point In Status A A A	Total Coliform Rule	ry Lead ar Coppe	nd r	Stage WQP 2 DBPI
Water System V Facility ID 00600 D 00700 E 22179 V	Vater System Facility DISTRIBUTION SYSTEM	Sampling ID 4 DOWNST UPSTRE 3 2	Point Sampling Description DISTRIBUT REAM WITHIN 5 EAM WITHIN 5 ENTRY PO	Sampling P Point on TION SYSTEM SERVICE CON SERVICE CON	Status A A A A	Total Coliform Rule	ry Lead ar Coppe	nd r	_
Water System V Facility ID 00600 D 00700 E 22179 V	Water System Facility DISTRIBUTION SYSTEM ENTRY POINT	Sampling ID 4 DOWNST UPSTRE 3 2	Point Sampling Description DISTRIBUTE REAM WITHIN 5 EAM WITHIN 5 ENTRY PO	Sampling P Point on TION SYSTEM SERVICE CON SERVICE CON	Status A A A A	Total Coliform Rule	ry Lead ar Coppe	nd r	_
Water System V Facility ID 00600 D 00700 E 22179 V	Water System Facility DISTRIBUTION SYSTEM ENTRY POINT	Sampling ID 4 DOWNST UPSTRE 3 2	Point Sampling Description DISTRIBUT REAM WITHIN 5 EAM WITHIN 5 ENTRY PO	Sampling P Point On TION SYSTEM SERVICE CON SERVICE CON OINT	Status A A A A	Total Coliform Rule	ry Lead ar Coppe	nd r	
Water System V Facility ID 00600 D 00700 E 22179 V 60810 A	Water System Facility DISTRIBUTION SYSTEM ENTRY POINT WELL ATMOSPHERIC STORAGE	Sampling ID 4 DOWNST UPSTRE 3 2	Point Sampling Description DISTRIBUTE REAM WITHIN 5 ENTRY PO WELL Contact Inf	Sampling P Point On TION SYSTEM SERVICE CON SERVICE CON DINT	Status A A A A	Total Coliform Rule Y	ry Lead ar Coppe	od r er Asbestos Job Title	_
Water System V Facility ID 00600 D 00700 E 22179 V 60810 A Name Mr. David C	Water System Facility DISTRIBUTION SYSTEM ENTRY POINT WELL ATMOSPHERIC STORAGE	Sampling ID 4 DOWNST UPSTRE 3 2	Point Sampling Description DISTRIBUTE REAM WITHIN 5 ENTRY PO WELL Contact Inf Organization	Sampling P Point On TION SYSTEM SERVICE CON SERVICE CON DINT	Status A A A A	Total Coliform Rule Y	ry Lead an Coppe Rule Ti	od r er Asbestos Job Title	
Water System V Facility ID 00600 D 00700 E 22179 V 60810 A Name Mr. David C Mailing Add	Vater System Facility DISTRIBUTION SYSTEM ENTRY POINT VELL ATMOSPHERIC STORAC	Sampling ID 4 DOWNST UPSTRE 3 2	Point Sampling Description DISTRIBUTE REAM WITHIN 5 ENTRY POWELL Contact Inf Organization Deep-Engine	Sampling P Point On TION SYSTEM SERVICE CON SERVICE CON DINT	Status A A A A	Total Coliform Rule Y	ry Lead an Coppe Rule Tid	Job Title	WQP 2 DBP
Water System V Facility ID 00600 D 00700 E 22179 V 60810 A Name Mr. David C	Water System Facility DISTRIBUTION SYSTEM ENTRY POINT WELL ATMOSPHERIC STORAG Cooley Iress Line One lill Road	Sampling ID 4 DOWNST UPSTRE 3 2	Point Sampling Description DISTRIBUTE REAM WITHIN 5 ENTRY POWELL Contact Inf Organization Deep-Engine	Sampling P Point On TION SYSTEM SERVICE CON SERVICE CON DINT	Status A A A A Por	Total Coliform Rule Y Su Su Cotland	Lead an Coppe Rule Ti	Job Title	Zip Code

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

	Connecticut Department of	Public	Health	Dı	rinking	, Water	Section				
	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Clas	ssification	Population	Owner Type F	rimary Source			
CT1300074	KETTLETOWN S.P./CAMPGROUND WELL			NC	167	S	GW				
Local Address	(where applicable)	Service	Residen	itial	Commercia	al Industria	al Combined	l Agricultural			

Connections

10

175 QUAKER FARMS ROAD
Towns Served: SOUTHBURY

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 Departme Water Quality M						
PWS ID PWS Name	<u> </u>				Owner Type Pr	rimary Source
CT1300164 SOUTH BRITAIN CONGREGATIONAL	CHURCH		NC	25	Р	GW
Local Address (where applicable)	Service	Residentia			l Combined	Agricultural
693 S BRITAIN RD	Connections		1			8
Towns Served: SOUTHBURY						
N	Monitoring Requ	irement	ts			
Water System Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)					
Total Coliform (3100)				1	routine (RT)	per quarter
Sampling Point (Sampling Point ID)	1	Monitoring	Period (Collection Per		ance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9/	/30/19			mplete
	1	0/1/19 - 12	2/31/19		Co	mplete
		1/1/20 - 3/	/31/20		Со	mplete
		4/1/20 - 6/				•
		7/1/20 - 9/				
Physical Parameters (PPS)				1	routine (RT)	per quarter
Sampling Point (Sampling Point ID)	1	Monitoring	Period (Collection Per	• • •	ance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9/				mplete
	1	0/1/19 - 12	2/31/19			mplete
		1/1/20 - 3/				mplete
		4/1/20 - 6/				•
		7/1/20 - 9/				
Water System Facility: ENTRY POINT (WSF ID:	00700)					
Nitrate And Nitrite (NOX)					1 routine (R	T) per vear
Sampling Point (Sampling Point ID)	1	Monitoring	Period (Collection Per	-	ance Status
ENTRY POINT (3)		1/1/19 - 12				mplete
		1/1/20 - 12				mplete
		 1/1/21 - 12				•
Water System Facility: WELL (WSF ID: 22188)						
E. Coli (3014)				1	routine (RT)	oer guarter
Sampling Point (Sampling Point ID)	/	Monitoring	Period (- Collection Per		ance Status
WELL (2)		7/1/19 - 9/				mplete
		0/1/19 - 12				mplete
						mplete
		4/1/20 - 6/				
		7/1/20 - 9/				
Publi	ic Notification Ro					
	Compliance	Notice	Public N	<u>Notification</u>	PN Cert	<u>ification</u>
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Distribution Turbidity MCL Violation	7/1/06 - 9/30/06	2	11/15/200	6	11/25/2006	
E. Coli	4/1/18 - 9/10/18	3	8/30/2019	9	9/9/2019	
Water System	Facility and San	npling P	oint Inve	entory		
Water				otal Lead		
	g Point Sampling Poin	t		liform Copp		Stage
Facility ID II			Status		Tier Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4			A	Υ		
DOWNS	TREAM WITHIN 5 SERV	VICE CON	Α			

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source			
CT1300164 SOUTH BRITAIN CONGREGATIONAL CHURCH					NC	25	Р	GW			
Local Address (v	vhere applicable)	Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural			
693 S BRITAIN R	D	Connections			1						

Towns Served: SOUTHBURY

	Water System Facility and Sampling Point Inventory										
Water System	Water System Facility	Sampling Point ID	Sampling Point Description	_	Total Coliform	Lead and Copper Rule Tier	Achastas	WOR	Stage		
Facility ID	,	UPSTREAM	WITHIN 5 SERVICE CON	Status A	Kule	Rule Her	Aspestos	WQP	2 DBPK		
00700	ENTRY POINT	3	ENTRY POINT	Α							
22188	WELL	2	WELL	Α							
59203	TREATMENT PLANT										

				Contact Info	ormation					
Name				Organization			Job Title			
Ms. Cathy Somers				South Britain	Congregational C		Chair of Pro	perty		
Mailing Address Line	e One		Mailing	g Address Line Two			City	State	Zip Code	
Chair of Property			PO Box 64				ıry	СТ	06487	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
203-264-5890						sbcc_secretary@yahoo.com				
Contact Role(s): Ac	dministrative	Contact								
Name				Organization				Job Title		
Mr. Ken Bolin				South Britain	Congregational C		Chair of Co	uncil		
Mailing Address Line	e One		Mailing	g Address Line Two		City		State	Zip Code	
Chair of Church Cou	ıncil		PO Box	k 64		Southbury		СТ	06487	
Business Phone	Extension	Fax	Mobile Phone Emergency Phone E		ne Email Address					
860-264-5890						sbcc_sec	cretary@yah	oo.com		

Contact Role(s): Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 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	artmei	nt of	Fublic H	lealth	Dı	rinkin	g W	ater	Sec	ction	
	Water Qu	ality M	onit	oring an	d Con	npl	liance	Sch	edul	e		
PWS ID	PWS Name			<u> </u>				1			er Type Pr	rimary Source
CT1300174	OLD COUNTRY STORE DELI	LLC					NC		25		P	GW
Local Address (where applicable)			Service	Resident	tial	Commerc	cial Ir	ndustria	ıl C	Combined	Agricultural
667 SOUTH BRI				Connections							1	
Towns Served:	SOUTHBURY											
		M	onit	oring Requ	ıireme	nts						
Water System	n Facility: DISTRIBUTION					1163						
Total Colifor	m (3100)								1	rout	ine (RT) ا	per quarter
Sampling	Point (Sampling Point ID)				Monitori	ng P	Period (Collect	ion Per	iod	Compli	ance Status
Select from	m Inventory of Active Samplin	ng Points			7/1/19 -	9/3	0/19				Со	mplete
					10/1/19 -	12/	31/19				Co	mplete
					1/1/20 -	3/3	1/20				Со	mplete
					4/1/20 -	6/3	0/20					
					7/1/20 -	9/3	0/20					
Physical Para	meters (PPS)								1	rout	ine (RT) _I	per quarter
Sampling	Point (Sampling Point ID)				Monitori	ng P	Period (Collect	ion Per	iod	Compli	ance Status
Select from	m Inventory of Active Samplin	ng Points			7/1/19 -	9/3	0/19				Со	mplete
					10/1/19 -	12/	31/19				Co	mplete
					1/1/20 -	3/3	1/20				Co	mplete
					4/1/20 -	6/3	0/20					
					7/1/20 -	9/3	0/20					
Water System	Facility: ENTRY POINT	(WSF ID: 0	0700)									
Nitrate And I	Nitrite (NOX)									1 r	outine (R	T) per year
Sampling	Point (Sampling Point ID)				Monitori	ng P	Period (Collect	ion Per		=	ance Status
ENTRY PO	INT (3)				1/1/19 - :	12/3	31/19				Со	mplete
					1/1/20 - :	12/3	31/20				Со	mplete
					1/1/21 - :	12/3	31/21					·
		Public	: Not	ification R	Require	me	ents					
			1	ompliance	Notice		Public I	Votifica	ation		DN Cort	ification_
Violation/Situa	ation			Period Period	Tier		Required	-	formed	, Du	rn cert ie to DPH	Received
Total Coliform			10/1	/18 - 12/31/18			3/7/2020		jornice		17/2020	песетей
	rite M&R Violation			18 - 12/31/18	3		3/7/2020				17/2020	
	eters M&R Violation			/18 - 12/31/18			3/7/2020				17/2020	
, o. oa a. a		Systom		ity and Sar		Do			Y\/			
	vvaler	System i	raciii	ity aliu Sai	iipiiiig	FU			•			
Water System Wat	ter System Facility	Samplina	Point	Sampling Poi	nt			Total liform	Lead (Stage
Facility ID	er System ruemey	ID	romit	Description Description	,,,			njorm Rule			Ashestos	WQP 2 DBPR
	RIBUTION SYSTEM	4		DISTRIBUTION	N SYSTEM		Status A	Υ	71070		155005105	
00000 0131	INDOTION STOTEIN		RFAN/	WITHIN 5 SER			A	•				
		OCS0		HAND SINK LE		•	A	Υ			Υ	
		OCSO		HAND SINK R		K	A	Y			Y	
		OCSO		TRIPLE SINK	. S DAC		A	Y			Y	
		OCS0		GENERIC RR			A	Y			Y	
		UPSTRE		WITHIN 5 SER	RVICE CON	N	A	•			•	
00700 ENT	RY POINT	3	11 7 1	ENTRY POINT		•	A					
JUI LIVI		<u> </u>		- CONTRACTORY			, ,					

Α

WELL

2

22189

WELL

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Classification	n F	opulation	Owner Type	Primary Source			
CT1300174	OLD COUNTRY STORE DELI LLC			NC		25	Р	GW			
Local Address	Service	Residen	itial Comme	ercia	Industri	al Combin	ed Agricultural				
667 SOUTH BI	RITAIN ROAD					1					

T	owns	Served:	SOUTHBURY	
_				

Contact Information											
Name				Organization	า		Job Title				
Mr. Koco Pela				Old Country	Store Deli, LLC		Owner				
Mailing Address Line One Mailing Addr				dress Line Two			City	State	Zip Code		
667 South Britain R	d					Southbu	iry	СТ	06488		
Business Phone Extension Fax M			Mobile Phone	Emergency Phone	Email Address						
203-264-3045			203-228-3440	kocopela	a@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 Depa	artment of	Public Health I	Drink	ing Wa	ater Se	ction	
Water Qua	lity Monit	oring and Com	oliano	ce Sche	edule		
PWS ID PWS Name			lassificat			er Type Primary	/ Source
CT1300214 1500-1514 SOUTHFORD ROA	AD		NC	2		P G'	
Local Address (where applicable)		Service Residentia					icultural
1500-1514 SOUTHFORD ROAD		Connections		L	austriai	combined 7tgm	carcarar
Towns Served: SOUTHBURY			-	-			
	Monito	oring Requiremen	ts				
Water System Facility: DISTRIBUTION S	YSTEM (WSF I	D: 00600)					
Total Coliform (3100)					1 rou	tine (RT) per q	uarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collecti	ion Period	Compliance :	
Select from Inventory of Active Sampling	g Points	7/1/19 - 9				Complet	
		10/1/19 - 1			_	Complet	
		1/1/20 - 3				Complet	:e
		4/1/20 - 6				· .	
		7/1/20 - 9	/30/20				
Physical Parameters (PPS)					1 rou	tine (RT) per q	uarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collecti	ion Period	Compliance :	
Select from Inventory of Active Sampling	g Points	7/1/19 - 9,	/30/19			Complet	:e
		10/1/19 - 1	2/31/19			Complet	:e
		1/1/20 - 3	/31/20			Complet	:e
		4/1/20 - 6	/30/20				
		7/1/20 - 9,	/30/20				
Water System Facility: ENTRY POINT (V	WSF ID: 00700)						
Nitrate And Nitrite (NOX)					1 r	outine (RT) pe	r year
Sampling Point (Sampling Point ID)		Monitoring	Period	Collecti	ion Period	Compliance :	-
ENTRY POINT (3)		1/1/19 - 12	2/31/19			Complet	:e
		1/1/20 - 12	2/31/20			Complet	:e
		1/1/21 - 12	2/31/21				
	Other Co	ompliance Schedu	les				
Compliance Schedule Activity		-	ıe Date		Achieved L	Date	
RESPOND TO SANITARY SURVEY		7/	6/2011				
Water S	ystem Facili	ity and Sampling P	oint li	nvento	у		
Water				Total	Lead and		
System Water System Facility		Sampling Point		Coliform	Copper		Stage
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos WQP	2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		WITHIN 5 SERVICE CON	Α				
	SR001	KIT HAND SNK	Α	Υ		Υ	
	SR002	KIT SNK TRPL SNK	Α	Υ		Υ	
	SR003	KIT SNK SINGLE	Α	Υ		Υ	
	SR004	RR GENERIC RR	Α	Υ		Υ	
	UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700 ENTRY POINT	3	ENTRY POINT	Α				

Α

WELL

2

22193

WELL

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

CD lelte Health Datel to Mark

PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT1300214	1500-1514 SOUTHFORD ROAD				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	ntial	Commercia	l Industria	al Combine	ed Agricultural
1500-1514 SOU	THFORD ROAD	Connections			1			

Towns Served: SOUTHBURY

			C	ontact Inf	ormation				
Name	Name				1	Job Title			
Mr. Thomas Cole				Leisure Time Pools Owner					
Mailing Address Line One Mailing Address				ress Line Two			City	State	Zip Code
1500 Soutford Road	1					Southbu	ry	СТ	06488
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Ad	ldress		
203-264-8999									

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

	Connectic	ut Departn	nent o	f Public	Н	ealth	Dı	rinkir	ng V	Nate	r S	ection	1	
	Wat	er Quality	Moni	toring a	nd	l Com	ıpl	iance	Sc	hedu	ıle			
PWS ID	PWS Name	<u> </u>		<u> </u>								wner Type	Pr	imary Source
CT1300224	SUBWAY OF SOL	THBURY CT						NC		43		P		GW
Local Addres	ss (where applicable)			Service		Resident	tial	Comme	rcial	Indust	rial	Combin	ed	Agricultural
14 OAK TREE	HILL ROAD			Connectio	ns			5						
Towns Serve	d: SOUTHBURY													
			Monit	toring Re	aui	ireme	nts							
Water Syste	em Facility: DISTR	IBUTION SYSTEI			-									
Total Colife	orm (3100)										1 rc	outine (R	T) p	er quarter
Samplin	ng Point (Sampling Po	oint ID)			٨	Monitori	ng P	Period	Coll	ection P	erio	d Com	plic	ance Status
Select f	rom Inventory of Acti	ve Sampling Point	:S			7/1/19 -	9/3	0/19					Coı	mplete
					1	0/1/19 -	12/	31/19					Coı	mplete
						1/1/20 -	3/3	1/20					Coı	mplete
						4/1/20 -	6/3	0/20						
						7/1/20 -	9/3	0/20						
Physical Pa	arameters (PPS)										1 rc	outine (R	T) p	er quarter
Samplin	ng Point (Sampling Po	oint ID)			٨	Monitori	ng P	Period	Coll	ection P	erio	d Com	plic	ance Status
Select f	rom Inventory of Acti	ve Sampling Point	:S			7/1/19 -	9/3	0/19					Coı	mplete
					1	0/1/19 -	12/	31/19					Coı	mplete
						1/1/20 -							Coı	mplete
						4/1/20 -		-						
						7/1/20 -	9/3	0/20						
Water Syste	em Facility: ENTRY	POINT (WSF II	D: 00700											
	d Nitrite (NOX)												-	T) per year
-	ng Point (Sampling Po	oint ID)				Monitori			Coll	ection P	erio	d Com	_	ance Status
ENTRY I	POINT (3)					L/1/19 - 1								mplete
						L/1/20 - :							Coı	mplete
						L/1/21 - :								
		Pul	blic No	tification	Re	equire	me	ents						
				Compliance		Notice		<u>Public</u>	Noti	<u>fication</u>		<u>PN C</u>	ert	<u>fication</u>
Violation/Sit	tuation			Period		Tier		Require		Perform	ed	Due to D		Received
E. Coli			-	L/17 - 6/30/1		3		9/26/20:				10/6/203	L8	
		Water Syste	m Faci	lity and S	am	npling	Po	int Inv	vent	tory				
Water									Tota		d an	d		
	/ater System Facility	Samp	_	t Sampling I		t		C	olifo		ppei 			Stage
Facility ID			ID .	Description				<u>Status</u>	Rule	e Rul	e Tie	er Asbest	os	WQP 2 DBPR
00600 D	ISTRIBUTION SYSTEM		4	DISTRIBUT				A	Υ					
				1 WITHIN 5				A						
00700 5	NITOV DOINIT	UP	STREAM	WITHIN 5		/ICE CON	N .	Α						
	NTRY POINT		3	ENTRY POI	IN I			Α						
22194 W	/ELL		2	WELL		ation		A						
N.				ntact Info	TIT	iation								
Name	Candida			Organization	المالجين					0		Job Tit	е	
Mr. Michael		B. 4 - 111		Subway of So	utnt	oury				Owner		C+-+		Zin Cada
	ress Line One			ss Line Two				C	.hh	City		State		Zip Code
14 Oak Tree			Box 2	oile Phone	E	orgone	Dha	ne Ema	hbur	•		СТ	(06488-0002
Business P	hone Extension	Fax	IVIO	me rnone	cm	iergency	MIC	ліе Еша	п АСС	u1622				

	Connectic	ut Departm	ent of	Public	Health	Drir	ıking	g Water	'Sect	cion	
	Wa	ter Quality I	Monit	oring ar	nd Con	nplia	nce S	Schedul	le		
PWS ID	PWS Name					Classifi	cation	Population	Owner	Туре	Primary Source
CT1300224	SUBWAY OF SOL	JTHBURY CT				N	С	43	Р		GW
Local Address (w	here applicable)			Service	Residen	tial Co	mmerci	al Industri	al Co	mbine	ed Agricultural
14 OAK TREE HIL	L ROAD			Connection	S		5				
Towns Served: S					,	,					
203-207-7925	ĵ										
Contact Role(s):	Administrative	Contact									
Name			Or	ganization					Jo	b Title	9
Ms. Maryann N.	Candido										
Mailing Address	Line One	Mailin	g Address	Line Two				City		State	Zip Code
14-22 Oak Tree F	Road	P.O. Bo	ox 2				Southb	oury		CT	06488-0002
Business Phon	e Extension	Fax	Mobil	e Phone	Emergency	/ Phone	Email A	Address			
203-264-2156	5	203-264-2156			203-264-	-2156					
Contact Role(s):	Legal Contact, C	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 Don	artmar	et of Dublic I	Joolth I)rinlrin	a Matar	Soction	
	Connecticut Dep					_		
	Water Qu	ality M	onitoring an					
PWS ID	PWS Name			С	lassification	Population C	Owner Type Pr	rimary Source
CT1300284	SOUTHFORD CORNER, LLC				NC	47	Р	GW
Local Address	s (where applicable)		Service	Residentia	I Commerc	cial Industrial	Combined	Agricultural
1455 SOUTHF	FORD ROAD		Connections		1			
Towns Served	d: SOUTHBURY							
		M	onitoring Requ	uirement	ts			
Water Syste	em Facility: DISTRIBUTION	SYSTEM (WSF ID: 00600)					
Total Colifo	orm (3100)					1 r	outine (RT)	per quarter
Samplin	g Point (Sampling Point ID)			Monitoring	Period	Collection Perio	od Compli	ance Status
Select fr	om Inventory of Active Sampli	ng Points		7/1/19 - 9,	/30/19		Со	mplete
				10/1/19 - 12	2/31/19		Со	mplete
				1/1/20 - 3,	/31/20		Со	mplete
				4/1/20 - 6,	/30/20			
				7/1/20 - 9,	/30/20			
-	rameters (PPS)					1 r	outine (RT)	-
	g Point (Sampling Point ID)			Monitoring		Collection Perio		ance Status
Select fr	om Inventory of Active Sampli	ng Points		7/1/19 - 9,				mplete
				10/1/19 - 12				mplete
				1/1/20 - 3,			Со	mplete
				4/1/20 - 6,				
\A/=+= C=+=	on English of ENTRY POINT	MICE ID: 0	2200)	7/1/20 - 9,	/30/20			
-	em Facility: ENTRY POINT	(WSF ID: U	0700)				4 .: /5	\
	d Nitrite (NOX)			0.4 a mila mina	. Davia d	Callastian Davi	1 routine (R	
	g Point (Sampling Point ID)			Monitoring		Collection Perio	-	ance Status
ENTRY P	OINT (3)			1/1/19 - 12 1/1/20 - 12				mplete mplete
				1/1/20 - 12			CO	Inpiete
		و الماريو	Notification [
		Public	Notification F					
Violation/Sit	uation		Compliance Period	Notice Tier		<u>Notification</u>		<u>ification</u>
	n M&R Violation		10/1/17 - 12/31/17		Required 3/6/2019		<i>Due to DPH</i> 3/16/2019	Received
	meters M&R Violation		10/1/17 - 12/31/17		3/6/2019		3/16/2019	
i iiysicai i ara		Custom I					3/10/2013	
	vvater	system i	Facility and Sa	mpiing P		•		
Water System W	ater System Facility	Samplina	Point Sampling Po	int		Total Lead a Diform Coppe		Stage
Facility ID	ater system radinty	ID	Description Description					WQP 2 DBPR
	STRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	A	Υ		-
		DOWNST	REAM WITHIN 5 SEI	RVICE CON	Α			
		UPSTRE	AM WITHIN 5 SE	RVICE CON	Α			
00700 EN	ITRY POINT	3	ENTRY POINT	-	Α			
22196 W	ELL	2	WELL		Α			
			Contact Infor	mation				
			Organization				Job Title	
Name								
Name Mr. Christos	Gogas		Organization			Owner	300 1100	
Mr. Christos		Mailing A	_			Owner		Zip Code
	ess Line One	Mailing A	ddress Line Two		South	City	State	Zip Code 06488

Rusiness Phane Extension Fax Mobile Phane Emergency Phane Email Address

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	TAT	. 0 1:.	N /		1.0	1.		, , , , ,	ı	
	wa	ter Quality	Monit	oring an	id Con	npli	ance S	schedul	le	
PWS ID	PWS Name					Class	ification	Population	Owner Type	Primary Source
CT1300284 SOUTHFORD CORNER, LLC NC 47 P GW									GW	
Local Address (where applicable)				Service	Residen	ntial (Commerci	al Industri	al Combin	ed Agricultural
1455 SOUTHFO	RD ROAD			Connections			1			
Towns Served:	SOUTHBURY					·				
DUSITIESS FITO	ne Extension	гах	IVIODII	e Filone L	mergency	/ FIIOI	ie Liliali F	luuress		
203-560-959)1						cgogas	@aol.com		
Contact Role(s)	: Administrative	Contact, Legal Co	ntact, Own	er						

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

Water Quality Monitoring and Compliance Schedule PWS ID PWS Name Classification Population Owner Type Primary Source Complete Classification Owner Type Primary Source Complete Classification Owner Type Primary Source Complete Complete Owner Complete Owner Owner Owner Complete Own		Connecticut Department					_			ection	
SPLASH CAR WASH Service Residential Commercial Industrial Combined Agricultural Samultari Nutrition Competition Samultari Nutrition Samultari Nutr			nitoring an	d Con							
Service Connections Service Service Connections Service					Clas		n Po	-	Ow		
Towns Served: SOUTHBURY Monitoring Requirements Monitoring Requirements			T							-	_
Monitoring Requirements Monitoring Requirements				Residen	tial		rcial	Industria	al	Combined	Agricultural
Monitoring Requirements			Connections			2					
Total Coliform (3100)	Towns Served: S	SOUTHBURY			_						
Total Coliform (3100) Monitoring Period Collection Period Compliance Status Select from Inventory of Active Sampling Points 10/1/9 - 12/31/12 Complete Select from Inventory of Active Sampling Points 1/1/20 - 3/31/20 Complete 4/1/20 - 6/30/20 7/1/20 - 9/30/20 Complete Physical Parameters (PPS) Monitoring Period Collection Period Compliance Status Select from Inventory of Active Sampling Points (D) Monitoring Period Collection Period Compliance Status Select from Inventory of Active Sampling Points (D) Monitoring Period Collection Period Compliance Status Select from Inventory of Active Sampling Points (D) Monitoring Period Compliance Status Select from Inventory of Active Sampling Points (Sampling Point (Sampling Poin				iireme	nts	}					
Select from Inventory of Active Sampling Points 10/1/19 - 12/31/19 Complete 11/1/20 - 3/31/20 Complete 11/1/20 - 3/31/20 Complete 4/1/20 - 6/30/20 7/1/20 - 9/30/20 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Monitoring Period Select from Inventory of Active Sampling Points 1/1/20 - 3/31/20 4/1/20 - 6/30/20 7/1/20 - 9/30/20 Water System Facility: ENTRY POINT - CAR WASH (WSF ID: 5007) EP - CAR WASH (3) 1/1/20 - 12/31/20 EP - CAR WASH (3) 1/1/20 - 12/31/20 EP - CAR WASH) EP - CAR WASH) WELL 2 (CAR WASH) (WSF ID: 58855) E. Coli (3014) Monitoring Period Sampling Point (Sampling Point ID) Monitoring Period Monitoring Perio	•	•	SF ID: 00600)								
Select from Inventory of Active Sampling Points		•									•
1/1/20 - 3/31/20 Complete							Colle	ection Per	riod		
A/1/20 - 6/30/20 71/20 - 9/30/20 71/20 - 9/30/20 Physical Parameters (PPS) Collection Period Sampling Point (Sampling Point Satus (Sampling Point Satus (Sampling Point Satus (Sampling Point Satus	Select from	Inventory of Active Sampling Points									_ ·
Physical Parameters (PPS) 2 routine (RT) per quarter										Со	mplete
Physical Parameters (PPS) Monitoring Period Callection Period Compliance Status Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 1 routine (RT) per quarter Physical Parameters (PPS) 1 routine (RT) per quarter Compleance Status Select from Inventory of Active Sampling Points 10/1/19 - 12/31/19 Complete Select from Inventory of Active Sampling Points 10/1/19 - 13/31/20 Complete 4 /1/20 - 6/30/20 71/20 - 9/30/20 Complete Water System Facility: ENTRY POINT - CAR WASH (WSF ID: 00000000000000000000000000000000000											
Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Select from Inventory of Active Sampling Points Select from Inventory of Active Sampling Point ID) Select from Inventory of Active Sampling Point ID Select f				7/1/20 -	9/30	0/20					
Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete Physical Parameters (PPS) Monitoring Period Collection Period Compliance Status Select from Inventory of Active Sampling Points 10/1/19 - 12/31/19 Complete Complete 4/1/20 - 6/30/20 7/1/20 - 9/30/20 Complete Complete Water System Facility: ENTRY POINT - CAR WASH (WSF ID: 00701)** I routine (RT) per year Sampling Point (Sampling Point ID) Monitoring Period Collection Period Complete 5 - CAR WASH (3) 1/1/19 - 12/31/19 Complete Complete 4 1/1/20 - 1/2/31/20 Complete 1/1/20 - 1/2/31/20 Complete E. Coll (3014) WELL 2 (CAR WASH) (WSF ID: 58855)** 1 routine (RT) per month E. Coll (3014) Monitoring Period Collection Period Complete WELL 2 (CAR WASH) (2) 10/1/19 - 10/31/19 Complete WELL 2 (CAR WASH) (2) 10/1/19 - 10/31/19 Complete 41/1/20 - 1/31/20 20/1/20 - 2/29/20 Complete 41/1/20 - 1/31/20 20/1/20 - 2/29/20 Complete 41/1/20 - 1/31/20 <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>•</td>	-										•
Physical Parameters (PPS) 1 routine (RT) per quarter (RT) per quart							Colle	ection Per	riod		
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status Select from Inventory of Active Sampling Points 10/1/19 - 12/31/19 Complete 1/1/20 - 3/31/20 Complete 4/1/20 - 6/30/20 7/1/20 - 9/30/20 Water System Facility: ENTRY POINT - CAR WASH (WSF ID: 00701) Nitrate And Nitrite (NOX) 1 routine (RT) per year Sampling Point (Sampling Point ID) Monitoring Period Collection Period Complete EP - CAR WASH (3) 1/1/19 - 12/31/19 Complete Complete Water System Facility: WELL 2 (CAR WASH) (WSF ID: 58855) E. Coli (3014) 1 routine (RT) per month Sampling Point (Sampling Point ID) Monitoring Period Collection Period Complete WELL 2 (CAR WASH) (2) 10/1/19 - 10/31/19 Complete Complete Complete WELL 2 (CAR WASH) (2) 10/1/19 - 11/30/19 Complete Complete 1/1/10 - 1/331/20 Complete 2/1/20 - 2/29/20 Complete 4/1/20 - 3/31/20 Complete 6/1/20 - 6/30/20 Complete <t< td=""><td></td><td><u> </u></td><td></td><td>7/1/19 -</td><td>9/30</td><td>0/19</td><td></td><td></td><td></td><td></td><td>-</td></t<>		<u> </u>		7/1/19 -	9/30	0/19					-
Select from Inventory of Active Sampling Points	•										•
1/1/20 - 3/31/20 Complete 4/1/20 - 6/30/20 7/1/20 - 9/30/20							Colle	ection Per	riod		
A/1/20 - 6/30/20 7/1/20 - 9/30/20 7/1/20 - 9/30/20 7/1/20 - 9/30/20 7/1/20 - 9/30/20 7/1/20 - 9/30/20 7/1/20 - 9/30/20 7/1/20 - 9/30/20 7/1/20 - 9/30/20 7/1/20 - 9/30/20 7/1/20 7/31/	Select from	Inventory of Active Sampling Points									
Toutine (RT) per year Sampling Point (NOX) Sampling Point (Sampling Poin										Со	mplete
Nitrate And Nitrite (NOX)											
Nitrate And Nitrite (NOX) Monitoring Period Collection Period Compliance Status EP - CAR WASH (3) 1/1/19 - 12/31/19 Complete EP - CAR WASH (3) 1/1/19 - 12/31/20 Complete 1/1/20 - 12/31/20 1/1/21 - 12/31/20 Complete Water System Facility: WELL 2 (CAR WASH) (WSF ID: 58855) E. Coli (3014) 1 routime (RT) per month Sampling Point (Sampling Point ID) Monitoring Period Collection Period Complete WELL 2 (CAR WASH) (2) 10/1/19 - 10/31/19 Complete WELL 2 (CAR WASH) (2) 11/1/19 - 11/30/19 Complete 11/1/19 - 11/30/19 Complete Complete 12/1/19 - 12/31/19 Complete Complete 11/1/20 - 1/31/20 Complete Complete 3/1/20 - 3/31/20 Complete Complete 4/1/20 - 4/30/20 Complete Fraction of the Complete Fraction of the Complete 6/1/20 - 6/30/20 7/1/20 - 7/31/20 Fraction of the Complete <				7/1/20 -	9/30	0/20					
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status EP - CAR WASH (3) 1/1/19 - 12/31/19 Complete 1/1/20 - 12/31/20 Complete 1/1/21 - 12/31/21 1/1/21 - 12/31/21 Water System Facility: WELL 2 (CAR WASH) (WSF ID: 58855) E. Coli (3014) 1 routine (RT) per month Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status WELL 2 (CAR WASH) (2) 10/1/19 - 10/31/19 Complete 11/1/19 - 11/30/19 Complete 11/1/20 - 1/31/20 Complete 12/1/19 - 12/31/19 Complete 2/1/20 - 2/29/20 Complete 3/1/20 - 3/31/20 Complete 4/1/20 - 4/30/20 Complete 4/1/20 - 4/30/20 5/1/20 - 5/31/20 Complete 5/1/20 - 6/30/20 7/1/20 - 6/30/20 Fraction of the Compliance Schedules Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date	Water System	Facility: ENTRY POINT - CAR WASH	(WSF ID: 00701)								
EP - CAR WASH (3)	Nitrate And N	litrite (NOX)							1	routine (R	T) per year
1/1/20 - 12/31/20 Complete 1/1/21 - 12/31/21	Sampling F	Point (Sampling Point ID)		Monitori	ing P	Period	Colle	ection Per	riod	Compli	ance Status
	EP - CAR W	'ASH (3)		1/1/19 -	12/3	31/19				Со	mplete
Name				1/1/20 -	12/3	31/20				Со	mplete
Second 1 1 1 1 1 1 1 1 1				1/1/21 -	12/3	31/21					
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status WELL 2 (CAR WASH) (2) 10/1/19 - 10/31/19 Complete 11/1/19 - 11/30/19 Complete 12/1/19 - 12/31/19 Complete 1/1/20 - 1/31/20 Complete 2/1/20 - 2/29/20 Complete 3/1/20 - 3/31/20 Complete 4/1/20 - 4/30/20 Complete 5/1/20 - 5/31/20 Complete 6/1/20 - 6/30/20 Fraction of the Complete of the	Water System	Facility: WELL 2 (CAR WASH) (WSF I	D: 58855)								
WELL 2 (CAR WASH) (2) 10/1/19 - 10/31/19 Complete 11/1/19 - 11/30/19 Complete 12/1/19 - 12/31/19 Complete 12/1/19 - 12/31/19 Complete 1/1/20 - 1/31/20 Complete 2/1/20 - 2/29/20 Complete 3/1/20 - 3/31/20 Complete 4/1/20 - 4/30/20 5/1/20 - 5/31/20 6/1/20 - 6/30/20 7/1/20 - 7/31/20 8/1/20 - 8/31/20 9/1/20 - 9/30/20 Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date	E. Coli (3014)							:	1 rc	outine (RT)	per month
11/1/19 - 11/30/19 Complete 12/1/19 - 12/31/19 Complete 1/1/20 - 1/31/20 Complete 2/1/20 - 2/29/20 Complete 3/1/20 - 3/31/20 Complete 4/1/20 - 4/30/20 5/1/20 - 5/31/20 6/1/20 - 6/30/20 7/1/20 - 7/31/20 8/1/20 - 8/31/20 9/1/20 - 9/30/20 Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date	Sampling F	Point (Sampling Point ID)		Monitori	ing P	Period	Colle	ection Per	riod	Compli	ance Status
12/1/19 - 12/31/19 Complete 1/1/20 - 1/31/20 Complete 2/1/20 - 2/29/20 Complete 3/1/20 - 3/31/20 Complete 4/1/20 - 4/30/20 5/1/20 - 5/31/20 6/1/20 - 6/30/20 7/1/20 - 7/31/20 8/1/20 - 8/31/20 9/1/20 - 9/30/20 Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date	WELL 2 (CA	AR WASH) (2)		10/1/19 -	10/3	31/19				Co	mplete
1/1/20 - 1/31/20 Complete 2/1/20 - 2/29/20 Complete 3/1/20 - 3/31/20 Complete 4/1/20 - 4/30/20 5/1/20 - 5/31/20 6/1/20 - 6/30/20 7/1/20 - 7/31/20 8/1/20 - 8/31/20 9/1/20 - 9/30/20 Other Compliance Schedules Compliance Schedule Activity Due Date Complete Achieved Date				11/1/19 -	11/3	30/19				Со	mplete
2/1/20 - 2/29/20 Complete 3/1/20 - 3/31/20 Complete 4/1/20 - 4/30/20 5/1/20 - 5/31/20 6/1/20 - 6/30/20 7/1/20 - 7/31/20 8/1/20 - 8/31/20 9/1/20 - 9/30/20 Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date				12/1/19 -	12/3	31/19				Со	mplete
3/1/20 - 3/31/20				1/1/20 -	1/3	1/20				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 Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date				2/1/20 -	2/2	9/20				Co	mplete
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 Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date				3/1/20 -	3/3	1/20				Со	mplete
6/1/20 - 6/30/20 7/1/20 - 7/31/20 8/1/20 - 8/31/20 9/1/20 - 9/30/20 Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date				4/1/20 -	4/30	0/20					
7/1/20 - 7/31/20 8/1/20 - 8/31/20 9/1/20 - 9/30/20 Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date				5/1/20 -	5/3	1/20					
8/1/20 - 8/31/20 9/1/20 - 9/30/20 Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date				6/1/20 -	6/30	0/20					
9/1/20 - 9/30/20 Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date				7/1/20 -	7/3	1/20					
Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date				8/1/20 -	8/3	1/20					
Compliance Schedule Activity Due Date Achieved Date				9/1/20 -	9/3	0/20					
		Other	r Compliance	Sched	lule	es					
CROSS CONNECTION SURVEY REPORT 3/1/2016	Compliance Sch	edule Activity			Due	Date		Achie	ved	Date	
	CROSS CONNEC	TION SURVEY REPORT			3/1/	2016					

	Connecticut De	partment of	Public H	lealth D	rink	ing W	ater S	Section	
	Water Qi	iality Monit	oring an	d Comp	liano	ce Sch	edule		
PWS ID	PWS Name			Cla	assificat	ion Popu	lation O	wner Type Pi	rimary Source
CT130038	4 SPLASH CAR WASH				NC	2	25	Р	GW
Local Add	ress (where applicable)		Service	Residential	Comm	nercial Ir	ndustrial	Combined	Agricultural
53 BULLET	Γ HILL ROAD		Connections		2	2			
Towns Sei	rved: SOUTHBURY								
		Other C	ompliance	Schedul	es				
Complian	ce Schedule Activity				e Date		Achieve	d Date	
CROSS CO	NNECTION SURVEY REPORT				/2017				
CROSS CO	NNECTION SURVEY REPORT				/2018				
	NNECTION SURVEY REPORT				/2019				
	TO SANITARY SURVEY				3/2019		11/25/	/2019	
CROSS CO	NNECTION SURVEY REPORT				/2020				
		Public Not							
Vi-ladia	(C:tt	C	ompliance	Notice		lic Notifico		· · · · · · · · · · · · · · · · · · ·	<u>ification</u>
	/Situation	10/1	Period	Tier	Requi		formed	Due to DPH	Received
Total Coll	form M&R Violation		/16 - 12/31/16		5/1/20		an a	5/11/2018	
144	water	System Facili	ity and Sai	npling Po	oint II			,	
Water System	Water System Facility	Sampling Point	Samnlina Poi	nt		Total Coliform	Lead an		Stage
Facility ID		ID	Description Description		Status	D. J.			WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	A	Υ			•
		DOWNSTREAM	WITHIN 5 SER	VICE CON	Α				
		SCW001	CAR WASH RI		Α	Υ		Υ	
		SCW002	CAR WASH G	ARAGE RR	Α	Υ		Υ	
		SCW003	CAR WASH O	FFICE RR	Α	Υ		Υ	
		SCW004	DETAIL LOBB	/ RR	Α	Υ		Υ	
		SCW005	DETAIL APT 1	KIT	Α	Υ		Υ	
		SCW006	DETAIL APT 1	RR	Α	Υ		Υ	
		SCW007	DETAIL APT 2	KIT	Α	Υ		Υ	
		SCW008	DETAIL APT 2	RR	Α	Υ		Υ	
		SCW009	CAR DETAIL S	НОР	Α	Υ			
		SCW010	CAR WASH		Α	Υ			
		UPSTREAM	WITHIN 5 SEF	VICE CON	Α				
		UPSTREAM CW	CWRRLOBBY	- CAR WASH	Α	Υ			
00701	ENTRY POINT - CAR WASH	3	EP - CAR WAS	H	Α				
58855	WELL 2 (CAR WASH)	2	WELL 2 (CAR	WASH)	Α				
58858	CAR WASH UV TREATMENT PLANT								
		Con	tact Infori	mation					
Name		0	rganization					Job Title	
Mr. Bill Cu	ummings		ullet Hill Realty			Ow	ner		
Mailing A	ddress Line One	Mailing Addres	s Line Two			Ci	ty	State	Zip Code
1									

Southbury

bc111@att.net

Emergency Phone Email Address

CT

06488

Page 22

Schedule Generation Date: 3/10/2020

Mobile Phone

111 Pomperaug Trail

Business Phone

203-592-7002

Extension

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

Fax

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
CT1300384	SPLASH CAR WASH				NC	25	Р	GW
Local Address (v	where applicable)		Service	Resider	itial Commerc	ial Industri	al Combine	ed Agricultural
53 BULLET HILL	ROAD		Connections		2			

Towns Served: SOUTHBURY

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 Departr	nent o	f Public H	lealth	Drinki	ing V	Vater S	Section	
	Water Quality	Moni	toring an	d Com	plianc	e Sc	hedule	<u>,</u>	
PWS ID	PWS Name							wner Type Pr	imary Source
CT1301124	CHRIST THE SAVIOR ORTHODOX	CHURCH			NC		150	Р	GW
Local Address (where applicable)		Service	Resident	ial Comm	ercial	Industrial	Combined	Agricultural
1070 ROXBURY			Connections		1				
Towns Served:	SOUTHBURY								
		Monit	toring Requ	iiremer	nts				
Water System	n Facility: DISTRIBUTION SYSTE								
Total Colifor	m (3100)						1 r	outine (RT)	er quarter
	Point (Sampling Point ID)			Monitorin	ng Period	Colle	ection Perio		ance Status
Select from	m Inventory of Active Sampling Poin	its		7/1/19 - 9	9/30/19				mplete
	, , ,			10/1/19 - :	12/31/19				mplete
				1/1/20 - 3					
				4/1/20 - 0					
		7/1/20 - 9							
Physical Para	ameters (PPS)			• •	<u>, , , , , , , , , , , , , , , , , , , </u>		1 r	outine (RT)	per quarter
	Point (Sampling Point ID)			Monitorin	ng Period	Colle	ction Perio		ance Status
	m Inventory of Active Sampling Poin	nts		7/1/19 - 9					mplete
	, , ,		:	 10/1/19 - :	-				mplete
				1/1/20 - 3					'
				4/1/20 - 0					
				7/1/20 - 9					
Water System	n Facility: ENTRY POINT (WSF I	D: 00700)		-,,				
-	Nitrite (NOX)		,					1 routine (R	T) ner vear
	Point (Sampling Point ID)			Monitorin	na Period	Colle	ection Perio	=	ance Status
ENTRY PO				1/1/19 - 1		00110		-	mplete
ZIVINI I O	(3)			1/1/20 - 1					piece
				1/1/21 - 1					
	Du	hlic No	tification R						
	r u		Compliance	Notice		lic Notif	fication	DN Cort	ification
Violation/Situa	ation	'	Period	Tier	Requir		Performed	Due to DPH	Received
	olor MCL Violation	10/	1/11 - 12/31/11		4/4/20		erjornieu	4/14/2012	Received
	lor MCL Violation		1/11 - 6/30/11	2	4/4/20			4/14/2012	
	lor MCL Violation		1/12 - 6/30/12	2	9/8/20			9/18/2012	
	lor MCL Violation		1/12 - 9/30/12	2	12/7/2			12/17/2012	
	lor MCL Violation		1/12 - 12/31/12	2	3/23/2			4/2/2013	
	rbidity MCL Violation		1/13 - 3/31/13	2	6/1/20			6/11/2013	
	olor MCL Violation		1/13 - 3/31/13	2	6/1/20			6/11/2013	
	Water Syste	-					orv	3/ ==/ ====	
Water	trater syste	1 acı	, and sai		. Omt ii	Total	-	nd	
	ter System Facility Samp	plina Poin	t Sampling Poi	nt		Colifor			Stage
Facility ID	,	ID	Description	-	Status	Rule		ier Asbestos	
	FRIBUTION SYSTEM	4	DISTRIBUTION	N	A	Υ			
DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A									
00700 ENT	RY POINT	3	ENTRY POINT		Α				
49041 \\/\frac{1}{2}		2	\\/\(\(\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		^				

Α

WELL 1

2

48941

WELL 1

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source				
CT1301124	CHRIST THE SAVIOR ORTHODOX CHURCH		NC	150	Р	GW						
Local Address (Service	Residen	ntial Commerci		l Industri	al Combine	d Agricultural					
1070 ROXBURY	Connections			1								

Towns Served: SOUTHBURY

Contact Information											
Name				Organization	1		Job Title				
Mr. Rev. Vladimir A	leandro	Christ The Sa	vior Orthodox Chu								
Mailing Address Line	e One	ress Line Two			City	State	Zip Code				
1070 Roxbury Road						Southbu	ry	СТ	06798		
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Address					
203-267-1330					203-267-1330						

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 Denartn	nent of P	Public H	ealth D	rinkir	ng Water S	ection					
Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule											
PWS ID PWS Name	Monitor	ing and				wner Type Primary Source					
CT1301144 CHURCH OF LATTER DAY SAINTS,	SOUTHBURY			NC	121	P GW					
Local Address (where applicable)	Se	ervice	Residential	Commer	rcial Industrial	Combined Agricultural					
1021 ROXBURY ROAD	Co	onnections		1							
Towns Served: SOUTHBURY											
	Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)										
Water System Facility: DISTRIBUTION SYSTE	M (WSF ID:	00600)									
Total Coliform (3100)				Davidad		outine (RT) per quarter					
Sampling Point (Sampling Point ID)	L-		Monitoring		Collection Perio	•					
Select from Inventory of Active Sampling Point	ts		7/1/19 - 7/3			Complete					
			0/1/19 - 12 1/1/20 - 3/:	•		Complete Complete					
			4/1/20 - 6/3			Complete					
			7/1/20 - 9/:								
Physical Parameters (PPS)			,,_,_		1 rd	outine (RT) per quarter					
Sampling Point (Sampling Point ID)		^	Monitoring	Period	Collection Perio	• • •					
Select from Inventory of Active Sampling Point	ts		7/1/19 - 9/			Complete					
		1	0/1/19 - 12	/31/19		Complete					
			1/1/20 - 3/31/20 Complete								
			4/1/20 - 6/	30/20							
			7/1/20 - 9/	30/20							
Water System Facility: ENTRY POINT (WSF II	D: 00700)										
Nitrate And Nitrite (NOX)						1 routine (RT) per year					
Sampling Point (Sampling Point ID)			Monitoring		Collection Perio	•					
ENTRY POINT (3)			L/1/19 - 12/	-		Complete					
			L/1/20 - 12/			Complete					
			L/1/21 - 12/								
	Other Con	npliance	Schedul	es							
Compliance Schedule Activity			Due	e Date	Achieve	d Date					
CROSS CONNECTION SURVEY REPORT			3/1	/2021							
Pu	blic Notifi	ication Re	equirem	ents							
		pliance	Notice		<u>Notification</u>	PN Certification					
Violation/Situation	Pe	eriod	Tier	Require	d Performed	Due to DPH Received					
Total Coliform M&R Violation	8/1/18	3 - 8/31/18	3	1/2/2020	0	1/12/2020					
Water Syste	m Facility	and Sam	npling Po	oint Inv	entory						
Water					Total Lead an						
	ling Point Sa		t	C	oliform Coppe	_					
Facility ID		escription		Status	Rule Rule Ti	er Asbestos WQP 2 DBPR					
00501 WELL#1		/ELL #1W	CVCTEA 4	Α							
00600 DISTRIBUTION SYSTEM		ISTRIBUTION		A							
	'NSTREAM W STREAM W	/ITHIN 5 SER\ /ITHIN 5 SER\		Α Δ							
00700 ENTRY POINT		VITHIN 5 SERV	AICE COIN	Α Δ							
00700 ENINT POINT	3 EN	VINT PUINT		Α							

59491 HYDROPNEUMATIC TANK

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source				
CT1301144	CHURCH OF LATTER DAY SAINTS, SO	CHURCH OF LATTER DAY SAINTS, SOUTHBURY						GW				
Local Address	(where applicable)	Service	Resider	Residential Comme		al Industri	al Combine	ed Agricultural				
1021 ROXBUR	Y ROAD	Connections			1							
Towns Served	owns Served: SOUTHBURY											

				Con	tact Inf	ormation					
Name				0	rganization		Job Title				
Mr. Roy B. McDani	el			N	atural Reso	urces-Special Proj		Manager			
Mailing Address Line One Mailing Addr					s Line Two		City	State	Zip Code		
50 East North Temp	ole St		Mfd 12	Th Floor	r		Salt Lake	ake City UT 841			
Business Phone	Extension	Fax		Mobi	ile Phone	Emergency Phone	e Email Address				
801-240-4656		801-240-	2913				mcdanielrb@churchofjesuschrist.org				
Contact Role(s): Le	gal Contact, (Owner									
Name				0	rganization		Job Title				
Ms. Christine Spen	cer			Cl	Church of Jesus Christ of Lds			Hartford Admin Asst			
Mailing Address Lin	e One		Mailing	g Addres	Iress Line Two			City	State	Zip Code	
130 South St							Cromwe	II	СТ	06516	
Business Phone	Extension	Fax		Mobi	ile Phone	Emergency Phone Email Address					
860-635-4035		860-835-	4036				spencerca@churchofjesuschrist.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

	Connecticut Dep						_		ection		
		ality Monit	oring an	a Con							
PWS ID	PWS Name					sificatio			wner Type P		
CT1301154	WHEELS STORE NO. 14		T			NC	2		Р	G\	
	(where applicable)		Service	Residen	tial (Comme	rcial In	dustrial	Combined	Agri	cultural
1411 SOUTHFO			Connections						1		
Towns Served	: SOUTHBURY										
Water System	m Facility: DISTRIBUTION		oring Requ	iireme	nts						
Total Colifor	,	3131EW (W31 1	D. 00000j					1 rc	outine (RT)	nor a	uartor
	g Point (Sampling Point ID)			Monitori	na Da	oriod	Collecti	on Perio			
	om Inventory of Active Samplin	ng Points		7/1/19 -			Conecti	OII PEITO		mplet	
Select II C	on inventory of Active Sampin	ig Politis					-				
				10/1/19 -		-			C	mplet	.c
				1/1/20 -							
				4/1/20 -		-					
	. ()			7/1/20 -	9/30	/20			()		_
•	rameters (PPS)						- "		outine (RT)		
	g Point (Sampling Point ID)			Monitori			Collecti	on Perio			
Select fro	om Inventory of Active Sampli	ng Points		7/1/19 - 9/30/19					Complete		
				10/1/19 -					Co	mplet	e
				1/1/20 -							
				4/1/20 -	6/30	/20					
				7/1/20 -	9/30	/20					
Water Syster	m Facility: ENTRY POINT	(WSF ID: 00700)									
Nitrate And	Nitrite (NOX)							:	1 routine (I	RT) pe	r year
Sampling	g Point (Sampling Point ID)			Monitori	ng Pe	eriod	Collecti	on Perio	d Compl	iance S	Status
ENTRY PO	OINT (3)			1/1/19 - 12/31/19					Co	mplet	e
				1/1/20 -	12/31	1/20					
				1/1/21 -	12/31	1/21					
	Water	System Facili	ity and Sar	mpling	Poi	nt Inv	ventoi	'V			
Water	Water	system racin	ity and sai		. 0.		Total	Lead an	. d		
	ater System Facility	Sampling Point	Samplina Poi	nt			Coliform	Copper			Stage
Facility ID		ID	Description		c	Status	Rule		er Asbestos	WQP	_
	STRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		A	Υ				
		CSS1	COFFEE ISLAN			Α	Y		Υ		
		DOWNSTREAM			N	Α	•		·		
		ES1B	WASH SINK 1		•	Α	Υ		Υ		
		ES2B	WASH SINK 2			Α	Υ		Y		
		FS1A	TAP BY WATE			A	Y		Y		
		LR1	WOMENS RO			A	Y		Υ		
		MB1	MENS ROOM				Υ		Υ		
					ΛI.	A	ī		Y		
		UPSTREAM	WITHIN 5 SER		N	A	V		V		
00700 7	TDV DOINT	WS2B	KITCHEN WAS			Α	Υ		Υ		
	TRY POINT	3	ENTRY POINT			A					
60926 WE	ELL 1	2	WELL #1			Α					

Connecticut Department of Public Health Drinking Water Section												
Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name Classification Population Owner Ty									r Type	Primary Source	
CT1301154	WHEELS STORE NO. 14						١C	25		Р	GW	
Local Address (w	Service	Resider	ntial Co	ommercia	al Industri	al C	ombine	ed Agricultural				
1411 SOUTHFOR	D RD			Connection	าร					1		
Towns Served: SO	Towns Served: SOUTHBURY											
				Contact Info	rmation	1						
Name				Organization	Organization				Job Title			
Ms. Christine Ho	gan			Consumers Pe	Consumers Petroleum President							
Mailing Address	Line One		Mailing Ad	dress Line Two				City			Zip Code	
497 Bic Dr							Milford	ord		CT	06461	
Business Phone	e Extension	Fax	ľ	Mobile Phone	Emergency	y Phone	e Email A	Email Address				
203-261-3123		203-261-7	7755		860-318	-6797	chogan	ogan@consumerspetroleum.com				
Contact Role(s):	Legal Contact											

Organization

Wheels of Ct, Inc.

Contact Role(s): Administrative Contact

Extension

Please note the following:

Mr. Thomas H Wiehl

Business Phone

203-816-5408

497 Bic Drive

Mailing Address Line One

Name

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

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 203-261-7755

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

Zip Code

06461

Job Title

State

CT

General Counsel

twiehl@consumerpetroleum.com

City

Milford

Emergency Phone Email Address

860-318-6797