	Connecticut Dep	partment of	Public Health	Drink	ing Wa	ater Se	ction
	· · · · · · · · · · · · · · · · · · ·		oring and Con		0		
PWS ID	PWS Name	<u>y</u>	0	-			ner Type Primary Sourc
CT1320024	MESSIAH LUTHERAN CHU	RCH		NC		.5	P GW
Local Address	(where applicable)		Service Residen	tial Comm	ercial Ir	dustrial	Combined Agricultura
300 BUCKLANI	D ROAD		Connections	1			
Towns Served:	SOUTH WINDSOR					1	L
		Monite	oring Requireme	nts			
Water Syster	n Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)				
<b>Total Colifor</b>	rm (3100)					1 rou	tine (RT) per quarter
Sampling	Point (Sampling Point ID)		Monitori	ng Period	Collect	ion Period	<b>Compliance Status</b>
Select fro	m Inventory of Active Sampl	ing Points	7/1/19 -	9/30/19			Complete
			10/1/19 -	12/31/19	_		Complete
<u> </u>			1/1/20 -	3/31/20			Complete
			4/1/20 -	6/30/20			
			7/1/20 -	9/30/20			
<b>Physical Par</b>	ameters (PPS)					1 rou	tine (RT) per quarter
Sampling	Point (Sampling Point ID)		Monitori	ng Period	Collect	ion Period	<b>Compliance Status</b>
Select fro	m Inventory of Active Sampl	ing Points	7/1/19 -	9/30/19			Complete
			10/1/19 -	12/31/19			Complete
			1/1/20 - 3/31/20				Complete
			4/1/20 -				
			7/1/20 -	9/30/20			
	m Facility: ENTRY POINT	(WSF ID: 00700)					
Nitrate (104	•						tine (RT) per quarter
	Point (Sampling Point ID)			ng Period	Collect	ion Period	Compliance Status
ENTRY PC	DINT (3)			9/30/19			Complete
				12/31/19			Complete
				3/31/20			Complete
				6/30/20			
	- 1		7/1/20 -	9/30/20			
Nitrite (104	•				<b>C</b>		routine (RT) per year
	Point (Sampling Point ID)			ng Period	Collect	ion Period	Compliance Status
ENTRY PC	1 אווכ (3)			12/31/19			Complete
				12/31/20			Complete
	Mater	Suctors Facili	· ·	12/31/21		es /	
14/	water	System Facili	ty and Sampling	Point If			
Water System Wa	ter System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and	Ctoor
Facility ID	ter system ruenity	ID	Description	Charters	Rule	Copper Rule Tier	Stage Asbestos WQP 2 DBP
	TRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	<u>Status</u> A	Y	nare ner	
00000 013			WITHIN 5 SERVICE CON		•		
		UPSTREAM	WITHIN 5 SERVICE CON				
00700 EN	TRY POINT	3	ENTRY POINT	<u>А</u>			
22210 M/F							

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations. Schedule Generation Date: 3/10/2020 Page 1

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

	vau	ci Quu	ncy mom	toring u		прі	lunce	Juncuu				
PWS ID	PWS Name						ssification	Population	Owner Type	Primary Source		
CT1320024	MESSIAH LUTHERAN CHURCH						NC	25	Р	GW		
Local Address (where applicable)				Service	Reside	ntial	Commerc	al Industri	al Combir	ed Agricultural		
300 BUCKLAND R	Connectio	ns	1									
Towns Served: SO	UTH WINDSOR									!		
			Со	ntact Info	ormatio	n						
Name				rganization					Job Title			
Mr. Bryan H. Gran				Messiah Evan	lessiah Evangelical Lutheran President							
Mailing Address I	ine One		Mailing Addre	ss Line Two				City	State	Zip Code		
300 Buckland Roa	ıd						South	Windsor	СТ	06074		
Business Phone	Extension	Fax	Mot	oile Phone	Emergenc	y Pho	ne Email	e Email Address				
860-644-2110							Secret	ary@melcct	.necoxmail.c	om		
Contact Role(s):	Administrative Co	ontact, Leg	al Contact									
Please note the f	ollowing:											
1. The residual di	sinfectant concentra	ation must b	e measured at th	he same locatio	on and time	as ead	ch total colif	orm 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 De	L				0					
		uality Monit	oring an		•						
PWS ID	PWS Name			C		on Pop			Primary Source		
CT1320124		LF AND BATTING C	AGES		NC		25	Р	GW		
	ess (where applicable)		Service	Residenti	al Commo		Industria	l Combine	d Agricultural		
75 SPIELMA	-		Connections		2						
Towns Serv	ved: SOUTH WINDSOR										
			oring Requ	iremen	ts						
Water Sys	tem Facility: DISTRIBUTION	SYSTEM (WSFI	D: 00600)								
<b>Total Coli</b>	iform (3100)						1	routine (RT	) per quarter		
Sampl	ling Point (Sampling Point ID)			Monitorin	g Period	Collec	ction Per	iod Comp	liance Status		
Select	from Inventory of Active Samp	ing Points		7/1/19 - 9	/30/19	_					
				4/1/20 - 6	6/30/20						
				7/1/20 - 9	/30/20						
-	Parameters (PPS)							-	) per quarter		
_	ling Point (Sampling Point ID)			Monitorin	-	Collec	ction Per	iod Comp	liance Status		
Select	from Inventory of Active Samp	ing Points		7/1/19 - 9							
				4/1/20 - 6							
				7/1/20 - 9	/30/20						
Water Sys	tem Facility: ENTRY POINT	(WSF ID: 00700)									
Nitrate A	nd Nitrite (NOX)							1 routine	(RT) per year		
Sampl	ling Point (Sampling Point ID)			Monitoring Period Collection Period Compliance Sta							
ENTRY	( POINT (3)			1/1/19 - 12				C	Complete		
				1/1/20 - 12/31/20							
				1/1/21 - 12	2/31/21						
		Other C	ompliance	Schedu	ules						
Compliance	e Schedule Activity			Du	ue Date		Achiev	ved Date			
RESPOND T	O SANITARY SURVEY			6/:	12/2019						
SEASONAL	START UP COMPLETION			4/	/1/2020						
		Public Not	ification R	equirer	nents						
		C	ompliance	Notice	Publi	c Notifi	<u>cation</u>	PN Ce	PN Certification		
Violation/S	Situation		Period	Tier	Requir	ed Pe	erformed	Due to DP	H Received		
Total Colifo	orm M&R Violation	7/1/	/10 - 9/30/10	2	1/19/20	)11		1/29/2011	L		
Physical Pa	rameters M&R Violation	7/1/	/10 - 9/30/10	3	12/20/2	011		12/30/201	1		
REVISED TO	DTAL COLIFORM RULE (RTCR)	4/2	/18 - 4/3/18	3	6/1/20	19		6/11/2019	Э		
	Water	System Facili	ity and Sar	npling F	Point In	vento	ory				
Water						Total	Lead a	and			
	Water System Facility	Sampling Point		nt		Coliforn			Stage		
Facility ID		ID	Description		Status	Rule	Rule	Tier Asbesto	s WQP 2 DBPF		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		А						
			14/1T1 1141 E CED								
		DOWNSTREAM			А						
		DOWNSTREAM UPSTREAM	WITHIN 5 SER	VICE CON	A A						
00700	ENTRY POINT			VICE CON							
	ENTRY POINT POINT WELL	UPSTREAM	WITHIN 5 SER	VICE CON	А						

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

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

PWS ID	PWS Name					Classif	ication	Population	Owner	Туре	<b>Primary Source</b>		
CT1320124	FAIRWAY MINIATURE GOLF AND BATTING CA			G CAGES			С	25			GW		
Local Address (where applicable)				Service	Resident	tial Co	mmercia	al Industri	ial Co	mbine	ed Agricultural		
75 SPIELMAN RO	AD			Connectior	าร		2						
Towns Served: SC	OUTH WINDSOR				÷	·		÷	·				
			Co	ontact Info	rmation								
Name				Organization					Jc	b Title	9		
Mr. Richard L. To	nucci			Fairway Mini G	Golf&Batting	g Cage							
Mailing Address I	ine One		Mailing Addr	ess Line Two				City		State	Zip Code		
75 Spielman Road	k						South \	outh Windsor		СТ	06074		
Business Phone	ne Extension Fax M			bile Phone	e Emergency Phone Er			Email Address					
860-289-5021					860-673-6	6554							
Contact Role(s):	Administrative	Contact, Leg	al Contact, O	wner									
Name	Organization				Job Title								
Ms. Bernice A. To	onucci			Fairway Mini G		Owner							
Mailing Address L	ine One		Mailing Addr	ess Line Two			City		1	State	Zip Code		
75 Spielman Road	b						South \	Windsor		СТ	06074		
Business Phone	e Extension	Fax	Mo	bile Phone	ne Emergency Phone			Email Address					
860-289-5021	1					www.fairwayminiaturegolf.com							
Contact Role(s):	Owner												
Please note the f	ollowing:												
1. The residual di	sinfectant concen	tration must b	e measured at	the same locatio	on and time as	s each t	otal colifo	orm sample.					
2. If a Collection I	Period is specified,	all water qua	lity samples mu	ust be collected o	during the spe	ecified p	eriod.						

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

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End of schedule