	Connecticut D	epartment of	Public H	ealth	Drinki	ing W	'ater S	ection	
	Water (Juality Monit	oring and	d Con	olianc	e Sch	edule		
PWS ID	PWS Name	C			•			wner Type F	rimary Source
CT1435073	DR. MUNROE'S DENTA	L CENTER			NC		45	P	GW
	s (where applicable)		Service	Resident			ndustrial	Combined	
2119 EAST N			Connections	Restuction	1		naastnar	combinee	, Agriculturul
	d: TORRINGTON				1				
TOWING SERVE		N A a a b		•					
Water Syste	em Facility: DISTRIBUTI		o <mark>ring Requ</mark> D: 00600)	Ireme	nts	_	_		
Total Colif	orm (3100)						1 r	outine (RT)	per quarter
	ng Point (Sampling Point ID)		Monitori	ng Period	Collec	tion Perio		iance Status
-	rom Inventory of Active Sam	-		7/1/19 -	-				omplete
					12/31/19				omplete
				1/1/20 -				C	piece
				4/1/20 -					
				7/1/20 -					
Dhysical D	promotors (DDS)			,,1,20-	5/ 50/ 20		1 -	outine (PT)	nor quarter
-	arameters (PPS) ng Point (Sampling Point ID	1		Monitori	ng Period	Collag	1 ro tion Perio		per quarter <i>iance Status</i>
	rom Inventory of Active Sam				-	Conect	uon Perio		
Select I	rom inventory of Active Sam	iping Points		7/1/19 -					omplete
					12/31/19				omplete
				1/1/20 -					
				4/1/20 -					
				7/1/20 -	9/30/20				
	em Facility: ENTRY POIN	IT (WSF ID: 00700)							
	d Nitrite (NOX)								RT) per year
	ng Point (Sampling Point ID)		Monitori	ng Period	Collec	tion Perio	d Compl	iance Status
ENTRY	POINT (3)			1/1/19 - 1	12/31/19			Co	omplete
				1/1/20 - 1	12/31/20				
				1/1/21 - 1	12/31/21				
		Other Co	ompliance	Sched	ules				
Compliance	Schedule Activity		•••••		Due Date		Achieve	d Date	
	VECTION SURVEY REPORT				3/1/2020		Achieve		
CRUSS CONT						_			
	Wate	er System Facili	ity and San	npling	Point Ir	ivento	ry		
Water						Total	Lead an		
	/ater System Facility	Sampling Point		nt		Coliform			Stage
Facility ID		ID	Description		Status	Rule	Rule Ti	er Asbestos	WQP 2 DBPR
00600 D	ISTRIBUTION SYSTEM	4	GENERIC DIST	RIBUTION	N A	Y			
		BORGB001	KITCHEN		А	Y	2	Y	
		BORGB002	LADIES LAV		А		2		
		BORGB003	MENS LAV		А		2		
		BORGB004	MENS LAV DE	NTAL	А		2		
		BORGB005	LADIES LAV DE	ENTAL	А		2		
		DOWNSTREAM	WITHIN 5 SER	VICE CON	A I				
		UPSTREAM	WITHIN 5 SER		A A				
00700 E	NTRY POINT	3	ENTRY POINT		А				
	/ELL	2	WELL		А				
	RESSURE STORAGE	-			~~				
JU-JU P									

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWSID PWS Name** Classification Population Owner Type Primary Source Р CT1435073 DR. MUNROE'S DENTAL CENTER NC 45 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 2119 EAST MAIN STREET 1 Towns Served: TORRINGTON **Certified Operator Information** Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Facility Classification: SMALL WATER SYSTEM Certification **Operator Type** Certification(s) **Operator Name** Expiration LEMAY, REALE D. CHIEF OPERATOR **DISTRIBUTION SYSTEM OPERATOR - CLASS I** 6/30/2020 WATER TREATMENT PLANT OPERATOR - CLASS III 12/31/2022 KILBOURN. ERIC M. ASSIGNED OPERATOR **DISTRIBUTION SYSTEM OPERATOR - CLASS I** 12/31/2022 WATER TREATMENT PLANT OPERATOR - CLASS II 12/31/2022 **Contact Information** Organization Job Title Name Dr. Onika Quinn-Munroe Dr. Munroe's Dental Center Mailing Address Line One Mailing Address Line Two Citv State Zip Code 2119 East Main Street СТ Torrington 06790 **Business Phone** Extension Mobile Phone Emergency Phone Email Address Fax 860-482-4041 860-482-2471 Contact Role(s): Legal Contact, Owner Name Organization Job Title Ms. Tracie Grieco Dr. Monroe's Dental Center Office Manager Mailing Address Line One Mailing Address Line Two City State Zip Code 2119 East Main St СТ 06790 Torrington **Business Phone** Extension Fax Mobile Phone **Emergency Phone** Email Address 860-482-4041 860-482-2471 tracieg.monroesdental@gmail.com Contact Role(s): Administrative Contact Please note the following: 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule. If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

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

	Connectic	ut Departme	ent of Publ	ic Health Drii	nking W	/ater Se	ction	
	Wat	ter Ouality N	Ionitoring	and Complia	ince Sch	nedule		
PWS ID	PWS Name		0	^			ner Type P	rimary Source
CT1430024	TORRINGTON A	DVENT CHRISTIAN C	HURCH		IC .	25	P	GW
Local Address (v	where applicable)		Service	Residential Co	ommercial	Industrial	Combined	Agricultural
217 NEW HARW	VINTON ROAD		Connect	ions	1			
Towns Served:	TORRINGTON							
		Γ	Aonitoring R	equirements				
Water System	Facility: DISTR	IBUTION SYSTEM	(WSF ID: 00600))				
Total Coliforn	n (3100)					1 rou	tine (RT)	per quarter
Sampling I	Point (Sampling P	oint ID)		Monitoring Peri	iod Colled	ction Period	Compli	ance Status
Select from	n Inventory of Act	ive Sampling Points		7/1/19 - 9/30/1	L9		Co	mplete
				10/1/19 - 12/31/	/19		Co	mplete
				1/1/20 - 3/31/2	20			
				4/1/20 - 6/30/2	20			
				7/1/20 - 9/30/2	20			
Physical Para						1 rou	• •	per quarter
	Point (Sampling P			Monitoring Peri		ction Period	Compli	ance Status
Select from	n Inventory of Act	ive Sampling Points		7/1/19 - 9/30/1				mplete
				10/1/19 - 12/31/			Co	mplete
				1/1/20 - 3/31/2				
				4/1/20 - 6/30/2				
				7/1/20 - 9/30/2	20			
		Y POINT (WSF ID:	00700)					
Nitrate And N							-	RT) per year
	Point (Sampling P	oint ID)		Monitoring Peri		ction Period		ance Status
ENTRY POI	NT (3)			1/1/19 - 12/31/			Co	mplete
				1/1/20 - 12/31/				
				1/1/21 - 12/31/2				
		Water System	Facility and	Sampling Poin		-		
Water		C		- Datat	Total	Lead and		
System Wate Facility ID	er System Facility	Samplin	ng Point Samplin D Descript	-	Coliforn The Rule		Achastas	Stage WQP 2 DBPR
	RIBUTION SYSTEM			511	1105	Rule Hei	ASDESIUS	WQF 2 DDFN
00000 DIST			TREAM WITHIN					
					A			
00700 ENTF					A			
22358 WEL			B ENTRY P 2 WELL		A			
22358 WEL	L	-			A			
			Contact In					
Name			Organizatio				Job Title	
Mr. Allen S. Lat				istian Church		astor		71 0 1
Mailing Address		Mailing	Address Line Two	0		City	State	Zip Code
217 New Harwin				Europe Pl	Torrington		СТ	06790
Business Phor		Fax	Mobile Phone	Emergency Phone				-h
860-489-846		860-489-5569	•	860-489-7252	pastoraller	n@adventchr	istianchur	cn.com
contact Role(s):	Administrative	Contact, Legal Conta	act					

	C D	0		1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1430024	TORRINGTON ADVENT CHRISTIAN CHURCH	1		NC	25	Р	GW
Local Address	(where applicable)	Service	Residen	ntial Commerc	ial Industri	al Combine	ed Agricultura
217 NEW HAF	WINTON ROAD	Connections		1			
Towns Served	TORRINGTON			'			
Please note tl	ne following:						
1. The residua	l disinfectant concentration must be measured at t	he same location	and time a	as each total colif	orm sample.		
2. If a Collecti	on Period is specified, all water quality samples mus	at be collected du	ring the sp	pecified period.			
	on results, additional monitoring may be required (ence sent by the DWS on or after the generation da			1 1		0,	

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

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	Connecticut De	•				U			ection	
	Water Qu	uality Monit	coring a	and Corr	ıpliaı	nce S	cheo	dule		
PWS ID	PWS Name				Classific	cation [Popula	tion Ow	ner Type P	rimary Source
CT1430104	BURR POND S.P./TOILET	BUILDING WELL			N	2	25		S	GW
Local Address (v	where applicable)		Service	Resident	tial Cor	nmercia	l Ind	ustrial	Combined	Agricultural
BURR MOUNTA	IN ROAD		Connectio	ons 1						
Towns Served: T	FORRINGTON									
				quireme	nts					
-	Facility: DISTRIBUTION	N SYSTEM (WSF I	D: 00600)					-		
Total Coliform	• •									per quarter
	Point (Sampling Point ID)			Monitori	-		llectio	n Period		iance Status
Select from	n Inventory of Active Samp	ling Points		7/1/19 -						omplete
				4/1/20 -						
	. (====)			7/1/20 -	9/30/20)				
Physical Para				Marita	ne Deut	4	llasti			per quarter
	Point (Sampling Point ID)	lin - Deinte		Monitori	-		llectio	n Period		iance Status
Select from	n Inventory of Active Samp	ling Points		7/1/19 -					C	omplete
				4/1/20 -						
Motor Custore				7/1/20 -	9/30/20)				
	Facility: ENTRY POINT	(WSF ID: 00700)								
Nitrate And N	• •			Manitari	na Davia	d Co	llastia		-	RT) per year
	Point (Sampling Point ID)			Monitori			llectio	n Period		iance Status
ENTRY POI	NT (3)			1/1/19 - 1 1/1/20 - 1					C	omplete
				1/1/20 - 1						
						T				
		Other C	ompliar	ice Sched	ules					
Compliance Sch					Due Dat	-	A	chieved	Date	
SEASONAL STAR	RT UP COMPLETION			4	4/1/2020	0				
	Water	System Facil	ity and S	Sampling	Point	Inver	ntory	,		
Water						Tot		ead and	1	
	er System Facility	Sampling Point				Colif		Copper		Stage
Facility ID		ID	Descriptio		Stat			Rule Tiel	r Asbestos	WQP 2 DBPR
00600 DISTR	RIBUTION SYSTEM	4		TION SYSTEM		١	(
		DOWNSTREAM								
		UPSTREAM		SERVICE CON	I A					
	RY POINT	3	ENTRY PO	IINI	-					
23115 WELI		2	WELL #1		A					
		Cor	tact Info	ormation						
Name		0	rganization						Job Title	
Mr. David Coole	гу		eep-Engine	ering Unit			Supv	Civil Eng	ineer	
Mailing Address	Line One	Mailing Addres	s Line Two				City		State	Zip Code
163 Great Hill R	oad			1		Portland	d		СТ	06480
Business Phon	ne Extension F	ax Mob	ile Phone	Emergency						
860-342-2215			205-7552	860-424-	3333	david.co	oley@	ct.gov		
Contact Role(s):	Administrative Contact,	Legal Contact, Ow	ner							

		0		1				
PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
CT1430104	BURR POND S.P./TOILET BUILDING WELL				NC	25	S	GW
Local Address	(where applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
BURR MOUNT	AIN ROAD	Connections	1					
Towns Served	: TORRINGTON							
Please note th	ne following:							
1. The residua	I disinfectant concentration must be measured at the s	ame location a	and time a	as eacl	h total colif	orm sample.		
2. If a Collection	on Period is specified, all water quality samples must be	e collected dur	ing the sp	oecifie	d period.			
	on results, additional monitoring may be required (i.e.) ence sent by the DWS on or after the generation date of				-	-	- · ·	

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

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWS** Name Classification Population Owner Type Primary Source PWS ID CT1430114 **BURR POND S.P./HEADQUARTERS** NC 25 S GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections BURR MOUNTAIN ROAD 1 Towns Served: TORRINGTON **Monitoring Requirements** Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per quarter Sampling Point (Sampling Point ID) Monitorina Period **Collection Period Compliance Status** 7/1/19 - 9/30/19 Select from Inventory of Active Sampling Points Complete 4/1/20 - 6/30/20 7/1/20 - 9/30/20 **Physical Parameters (PPS)** 1 routine (RT) per quarter Sampling Point (Sampling Point ID) Monitoring Period **Collection Period Compliance Status** Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete 4/1/20 - 6/30/20 7/1/20 - 9/30/20 **Physical Parameters (PPX)** 1 routine (RT) per quarter **Compliance Status** Sampling Point (Sampling Point ID) Monitoring Period **Collection Period** Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 4/1/20 - 6/30/20 7/1/20 - 9/30/20 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) 1 routine (RT) per year Sampling Point (Sampling Point ID) **Collection Period Compliance Status Monitoring Period** ENTRY POINT (3) 1/1/19 - 12/31/19 Complete 1/1/20 - 12/31/20 1/1/21 - 12/31/21 **Other Compliance Schedules** Compliance Schedule Activity Due Date Achieved Date RESPOND TO SANITARY SURVEY 2/2/2008 4/1/2020 SEASONAL START UP COMPLETION Water System Facility and Sampling Point Inventory Water Total Lead and Water System Facility Sampling Point Sampling Point System Coliform Copper Stage Description Facility ID ID Rule Tier Asbestos WQP 2 DBPR Rule Status DISTRIBUTION SYSTEM 00600 Δ DISTRIBUTION SYSTEM Υ Α DOWNSTREAM WITHIN 5 SERVICE CON А UPSTREAM WITHIN 5 SERVICE CON А 00700 ENTRY POINT 3 ENTRY POINT А 22363 WELL 2 WELL Α TREATMENT PLANT 57326 **Contact Information**

Name	Organization	Organization				
Mr. David Cooley	Deep-Engineering Unit	Deep-Engineering Unit				
Mailing Address Line One	Mailing Address Line Two		City	State	Zip Code	

		vor gadin	<i>y i i o i i o</i>	· · · · · · · · · · · · · · · · · · ·					
PWS ID	PWS Name				Cla	ssification	Population	Owner Type	e Primary Source
СТ1430114	BURR POND S.P	./HEADQUARTE	RS			NC	25	S	GW
Local Address (w	here applicable)			Service	Residential	Commerc	ial Industri	al Combir	ned Agricultura
BURR MOUNTAI	N ROAD			Connection	ns	1			
Towns Served: T	ORRINGTON								
163 Great Hill Ro	bad					Portla	nd	СТ	06480
Business Phon	e Extension	Fax	Mobil	e Phone	Emergency Pho	one Email	Address		
860-342-2215	5	860-344-256	60 860-2	05-7552	860-424-333	3 david.	cooley@ct.g	ov	
Contact Role(s):	Administrative	Contact, Legal	Contact						
Please note the	following:								
1. The residual d	lisinfectant concen	tration must be m	neasured at the	same locatio	on and time as ea	ch total colif	form sample.		
2. If a Collection	Period is specified	, all water quality	samples must	be collected	during the specifi	ed period.			
3. Depending on	results, additional	monitoring may	be required (i.e	. repeat or co	onfirmation same	oles). This sc	hedule is subi	ect to change	. and any related

 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.

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	Connectio	*					0			ection	
	Wa	iter Qual	lity Monit	coring a	nd Com	plia	nce S	chedu	ıle		
PWS ID	PWS Name					Classifi	ication P	opulatio	n Ow	ner Type P	rimary Source
CT1430214	LAKESIDE MOTI	EL				N	С	25		Р	GW
Local Address (v	where applicable)			Service	Resident	ial Co	mmercial	Indust	rial	Combined	Agricultural
3570 WINSTED	ROAD			Connection	ns		1				
Towns Served: 1	ORRINGTON										
			Monit	oring Re	quiremer	nts					
Water System	Facility: DIST		(STEM (WSF I	D: 00600)							
Total Coliform	ו (3100)								1 rou	utine (RT)	per quarter
Sampling F	oint (Sampling I	Point ID)			Monitorir	ng Peri	od Col	llection F	Period	Compl	iance Status
Select from	Inventory of Act	tive Sampling	Points		7/1/19 -	9/30/1	9			Co	omplete
					10/1/19 -	12/31/	19			Co	omplete
					1/1/20 -	3/31/2	0				
					4/1/20 -	6/30/2	0				
					7/1/20 -						
Physical Para	meters (PPS)								1 rou	utine (RT)	per quarter
-	Point (Sampling F	Point ID)			Monitorir	ng Peri	od Col	llection F			iance Status
	Inventory of Act		Points		7/1/19 -	-					omplete
	•				10/1/19 -						omplete
					1/1/20 -						.
					4/1/20 -						
					7/1/20 -						
Water System	Facility: ENTR	Y POINT (W	/SF ID: 00700)								
Nitrate And N	itrite (NOX)								1	routine (I	RT) per year
Sampling F	Point (Sampling F	Point ID)			Monitorir	ng Peri	od Col	llection F		-	iance Status
ENTRY POI	NT (3)				1/1/19 - 1	.2/31/1	19				
					1/1/20 - 1	2/31/2	20				
					1/1/21 - 1						
		Water Sv	/stem Facil	ity and S				tory			
Water							Tot		d and		
System Wate	er System Facility	/	Sampling Point	Sampling F	Point		Colife	orm Co	pper		Stage
Facility ID			ID	Description	า	Sta	tus Ru	le Ru	le Tier	Asbestos	WQP 2 DBPR
00600 DISTI	RIBUTION SYSTEM	Л	4	DISTRIBUTI	ION SYSTEM	A	A Y				
			DOWNSTREAM	WITHIN 5 S	SERVICE CON	A	4				
			UPSTREAM	WITHIN 5 S	SERVICE CON	A	4				
00700 ENTR	Y POINT		3	ENTRY POI	NT	A	4				
22370 WELI	_		2	WELL		ŀ	Ą				
			Con	tact Info	rmation						
Name				rganization						Job Title	
Ms. Aruna Desa	i			antoshi, LLC				Owner			
Mailing Address			Mailing Addres					City		State	Zip Code
3570 Winsted R				o Line 1990			Torringt			CT	06790
Business Phor		Fax	Mob	ile Phone	Emergency	Phone	-				00750
860-482-251		Tax	10100	ile i none	encigency	none	Email AU				
	Administrative	Contact Log	al Contact								
	Automistiative	contact, Leg									

		0		L			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ1430214	LAKESIDE MOTEL			NC	25	Р	GW
Local Address	where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
3570 WINSTED	ROAD	Connections		1			
Towns Served:	TORRINGTON						
Please note th	e following:						
1. The residual	disinfectant concentration must be measured	at the same location	and time a	as each total colif	orm sample.		
2. If a Collection	n Period is specified, all water quality samples	s must be collected dur	ring the sp	ecified period.			
1 0	on results, additional monitoring may be requi ence sent by the DWS on or after the generation	· · · · ·		1 1		0,	

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

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	Connecticut De	epartment of uality Monit				0				
			of fing all		A			1	Durings grant i	
PWS ID	PWS Name	4500		(NC	ion Pop	25	Owner Type P	GW	
CT1430234	CUMBERLAND FARMS #	4590	Comico	Residenti				-	-	
1439 NEW LITC	where applicable)		Service Connections	Residenti			Industria	Combine	a Agric	ultural
Towns Served:			connections			L				
Towns Served.		D.d.a.with	- min - D - m		4 -					
Water System	n Facility: DISTRIBUTIO		o <mark>ring Reqเ</mark> D: 00600)	uremen	its					
Total Coliform	m (3100)						1	routine (RT) per qu	arter
Sampling	Point (Sampling Point ID)			Monitorin	g Period	Collec	tion Peri		oliance St	
Select from	n Inventory of Active Sam	pling Points		7/1/19 - 9	9/30/19			(Complete	:
				10/1/19 - 1				(Complete	:
				1/1/20 - 3				(Complete	:
				4/1/20 - 6						
				7/1/20 - 9	9/30/20					
-	meters (PPS)							routine (RT		
	Point (Sampling Point ID)			Monitorin	_	Collec	tion Peri		oliance St	
Select from	m Inventory of Active Sam	pling Points		7/1/19 - 9					Complete	
				10/1/19 - 1					Complete	
				1/1/20 - 3				(Complete	
				4/1/20 - 6						
		- (7/1/20 - 9	9/30/20					
	Facility: ENTRY POIN	I (WSFID: 00700)					-			
Nitrate (1040	•					c "		routine (RT		
	Point (Sampling Point ID)			Monitorin	-	Collec	tion Peri		oliance St	
ENTRY PO	INT (3)			7/1/19 - 9					Complete	
				10/1/19 - 1					Complete	
				1/1/20 - 3				(Complete	
				4/1/20 - 6						
Nitrito (1041	1			7/1/20 - 9	9/30/20			1	(DT)	
Nitrite (1041	L) Point (Sampling Point ID)			Monitorin	a Dariad	Collor	tion Peri	1 routine	(RT) per pliance St	-
ENTRY POI				1/1/19 - 1	_	Collec	lion Pen		Complete	
				1/1/19 - 1					Complete	
				1/1/20 - 1					Sublete	
		Other C	ompliance							
Compliance Sch	hedule Activity				ue Date		Achiev	ed Date		
-	ANITARY SURVEY			11/	/28/2015					
	Wate	er System Facili	ity and Sai				ory			
Water			C			Total	Lead a			
	er System Facility	Sampling Point ID	Sampling Poi Description	nt		Coliforn				Stage
Facility ID			-		<u>Status</u>	Rule	rule I	ier Asbesto	S VVQP	. UDPK
00600 DIST	RIBUTION SYSTEM				A	Y				
					A					
00700 517		UPSTREAM	WITHIN 5 SEP		A					
	RY POINT	3	ENTRY POINT		A					
22372 WEL	L	2	WELL		A					

							г -				-		
PWS ID P	WS Name						Clas	ssification	Po	opulation	Owner Typ	e Pr	imary Source
СТ1430234 С	UMBERLAND F	ARMS #459	0					NC		25	Р		GW
Local Address (wh	ere applicable)				Service	Resider	ntial	Commerc	ial	Industria	al Combir	ned	Agricultural
1439 NEW LITCHF	IELD STREET				Connection	ıs		1					
Towns Served: TO	RRINGTON				-								
				Con	tact Info	rmatior	า						
Name				Or	ganization						Job Tit	le	
Cumberland Farm	s Inc												
Mailing Address Li	ne One		Mailing A	ddress	s Line Two					City	State	2	Zip Code
100 Crosing Blvd								Framir	ngh	iam	MA		01702
Business Phone	Extension	Fax		Mobil	le Phone	Emergency	y Pho	ne Email	Ad	dress			
Contact Role(s):	Owner												
Name				Or	ganization						Job Tit	le	
Mr. Joseph H Petr	owski			Cu	mberland Fa	arms Inc				President,	/Ceo		
Mailing Address Li	ne One		Mailing A	ddress	s Line Two					City	State	9	Zip Code
100 Crossing Boula	avard							Framir	ngh	am	MA		01702
Business Phone	Extension	Fax		Mobil	le Phone	Emergency	y Pho	ne Email	Ad	dress			
860-482-3502													
Contact Role(s):	Administrative	Contact, Leg	gal Contac	t									
Please note the fo	llowing:												
1. The residual disi	infectant concen	tration must b	pe measure	d at the	e same locatio	on and time a	as ead	ch total colif	forr	n sample.			
			10.			1		10 C 10 C					

If a Collection Period is specified, all water quality samples must be collected during the specified period. 2. 3.

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

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

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

	Connectic	ut Depa	rtme	nt of	Public	Health	Dri	nking	Wate	r Se	ction	
		ter Qual						0				
PWS ID	PWS Name	ter quu	incy in		or mg u						er Type P	rimary Source
CT1430244	861 NEW HARW	INTON ROAD)					NC	25		P	GW
	where applicable)				Service	Residen	itial Co	ommercia		rial	Combined	
861 NEW HARV					Connectior	าร		1				
Towns Served:	TORRINGTON				1							
			N	Ionito	oring Red	quireme	nts					
Water System	n Facility: DISTR	IBUTION SY				-						
Total Colifor	m (3100)									1 rou	tine (RT)	per quarter
Sampling	Point (Sampling P	oint ID)				Monitor	ing Per	iod Co	llection P	eriod	Compl	iance Status
Select from	m Inventory of Act	ive Sampling	Points			7/1/19 -	- 9/30/2	19			Co	omplete
						10/1/19 -	- 12/31	/19			Co	omplete
						1/1/20 -	- 3/31/2	20			Co	omplete
						4/1/20 -						
						7/1/20 -	- 9/30/2	20				
-	ameters (PPS)											per quarter
	Point (Sampling P	-				Monitor	_		llection P	eriod		iance Status
Select from	m Inventory of Act	ive Sampling	Points			7/1/19 -						omplete
						10/1/19 -						omplete
						1/1/20 -					Co	omplete
						4/1/20 -						
						7/1/20 -	- 9/30/2	20				
-	n Facility: ENTR	y point (m	/SF ID: (00700)								
	Nitrite (NOX)	1									-	RT) per year
	Point (Sampling P	oint ID)				Monitor			llection P	eriod		iance Status
ENTRY PO	VINT (3)					1/1/19 -					Ca	omplete
						1/1/20 -						
		Matan C.				1/1/21 -						
		Water Sy	/stem	Facili	ty and S	ampling	Poin		-			
Water	tor Suctors Eacility		Camplin	a Doint	Campling D	Doint		To		d and		Channe
System Wat Facility ID	ter System Facility		sampning ID	-	Sampling P Description			Colif		pper e Tier	Ashestas	Stage WQP 2 DBPR
	RIBUTION SYSTEM	1	4		DISTRIBUTI			utus	(e ner	7,5505705	1101 20011
00000 2131					WITHIN 5 S			A				
			UPSTR		WITHIN 5 S			A				
00700 ENT	RY POINT		3		ENTRY POI			A				
22373 WEI			2		WELL			A				
					tact Info	rmation						
Name					ganization	mation					Job Title	
Mr. Naeem Kh	alid				Brothers, LL	r			Owner		100 1106	
Mailing Addres			Mailing		S Line Two	C			City		State	Zip Code
2138 Silas Dear			wannig	11001 633				Rocky H			CT	06067
Business Pho		Fax		Mobil	le Phone	Emergency	/ Phone					00007
860-757-343		TUX										
	: Administrative	Contact. Leg	al Conta	ct. Own	er							

		0		L			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1430244	861 NEW HARWINTON ROAD			NC	25	Р	GW
Local Address	(where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
861 NEW HAI	WINTON ROAD	Connections		1			
Towns Served	: TORRINGTON	÷					
Please note t	he following:						
1. The residu	al disinfectant concentration must be measu	red at the same location	and time a	as each total colif	orm sample.		
2. If a Collect	ion Period is specified, all water quality samp	oles must be collected du	ring the sp	ecified period.			
1 0	on results, additional monitoring may be re dence sent by the DWS on or after the gener			1 1		0,	

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

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	Connecticut Departmen	nt of Public H	ealth D	Drinking	g Water S	ection	
	Water Quality M	onitoring and	d Comp	liance	Schedule		
PWS ID	PWS Name				Population Ov	wner Type Prin	nary Source
CT1430274	823 NEW HARWINTON ROAD			NC	25	Р	GW
Local Address (w	vhere applicable)	Service	Residentia	I Commerc	ial Industrial	Combined	Agricultural
823 NEW HARW	INTON ROAD	Connections		1			
Towns Served: T	ORRINGTON						
	Μ	onitoring Requ	irement	s			
Water System	Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)					
Total Coliform	ו (3100)				1 rc	outine (RT) pe	er quarter
Sampling P	Point (Sampling Point ID)		Monitoring	Period C	Collection Perio	d Compliar	nce Status
Select from	Inventory of Active Sampling Points		7/1/19 - 9/	/30/19		Com	plete
			10/1/19 - 12	2/31/19		Com	plete
			1/1/20 - 3/	/31/20			
			4/1/20 - 6/				
			7/1/20 - 9/	/30/20			
Physical Parar						outine (RT) pe	-
	Point (Sampling Point ID)		Monitoring		Collection Perio		nce Status
Select from	Inventory of Active Sampling Points		7/1/19 - 9/				plete
			10/1/19 - 12			Com	plete
			1/1/20 - 3/				
			4/1/20 - 6/	-			
			7/1/20 - 9/	30/20			
-	Facility: ENTRY POINT (WSF ID: 0	0700)					-
Nitrate And N Sampling P	litrite (NOX) Point (Sampling Point ID)		Monitoring	Period C	Collection Perio	1 routine (RT) d Complian) per year nce Status
ENTRY POI	NT (3)		1/1/19 - 12	/31/19		Com	plete
			1/1/20 - 12	/31/20			
			1/1/21 - 12	/31/21			
Water System	Facility: WELL (WSF ID: 22375)						
E. Coli (3014)					1 rc	outine (RT) pe	er quarter
Sampling P	Point (Sampling Point ID)		Monitoring	Period C	Collection Period	d Complian	nce Status
WELL (2)			7/1/19 - 9/	/30/19			
		-	LO/1/19 - 12				
			1/1/20 - 3/				
			4/1/20 - 6/				
			7/1/20 - 9/	•			
		er Compliance					
Compliance Sch			-	e Date	Achieve	d Date	
RESPOND TO SA				4/2009			
	TION/CORRECTIVE ACTION PLAN			9/2014			
RESPOND TO SA				7/2019			
	Public	Notification R	-	1			
Violetian (City	tion	Compliance	Notice		lotification	<u>PN Certifi</u>	
Violation/Situat	иоп	Period	Tier	Required	Performed	Due to DPH	Received
E. Coli E. Coli M& D.Viol	lation	4/1/19 - 7/2/19	3	6/2/2020		6/12/2020	
E. Coli M&R Viol	Iduon	7/1/19 - 9/30/19	3	12/8/2020		12/18/2020	

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWSID PWS** Name Classification Population Owner Type Primary Source Р CT1430274 **823 NEW HARWINTON ROAD** NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 823 NEW HARWINTON ROAD 1 Towns Served: TORRINGTON Water System Facility and Sampling Point Inventory Water **Total** Lead and Sampling Point Sampling Point Water System Facility Coliform System Copper Stage Facility ID ID Description Rule Rule Tier Asbestos WQP 2 DBPR Status Y 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM Α DOWNSTREAM WITHIN 5 SERVICE CON Δ UPSTREAM WITHIN 5 SERVICE CON А 00700 ENTRY POINT 3 ENTRY POINT Α 2 WFII 22375 WELL Α **Contact Information** Organization Job Title Name Mr. Thomas W. Cilfone Cilfone Eastside Cafe Owner Mailing Address Line One Mailing Address Line Two City State Zip Code 823 New Harwinton Rd 06790 Torrington CT **Business Phone** Extension Fax Mobile Phone Emergency Phone Email Address 860-489-8082 Contact Role(s): Administrative Contact, Legal Contact, Owner Name Organization Job Title Gabbyryan LLC Mailing Address Line Two Mailing Address Line One City State Zip Code 823 New Harwinton Rd СТ 06790 Torrington **Business Phone** Extension Emergency Phone Email Address Fax Mobile Phone Contact Role(s): 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.

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

	Connecticut Departmer	nt of Public H	lealth	D	rinking	g Water	Section	
	Water Quality M	onitoring and	d Con	np	liance	Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type Pi	imary Source
CT1430854	UNITED CONGREGATIONAL CHURCH-1	ORRINGFORD			NC	25	Р	GW
Local Address	(where applicable)	Service	Residen	tial	Commerc	ial Industria	l Combined	Agricultural
1622 TORRING		Connections			1			
Towns Served:	TORRINGTON							
Water Systen	M n Facility: DISTRIBUTION SYSTEM (onitoring Requ WSF ID: 00600)	iireme	nts	5			_
Total Colifor						1	routine (RT)	oer quarter
	Point (Sampling Point ID)		Monitori	ing I	Period (Collection Peri		ance Status
	m Inventory of Active Sampling Points		7/1/19 -	_			-	mplete
		-	10/1/19 -	12/	/31/19		Co	mplete
			1/1/20 -	3/3	1/20			
			4/1/20 -	6/3	0/20			
			7/1/20 -	9/3	0/20			
-	ameters (PPS)						routine (RT)	•
	Point (Sampling Point ID)		Monitori			Collection Peri		ance Status
Select fro	m Inventory of Active Sampling Points		7/1/19 -					mplete
			10/1/19 -				Co	mplete
			1/1/20 -					
			4/1/20 - 7/1/20 -					
Water Systen	n Facility: ENTRY POINT (WSF ID: 0	1700)	//1/20	575	0720			
Nitrate (104	,	57007				1	routine (RT)	ner quarter
•	Point (Sampling Point ID)		Monitori	ina I	Period (Collection Peri		ance Status
ENTRY PC			7/1/19 -					mplete
		:	10/1/19 -					mplete
			1/1/20 -	3/3	1/20			
			4/1/20 -	6/3	0/20			
			7/1/20 -	9/3	0/20			
Nitrite (104	1)					1	routine (RT)	per quarter
	Point (Sampling Point ID)		Monitori			Collection Peri	-	ance Status
ENTRY PC	DINT (3)		7/1/19 -		-			mplete
			10/1/19 -				Со	mplete
			1/1/20 -					
			4/1/20 -		-			
	Oth	er Compliance	7/1/20 -					
Compliance Sc	hedule Activity				Date	Achiev	ed Date	
	SANITARY SURVEY				2009			
	SANITARY SURVEY				9/2018			
	Public	Notification R	equire	em	ents			
		Compliance	Notice	-		lotification	PN Cert	ification
Violation/Situ	ation	Period	Tier		Required	Performed		Received
E. Coli		1/1/18 - 9/6/18	3		5/30/2019	-	6/9/2019	

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWSID PWS** Name Classification Population Owner Type Primary Source Р CT1430854 UNITED CONGREGATIONAL CHURCH-TORRINGFORD NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections **1622 TORRINGFORD STREET** 1 Towns Served: TORRINGTON Water System Facility and Sampling Point Inventory Water **Total** Lead and Sampling Point Sampling Point Water System Facility Coliform System Copper Stage Facility ID ID Description Rule Rule Tier Asbestos WQP 2 DBPR Status Y 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM Α DOWNSTREAM WITHIN 5 SERVICE CON Δ UPSTREAM WITHIN 5 SERVICE CON А 00700 ENTRY POINT 3 ENTRY POINT A 2 WFII 22416 WELL Α **Contact Information** Organization Job Title Name Mr. Roger Robbins United Congregational Church Facility Coordinator Mailing Address Line One Mailing Address Line Two City State Zip Code 1622 Torringford St. 06790 Torrington CT **Business Phone** Extension Fax Mobile Phone **Emergency Phone** Email Address 860-484-1257 860-482-8685 unitedcong@sbcglobal.net Contact Role(s): Administrative Contact Name Organization Job Title United Congregational Church Mailing Address Line One Mailing Address Line Two City State Zip Code 1622 Torringford St СТ 06790 Torrington **Business Phone** Emergency Phone Email Address Extension Fax Mobile Phone 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.

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

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

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

	Connecticut Depa					<u> </u>			ction	
	Water Qua	lity Mon	itoring a	and Lon						
PWS ID	PWS Name									rimary Source
CT1430974	ELKS POND		- ·		N		25		P	GW
	s (where applicable)		Service Connectio	Residen	tial Co	mmercia	l Industr	ial C	Combined	Agricultural
180 GUERDAT	-		connectio	/115		1				
Towns Served	d: TORRINGTON	•••		•						
Water Syste	m Facility: DISTRIBUTION S		toring Re	quireme	nts	_			_	
Total Colifo	,		,		_	_	:	1 rout	ine (RT)	per quarter
	g Point (Sampling Point ID)			Monitori	ng Peri	od Co	llection Pe			ance Status
Select fr	om Inventory of Active Sampling	g Points		7/1/19 -	9/30/1	9				
				10/1/19 -	12/31/	19				
				4/1/20 -	6/30/2	0				
				7/1/20 -	9/30/2	0				
Physical Pa	rameters (PPS)						:	1 rout	ine (RT)	per quarter
Samplin	g Point (Sampling Point ID)			Monitori	ng Peri	od Co	llection Pe	eriod	Compli	ance Status
Select fr	om Inventory of Active Sampling	g Points		7/1/19 -						
				10/1/19 -			10/1-12/3	0		
				4/1/20 -						
				7/1/20 -	9/30/2	0				
Water Syste	m Facility: ENTRY POINT (NSF ID: 00700	D)							
	d Nitrite (NOX)							1 r	-	T) per year
Samplin	g Point (Sampling Point ID)			Monitori	ng Peri	od Co	llection Pe	eriod	Compli	ance Status
ENTRY P	OINT (3)			1/1/19 -					Со	mplete
				1/1/20 -						
				1/1/21 -	12/31/2	21				
		Other	Complian	ice Sched	ules					
Compliance S	Schedule Activity				Due Dat	te	Achie	eved D	ate	
SEASONAL ST	ART UP COMPLETION				4/1/202	20				
	Water S	ystem Faci	ilitv and S	Sampling	Point	t Inver	ntorv			
Water			•	10		То	-	and		
	ater System Facility	Sampling Poin	nt Sampling	Point		Colif				Stage
Facility ID		ID	Descriptio	n	Sta	tus Ru	ile Rule	Tier	Asbestos	WQP 2 DBPR
00600 DI	STRIBUTION SYSTEM	4	DISTRIBUT	TION SYSTEM	A	4 Y	(
		DOWNSTREAM	M WITHIN 5	SERVICE CON	N A	4				
		UPSTREAM	WITHIN 5	SERVICE CON	N A	4				
00700 EN	ITRY POINT	3	ENTRY PO	INT	A	4				
22992 W	ELL #1	2	WELL #1		A	4				
56205 PR	RESSURE TANK									
		Со	ntact Inf	ormation						
Name			Organization						Job Title	
Torrington Lo	odge 372 Bpoe		<u> </u>							
Mailing Addre		Mailing Addre	ess Line Two				City		State	Zip Code
P. O. Box 36						Torringt			СТ	06790
Business Ph	none Extension Fax	Мо	bile Phone	Emergency	Phone	-				
860-496-03	313									
Contact Role((s): Legal Contact, Owner	ı		·						

		· · · · ·	-)	0		I ⁻ -			-		
PWS ID	PWS Name					Classif	ication	Population	Owner ⁻	Type I	Primary Source
CT1430974	ELKS POND					Ν	IC	25	Р		GW
Local Address (w	here applicable)			Service	Resider	ntial Co	mmercia	al Industri	al Con	nbined	d Agricultural
180 GUERDAT RO	DAD			Connectior	าร		1				
Towns Served: To	ORRINGTON			÷	·				·		
Name				Organization					Job	o Title	
Mr. Daniel Farley	/			Elks Club				Officer			
Mailing Address	Line One		Mailing Addre	ess Line Two				City	S	tate	Zip Code
PO Box 36			70 Litchfield S	Street			Torring	ton		СТ	06790
Business Phone	e Extension	Fax	Мо	bile Phone	Emergenc	y Phone	Email A	Address			
			860)-806-6565			danielt	farley@yah	oo.com		
Contact Role(s):	Administrative	Contact								-	

Please note the following:

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

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

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

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	Connecticut De	*					0			ction	
	•	uality Monit	oring and	l Com							
PWS ID	PWS Name				Class		n Pop		Owr	ner Type Pi	
CT1435094		LACE				NC		25		P	GW
	s (where applicable)		Service Connections	Resident	tial	Commer	cial	Industri	al	Combined	Agricultu
7 GRISWOLD	STREET 1: TORRINGTON		connections			1					
TOWIS Served		N/aait									
Water Syste	m Facility: DISTRIBUTIC		oring Requi	ireme	nts	_	_	_	-		
Total Colifo	•							1	l rou	itine (RT)	per quart
	g Point (Sampling Point ID)		Λ	Aonitori	ng Pe	eriod	Colle	ction Pe			ance Statu
Select fro	om Inventory of Active Sam	pling Points		7/1/19 -	9/30)/19				Со	mplete
			1	0/1/19 -	12/3	81/19				Co	mplete
				1/1/20 -	3/31	/20					
				4/1/20 -	6/30)/20					
				7/1/20 -	9/30)/20					
Physical Par	rameters (PPS)							1	l rou	tine (RT)	per quart
	g Point (Sampling Point ID)			Aonitorii	-		Colle	ction Pe	riod	Compli	ance Statu
Select fro	om Inventory of Active Sam	pling Points		7/1/19 -	9/30)/19				Со	mplete
				0/1/19 -						Со	mplete
				1/1/20 -							
				4/1/20 -							
				7/1/20 -	9/30)/20					
Water Syste	m Facility: ENTRY POIN	T (WSF ID: 00700)									
	Nitrite (NOX)									routine (R	
	g Point (Sampling Point ID)			Aonitori	-		Colle	ction Pe	riod		ance Statu
ENTRY P	OINT (3)			L/1/19 - 1						Со	mplete
				L/1/20 - 1							
				L/1/21 - :							
		Other C	ompliance					- 14		_	
	Schedule Activity				Due L			Achie			
	SANITARY SURVEY					/2019		12/2	17/20)19	
CORRECTIVE A	ACTION/CORRECTIVE ACTIO					2020					
	Wate	er System Facili	ity and San	npling	Poi	int Inv	ente	-			
Water	ator System Facility	Compling Doint	Samulina Doin				Total				C 1-1
System Wo Facility ID	ater System Facility	Sampling Point ID	Description	L			oliforr Rule			Asbestos	Sta
	STRIBUTION SYSTEM	4	DISTRIBUTION		5	Status A		nuic			
		4 DOWNSTREAM			J	A					
		UPSTREAM	WITHIN 5 SERV			A					
00700 EN	ITRY POINT	3	ENTRY POINT			A					
	ELL 1	2	WELL 1			A					
	ADDER TANK										
		Con	tact Inform	nation							
Name			rganization							Job Title	
Mr. Harry Lan	mbis		orrington Pizza F	Palace			n	wner		JOD HUC	
Mailing Addre		Mailing Addres	-					City		State	Zip Code
1431 East Ma						Torri	ngton			CT	06790
	mation has been provided to help	owners and operators of	nuhlic water system	ns maintai	 in com				er aua	lity monitorin	

	-	v	-	0			I ⁻		-		-		
PWS ID	PWS Name						Classifi	cation	Ро	pulation	Own	er Type Pr	imary Source
СТ1435094	TORRINGTON PI	ZZA PALACE					Ν	С		25		Р	GW
Local Address (w	here applicable)			Service		Residen	tial Co	mmercia	al	Industria	al C	Combined	Agricultural
7 GRISWOLD STR	REET			Connectio	ons			1					
Towns Served: T	ORRINGTON										1		
Business Phone	e Extension	Fax	Mob	oile Phone	En	nergency	Phone	Email A	dd	ress			
860-482-3006		860-482-5	5697		1	860-489-	3303						
Contact Role(s):	Owner												
Name			C	Organization								Job Title	
Mr. Robert Lam	ois		Т	orrington Pi	zza	Palace			C	Dwner			
Mailing Address	Line One		Mailing Addres	ss Line Two						City		State	Zip Code
7 Griswold St								Torring	tor	า		СТ	06790
Business Phone	e Extension	Fax	Mob	oile Phone	En	nergency	Phone	Email A	dd	ress			
860-482-3006					1	860-482-	5697						
Contact Role(s):	Administrative	Contact, Leg	al Contact, Ow	ner				1					
Name			C	Organization								Job Title	
Lambis Enterpris	ses LLC			-									
Mailing Address	Line One		Mailing Addre	ss Line Two						City		State	Zip Code
7 Griswold St								Torring	tor	1		СТ	06790
Business Phone	e Extension	Fax	Mob	oile Phone	En	nergency	Phone	Email A	dd	ress			
Contact Role(s):	Owner												
Please note the	following:												
1. The residual d	isinfectant concen	tration must b	e measured at th	ne same locati	ion a	and time a	s each to	otal colifo	orm	sample.			
2. If a Collection	Period is specified	. all water qua	lity samples mus	t be collected	l dur	ing the sp	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.

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

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Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWS** Name Classification Population Owner Type Primary Source PWS ID Р CT1435104 TORRINGTON TOYOTA DEALERSHIP NC 45 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 1472 EAST MAIN STREET 1 Towns Served: TORRINGTON **Monitoring Requirements** Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per quarter **Compliance Status** Sampling Point (Sampling Point ID) Monitorina Period **Collection Period** 7/1/19 - 9/30/19 Select from Inventory of Active Sampling Points Complete 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 **Physical Parameters (PPS)** 1 routine (RT) per quarter Sampling Point (Sampling Point ID) Monitorina Period **Collection Period Compliance Status** Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete 10/1/19 - 12/31/19 Complete Complete 1/1/20 - 3/31/20 4/1/20 - 6/30/20 7/1/20 - 9/30/20 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) 1 routine (RT) per year Sampling Point (Sampling Point ID) **Monitoring Period Collection Period Compliance Status** ENTRY POINT (3) 1/1/19 - 12/31/19 Complete 1/1/20 - 12/31/20 Complete 1/1/21 - 12/31/21 Water System Facility and Sampling Point Inventory Water **Total** Lead and Water System Facility Sampling Point Sampling Point Coliform System Copper Stage Facility ID ID Description Rule Rule Tier Asbestos WQP 2 DBPR Status 00600 DISTRIBUTION SYSTEM Δ DISTRIBUTION SYSTEM Α DOWNSTREAM WITHIN 5 SERVICE CON А UPSTREAM WITHIN 5 SERVICE CON Α 00700 ENTRY POINT 3 ENTRY POINT А 49545 WELL 1 2 WELL 1 Α PRESSURE TANK 49549 **Contact Information** Name Organization Job Title Ms. Jamie Gilnack Torrington Toyota Dealership General Manager Mailing Address Line One Mailing Address Line Two Zip Code City State 1472 East Main St Torrington CT 06790

Business Phone Extension Fax Mobile Phone **Emergency Phone** Email Address 860-482-8299 860-482-9496 860-482-9496 torrington@prodigy.net Contact Role(s): Administrative Contact, Legal Contact, Owner

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PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1435104	TORRINGTON TOYOTA DEALERSHIP			NC	45	Р	GW
Local Address	(where applicable)	Service	Residen	tial Commerc	ial Industri	ial Combine	ed Agricultura
1472 EAST MA	NIN STREET	Connections		1			
Towns Served	: TORRINGTON			·			
Please note th	ne following:						
1. The residua	I disinfectant concentration must be measured a	t the same location	and time a	as each total colif	form sample.		
2. If a Collection	on Period is specified, all water quality samples m	nust be collected du	ring the sp	ecified period.			
1 0	on results, additional monitoring may be required ence sent by the DWS on or after the generation	· · ·		1 1			,

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	Conne		uality Monit					<u> </u>			cuon	
PWS ID	PWS Nam	, i i i i i i i i i i i i i i i i i i i		or mg an						1	per Type Pr	imary Source
	WRIGHTS						NC		35	0.01	P	GW
Local Address (w	here appli	cable)		Service	Resident			ercial	Industri	ial	Combined	Agricultural
99 WRIGHT ROA	D			Connections			1					
Towns Served: T	ORRINGTO)N										
			Monite	oring Requ	iiremei	nts						
Water System	Facility:	DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)								
Total Coliform												oer quarter
		oling Point ID)			Monitorii	_		Coll	ection Pe	riod	-	ance Status
Select from	Inventory	of Active Sam	oling Points		7/1/19 -		_					mplete
					10/1/19 -							mplete
					1/1/20 - 4/1/20 -						Col	mplete
					7/1/20 -							
Physical Paran	neters (P	PS)			.,_,	0,00,			1	1 rou	tine (RT) p	oer quarter
-	-	oling Point ID)			Monitoriı	ng Pe	riod	Coll	ection Pe			ance Status
Select from	Inventory	of Active Sam	oling Points		7/1/19 -	9/30/	/19				Со	mplete
					10/1/19 -						Со	mplete
					1/1/20 -						Со	mplete
					4/1/20 -							
					7/1/20 -	9/30/	/20					
			(WSF ID: 00700)									T)
Nitrate And N	-	JX) oling Point ID)			Monitoriı	na Pe	riod	Coll	ection Pe		-	T) per year ance Status
ENTRY POIN					1/1/19 - 1	_		com		inou	-	mplete
	(-)				1/1/20 - 1		-					
					1/1/21 - 1		-					
	Mor	nthly Wate	er System Facil	ity (WSF) I	.evel N	1oni	itori	ng R	equire	me	nts	
Water System			(WSFID: 00700)			_		-	· ·	_		
Analyte			equirement (Summ	ary Type)	Oper	rating	g Limit	t			Samples Re	q/Month
рН		Entry Point pl	H Monitoring (PHRD))	Mini	mum	: 7.0	PH			4	
Start Date:	1/1/2018			Complia	nce Histo	ory:		Oper	ating Lim	it	Monitor	ing
					ing Period			Comp	oliance St	tatus	Complia	nce Status:
					19 - 10/31							
					19 - 11/30	•						
					19 - 12/31 0 - 1/31/2	-	9					
) - 1/31/2) - 2/29/2							
			Other C	ompliance			•					
Compliance Sche	edule Activ	vitv	- Other C	omphance		uies Due D			Achie	have	Date	
CROSS CONNECT		-				3/1/20			Actile		Juic	
			r System Facili	ity and Sar				iven	torv			
Water			. System ruem		סייישיי			Tota	-	and		
	r System F	acility	Sampling Point	Sampling Poi	nt			Colifo				Stage
Facility ID			ID	Description		St	tatus	Rule		-	Asbestos	WQP 2 DBPR
00600 DISTR	RIBUTION S	YSTEM	4	DISTRIBUTION	I SYSTEM		А					

		 <i>v</i>	0					
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT1435134	WRIGHTS BARN				NC	35	Р	GW
Local Address (w	/here applicable)		Service	Residen	ntial Commerci	al Industri	al Combine	ed Agricultural
99 WRIGHT ROA	D		Connections		1			
Towns Served [.] T	ORRINGTON					·		

Water System Facility and Sampling Point Inventory

		water system Facili	ity and Sampling P		ivento	y			
Water					Total	Lead and			
System	Water System Facilit	y Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
		DOWNSTREAM	WITHIN 5 SERVICE CON	А					
		UPSTREAM	WITHIN 5 SERVICE CON	А					
		WRIGHTS001	MENS ROOM	А	Y	Ν			
		WRIGHTS002	LADIES ROOM	А	Y	Ν			
		WRIGHTS003	COUNTER SINK	А	Y	Ν			
		WRIGHTS004	KITCHEN HAND SINK	А	Y	Ν			
		WRIGHTS005	KITCHEN 3-BAY	А	Y	Ν			
00700	ENTRY POINT	3	ENTRY POINT	А					
60672	WELL 1	2	WELL 1	А					
60783	TREATMENT PLANT								

Contact Information

Name				Organization	1	Job Title			
Mr. James Wright				Wright's Bar	n		Owner		
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
104 Wright Road						Torringto	on	СТ	06790
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	dress		
860-482-1186					860-307-9389	jcwright	@optonline.net	:	
Contact Role(s): A	dministrative	Contact, Leg	al Contact, O	wner					

Please note the following:

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

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

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

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