	Connecticut Dep	oartment of	Public Healt	h Drink	ing W	ater Se	ction	
	Water Qu	ality Monit	oring and Co	mpliand	e Sch	edule		
PWS ID	PWS Name			Classificat	ion Popu	lation Owr	ner Type Pr	imary Source
CT0010024	ANDOVER TOWN HALL & I	FIRE DEPARTMENT		NC	2	25	Р	GW
Local Address (v	vhere applicable)		Service Reside	ential Comn	nercial Ir	ndustrial	Combined	Agricultural
11 & 17 SCHOO	L STREET		Connections	2	2			
Towns Served: A	ANDOVER							
		Monito	oring Requirem	ents				
Water System	Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)					
Chlorine Resid	dual (1012)					1 rou	ıtine (RT) ជ	oer quarter
	Point (Sampling Point ID)			oring Period	Collect	ion Period	Compli	ance Status
Select from	Inventory of Active Sampli	ng Points	4/1/2	5 - 6/30/25			Cor	mplete
			7/1/2	5 - 9/30/25			Cor	mplete
Total Coliforn								oer quarter
	Point (Sampling Point ID)			oring Period	Collect	ion Period		ance Status
Select from	Inventory of Active Sampli	ng Points		5 - 6/30/25				mplete
				5 - 9/30/25			Cor	mplete
				5 - 12/31/25				
				6 - 3/31/26				
			4/1/20	6 - 6/30/26				
Physical Para								oer quarter
	Point (Sampling Point ID)			oring Period	Collect	ion Period		ance Status
Select from	Inventory of Active Sampli	ng Points		5 - 6/30/25				mplete
				5 - 9/30/25			Cor	mplete
				5 - 12/31/25				
				6 - 3/31/26				
	5 111 5MEDY DOME	(11157 ID 00700)	4/1/20	6 - 6/30/26				
-	Facility: ENTRY POINT	(WSF ID: 00700)						T\
Nitrate And N			0.0 14	anta a Danta d	C-114		-	T) per year
	Point (Sampling Point ID)			oring Period	Collect	ion Period		ance Status
ENTRY POI	N1 (3)			- 12/31/24 - 12/31/25				mplete
				<u> </u>			Cor	mplete
		Oth or C		- 12/31/26				
0 " 0 "		Other C	ompliance Sche				5.1	
Compliance Sch				Due Date		Achieved	Date	
	TION EXEMPTION			3/1/2019				
	TION SURVEY REPORT			3/1/2024				
	TION SURVEY REPORT			3/1/2025				
CKO22 CONNEC	TION SURVEY REPORT	C =		3/1/2026				
	Water	System Facili	ty and Samplin	ig Point li		•		
Water System Water	er System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and		Ctoro
System Water Facility ID	a system rucinty	Sampling Point ID	Description	Carra	Coliform Rule		Asbestos	Stage WQP 2 DBPR
	RIBUTION SYSTEM	4	DISTRIBUTION SYSTE	M A	Y	Her		
22300 21311			WITHIN 5 SERVICE CO		•			
		UPSTREAM	WITHIN 5 SERVICE CO					
00700 ENTR	Y POINT	3	ENTRY POINT	A A				
20017 WELI		2	WELL	A				
ZOOI/ WELL	-	۷	** LLL	^				

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

PWS ID	PWS ID PWS Name					Population	Owner Type	Primary Source
CT0010024	ANDOVER TOWN HALL & FIRE DEPARTMENT				NC	25	Р	GW
Local Address (v	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultura	
11 & 17 SCHOOL STREET		Connections			2			

Towns Served: ANDOVER

Water System Facility and Sampling Point Inventory

Water			Total	Lead and	
System Water System Facility	Sampling Point	Sampling Point	Coliform	Copper	Stage
Facility ID	ID	Description	Status Rule	Rule Tier Asbes	tos WQP 2 DBPR

62632 TREATMENT PLANT

02032 IREATIVI	ENT PLANT									
				Contact In	formation					
Name				Organizatio	n			Job Title		
Mr. Robert F. Burb	ank			Town of An	dover		First Select	man		
Mailing Address Lin	ie One		Mailing A	Address Line Two)		City State Zip Code			
Town Office Buildin	ıg		17 Schoo	ol Road		Andover	CT 06232			
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress			
860-742-7305 860-742-7535						andovers	selectman1	@comcast.ne	t	
6					-					

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		rtment of								ction	
DIA/C ID		ter Qua	iity Moiiit	loi iiig a	illu Coll	_					T D	··
PWS ID	PWS Name	•				Clas	NC			Owr		rimary Source
CT0010044	ANDOVER PLAZA	4		C i	D = -!-l =	41-1			25	-1	P	GW
	where applicable)			Service Connectio	Resider	itiai	Comme	erciai i	ndustri	aı	Combined	Agricultural
144 ROUTE 6	ANDOVED			Connectio	113		1					
Towns Served:	ANDOVER											
Water System	n Facility: DISTR	IBUTION S		oring Re D: 00600)	quireme	ents						
Total Colifor	,			•					1	l rou	tine (RT)	per quarter
	Point (Sampling Po	oint ID)			Monitor	ing P	eriod	Collec	tion Pe			ance Status
	m Inventory of Acti		Points		4/1/25							mplete
	•				7/1/25	- 9/30	0/25				Со	mplete
					10/1/25		-					-
					1/1/26							
					4/1/26	-	-			_		
-	ameters (PPS)								1	l rou	tine (RT)	per quarter
Sampling	Point (Sampling Po	oint ID)			Monitor	ing P	eriod	Collec	tion Pe	riod	Compli	ance Status
Select from	m Inventory of Acti	ve Sampling	Points		4/1/25							mplete
					7/1/25	- 9/30	0/25				Со	mplete
					10/1/25							
					1/1/26		-					
					4/1/26	- 6/30	0/26					
Water System	n Facility: ENTRY	POINT (V	/SF ID: 00700)									
	Nitrite (NOX)									1	_	RT) per year
	Point (Sampling Po	oint ID)			Monitor			Collec	tion Pe	riod		ance Status
ENTRY PO	OINT (3)				1/1/24 -							mplete
					1/1/25 -						Со	mplete
					1/1/26 -	12/3	1/26					
			Other C	omplian	ce Sche	dule	es					
Compliance Sci	hedule Activity					Due l	Date		Achie	ved I	Date	
RESPOND TO S.	ANITARY SURVEY					4/5/2	2021					
		Water S	ystem Facil	itv and S	Sampling	. Po	int In	vento	rv			
Water			,000					Total	Lead	and		
	ter System Facility		Sampling Point	Sampling I	Point			Coliforn				Stage
Facility ID			ID	Description	n	9	Status	Rule			Asbestos	WQP 2 DBPR
00600 DIST	TRIBUTION SYSTEM		4	DISTRIBUT	ION SYSTEM		Α	Υ				
			DOWNSTREAM	WITHIN 5	SERVICE CO	N	Α					
			UPSTREAM	WITHIN 5	SERVICE CO	N	Α					
00700 ENT	RY POINT		3	ENTRY POI	NT		Α					
20018 WEI	LL		2	WELL			Α					
60390 TRE	ATMENT PLANT											
			Con	tact Info	ormation	1						
Name			0	rganization							Job Title	
Ms. Lata Shah				ndover Plaza	a							
Mailing Addres	ss Line One		Mailing Addres	s Line Two				(City		State	Zip Code
191 East Opal [Drive						Glas	stonbur	У		СТ	06033
Business Pho	one Extension	Fax	Mob	ile Phone	Emergency	y Pho	ne Ema	ail Addre	ess			
			-									

	dominecticat Bepartin		I dibite I	Carci			, II acci	Deceron	•
	Water Quality	Monit	oring an	d Con	np	liance S	Schedul	le	
PWS ID	PWS Name				Cla	ssification	Population	Owner Type	Primary Source
СТ0010044	ANDOVER PLAZA					NC	25	Р	GW
Local Address (w	vhere applicable)		Service	Residen	itial	Commercia	al Industri	al Combin	ed Agricultural
144 ROUTE 6			Connections			1			
Towns Served: A	ANDOVER								
860-573-6633	3					shahlat	a0725@gm	ail.com	
Contact Role(s):	Administrative Contact, Legal Con	tact, Own	er						

Connecticut Department of Public Health Drinking Water Section

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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End of schedule

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Connecticut Depar	tment of	f Public H	ealth I	Drinki	ng Wa	iter S	ection	
Water Quali	itv Monit	coring and	d Com	olianc	e Sche	dule		
PWS ID PWS Name	- J	8 -					wner Type P	rimary Source
CT0010054 FIRST CONGREGATIONAL CHU	IRCH			NC	2!		Р	GW
Local Address (where applicable)		Service	Residentia	I Comm	ercial Inc	dustrial	Combined	Agricultural
359 ROUTE 6		Connections		1			1	
Towns Served: ANDOVER								
	Monit	oring Requ	iremen	ts				
Water System Facility: DISTRIBUTION SYS	STEM (WSF I	D: 00600)						
Total Coliform (3100)						1 r	outine (RT)	per quarter
Sampling Point (Sampling Point ID)		1	Monitoring	Period	Collection	on Perio	d Compli	ance Status
Select from Inventory of Active Sampling F	oints		4/1/25 - 6,	/30/25			Со	mplete
			7/1/25 - 9,	/30/25			Со	mplete
		1	10/1/25 - 1	2/31/25				-
			1/1/26 - 3					
			4/1/26 - 6					
Physical Parameters (PPS)				<u> </u>		1 r	outine (RT)	per quarter
Sampling Point (Sampling Point ID)		ı	Monitoring	Period	Collection			ance Status
Select from Inventory of Active Sampling F	oints		4/1/25 - 6,	/30/25			Со	mplete
			7/1/25 - 9,	/30/25			Со	mplete
		1	10/1/25 - 1	2/31/25				
			1/1/26 - 3,	/31/26				
			4/1/26 - 6,	/30/26				
Water System Facility: ENTRY POINT (W	SF ID: 00700)							
Nitrate And Nitrite (NOX)							1 routine (F	RT) per year
Sampling Point (Sampling Point ID)		1	Monitoring	Period	Collection		=	ance Status
ENTRY POINT (3)			1/1/24 - 12	/31/24	_		Co	mplete
			1/1/25 - 12	/31/25			Со	mplete
			1/1/26 - 12	/31/26				
	Other C	ompliance	Schedu	les				
Compliance Schedule Activity				e Date		Achieve	d Date	
RESPOND TO SANITARY SURVEY				1/2023		Herneve	a Date	
	Public Not	tification R	-					
		Compliance	Notice	1	ic Notifica	tion	PN Cert	tification
Violation/Situation		Period	Tier	Requir		ormed	Due to DPH	Received
Nitrate And Nitrite M&R Violation	1/1/	19 - 12/31/19	3	4/24/20	021		5/4/2021	
Water Sv	stem Facil	ity and San	npling P	oint In	ventor	V		
Water			I			Lead an	d	
	ampling Point	Sampling Poir	nt		Coliform	Coppe		Stage
Facility ID	ID	Description		Status	Rule			WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	Α	Υ			
C	OWNSTREAM	WITHIN 5 SER	VICE CON	Α				
	UPSTREAM	WITHIN 5 SER	VICE CON	Α				
00700 ENTRY POINT	3	ENTRY POINT		Α				

Α

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WELL

2

20019 WELL

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule											
PWS ID												
CT0010054 FIRST CONGREGATIONAL CHURCH NC 25 P G									GW			
Local Address (w	Local Address (where applicable) Service Resid					Commerci	al Industri	al C	ombine	d Agricultural		
359 ROUTE 6			Connections			1			1			
Towns Served: A	NDOVER						·			·		
		Con	tact Inform	natior	1							
Name	lame Organization Job Title											
Ms. Laurel W. A	Ms. Laurel W. Andrews First Congregational Church Trustee											
Mailing Address	iling Address Line One Mailing Address Line Two City State Zip Code											

Andover

lew18@comcast.net

Emergency Phone Email Address

Contact Role(s): A	dministrative (Contact								
Name				Organization	1	Job Title				
Ms. Katherine Hutchinson First Congregational Church Trustee										
Mailing Address Line One Mailing Add				Address Line Two		City State Zip Co				
359 Route 6			P. O. Box	¢ 55		Andover	•	СТ	06232	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress			
860-742-7696						doloveprince@aol.com				
C										

Mobile Phone

Contact Role(s): Legal Contact

Please note the following:

359 Route 6

Business Phone

860-742-7696

Extension

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

P. O. Box 55

Fax

- 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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End of schedule

CT

06232

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	Connecticut Dep	partment of	Fublic H	ealth	Drink	ing W	ater S	ection	
	*	ality Monit							
PWS ID	PWS Name	ancy Monic	or mg am	a Com	_			mer Type F	Primary Source
CT0010084					NC		25	P	GW
	ess (where applicable)		Service	Resident			ndustrial	Combined	
390 ROUTE			Connections	residen		L	inaastiiai	Combined	Agriculturur
	red: ANDOVER				-	-			
		Monito	oring Requ	ireme	nts				
Water Sys	tem Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)						
Total Coli	form (3100)						1 ro	utine (RT)	per quarter
Sampl	ling Point (Sampling Point ID)			Monitorii	ng Period	Collect	tion Period	Compl	iance Status
Select	from Inventory of Active Sampli	ng Points		4/1/25 -	6/30/25			Co	omplete
				7/1/25 -	9/30/25			Co	omplete
					12/31/25				
				1/1/26 -	3/31/26				
				4/1/26 -	6/30/26				
-	Parameters (PPS)								per quarter
_	ling Point (Sampling Point ID)		ı		ng Period	Collect	tion Period		iance Status
Select	from Inventory of Active Sampli	ng Points		4/1/25 -					omplete
				7/1/25 -				Co	omplete
					12/31/25				
				1/1/26 -					
		(11157.17. 00700)		4/1/26 -	6/30/26				
•	tem Facility: ENTRY POINT	(WSF ID: 00/00)							
	nd Nitrite (NOX)			n <i>a</i> = to =t.		6-11		-	RT) per year
	ling Point (Sampling Point ID)				ng Period	Collect	tion Period		iance Status
ENTRY	POINT (3)				12/31/24				omplete
					12/31/25			C	omplete
Mator Cus	tom Facility WELL#1 /WCF	ID. ECE33\		1/1/26	12/31/26				
E. Coli (3	tem Facility: WELL# 1 (WSF	ID: 50532)					1 40	uting (DT)	
•	014) ling Point (Sampling Point ID)			Monitori	ng Period	Collect	tion Period		per quarter
WELL#				4/1/25 -		Coneci	lion Period		omplete
VVLLLT	T 1 (2)			7/1/25 -					omplete
					12/31/25				Simplete
			<u> </u>	1/1/26 -					
				4/1/26 -					
	Water	System Facili	ity and Sar	· ·	· ·	nvento	ry		
Water		•		. 3		Total	Lead and	1	
System	Water System Facility	Sampling Point		nt		Coliform			Stage
Facility ID		ID	Description		Status	Rule	Rule Tie	r Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	Α	Υ			
		DOWNSTREAM							
		UPSTREAM	WITHIN 5 SER	VICE CON	l A				
00700	ENTRY POINT	3	ENTRY POINT		Α				
56532	WELL# 1	2	WELL# 1		Α				

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63098 TREATMENT PLANT

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source			
CT0010084	7-ELEVEN #32523			NC	25	Р	GW				
Local Address	(where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural			
390 ROUTE 6		Connections			1						
Towns Served: ANDOVER											

Connecticut Department of Public Health Drinking Water Section

			Co	ontact Inf	ormation						
Name				Organization	1			Job Title			
Ms. Alicia Busconi				Key Point Partners - Shell Exp Administrator							
Mailing Address Line One Mailing				ess Line Two		City State			Zip Code		
1 Burlington Woods					Burlingto	n	MA	01803			
Business Phone	Extension	Fax	Mo	Mobile Phone Emergency Phone Em			Email Address				
781-273-5555	203					ABusconi@KeyPointPartners.com					
Contact Role(s): Le	gal Contact										
Name				Organization	1		Job Title				
Mr. At Tem				Andover Exp	ress LLC		Manager				
Mailing Address Lin	e One		Mailing Addr	ess Line Two		City		State	Zip Code		
Andover Express LLC 380 Route 6			380 Route 6			Andover		CT	06232		
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	Email Address				
860-498-1164					203-909-4858	andover	express@gma	ail.com			
Contact Role(s): Ac	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.
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End of schedule

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ENTRY POINT Water System Water Facility ID	wint (Sampling Point (3) System Facility BUTION SYSTEM POINT I Ligh Line One	ater System Sample DOWN UPS	m Facil ling Point ID 4 NSTREAM 3 2 Con Gl ang Address	Sampling Popescription DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN WELL 1 Intact Info organization obal Partners S Line Two et, Suite 500	oint ON ERVICE CON ERVICE CON TT	12/3 12/3 12/3 Po	31/24 31/25 31/26 int In Status A A A A A	Total Colifor Rule	Lead m Cop Rule	and per Tier	Job Title lanager State MA	(RT) per ye liance Statu complete complete Sta s WQP 2 Du Zip Code 02453
Water System Water Facility ID 00600 DISTRII 00700 ENTRY 49297 WELL 1 Name Mr. Jeff McCullou Mailing Address L P.O. Box 549290 Business Phone 781-250-7369	wint (Sampling Point (3) System Facility BUTION SYSTEM POINT I Ligh Line One	ater System Sample DOWN UPS	m Facil ling Point ID 4 NSTREAM 3 2 Con Gl ang Address	Sampling Popescription DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN WELL 1 Intact Info organization obal Partners S Line Two et, Suite 500	1/1/24 - 1/1/25 - 1/1/26 - ampling oint ON ERVICE CON IT rmation s, Lp	12/3 12/3 12/3 Po	31/24 31/25 31/26 int In Status A A A A A	Total Colifor Rule	Ory Lead m Cop Rule nv. Proje City	and per Tier	Job Title lanager State MA	Status omplete Somplete Somplete Somplete Status WQP 2 Di
Water System Water Facility ID 00600 DISTRII 00700 ENTRY 49297 WELL 1 Name Mr. Jeff McCullou Mailing Address L P.O. Box 549290 Business Phone	wint (Sampling Point (3) System Facility BUTION SYSTEM POINT 1	ater System Sample DOWN UPS	m Facil ling Point ID 4 NSTREAM 3 2 Con Gl ang Address	Sampling Popescription DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN WELL 1 Intact Info organization obal Partners S Line Two et, Suite 500	1/1/24 - 1/1/25 - 1/1/26 - ampling oint ON ERVICE CON IT rmation s, Lp	12/3 12/3 12/3 Po	31/24 31/25 31/26 int In Status A A A A A	Total Colifor Rule	Ory Lead m Cop Rule nv. Proje City	and per Tier	Job Title lanager State MA	Status omplete Somplete Somplete Somplete Status WQP 2 Di
Water System Water Facility ID 00700 ENTRY 49297 WELL 1 Name Mr. Jeff McCullou Mailing Address L P.O. Box 549290	wint (Sampling Point (3) System Facility BUTION SYSTEM POINT 1	ater System Sample DOWN UPS	m Facil ling Point ID 4 NSTREAM 3 2 Con Gl ang Address	Sampling Popescription DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN WELL 1 Intact Info organization obal Partners S Line Two et, Suite 500	1/1/24 - 1/1/25 - 1/1/26 - ampling oint ON ERVICE CON IT rmation s, Lp	12/3 12/3 12/3 Po	31/24 31/25 31/26 int In Status A A A A	Total Colifor Rule	Ory Lead m Cop Rule nv. Proje	and per Tier	Asbesto: Job Title lanager State	Status omplete Somplete Somplete Somplete Status WQP 2 Di
Water System Water Facility ID 00700 ENTRY 49297 WELL 1 Name Mr. Jeff McCullou Mailing Address L	wint (NOX) wint (Sampling Point T (3) Wint System Facility BUTION SYSTEM POINT 1	ater System Sample DOWI	m Facil ling Point ID 4 NSTREAM 3 2 Con	Sampling Popescription DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN WELL 1 Itact Info	1/1/24 - 1/1/25 - 1/1/26 - ampling oint ON ERVICE CON ERVICE CON	12/3 12/3 12/3 Po	31/24 31/25 31/26 int In Status A A A	Total Colifor Rule	Ory Lead m Cop Rule	and per Tier	Asbesto: Job Title	Stars WQP 2 Di
Water System Water Facility ID 00600 DISTRII 00700 ENTRY 49297 WELL 1	wint (NOX) wint (Sampling Point T (3) Wint System Facility BUTION SYSTEM POINT	ater System Sample DOWI	m Facil ling Point ID 4 NSTREAM 3 2 Con	Sampling Popescription DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN WELL 1 Itact Info	1/1/24 - 1/1/25 - 1/1/26 - ampling oint ON ERVICE CON ERVICE CON	12/3 12/3 12/3 Po	31/24 31/25 31/26 int In Status A A A	Total Colifor Rule	Ory Lead m Cop Rule	and per Tier	Asbesto:	Status Sylvania Sylva
Water System Water Facility ID 00700 ENTRY 49297 WELL 1	winte (NOX) wint (Sampling Point T (3) Wint System Facility BUTION SYSTEM POINT	ater System Sample	m Facil ling Point ID 4 NSTREAM 3 2 Con	Sampling Popescription DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL 1	1/1/24 - 1/1/25 - 1/1/26 - ampling oint ON ERVICE CON	12/3 12/3 12/3 Po	31/24 31/25 31/26 int In Status A A A	vent Total Colifor	Ory Lead m Cop	and per	Asbesto	Status Sylvania Sylva
Sampling Po ENTRY POINT Water System Water Facility ID 00600 DISTRII	winte (NOX) wint (Sampling Point T (3) Wint System Facility BUTION SYSTEM POINT	ater System Sample	m Facil ling Point ID 4 NSTREAM STREAM 3 2	Sampling Popescription DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN WELL 1	1/1/24 - 1/1/25 - 1/1/26 - ampling oint ON ERVICE CON	12/3 12/3 12/3 Po	31/24 31/25 31/26 int In Status A A A	vent Total Colifor	Ory Lead m Cop	and per	Comp	diance Statu complete complete
Sampling Po ENTRY POINT Water System Water Facility ID 00600 DISTRII	winte (NOX) wint (Sampling Point T (3) Wint System Facility BUTION SYSTEM POINT	ater System Sample	m Facil ling Point ID 4 NSTREAM STREAM 3 2	Sampling Popescription DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN WELL 1	1/1/24 - 1/1/25 - 1/1/26 - ampling oint ON ERVICE CON	12/3 12/3 12/3 Po	31/24 31/25 31/26 int In Status A A A	vent Total Colifor	Ory Lead m Cop	and per	Comp	diance Statu complete complete
Sampling Po ENTRY POINT Water System Water Facility ID 00600 DISTRII	winte (NOX) wint (Sampling Point T (3) Wint System Facility BUTION SYSTEM POINT	ater System Sample	m Facil ling Point ID 4 NSTREAM ITREAM 3	Sampling Popescription DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN	1/1/24 - 1/1/25 - 1/1/26 - ampling oint ON ERVICE CON	12/3 12/3 12/3 Po	31/24 31/25 31/26 int In Status A A A	vent Total Colifor	Ory Lead m Cop	and per	Comp	diance Statu complete complete
Sampling Po ENTRY POINT Water System Water Facility ID 00600 DISTRII	trite (NOX) bint (Sampling Point T (3) Was System Facility BUTION SYSTEM	ater System Sample	m Facil ling Point ID 4 NSTREAM	Sampling Portion DISTRIBUTION WITHIN 5 SI	1/1/24 - 1/1/25 - 1/1/26 - ampling oint ON ERVICE CON	12/3 12/3 12/3 Po	31/24 31/25 31/26 int In Status A A A	vent Total Colifor	Ory Lead m Cop	and per	Comp	diance Statu complete complete
Sampling Po ENTRY POINT Water System Water Facility ID	trite (NOX) sint (Sampling Point (3) Was	ater System Sample	m Facil ling Point ID 4 NSTREAM	Sampling Po Description DISTRIBUTION WITHIN 5 SI	1/1/24 - 1/1/25 - 1/1/26 - ampling oint ON ERVICE CON	12/3 12/3 12/3 Po	31/24 31/25 31/26 int In Status A	vent Total Colifor	Ory Lead m Cop	and per	Comp	diance Statu complete complete
Sampling Po ENTRY POINT Water System Water Facility ID	trite (NOX) sint (Sampling Point (3) Was	ater Systen	m Facil ling Point ID	ity and Sa Sampling Po Description	1/1/24 - 1/1/25 - 1/1/26 - ampling oint	12/3 12/3 12/3 Po	31/24 31/25 31/26 int In Status	vent Total Colifor	Ory Lead m Cop	and per	Comp	diance Statu complete complete
Sampling Po ENTRY POINT Water System Water Facility ID	trite (NOX) sint (Sampling Point (3) Was	ater Syste	m Facil ling Point ID	ity and Sa Sampling Po Description	1/1/24 - 1/1/25 - 1/1/26 - ampling	12/3 12/3 12/3 Po	31/24 31/25 31/26 int In	vent Total Colifor	Ory Lead m Cop	and per	Comp	diance Statu complete complete
Sampling Po ENTRY POINT Water System Water	trite (NOX) sint (Sampling Point T (3)	ater Syste	m Facil	ity and Sa	1/1/24 - 1/1/25 - 1/1/26 - ampling	12/3 12/3 12/3 Po	31/24 31/25 31/26 int In	vent Total Colifor	Ory Lead m Cop	and per	Comp	diance Statu complete complete
Sampling Po ENTRY POINT	trite (NOX) sint (Sampling Point T (3)	ater Syste	m Facil	ity and Sa	1/1/24 - 1/1/25 - 1/1/26 - ampling	12/3 12/3 12/3	31/24 31/25 31/26 int In	vent	Ory <i>Lead</i>	riod	Comp	<i>liance Statu</i> omplete
Sampling Po	trite (NOX) int (Sampling Point T (3)	: ID)			1/1/24 - 1/1/25 - 1/1/26 -	12/3 12/3 12/3	31/24 31/25 31/26				Comp	<i>liance Statu</i> omplete
Sampling Po	trite (NOX) int (Sampling Point T (3)	: ID)			1/1/24 - 1/1/25 - 1/1/26 -	12/3 12/3 12/3	31/24 31/25 31/26				Comp	<i>liance Statu</i> omplete
Sampling Po	trite (NOX) aint (Sampling Point		o: 00700)		1/1/24 - 1/1/25 -	12/3 12/3	31/24 31/25	Colle	ection Pe		Comp	<i>liance Statu</i> omplete
Sampling Po	trite (NOX) aint (Sampling Point		o: 00700)		1/1/24 -	12/3	31/24	Colle	ction Pe		Comp	<i>liance Statu</i> omplete
Sampling Po	trite (NOX) aint (Sampling Point): 00700 <u>)</u>					Colle	ction Pe		Comp	liance Statu
	trite (NOX)): 00700)									
Blitmat . A Lam.	•	JINI (WSFIL): 00700)									
•	acility: ENTRY PO	CINIT /MICE ID										
					4/1/26 -	6/3	0/26					
					1/1/26 -							
					10/1/25 -						C	omplete
					7/1/25 -							omplete
Select from I	Sampling Point	nts 4/1/25 - 6									omplete	
	int (Sampling Point				Monitori			Colle	ction Pe	riod		liance Statu
Physical Param	= =										-) per quart
					4/1/26 -	6/3	0/26					
					1/1/26 -	3/3	1/26					-
					10/1/25 -	12/	31/25				C	omplete
					7/1/25 -	9/3	0/25				C	omplete
	nventory of Active S		S		4/1/25 -							omplete
	int (Sampling Point	: ID)			Monitori	na P	Period	Colle	ction Pe		-	liance Statu
Total Coliform	acility: DISTRIBU	TION STSTEN	/I (VVSFI	טייטייטייטייטייטייטייטיי						1 roi	ıtina (PT) per quart
Matar Systam F	ocilitur DISTRIBU	ITIONI CVCTEN			quii eiiie	1113	<u> </u>					
1011113 301 1001 711	TO VER		Monit	oring Rec	vuiromo	ntc						
Towns Served: AN	NDOVER											
Local Address (wh 497 ROUTE 6	іеге арріісавіе)			Service Connection	Residen	ual	Comm 1		Industri	ıdl	Combine	d Agricultu
Local Addrace (wh	KTRA MART WATER	SUPPLY		Convice	Dosidon	+ial	NC	orgial	25	ial	P	GW A griguitu
C10010124 X		CURRIN				Clas		on Po		Owi		Primary Sou
	NA/C Nama			or mg ar	na Con	_						
	PWS Name	r Quality	Monit	Aring 21			3	- C -				
PWS ID P		r Quality					IIIKI				CUOII	

Page 9

	Connectic	ut Depa	irtment	of Public	Health	וועו	nking	, water	Section		
	Wa	ter Qua	lity Mon	itoring a	nd Con	nplia	ance S	Schedul	le		
PWS ID	PWS Name					Classi	fication	Population	Owner Type	Primary Source	
CT0010124	XTRA MART WA	TER SUPPLY			NC		١C	25	Р	GW	
Local Address (w	Service	ervice Residen		ommerci	al Industri	al Combine	ed Agricultura				
497 ROUTE 6	Connections			1							
Towns Served: A	NDOVER								·		
Name				Organization					Job Titl	e	
Mr. Jim Colman				Apex Compan	ies, LLC		Enviro Project Mnger				
Mailing Address	Line One		Mailing Addr	ess Line Two			City		State	Zip Code	
628 Hebron Ave,					Glastor	bury	СТ	06033			
Business Phon	e Extension	Fax	Мо	bile Phone	Emergence	y Phone	e Email A	ddress			
860-282-1700							jim.colr	man@apexo	cos.com		
Contact Role(s):	Administrative	Contact									

Connecticut Department of Dublic Health Drinking Water Costion

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

End of schedule

	Сс	nnecticu Wat	•	rtment o ity Moni					$\overline{}$			ction		
PWS ID	PW	S Name					Cla	ssification	n Po	pulation	Owr	ner Type	Primary So	urce
CT0012014	4 DO	LLAR GENERAI	ANDOVER					NC		25		Р	GW	
Local Addr	ess (wher	e applicable)			Service	Residen	tial	Commer	cial	Industri	al	Combine	d Agricult	tural
580 LAKE F	ROAD, ANI	DOVER, CT			Connection	ns		1						
Towns Serv	ved: AND	OVER									·		,	
				Monit	toring Red	guireme	nts							
		lity: DISTRI	BUTION (V											
Total Col	-	•										-) per quai	
		(Sampling Po	-			Monitori			Colle	ection Pe	riod		liance Stat	tus
Select	t from Inv	entory of Activ	e Sampling I	Points		4/1/25 -							Complete	
						7/1/25 -		-				C	Complete	
						10/1/25 -								
						1/1/26 - 4/1/26 -								
Physical	Paramet	ers (PPS)								1	l rou	itine (RT) per quai	rter
Samp	ling Point	(Sampling Po	int ID)			Monitori	ng F	Period	Colle	ection Pe	riod	Comp	liance Stat	tus
Select	t from Inv	entory of Activ	e Sampling I	Points		4/1/25 -	6/3	0/25				C	omplete	
						7/1/25 -	9/3	0/25				C	omplete	
						10/1/25 -	12/	31/25						
						1/1/26 -	3/3	1/26						
						4/1/26 -	6/3	0/26						
Water Sys Nitrate A		lity: ENTRY e (NOX)	POINT (W	SF ID: 00700)						1	routine	(RT) per y	ear
		(Sampling Po	int ID)			Monitori	ng F	Period	Colle	ection Pe			liance Stat	
ENTR'	Y POINT (3	3)				1/1/24 -	12/3	31/24					omplete	
						1/1/25 -	12/3	31/25				C	omplete	
						1/1/26 -	12/3	31/26						
		1	Nater Sy	stem Faci	lity and Sa	ampling	Po	int Inv	ent	-				
Water	14/orton Con	atawa Farailita		ausauliu a Doin	t Camaniina D	a fort			Tota				6.	
System Facility ID	_	stem Facility	3	ampling Poin ID	Description				olifor Rule			Achesto	St S WQP 2 L	age
	DISTRIBU	TION		4	DISTRIBUTION			<u>Status</u> A	Y	Nuic	1101	ASDESTO	S WQF Z L	JUIN
00000	טפואונוט	TION	г	OOWNSTREAN		_	NI	A	Y					
				UPSTREAM	5 SERVICE C			A	Ϋ́					
00700	ENTRY PC	NINIT		3	ENTRY POIN		14	A	'					
	WELL 1	/IIN I		2	WELL 1	V I		A						
02027	WLLL I					rmation								
Name					ntact Info Organization	rmation						Job Title		
Mr. Jerry 1	Гanner				Oollar General	Corp			E	nviron S	ervic	es		
Mailing Ad		One	ſ	Mailing Addre		•				City		State	Zip Cod	e
100 Misson								Good	lletts			TN	37072	
Business		Extension	Fax	Mok	ile Phone	Emergency	Pho	one Emai	l Add	ress				
615-855		ministrative C	ontact			•					ollar	general.co	om	
Contact RC	ле(s). <mark>А</mark> О	iiiiiisti ative C	ontact											

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Water Qua	lity Mor	nitoring a	nd Con	nplia	ance S	Schedu l	le		
PWS ID PWS Name				Classi	fication	Population	Owner Type		rimary Source
CT0012014 DOLLAR GENERAL ANDOVE	₹					25	Р		GW
ocal Address (where applicable)	Service	Residen	tial C	ommercia	al Industri	al Com	bined	Agricultural	
80 LAKE ROAD, ANDOVER, CT	Connection	ns	1						
owns Served: ANDOVER		'					'		
Name		Organization					Job	Title	
McG Andover LLC									
Mailing Address Line One	Mailing Add	ress Line Two	ess Line Two			City		ate	Zip Code
O Box 748	ral Andover			Torring	Torrington			06790	
Business Phone Extension Fax	Phone Extension Fax M				e Email A				

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