Connecticut Department of Public	Health Drin	king W	ater Se	ection	
Water Quality Monitoring at					
PWS ID PWS Name	-			ner Type Pri	mary Source
CT0770014 GIRL SCOUTS OF CT - CAMP MERRIE-WOOD	NC	-	25	P	GW
Local Address (where applicable) Service	Residential Com	nmercial I	ndustrial	Combined	Agricultural
650 GARDNER STREET Connection	S	1			_
Towns Served: MANCHESTER					
Monitoring Red	uirements				
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)					
Total Coliform (3100)			1 ro	utine (RT)	per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	d Collec	tion Period	Complia	nce Status
Select from Inventory of Active Sampling Points	7/1/25 - 7/31/25			Con	nplete
	8/1/25 - 8/31/25			Con	nplete
	9/1/25 - 9/30/25			Con	nplete
	10/1/25 - 10/31/2	5		Con	nplete
	11/1/25 - 11/30/2	5		Con	nplete
	12/1/25 - 12/31/2				
	1/1/26 - 1/31/26				
	2/1/26 - 2/28/26				
	3/1/26 - 3/31/26				
	4/1/26 - 4/30/26				
	5/1/26 - 5/31/26				
	6/1/26 - 6/30/26				
Physical Parameters (PPS)				utine (RT)	
Sampling Point (Sampling Point ID)	Monitoring Period		tion Period	-	nce Status
Select from Inventory of Active Sampling Points	7/1/25 - 7/31/25				nplete
	8/1/25 - 8/31/25				nplete
	9/1/25 - 9/30/25				nplete
	10/1/25 - 10/31/2				nplete
	11/1/25 - 11/30/2			Con	nplete
	12/1/25 - 12/31/25				
	1/1/26 - 1/31/26				
	2/1/26 - 2/28/26				
	3/1/26 - 3/31/26				
	4/1/26 - 4/30/26				
	5/1/26 - 5/31/26				
Water System Facility: ENTRY POINT (WSF ID: 00700)	6/1/26 - 6/30/26				
Nitrate And Nitrite (NOX)			1	routine (R1	T) nor year
Sampling Point (Sampling Point ID)	Monitoring Period	d Collec	± tion Period	-	nce Status
ENTRY POINT (3)	1/1/24 - 12/31/24		cioni i ciiou		nplete
2111111 (0)	1/1/25 - 12/31/25				nplete
	1/1/26 - 12/31/26			2011	
Water System Facility and Sa			rv		
Water		Total	Lead and		
System Water System Facility Sampling Point Sampling P	oint		Copper		Stage
Facility ID ID Description	Stati	Dula		Asbestos V	NQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION		Υ			

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.

Page 1

Schedule Generation Date: 12/12/2025

	Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source					
СТ0770014	GIRL SCOUTS OF CT - CAMP MERRIE-WOOD			NC		25	Р	GW					
Local Address (	where applicable)	Service	Residen	itial Commerc		al Industri	al Combine	ed Agricultural					
650 GARDNER	STREET	Connections			1								

**Water System Facility and Sampling Point Inventory** 

Connecticut Department of Public Health Drinking Water Section

Water						To	tal	Lead and			
•	stem Facility		Sampling Point ID				form	Copper	0 ab a at a a	14/00	Stage
Facility ID				Description	30	itus	ule	Rule Her	Asbestos	WQP	2 DBPI
			BJ00393	BATHROOM		A	Y				
			BJ97479	BATHROOM	M	A	Y				
			BK05616	MAIN CABI	IN	A	Y				
			BK81502	KITCHEN		A	Υ				
			BN19076	TROOP HO	USE	Α	Υ				
			DOWNSTREAM	WITHIN 5 9	SERVICE CON	Α					
			UPSTREAM	WITHIN 5 S	SERVICE CON	Α					
00700 ENTRY P	OINT		3	ENTRY POI	NT	Α					
21330 WELL			2	WELL		A					
			Cor	ntact Info	ormation						
Name			0	rganization					Job Title		
Girl Scouts of Amer	ica, Inc.										
Mailing Address Lin	e One		Mailing Addres	s Line Two			Ci	ty	State	Zip C	ode
340 Washington Str	eet					Hartfor	d		СТ	061	.06
Business Phone	Extension	Fax	Mob	ile Phone	Emergency Phone	Email A	ddres	S			
860-522-0163											
Contact Role(s): O	wner										
Name			О	rganization					Job Title		
Mr. Rocky, J. Kopyl	ес		G	Girl Scouts of Connecticut				Director of Property			
Mailing Address Lin				ess Line Two			City		State	Zip C	ode
20 Washington Ave						North F	laven		СТ	064	73
Business Phone	Extension	Fax	Mob	ile Phone	Emergency Phone	Email A	ddres	S			
203-239-2922	3844	203-239-2	2770			propert	v@gg	ofct.org			

## Please note the following:

Contact Role(s): Administrative Contact, Legal Contact

Towns Served: MANCHESTER

- 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

Conr	ecticut Departmer Water Quality M				_			
PWS ID PWS Na		omtoring an					wner Type Pri	mary Source
	IAN UNIVERSALIST CHURCH			NC	25	011 0	P	GW
Local Address (where ap		Service	Residentia			trial	Combined	Agricultural
153 VERNON ST WEST	medolej	Connections	residentia	1	ciai iiiaa.	, ci iai	Combined	7 Igriculturur
Towns Served: MANCHE	STER							
		onitoring Requ	irement	ts				
Water System Facility:	DISTRIBUTION SYSTEM (							
Total Coliform (3100						1 r	outine (RT) p	-
Sampling Point (Sa			Monitoring		Collection	Perio	d Complia	nce Status
Select from Invento	ry of Active Sampling Points		4/1/25 - 6/	•			Cor	nplete
			7/1/25 - 9/				Cor	nplete
			10/1/25 - 12					
			1/1/26 - 3/					
			4/1/26 - 6/	/30/26				
<b>Physical Parameters</b>							outine (RT) p	-
Sampling Point (Sa			Monitoring		Collection	Perio		ince Status
Select from Invento	ry of Active Sampling Points		4/1/25 - 6/	•				nplete
			7/1/25 - 9/				Cor	nplete
			10/1/25 - 12					
			1/1/26 - 3/					
Maria Carlana Facilita	ENTRY ROINT (WEETER O	2700\	4/1/26 - 6/	/30/26				
	ENTRY POINT (WSF ID: 00	0700)						_,
Nitrate And Nitrite (I Sampling Point (Sa.	•		Monitorina	Dorind	Collection	Dorio	1 routine (R	T) per year Ince Status
ENTRY POINT (3)	nping Point ID)		<b>Monitoring</b> 1/1/24 - 12		Conection	Perio		nplete
LIVINI POINT (3)			1/1/25 - 12	•				nplete
			1/1/26 - 12				COI	пріссе
	Oth	er Compliance						
Compliance Schedule Ac		ici compilance		e Date	Λ.	hiovo	d Date	
RESPOND TO SANITARY	-			5/2021	AL	illeve	u Dute	
CROSS CONNECTION SUI				1/2026				
CROSS CONNECTION SOI		Natification D						
	Public	Notification R	•					<i>C</i> :
Violation/Situation		Compliance Period	Notice Tier		<u>Notificatio</u>	_	PN Certi	
Total Coliform MCL Viola	tion	8/1/10 - 8/31/10	2	<b>Required</b> 10/13/201		mea	Due to DPH 10/23/2010	Received
Total Coliform MCL Viola		7/1/11 - 9/30/11	2	9/8/2011			9/18/2011	
Total Comorni Wice viole							3/10/2011	
	Water System I	racility allu Sai	iipiiiig P				,	
Water System Water Systen	Facility Sampling	Point Sampling Point	nt			ad ar oppe		Stage
Facility ID	ID	Description			-		er Asbestos I	-
00600 DISTRIBUTION	SYSTEM 4	DISTRIBUTION	N SYSTEM	A	Υ			-
		REAM WITHIN 5 SER		Α				
	UPSTRE			Α				
00700 ENTRY POINT								
OUTOO LITTIE OUT	3	ENTRY POINT		Α				
	3	FNTRY POINT		Α				

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: 12/12/2025 Page 3

Local Address (where applicable)  153 VERNON ST WEST  Towns Served: MANCHESTER  Contact Information  Name  Organization  Organization  Organization  Organization  City  State  Zip (10 10 10 10 10 10 10 10 10 10 10 10 10 1		Connectic	ut Depa	rtment	of Public	: Health	ı Drir	iking	Water	Sec	tion		
CTO770124 UNITARIAN UNIVERSALIST CHURCH  Local Address (where applicable)  Service Connections  Connections  Service Connections  1  Combined Agri  Agri  153 VERNON ST WEST  Towns Served: MANCHESTER  Contact Information  Name  Organization  Organization  Mailing Address Line One  Business Phone Extension Fax Mobile Phone Emergency Phone Email Address  Mailing Address Line One  Mailing Address Line Two  Organization  Organization  Dyb Title  Ms. Jane Osborn  Mailing Address Line One  Mailing Address Line Two  Organization  Organization  Dyb Title  Ms. Jane Osborn  Mailing Address Line One  Mailing Address Line Two  City State Zip Organization  Job Title  Ms. Jane Osborn  Mailing Address Line One  Mailing Address Line Two  City State Zip Organization  Manchester  CT 060  Business Phone Extension Fax Mobile Phone Emergency Phone Email Address  Secton  Manchester  CT 060  Business Phone Extension Fax Mobile Phone Emergency Phone Email Address  Secton  Manchester  CT 060  Business Phone Extension Fax Mobile Phone Emergency Phone Email Address  Secton@uuse.org  Contact Role(s):  Administrative Contact  Name  Organization  Job Title		Wat	ter Qua	lity Mon	itoring a	and Cor	nplia	nce So	chedul	e			
Local Address (where applicable)  153 VERNON ST WEST  Towns Served: MANCHESTER  Contact Information  Name  Organization  Organization  Organization  Organization  City  State  Zip (10 10 10 10 10 10 10 10 10 10 10 10 10 1	NS ID	PWS Name					Classifi	cation P	opulation	Owne	r Type	Primary Source	
Towns Served: MANCHESTER  Contact Information  Name  Unitarian Universalist Society East  Mailing Address Line One  Business Phone 860-464-5151  Contact Role(s):  Mailing Address Line One  Organization  Mobile Phone Emergency Phone Extension  Mailing Address Line One  Mailing Address Line One  Mailing Address Line Two  City State Zip One  State  Business Phone Extension Extension Extension Extension Extension Extension Extension Extension Emergency Phone Eme	Г0770124	UNITARIAN UNI	VERSALIST C	HURCH			N	С	25	F	,	GW	
Contact Information  Name Organization Organ	cal Address (w	here applicable)			Service	Resider	ntial Co	mmercial	Industrial Com		ombine	d Agricultura	
Contact Information   Job Title	3 VERNON ST	WEST			Connectio	ons		1					
Name Organization Job Title  Unitarian Universalist Society East  Mailing Address Line One Mailing Address Line Two City State Zip City 153 Vernon Street West Manchester CT 066  Business Phone Extension Fax Mobile Phone Emergency Phone Email Address  860-464-5151 Organization Job Title  Ms. Jane Osborn Unitarian Universalist Church Sexton  Mailing Address Line One Mailing Address Line Two City State Zip City 153 West Vernon Street Manchester CT 066  Business Phone Extension Fax Mobile Phone Emergency Phone Email Address  860-646-5151 860-649-1565 sexton@uuse.org  Contact Role(s): Administrative Contact  Name Organization Job Title	wns Served: N	<b>MANCHESTER</b>											
Unitarian Universalist Society East  Mailing Address Line One  Mailing Address Line Two  City State Zip C  153 Vernon Street West  Business Phone Extension  860-464-5151  Contact Role(s):  Manchester  Organization  Job Title  Ms. Jane Osborn  Mailing Address Line One  Mailing Address Line Two  City State Zip C  Manchester  Organization  Job Title  Ms. Jane Osborn  Mailing Address Line One  Mailing Address Line Two  City State Zip C  Manchester  CT  O6C  Business Phone Extension  Business Phone Extension  Sexton  Manchester  CT  O6C  Manchester  CT  O6C  Business Phone Extension  Business Phone Extension  Fax Mobile Phone Emergency Phone Email Address  Sexton@uuse.org  Contact Role(s):  Administrative Contact  Name  Organization  Job Title				Co	ontact Info	ormatio	า						
Mailing Address Line One  Mailing Address Line Two  City  State  Zip Contact Role(s):  Manchester  CT  O60  Business Phone Extension  860-464-5151  Contact Role(s):  Mailing Address  Organization  Unitarian Universalist Church  Manchester  CT  O60  Mailing Address  Dob Title  Ms. Jane Osborn  Mailing Address Line One  Mailing Address Line Two  Mailing Address Line Two  City  State  Zip Contact Role(s):  Manchester  CT  O60  Business Phone Extension  Business Phone Extension  Fax  Mobile Phone Emergency Phone Email Address  860-646-5151  Refore Contact Role(s):  Administrative Contact  Name  Organization  Job Title	ame				Organization					J	ob Title		
153 Vernon Street West Manchester CT 060  Business Phone Extension Fax Mobile Phone Emergency Phone Email Address  860-464-5151 Downer  Name Organization Job Title  Ms. Jane Osborn Unitarian Universalist Church Sexton  Mailing Address Line One Mailing Address Line Two City State Zip Contact Rusiness Phone Extension Fax Mobile Phone Emergency Phone Email Address Sexton  860-646-5151 Robot Mobile Phone Emergency Phone Email Address Sexton@uuse.org  Contact Role(s): Administrative Contact  Name Organization Job Title	nitarian Univer	rsalist Society Eas	st										
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address  860-464-5151	lailing Address	Line One		Mailing Addr	ess Line Two				City		State	Zip Code	
Reformation and the second and the s	3 Vernon Stree	et West				Manches	ter		СТ	06040			
Contact Role(s): Owner  Name Organization Job Title  Ms. Jane Osborn Unitarian Universalist Church Sexton  Mailing Address Line One Mailing Address Line Two City State Zip One  153 West Vernon Street Manchester CT O60  Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 860-646-5151 860-649-1565 sexton@uuse.org  Contact Role(s): Administrative Contact  Name Organization Job Title	Business Phone	e Extension	Fax	Mo	obile Phone	Emergenc	y Phone	Email Ad	mail Address				
Name Organization Job Title  Ms. Jane Osborn Unitarian Universalist Church Sexton  Mailing Address Line One Mailing Address Line Two City State Zip Contact Role(s): Administrative Contact  Name Organization Job Title	860-464-5151	1											
Ms. Jane Osborn  Mailing Address Line One  Mailing Address Line Two  City  State  Zip O  153 West Vernon Street  Manchester  Business Phone  Extension  Fax  Mobile Phone  Emergency Phone  Email Address  860-646-5151  860-649-1565  Contact Role(s):  Administrative Contact  Name  Organization  Job Title	ontact Role(s):	Owner		'									
Mailing Address Line One Mailing Address Line Two City State Zip Contact Role(s):  Mailing Address Line One Mailing Address Line Two City State Zip Contact Role(s):  Manchester CT 060  Manchester CT 060  Emergency Phone Email Address sexton@uuse.org  Contact Role(s):  Organization Job Title	ame				Organization					J	ob Title		
153 West Vernon Street Manchester CT 060  Business Phone Extension Fax Mobile Phone Emergency Phone Email Address  860-646-5151 860-649-1565 sexton@uuse.org  Contact Role(s): Administrative Contact  Name Organization Job Title	s. Jane Osborn	n			Unitarian Un	iversalist Ch	urch		Sexton				
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address 860-646-5151 860-649-1565 sexton@uuse.org  Contact Role(s): Administrative Contact  Name Organization Job Title	ailing Address	Line One		Mailing Addr	ess Line Two	ss Line Two			City			Zip Code	
860-646-5151 860-649-1565 sexton@uuse.org  Contact Role(s): Administrative Contact  Name Organization Job Title	33 West Vernor	n Street						Manches	ter		СТ	06040	
Contact Role(s): Administrative Contact  Name Organization Job Title	<b>Business Phone</b>	e Extension	Fax	Mo	obile Phone	Emergenc	y Phone	Email Ad	dress				
Name Organization Job Title	860-646-5151	1	860-649-2	1565				sexton@	uuse.org				
- C	ontact Role(s):	Administrative	Contact										
Ms. Peggy Webbe   Unitarian Universalist Church   President	ame				Organization					J	ob Title		
office free because of the beautiful of	ls. Peggy Webb	be			Unitarian Un	iversalist Ch	urch		President				
Mailing Address Line One Mailing Address Line Two City State Zip O	ailing Address	Line One		Mailing Addr	ess Line Two				City		State	Zip Code	
153 Vernon St W Manchester CT 060	33 Vernon St W	V				Manche			ter		CT	06042	
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address	Business Phone	e Extension	Fax	Mo	obile Phone	Emergenc	y Phone	Email Ad	dress				
860-646-5151 peggywebbe@gmail.com	860-646-5151	1						peggywe	bbe@gma	il.com			
Contact Role(s): Legal Contact	ontact Role(s):	Legal Contact											
Please note the following:	ease note the f	following:											

of Dublic Hoolth Drinking Water Coati

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department	of Public H	ealth I	Orinkin	g Water	Section	
Water Quality Mo	nitoring and	d Comp	oliance	Schedul	e	
PWS ID PWS Name		C	lassification	Population	Owner Type Pr	imary Source
CT0770134 801A HARTFORD ROAD			NC	33	Р	GW
Local Address (where applicable)	Service	Residentia	l Commer	cial Industria	al Combined	Agricultural
	Connections		4			
Towns Served: MANCHESTER	nitoring Bogu	iromoni	to.			
Water System Facility: DISTRIBUTION SYSTEM (W	nitoring Requ	iremeni	LS			
Total Coliform (3100)	31 12. 00000,			1	routine (RT) p	ner quarter
Sampling Point (Sampling Point ID)	,	Monitoring	Period	<u> </u>		ance Status
Select from Inventory of Active Sampling Points		4/1/25 - 6/				mplete
Select Holl Inventory of Netive Sampling Comes		7/1/25 - 9/				mplete
		0/1/25 - 12				mplete
		1/1/26 - 3/				Присто
		4/1/26 - 6/				
Physical Parameters (PPS)				1	routine (RT) p	er quarter
Sampling Point (Sampling Point ID)	ı	Monitoring	Period	Collection Per	riod Complic	ance Status
Select from Inventory of Active Sampling Points		4/1/25 - 6/				mplete
		7/1/25 - 9/				mplete
		0/1/25 - 12			Cor	mplete
		1/1/26 - 3/				
		4/1/26 - 6/	/30/26			
Water System Facility: ENTRY POINT (WSF ID: 007	(00)					
Nitrate (1040)					. routine (RT) រុ	-
Sampling Point (Sampling Point ID)		Monitoring		Collection Per		ance Status
ENTRY POINT (3)		4/1/25 - 6/				mplete
		7/1/25 - 9/				mplete
		0/1/25 - 12 1/1/26 - 3/			Cor	mplete
		4/1/26 - 6/				
Nitrate And Nitrite (NOX)		4/1/20 - 0/	30/20		1 routine (R	T) per vear
Sampling Point (Sampling Point ID)	ı	Monitoring	Period	Collection Per	=	ance Status
ENTRY POINT (3)		1/1/24 - 12				mplete
		1/1/25 - 12			Cor	mplete
		1/1/26 - 12	/31/26			-
Public I	Notification R	equiren	nents			
	Compliance	Notice	Public	<u>Notification</u>	PN Cert	<u>ification</u>
Violation/Situation	Period	Tier	Required		d Due to DPH	Received
	0/1/14 - 12/31/14	2	3/7/2015		3/17/2015	
	7/1/18 - 9/30/18	3	11/19/201		11/29/2019	
Water System Fa	icility and San	npling P	oint Inv	entory		
Water Suntain Smilling Sundian B	atas car the con-			Total Lead		
System Water System Facility Sampling Po Facility ID ID	oint Sampling Poin Description	τ		oliform Copp Rule Rule	oer Tier Asbestos	Stage
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTION	CVCTENA	Status	Y Rule	THE ASDESIOS	VVQP Z DDPK
	DISTRIBUTION AM WITHIN 5 SER!		A A	I		
UPSTREA			A			
	vviiiiiii J JLI\\	CL COIN				

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: 12/12/2025 Page 5

	Connecticu	it Depa	irtment o	f Public	Health	Dr	inking	, water	Sect	ion	
	Wat	er Qua	lity Moni	toring a	nd Con	npli	lance S	Schedul	le		
PWS ID	PWS Name					Class	sification	Population	Owner	Туре	Primary Source
СТ0770134	801A HARTFORD	ROAD					NC	33	Р		GW
Local Address (w	here applicable)			Service	Residen	ntial (	Commerci	al Industri	ial Co	mbine	d Agricultural
				Connection	ns		4				
Towns Served: N	MANCHESTER										
	,	Water S	ystem Faci	lity and Sa	ampling	Poi	nt Inve	ntory			
Water							To	tal Lead	and		
System Wate	r System Facility		Sampling Point				Coli	form Cop	•		Stage
Facility ID			ID	Description	1	S	tatus R	ule Rule	Tier As	besto	s WQP 2 DBPR
00700 ENTR	Y POINT		3	ENTRY POIN	NT		Α				
22950 WELL	#1		2	WELL			Α				
			Coi	ntact Info	rmation	1					
Name			C	Organization					Jo	b Title	
Mr. Mohamed A	. Hassan		Т	ony's Pizza				Tenant 80	03 Htfd.	Rd.	
Mailing Address	Line One		Mailing Addres	ss Line Two				City	9	State	Zip Code
803 Hartford Roa	ad						Manch	ester		CT	06040
Business Phon	e Extension	Fax	Mob	ile Phone	Emergency	/ Phor	ne Email A	ddress			
860-649-3640	)										
Contact Role(s):	Administrative C	ontact, Ow	ner								
Name			C	Organization					Jo	b Title	
Concept Techno	logies LLC										
Mailing Address	Line One		Mailing Addres	ss Line Two				City	9	State	Zip Code
1 Liberty Square							New Br	itain		CT	06051
Business Phon	e Extension	Fax	Mob	oile Phone	Emergency	/ Phor	ne Email A	ddress			
Contact Role(s):	Owner										
Name	L		C	Organization					Jo	b Title	
Ms. Shalini Chan	ıduptla			Concept Techr	nologies LLC	2		Partner			
Mailing Address	Line One		Mailing Addres	<u> </u>				City	9	State	Zip Code
79 East Center St							Manch			СТ	06040
Business Phon	e Extension	Fax	Mob	ile Phone	Emergency	/ Phor	ne Email A	ddress			

Connecticut Department of Public Health Drinking Water Section

## 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.
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End of schedule

ENTRY POINT  Water System Water: Facility ID	rite (NOX) int (Sampling Point (3)  V  System Facility  BUTION SYSTEM  POINT  ine One  Extension	vater Sy	Stem Factoring Politics ID 4 DOWNSTREA UPSTREAM 3 2 Co	cility and S  int Sampling I  Description  DISTRIBUT  AM WITHIN 5	Point n TION SYSTEM SERVICE CON SERVICE CON	12/3 12/3 12/3 12/3 Poi	1/24 1/25 1/26 int In (Status A A A A A A A Mar ne Ema	vento Total Colifori Rule	Lead n Cop Rule	and per Tier	Comp	RT) per yea liance Status omplete omplete  Stag s WQP 2 DBI  Zip Code 06042
Water System Water: Facility ID  00600 DISTRIE  00700 ENTRY 56544 WELL 1  Name Mr. Keith Ribera Mailing Address Li 325 Vernon St	rite (NOX) int (Sampling Point (3)  V  System Facility  BUTION SYSTEM  POINT  ine One	vater Sy	Stem Factoring Politics ID 4 DOWNSTREA UPSTREAM 3 2 Co	DISTRIBUT MITHIN 5 S ENTRY POI WELL 1 Ontact Info Organization Manchester ress Line Two	1/1/24 - 1/1/25 - 1/1/26 -  Sampling  Point n  HON SYSTEM SERVICE CONSERVICE CONSINT  Drmation  Jehovahs With	12/3 12/3 12/3 12/3 Poi	1/24 1/25 1/26 int In (Status A A A A A A A Mar ne Ema	vento Total Colifori Rule	Lead m Cop Rule	and per Tier	Asbestos  Job Title	omplete omplete Stags SWQP 2 DBI
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Water System Water: Facility ID  00600 DISTRIE  00700 ENTRY 56544 WELL 1  Name Mr. Keith Ribera  Mailing Address Li	rite (NOX) int (Sampling Point (3)  V  System Facility  BUTION SYSTEM  POINT	vater Sy	Sampling Polito 4 DOWNSTREA UPSTREAM 3 2	cility and S  int Sampling In Description  DISTRIBUT  AM WITHIN 5: ENTRY POI WELL 1  Ontact Info Organization Manchester	1/1/24 - 1/1/25 - 1/1/26 -  Sampling  Point ION SYSTEM SERVICE CONSERVICE CON	12/3 12/3 12/3 12/3 Poi	1/24 1/25 1/26 int In Status A A A A A	Vento Total Coliforr Rule	Dry Lead n Copp Rule	and per Tier	Asbestos  Job Title	omplete omplete Stags SWQP 2 DBI
Water System Water S Facility ID  00600 DISTRIE  00700 ENTRY 56544 WELL 1  Name Mr. Keith Ribera	rite (NOX) int (Sampling Point (3)  V  System Facility  BUTION SYSTEM  POINT	vater Sy	Sampling Polito 4 DOWNSTREA UPSTREAM 3 2	cility and S  int Sampling In Description  DISTRIBUT  AM WITHIN 5: ENTRY POI WELL 1  Ontact Info Organization Manchester	1/1/24 - 1/1/25 - 1/1/26 -  Sampling  Point ION SYSTEM SERVICE CONSERVICE CON	12/3 12/3 12/3 12/3 Poi	1/24 1/25 1/26 int In Status A A A A	vento Total Colifori Rule	Dry Lead n Cop Rule	and per Tier	Asbestos  Job Title	liance Status omplete omplete Stag s WQP 2 DBI
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Sampling Poi ENTRY POINT Water System Water : Facility ID	rite (NOX) int (Sampling Point (3)  V  System Facility	vater Sy	stem Fac Sampling Pol ID 4 DOWNSTREA	cility and S  int Sampling I  Description  DISTRIBUT  AM WITHIN 5	1/1/24 - 1/1/25 - 1/1/26 -  Sampling  Point ION SYSTEM SERVICE CON	12/3 12/3 12/3 Poi	1/24 1/25 1/26 int In	vento Total Coliforn	Ory Lead n Cop	and per	Comp	liance Status omplete omplete Stag
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Sampling Poi ENTRY POINT Water System Water	rite (NOX) int (Sampling Point (3)	nt ID) Vater Sy	stem Fac	cility and S	1/1/24 - 1/1/25 - 1/1/26 - Sampling	12/3 12/3 12/3	1/24 1/25 1/26 int In	vento Total Coliforn	Ory Lead n Cop	and per	Comp	liance Status omplete omplete Stag
Sampling Poi ENTRY POINT	rite (NOX) int (Sampling Point (3)	nt ID)			1/1/24 - 1/1/25 - 1/1/26 -	12/3 12/3 12/3	1/24 1/25 1/26	vento	ory	riod	Comp	<i>liance Status</i> omplete
Sampling Poi	rite (NOX) int (Sampling Point (3)	nt ID)			1/1/24 - 1/1/25 - 1/1/26 -	12/3 12/3 12/3	1/24 1/25 1/26				Comp	<i>liance Status</i> omplete
Sampling Poi	rite (NOX) int (Sampling Poi		'SF ID: 0070	00)	1/1/24 - 1/1/25 -	12/3 12/3	1/24 1/25	Colle	ction Pe		Comp	<i>liance Status</i> omplete
Sampling Poi	rite (NOX) int (Sampling Poi		SF ID: 0070	00)	1/1/24 -	12/3	1/24	Colle	ction Pe		Comp	<i>liance Status</i> omplete
Sampling Poi	rite (NOX) int (Sampling Poi		'SF ID: 0070	00)				Colle	ction Pe		Comp	liance Status
	rite (NOX)		'SF ID: 0070	00)	Monitori	ng Po	eriod	Colle	ction Pe			
<b>Nitrate And Nit</b>	,	POINT (W	'SF ID: 0070	00)						1	routine (	(RT) per yea
		POINT (W	'SF ID: 0070	00)								
Water System Fa	acility: ENTRY	COINT /\A										
					4/1/26 -							
<u> </u>					1/1/26 -							•
					10/1/25 -							omplete
23.000 11 0111 11		ΑΩ	2		7/1/25 -							omplete
	nventory of Active	-	Points		4/1/25 -			Colle	cuon re	riou		omplete
Physical Parame	eters (PPS) int (Sampling Poil	nt ID)			Monitori	na D	eriod	Collo	1 ction Pe		- '	) per quarte <i>liance Status</i>
Dharaine I Danie	store (DDC)				4/1/26 -	6/30	0/26			1	.4i /5=	\·
					1/1/26 -							
					10/1/25 -						С	omplete
					7/1/25 -		-					omplete
Select from Ir	nventory of Active	Sampling	Points		4/1/25 -						C	omplete
Sampling Poi	int (Sampling Poi	nt ID)			Monitori	ng P	eriod	Colle	ction Pe		- '	liance Status
Total Coliform	,		•	·					1	1 roı	utine (RT	) per quarte
Water System Fa	acility: DISTRIB	UTION SY	STEM (WS	F ID: 00600)	•							
			Mon	itoring Re	quireme	nts						
Towns Served: MA	ANCHESTER											
214 NEW BOLTON	* * * * * * * * * * * * * * * * * * * *			Connectio			1				2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3
Local Address (wh		10. 01 3211	SVAIIS WITH	Service	Residen	tial	Comme		Industri	ial	Combine	
CT0779074 N	ANCHESTER CON	IG OF IFHO	OVAHS WITH	JFSSFS		Clas	NC		222	Owi	Р	GW
	WS Name		ity Moi	iitoi iiig a	illu Coll	_				_	nor Typo	Primary Sour
	vvall	ı Quai		HIARINO	nd ('on	ml	iance	a Sch	naduil	۵		
PWS ID P	Connecticu Wate	er Qual				ועו	******	b '				

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: 12/12/2025

C	Connecticut Department of Public Health Drinking water Section												
Water Quality Monitoring and Compliance Schedule													
PWS ID PV	VS Name					Classif	ication	Population	Owner Type	Primary Source			
CT0779074 M	ANCHESTER CO	ONG. OF JEH	OVAHS WITNESS		N	С	222	Р	GW				
Local Address (whe	re applicable)			Service	Residen	tial Co	mmerci	al Industri	al Combine	ed Agricultural			
214 NEW BOLTON I	ROAD			Connections			1						
Towns Served: MAI	NCHESTER					,		,					
Name			Org	ganization					Job Titl	е			
Mr. Darrell Wilcox			Kin	ıgd. H. of Jeh	ovah Witn	esses							
Mailing Address Lin	e One		Mailing Address	Line Two			City		State	Zip Code			
214 New Bolton Ro	ad						Manch	ester	СТ	06042			
Business Phone	Extension	Fax	Mobil	e Phone E	mergency	/ Phone	Email A	Email Address					
860-730-3792			860-20	09-5871	860-209-	-5871	darrell	wilcox@hoti	mail.com				
Contact Role(s): A	dministrative	Contact					•						

Connecticut Department of Dublic Health Drinking Water Costion

## 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: 12/12/2025 Page 8