

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0770014	GIRL SCOUTS OF CT - CAMP MERRIE-WOOD	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
650 GARDNER STREET	Connections		1		

Towns Served: MANCHESTER

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	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		
	7/1/26 - 7/31/26		

Physical Parameters (PPS)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	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		
	7/1/26 - 7/31/26		

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)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos Rule Tier	Stage WQP 2	DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y				

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.

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0770014	GIRL SCOUTS OF CT - CAMP MERRIE-WOOD	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
650 GARDNER STREET			1		

Towns Served: MANCHESTER

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
					Y	Y	Y	Y
		BJ00393	BATHROOM SINK	A				
		BJ97479	BATHROOM	A				
		BK05616	MAIN CABIN	A				
		BK81502	KITCHEN	A				
		BN19076	TROOP HOUSE	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21330	WELL	2	WELL	A				

Contact Information

Name	Organization	Job Title
Girl Scouts of America, Inc.		
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
340 Washington Street		Hartford CT 06106
Business Phone	Extension	Fax
860-522-0163		
Mobile Phone		Emergency Phone
		Email Address
Contact Role(s): Owner		
Name	Organization	Job Title
Mr. Rocky, J. Kopylec	Girl Scouts of Connecticut	Director of Property
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
20 Washington Ave		North Haven CT 06473
Business Phone	Extension	Fax
203-239-2922	3844	203-239-2770
Mobile Phone		Emergency Phone
		Email Address
		RKopylec@gsofct.org

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

Please note the following:

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

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

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

End of schedule

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.

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0770124	UNITARIAN UNIVERSALIST CHURCH	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
153 VERNON ST WEST			1		

Towns Served: MANCHESTER

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		
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	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	9/5/2021	
CROSS CONNECTION SURVEY REPORT	3/1/2026	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification Required	Public Notification Performed	PN Certification Due to DPH	PN Certification Received
Total Coliform MCL Violation	8/1/10 - 8/31/10	2	10/13/2010		10/23/2010	
Total Coliform MCL Violation	7/1/11 - 9/30/11	2	9/8/2011		9/18/2011	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21334	WELL	2	WELL	A				

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0770124	UNITARIAN UNIVERSALIST CHURCH	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
153 VERNON ST WEST	Connections		1		

Towns Served: MANCHESTER

Contact Information

Name		Organization			Job Title		
Unitarian Universalist Society East							
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
153 Vernon Street West					Manchester	CT	06040
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-464-5151							
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 Code
153 West Vernon Street					Manchester	CT	06040
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		
Ms. Peggy Webbe		Unitarian Universalist Church			President		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
153 Vernon St W					Manchester	CT	06042
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-646-5151					peggywebbe@gmail.com		

Contact Role(s): Legal Contact

Please note the following:

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

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

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0770134	801A HARTFORD ROAD	NC	33	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined

Towns Served: MANCHESTER

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate (1040)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification Required	Public Notification Performed	PN Certification Due to DPH	PN Certification Received
Total Coliform MCL Violation	10/1/14 - 12/31/14	2	3/7/2015		3/17/2015	
Nitrate M&R Violation	7/1/18 - 9/30/18	3	11/19/2019		11/29/2019	

Water System Facility and Sampling Point Inventory

Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Total Coliform Status		Lead and Copper Rule Status		Asbestos Rule Tier	Stage WQP 2 DBP
			Coliform Rule	Lead Rule	Copper Rule	Asbestos		
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y				
	DOWNSTREAM	WITHIN 5 SERVICE CON	A					
	UPSTREAM	WITHIN 5 SERVICE CON	A					
00700 ENTRY POINT	3	ENTRY POINT	A					
22950 WELL #1	2	WELL	A					

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0770134	801A HARTFORD ROAD	NC	33	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
			4		

Towns Served: MANCHESTER

Contact Information

Name	Organization	Job Title		
Mr. Mohamed A. Hassan	Tony's Pizza	Tenant 803 Htfd. Rd.		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
803 Hartford Road		Manchester	CT	06040
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
860-649-3640				

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

Name	Organization	Job Title		
Concept Technologies LLC				
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
1 Liberty Square		New Britain	CT	06051
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone

Contact Role(s): **Owner**

Name	Organization	Job Title		
Ms. Shalini Chanduptha	Concept Technologies LLC	Partner		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
79 East Center Street		Manchester	CT	06040
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone

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

Please note the following:

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2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0779074	MANCHESTER CONG. OF JEHOVAHS WITNESSES	NC	222	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
214 NEW BOLTON ROAD	Connections		1		

Towns Served: MANCHESTER

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule	Asbestos Rule Tier	WQP 2 DBPR Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		UPSTREAM	WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
56544	WELL 1	2	WELL 1	A			

Contact Information

Name	Organization	Job Title
Mr. Keith Ribera	Manchester Jehovahs Witnesses	Chairman
Mailing Address Line One	Mailing Address Line Two	City
325 Vernon St		State
Business Phone	Extension	Zip Code
		Manchester
		CT
		06042
860-268-7904	Mobile Phone	Email Address
	Emergency Phone	kmribera@gmail.com

Contact Role(s): Legal Contact

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

PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT0779074	MANCHESTER CONG. OF JEHOVAHS WITNESSES				NC	222	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
214 NEW BOLTON ROAD				1				
Towns Served: MANCHESTER								
Name			Organization			Job Title		
Mr. Darrell Wilcox			Kingd. H. of Jehovah Witnesses					
Mailing Address Line One		Mailing Address Line Two			City		State	Zip Code
214 New Bolton Road					Manchester		CT	06042
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-730-3792			860-209-5871	860-209-5871	darrellwilcox@hotmail.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

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