

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0770072	SHADY GLEN RESTAURANT			NTNC	30	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
840 EAST MIDDLE TURNPIKE				1				

Towns Served: MANCHESTER

Monitoring Requirements

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

Chlorine Residual (1012)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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		Complete
Asbestos (1094)		1 routine (RT) per nine years	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		
Total Haloacetic Acids (2456)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
KITCHEN HAND SINK (4004)	1/1/25 - 12/31/25	8/1-8/31	Complete
	1/1/26 - 12/31/26	8/1-8/31	
	1/1/27 - 12/31/27	8/1-8/31	
Total Trihalomethanes (2950)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
BASEMENT WEST (4003)	1/1/25 - 12/31/25	8/1-8/31	Complete
	1/1/26 - 12/31/26	8/1-8/31	
	1/1/27 - 12/31/27	8/1-8/31	
Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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		Complete
	4/1/26 - 6/30/26		
Lead And Copper (PBCU)		5 routine (RT) per six months	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/25 - 12/31/25		Complete
	1/1/26 - 6/30/26		
	7/1/26 - 12/31/26		
Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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		Complete
	4/1/26 - 6/30/26		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine (RT) per three years	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/25		Complete
	1/1/26 - 12/31/28		

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.

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PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0770072	SHADY GLEN RESTAURANT			NTNC	30	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
840 EAST MIDDLE TURNPIKE			Connections	1				
Towns Served: MANCHESTER								

Monitoring Requirements

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

Inorganic Chemicals (IOCS)		1 routine (RT) per three years	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	1/1/29 - 12/31/31		
Nitrate And Nitrite (NOX)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		Complete
	4/1/26 - 6/30/26		
Pesticides, Herbicides and PCBs-Phase II (SOC2)		1 routine (RT) per three years	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/25		Complete
	1/1/26 - 12/31/28		
	1/1/29 - 12/31/31		
Pesticides, Herbicides and PCBs-Phase V (SOC5)		1 routine (RT) per three years	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/25		Complete
	1/1/26 - 12/31/28		
	1/1/29 - 12/31/31		
Organic Chemicals (VOCS)		1 routine (RT) per three years	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/25		Complete
	1/1/26 - 12/31/28		
	1/1/29 - 12/31/31		

Water System Facility: WELL 2 (WSF ID: 10990)

E. Coli (3014)		1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
WELL 2 (2)	7/1/25 - 9/30/25		Complete	
	10/1/25 - 12/31/25		Complete	
	1/1/26 - 3/31/26		Complete	
	4/1/26 - 6/30/26			

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: ENTRY POINT (WSFID: 00700)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month	
Chlorine	Entry Point Chlorine Residual Monitoring (CHLR)	Minimum: .2 MG/L	Daily	
Start Date: 1/1/2002	Compliance History:	Operating Limit	Monitoring	
	Monitoring Period	Compliance Status:	Compliance Status:	
	8/1/2025 - 8/31/2025			
	9/1/2025 - 9/30/2025			

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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	
CT0770072	SHADY GLEN RESTAURANT			NTNC	30	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
840 EAST MIDDLE TURNPIKE				1				

Towns Served: MANCHESTER

Water System Facility: **ENTRY POINT (WSFID: 00700)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Chlorine	Entry Point Chlorine Residual Monitoring (CHLR)	Minimum: .2 MG/L	Daily
Start Date: 1/1/2002	Compliance History: Monitoring Period	Operating Limit Compliance Status:	Monitoring Compliance Status:
	10/1/2025 - 10/31/2025		
	11/1/2025 - 11/30/2025		
	12/1/2025 - 12/31/2025		

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7.0 PH	4
Start Date: 7/1/2003	Compliance History: Monitoring Period	Operating Limit Compliance Status:	Monitoring Compliance Status:
	8/1/2025 - 8/31/2025		
	9/1/2025 - 9/30/2025		
	10/1/2025 - 10/31/2025		
	11/1/2025 - 11/30/2025		
	12/1/2025 - 12/31/2025		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2026	

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	2001	WELL #1 RAW	P				
		2002	WELL #2 RAW	P				
		3003	FINISH ENTER SYSTEM	P				
		4	DISTRIBUTION SYSTEM	A	Y			
		4001	BASEMENT EAST	P		1		
		4002	BASEMENT MIDDLE	P		1		
		4003	BASEMENT WEST	A		1		Y
		4004	KITCHEN HAND SINK	A		1		Y
		4005	KITCHEN SLOP SINK	P		1		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10990	WELL 2	2	WELL 2	A				
1332	SHADY GLEN TP							

Certified Operator Information

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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	
CT0770072	SHADY GLEN RESTAURANT			NTNC	30	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
840 EAST MIDDLE TURNPIKE				1				
Towns Served: MANCHESTER								

Certified Operator Information

Water System Facility: **SHADY GLEN TP (WSF ID: 1332)**

Facility Classification: CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
NIGRO, JR., VICTOR N.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2027
		DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2026
NIGRO, SCOTT A.	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2028
		WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2026

Contact Information

Name		Organization		Job Title		
Mr. William Hoch		Shady Glen Inc.		Owner		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
840 East Middle Turnpike				Manchester	CT	06040
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-649-4245		860-646-2993		860-649-4245	hoch.william@yahoo.com	

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

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

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

End of schedule

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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
CT0779073	BIRCH MOUNTAIN SCHOOL			NTNC	83	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
645 BIRCH MOUNTAIN ROAD				1			

Towns Served: MANCHESTER

Monitoring Requirements

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

Asbestos (1094)		1 routine (RT) per nine years	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		
Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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		
Lead And Copper (PBCU)		5 routine (RT) per six months	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/25 - 12/31/25		Complete
	1/1/26 - 6/30/26		
	7/1/26 - 12/31/26		
Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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)

Inorganic Chemicals (IOCS)		1 routine (RT) per three years	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/24 - 12/31/26		
	1/1/27 - 12/31/29		
Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		
Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (SOCS)		1 routine (RT) per three years	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/25		Complete
	1/1/26 - 12/31/28		
	1/1/29 - 12/31/31		
Organic Chemicals (VOCS)		1 routine (RT) per three years	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/25		Complete
	1/1/26 - 12/31/28		
	1/1/29 - 12/31/31		

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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	
CT0779073	BIRCH MOUNTAIN SCHOOL			NTNC	83	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
645 BIRCH MOUNTAIN ROAD			Connections		1			
Towns Served: MANCHESTER								

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **ENTRY POINT (WSFID: 00700)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7.0 PH	4
Start Date: 4/1/2006		Compliance History:	Monitoring
		Monitoring Period	Compliance Status:
		8/1/2025 - 8/31/2025	
		9/1/2025 - 9/30/2025	
		10/1/2025 - 10/31/2025	
		11/1/2025 - 11/30/2025	
		12/1/2025 - 12/31/2025	

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	3/31/2026	
CROSS CONNECTION EXEMPTION	3/1/2030	

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			
		BCKBTH	BACK BATH	A	Y	N		
		BM1	RES	A	Y			
		BM2	LITTLE RS	A	Y			
		BM3	LF BATH	A	Y			
		BM4	BREAK ROOM	A	Y			
		BM5	BM5	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		KITCH	KITCHEN SINK	A	Y	N		
		LDSBTH	LADIES BATH	A	Y	N		
		MB5	RIGHT CENTER SINK	A	Y			
		MNSBTH	MENS BATH	A	Y	N		
		MNSFKT	MENS FRONT SINK	A	Y	N		
		PRESCH	PRESCHOOL SINK	A	Y	N	Y	Y
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10970	WELL	2	WELL	A				
48342	TREATMENT PLANT							

Certified Operator Information

Water System Facility: **TREATMENT PLANT (WSF ID: 48342)**

Facility Classification: CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
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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	
CT0779073	BIRCH MOUNTAIN SCHOOL			NTNC	83	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
645 BIRCH MOUNTAIN ROAD			Connections		1			

Towns Served: MANCHESTER

Certified Operator Information

Water System Facility: **TREATMENT PLANT (WSF ID: 48342)**

Facility Classification: CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
COSSETTE, EVAN J	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS IV	6/30/2027
		DISTRIBUTION SYSTEM OPERATOR IN TRAINING	6/30/2027
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	9/30/2027

Contact Information

Name				Organization		Job Title			
Ms. Jenifer Minicucci				Birch Mountain Day School		President			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
645 Birch Mountain Road						Manchester		CT	06040
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-649-2067			860-649-2139			860-645-1751	birchmountaindayschool@gmail.com		

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

Name				Organization			Job Title		
Mr. Ryan J Orsini				Birch Mountain Day School			Owner / Director		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
645 Birch Mountain Road						Manchester		CT	06040
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-649-2067			860-649-2139			860-462-0132	birchmountaindayschool@gmail.com		

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

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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	
CT0779093	CTWC - BUCKLAND ROAD SERVICE AREA			NTNC	25	P	SWP	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
BUCKLAND ROAD			Connections		5			
Towns Served: MANCHESTER								

Monitoring Requirements

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

Chlorine Residual (1012)		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		Complete
Asbestos (1094)		1 routine (RT) per nine years	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		
Total Haloacetic Acids (2456)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
LOWES-31 BUCKLAND HILLS DR (3045)	7/1/25 - 9/30/25	8/1-8/31	Complete
	10/1/25 - 12/31/25	11/1-11/30	Complete
	1/1/26 - 3/31/26	2/1-2/28	
	4/1/26 - 6/30/26	5/1-5/31	
Total Trihalomethanes (2950)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
TARGET-125 BUCKLAND HILLS DR (3046)	7/1/25 - 9/30/25	8/1-8/31	Complete
	10/1/25 - 12/31/25	11/1-11/30	Complete
	1/1/26 - 3/31/26	2/1-2/28	
	4/1/26 - 6/30/26	5/1-5/31	
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		Complete
	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		
Lead And Copper (PBCU)		5 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/25 - 12/31/25	6/1-9/30	Complete

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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
CT0779093	CTWC - BUCKLAND ROAD SERVICE AREA			NTNC	25	P	SWP
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
BUCKLAND ROAD		Connections		5			
Towns Served: MANCHESTER							

Monitoring Requirements

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

Lead And Copper (PBCU) 5 routine (RT) per year

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
	1/1/26 - 12/31/26	6/1-9/30	
	1/1/27 - 12/31/27	6/1-9/30	

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		Complete
	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		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2026	

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	3045	LOWES-31 BUCKLAND HI	A		N	Y	Y
		3045-1	ORECK STORE	A	Y	N		
		3045A	31 BCKLND-KIT	A		N		
		3045B	31 BCKLND - BATH	A		N		
		3046	TARGET-125 BUCKLAND	A	Y	N		Y
		3046A	125 BCKLND - KIT	A		N		
		3046B	125 BCKLND - BATH	A		N		
		3047	VIT SHOP-105 BUCK	A	Y	N		
		3047A	105 BCKLND - KIT	A		N		
		3047B	105 BCKLND - BATH	A		N		
		3048	MN WHS-194 BUCK	A	Y	N		
		3048A	95 BCKLND - KIT	A		N		
		3048B	95 BCKLND - BATH	A		N		
		4	DISTRIBUTION SYSTEM	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	
CT0779093	CTWC - BUCKLAND ROAD SERVICE AREA			NTNC	25	P	SWP	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
BUCKLAND ROAD			Connections		5			
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 Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
57781	INTERCONNECTION - CT0473011-CTWC WESTERN							
57783	INTERCONNECTION - MANCHESTER WATER DEPT							

Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration
GREEN, III, CLIFFORD	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	3/31/2026

Contact Information

Name				Organization		Job Title			
Mr. Craig J. Patla				Connecticut Water Company		Vp, Service Delivery			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
93 West Main Street						Clinton		CT	06413
Business Phone		Extension	Fax	Mobile Phone		Emergency Phone	Email Address		
860-664-6140						800-391-1924	craig.patla@ctwater.com		

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

Name				Organization			Job Title		
Mr. Paul C. Lowry				Connecticut Water Company			Manager		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
93 W Main Street						Clinton		CT	06413
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-944-9655			860-654-1903			800-208-5700	ctwcdphadmin@ctwater.com		

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

Please note the following:

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

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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
CT0779083	ELISABETH M. BENNET ACADEMY			NTNC	536	L	SWP
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
1151 MAIN STREET		Connections		1			
Towns Served: MANCHESTER							

Towns Served: MANCHESTER

Monitoring Requirements

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

Chlorine Residual (1012)		1 routine (RT) per month	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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
Asbestos (1094)		1 routine (RT) per nine years	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		
Total Haloacetic Acids (2456)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
CONE WATER COOLER (B4C001)	7/1/25 - 9/30/25	9/1-9/30	Complete
	10/1/25 - 12/31/25	12/1-12/31	Complete
	1/1/26 - 3/31/26	3/1-3/31	
	4/1/26 - 6/30/26	6/1-6/30	
Total Trihalomethanes (2950)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
BARNARD WATER COOLER (B4B001)	7/1/25 - 9/30/25	9/1-9/30	Complete
	10/1/25 - 12/31/25	12/1-12/31	Complete
	1/1/26 - 3/31/26	3/1-3/31	
	4/1/26 - 6/30/26	6/1-6/30	
Total Coliform (3100)		1 routine (RT) per month	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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		
Lead And Copper (PBCU)		20 routine (RT) per six months	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/25 - 12/31/25		Complete
	1/1/26 - 6/30/26		

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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
CT0779083	ELISABETH M. BENNET ACADEMY			NTNC	536	L	SWP
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
1151 MAIN STREET		Connections		1			
Towns Served: MANCHESTER							

Monitoring Requirements

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

Lead And Copper (PBCU)		20 routine (RT) per six months	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
	7/1/26 - 12/31/26		
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		

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **TREATMENT PLANT (WSFID: 57792)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month	
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7.0 PH	4	
Start Date: 9/1/2011	Compliance History:	Operating Limit	Monitoring	
	Monitoring Period	Compliance Status:	Compliance Status:	
	8/1/2025 - 8/31/2025			
	9/1/2025 - 9/30/2025			
	10/1/2025 - 10/31/2025			
	11/1/2025 - 11/30/2025			
	12/1/2025 - 12/31/2025			
Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month	
pH	Entry Point pH Monitoring (PHRD)	Maximum: 7.6 PH	4	
Start Date: 9/1/2011	Compliance History:	Operating Limit	Monitoring	
	Monitoring Period	Compliance Status:	Compliance Status:	
	8/1/2025 - 8/31/2025			
	9/1/2025 - 9/30/2025			
	10/1/2025 - 10/31/2025			
	11/1/2025 - 11/30/2025			
	12/1/2025 - 12/31/2025			

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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
CT0779083	ELISABETH M. BENNET ACADEMY			NTNC	536	L	SWP
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
1151 MAIN STREET		Connections		1			
Towns Served: MANCHESTER							

Towns Served: MANCHESTER

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CCTS 5: PWS OCCT INSTALLATION		
SWTS 2: DWS REVIEW & APPROVAL OF SOWT	6/27/2024	
CCTS 2: DWS REVIEW & APPROVAL OF OCCT	6/30/2024	
CROSS CONNECTION SURVEY REPORT	3/1/2026	

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				
		B4117	BARNARD OFFICE	A	Y	1		
		B4B001	BARNARD WATER COOLER	A	Y			Y
		B4B004	BARNARD FAC LAV	A	Y	2		
		B4B016	BARNARD CUSTODIAL	A		2		
		B4B100	BARNARD WATER CONUR	A		2		
		B4B104	BARNARD FAC LAV	A		2		
		B4B113	BARNARD SCIENCE LAB	A		2		
		B4B116	BARNARD CUSTODIAL	A		2		
		B4B206	BARNARD-SCIENCE LAV	A	Y	2		
		B4B211	BARNARD SCIENCE LAV	A	Y	2		
		B4B213	BARNARD SCIENCE LAV	A	Y	2		
		B4C001	CONE WATER COOLER	A	Y	2		Y
		B4C011	CONE BOYS LR LAV	A	Y	2		
		B4C024	CONE-CHANGING LAV	A	Y	2		
		B4C101	CONE-WATER COOLER	A	Y	2		
		B4C104	CONE HC LAV	A	Y	2		
		B4C107	CONE LIBRARY WK RM	A	Y	2		
		B4C204	CONE CHANGING LAV	A	Y	2		
		B4CH100	CHENEY COOLER	A		1		
		B4CH107	CHENEY CLASSROOM	A		1		
		B4CH1HC	CHENEY HC LAV	A		1		
		B4CH201	CHENEY COOICV	A		1		
		B4CH209	CHENEY CISS ROOM	A		1		
		B4CH20FI	CHENEY CICSS ROOM	A		1		
		B4CHNURSE	CHENEY NURSE	A		1		
		B4CHZHC	CHENEY HC LAV	A		1		
		B4CN207	CHENEY CICSS ROOM	A		1		
		B4F001	FRANKLIN COOLER	A		2		
		B4F004	FRANKLIN LAV	A		2		
		B4F009	FRANKLIN ART LAB	A		2		

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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	
CT0779083	ELISABETH M. BENNET ACADEMY			NTNC	536	L	SWP	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1151 MAIN 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 Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		B4F014	FRANKLIN TECH LAB	A		2		
		B4F101	FRAN WATER COOLER	A	Y	2		
		B4F104	FRAN FACULTY LAV	A	Y	2		
		B4F107	FRANKLIN-NURSE	A	Y	2		
		B4F111	FRANK SCIENCE LAB	A	Y	2		
		B4F117	FRANKLIN NURSE	A	Y	2		
		B4F201	FRANK WATER COOLER	A	Y	2		
		B4F213	FRANK SCIENCE LAB	A	Y	2		
		B4R103	REC WATER COOLER	A	Y	2		
		B4R107	REC FACULTY LAV	A	Y	2		
		B4R112	REC DIST KITCHEN	A		2		
		B4R207	REC FACULTY LAV	A	Y	2		
		B4RSTR20	RECREATION COOLER	A	Y	2		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
57790	INTERCONNECTION - CT0770021 - MANCHESTER							
57792	TREATMENT PLANT	B3RAW	ENTRY POINT RAW	A				
		B3TREAT	ENTRY POINT TREATED	A				

Certified Operator Information

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

Facility Classification:

Operator Name	Operator Type	Certification(s)	Certification Expiration
GRANT, SHANE	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2026
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	9/30/2026

Water System Facility: **TREATMENT PLANT (WSF ID: 57792)**

Facility Classification: CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
GRANT, SHANE	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2026
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	9/30/2026
PETITTI, ANDY	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2028
		WATER TREATMENT PLANT OPERATOR - CLASS I	12/31/2028

Contact Information

Name					Organization			Job Title		
Mr. Matt Geary					Manchester Public Schools			Supt of Schools		
Mailing Address Line One				Mailing Address Line Two			City		State	Zip Code
45 North School Street							Manchester		CT	06042
Business Phone		Extension		Fax		Mobile Phone		Emergency Phone		Email Address

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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
CT0779083	ELISABETH M. BENNET ACADEMY	NTNC	536	L	SWP
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
1151 MAIN STREET			1		
Towns Served: MANCHESTER					
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-647-3441					mgeary@mpspride.org

Contact Role(s): Legal Contact					
Name			Organization		Job Title
Mr. Lindsey Boutilier			Manchester Public Schools		Dir. of Oper & Athle
Mailing Address Line One		Mailing Address Line Two		City	State
45 North School Street				Manchester	CT
Zip Code					
06042					
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-647-5011		860-647-3381			Lindsey.Boutilier@mpspride.org

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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End of schedule

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