	Connecticut Department	of Public H	lealth	D	rinking	g Water	Se	ection	
	Water Quality Mo	nitoring an	d Con	npl	liance S	Schedul	e		
PWS ID	PWS Name							ner Type Pr	imary Source
CT1300014	CHURCH OF THE EPIPHANY				NC	25		Р	GW
Local Address (where applicable)	Service	Residen	itial	Commerci	al Industria	ıl	Combined	Agricultural
276 MAIN STRE	ET NORTH	Connections			1				
Towns Served:	SOUTHBURY	1				1			
	Мо	nitoring Requ	ireme	nts	;				
Water System	Facility: DISTRIBUTION SYSTEM (W								
Total Coliforn	n (3100)					1	roı	utine (RT) p	er quarter
Sampling	Point (Sampling Point ID)		Monitori	ing F	Period C	ollection Per			ance Status
Select fror	n Inventory of Active Sampling Points		4/1/25 -	- 6/3	0/25			Соі	mplete
			7/1/25 -	- 9/3	0/25			Coi	mplete
			10/1/25 -	- 12/	31/25			Coi	mplete
			1/1/26 -	- 3/3	1/26				
			4/1/26 -	- 6/3	0/26				
Physical Para	meters (PPS)					1	roı	utine (RT) p	er quarter
-	Point (Sampling Point ID)		Monitori	ing F	Period C	ollection Per			ance Status
Select fror	n Inventory of Active Sampling Points		4/1/25 -	- 6/3	0/25			Coi	mplete
			7/1/25 -	- 9/3	0/25			Coi	mplete
			10/1/25 -	- 12/	31/25			Coi	mplete
			1/1/26 -	- 3/3	1/26				
			4/1/26 -	- 6/3	0/26				
Water System	Facility: ENTRY POINT (WSF ID: 007	'00)							
Nitrate (104)	0)					1	roı	utine (RT) p	er quarter
Sampling	Point (Sampling Point ID)		Monitori	ing F	Period C	ollection Per			ance Status
ENTRY PO	INT (3)	_	4/1/25 -	- 6/3	0/25			Coi	mplete
			7/1/25 -	9/3	0/25			Соі	mplete
			10/1/25 -	- 12/	31/25			Соі	mplete
			1/1/26 -	- 3/3	1/26				
			4/1/26 -	- 6/3	0/26				
Nitrite (1041)						1	routine (R	T) per year
-	Point (Sampling Point ID)		Monitori	ing F	Period C	ollection Per		-	ance Status
ENTRY PO	INT (3)		1/1/24 -					Coi	mplete
			1/1/25 -						mplete
			1/1/26 -						
Water System	Facility: WELL (WSF ID: 22173)								
E. Coli (3014	· · · · · · · · · · · · · · · · · · ·					1	roı	utine (RT) i	er quarter
,	, Point (Sampling Point ID)		Monitori	ing F	Period C	ollection Per			ance Status
WELL (2)			4/1/25 -						mplete
, ,			7/1/25 -		-				mplete
			10/1/25 -						mplete
			1/1/26 -						•
			4/1/26 -						
	Othe	r Compliance		-					
Compliance Sch					Date	Achiev	ved	Date	
	THE DEPARTMENT				/2025	7/30			
ADDRESS CONT					2/2025	,			

	C		1 D	-1	1 -	CD 1.11	. 11141	. D .			7 - 1	C -	-41	
	C	onnectic Wa	ut Depa ter Qual						`				ction	
PWS ID	P\Λ	/S Name	ter Qua	iicy i	10111	toring t	iiia coi	_					er Tyne F	Primary Source
CT1300014		URCH OF THE	FΡΙΡΗΔΝΥ						NC		25	OWIII	P	GW
		re applicable)	LI II IIAIVI			Service	Reside		Commerci	_	Industria	al (Combined	
276 MAIN S						Connection		Titiai C	1	iai	maastiit	ui (COMBINE	Agricultural
Towns Serv	_													
TOWNS SCIV	rcu. 300		Motor C.		. Faail	:a.ad (`a sa sa li sa	- Dai						
			Water Sy	/sten	ı Facii	ity and s	sampiin	g Poi						
Water System	Water Si	stem Facility		Sampli	na Point	Sampling	Point		-	otal iforn	Lead 1 Copp			Stage
Facility ID	,	, , , , , , , , , , , , , , , , , , , ,			D	Descriptio		c		Rule			Asbestos	WQP 2 DBPR
	DISTRIBL	JTION SYSTEM	<u> </u>		4	•	ION SYSTEI		A	Υ				
	2.020		•		E001	RR 1ST FLO		••	Α	Y			Υ	
					E002		R HANDICAI)	A	Y			Υ	
					E003		R SACRISTY		Α	Υ			Y	
					E004	KIT SNK 19			Α	Υ			Y	
				СО	E005	KIT HAND	SNK 1ST FL	R	Α	Υ			Υ	
				СО	E006	KIT SNK DI	BL 1ST FLR		Α	Υ			Υ	
				CO	E007	RR 2ND FL	OOR		Α	Υ			Υ	
				DOWN	STREAM	WITHIN 5	SERVICE CO	N	Α					
				UPST	REAM	WITHIN 5	SERVICE CO	N	Α					
00700	ENTRY P	TNIC			3	ENTRY PO	INT		Α					
22173	WELL				2	WELL			Α					
60405	TREATM	ENT PLANT												
					Cor	ntact Info	ormatio	n						
Name					О	rganization							Job Title	
Church of 1	The Epipl	hany												
Mailing Add	dress Lin	e One		Mailin	g Addres	s Line Two				(City		State	Zip Code
290 Pratt S	t			Box 52					Meride	en			СТ	06488
Business	Phone	Extension	Fax		Mob	ile Phone	Emergeno	y Phon	e Email /	Addre	ess			
203-639	-3501		203-235-1	1008										
Contact Ro	le(s): O	wner												
Name					О	rganization							Job Title	
Mrs. Ginny	Kowalsk	(i			CI	hurch of Th	e Epiphany			Sr.	. Warde	n		
Mailing Add	dress Lin	e One		Mailin	g Addres	s Line Two				(City		State	Zip Code
262 Main S	treet N								South	ury			СТ	06488
Business	Phone	Extension	Fax		Mob	ile Phone	Emergeno	y Phon	e Email /	Addre	ess			
203-264	-8150						203-264	1-8150	epipha	nysb	y@att.r	net		
Contact Ro	le(s): Le	gal Contact					•							
Name	'				0	rganization							Job Title	
Mrs. Cynth	ia Boisit	S			Cl	hurch of Th	e Epiphany			Ch	urch Ad	lminis	strator	
Mailing Add	dress Lin	e One		Mailin	g Addres	s Line Two				(City		State	Zip Code
262 Main S	treet N								South	ury			СТ	06488
Business	Phone	Extension	Fax		Mob	ile Phone	Emergeno	y Phon	e Email A	Addre	ess			
											_			

203-565-4339

epiphanysby@att.net

Contact Role(s): Administrative Contact

203-264-8150

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

		_			_ <u> </u>		,	
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT1300014	CHURCH OF THE EPIP	HANY			NC	25	Р	GW
Local Address (v	vhere applicable)		Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
276 MAIN STREE	T NORTH		Connections		1			
Towns Served: S	OUTHBURY		·			·		

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

Со	nnecticut Dep							ection	
	Water Qua	ality Monit	oring and	d Comp	olianc	e Sch	redule		
PWS ID PWS	S Name			Cl	lassificati	on Pop	ulation Ow	ner Type P	rimary Source
	ANDAS PIZZA & RESTA	URANT			NC		25	Р	GW
Local Address (where			Service	Residentia	I Comm	ercial	Industrial	Combined	Agricultural
1056 MAIN STREET S			Connections		1	-			
Towns Served: SOUT	HBURY								
		Monito	oring Requ	irement	ts				
Water System Facil	lity: DISTRIBUTION S	SYSTEM (WSF II	D: 00600)						
Total Coliform (31	100)						1 ro	utine (RT)	per quarter
Sampling Point	(Sampling Point ID)			Monitoring	Period	Collec	tion Period	Compli	ance Status
Select from Inve	entory of Active Samplin	g Points		4/1/25 - 6/	/30/25			Сс	mplete
				7/1/25 - 9/	/30/25			Co	mplete
				10/1/25 - 12	2/31/25			Co	mplete
				1/1/26 - 3/	/31/26				
				4/1/26 - 6/	/30/26				
Physical Paramete	•								per quarter
	(Sampling Point ID)			Monitoring		Collec	tion Period	Compli	ance Status
Select from Inve	entory of Active Samplin	g Points		4/1/25 - 6/	*				mplete
				7/1/25 - 9/					mplete
				10/1/25 - 12	2/31/25			Сс	mplete
				1/1/26 - 3/					
				4/1/26 - 6/	/30/26				
Water System Facil	lity: ENTRY POINT (WSF ID: 00700)							
Nitrate And Nitrite								-	RT) per year
	(Sampling Point ID)			Monitoring		Collec	tion Period		ance Status
ENTRY POINT (3)			1/1/24 - 12,					mplete
				1/1/25 - 12,				Co	mplete
				1/1/26 - 12,	/31/26				
Water System Facil	lity: WELL (WSF ID:	22175)							
E. Coli (3014)							1 ro	utine (RT)	per quarter
Sampling Point	(Sampling Point ID)		ı	Monitoring	Period	Collec	tion Period	Compli	ance Status
WELL (2)				4/1/25 - 6/	/30/25			Co	mplete
				7/1/25 - 9/	/30/25			Co	mplete
				10/1/25 - 12	2/31/25			Co	mplete
				1/1/26 - 3/	/31/26				
				4/1/26 - 6/	/30/26				
	Water 9	System Facili	ty and Sar	npling P	oint Ir	vento	ory		
Water Water Sug	stom Facility	Compelling Detect	Comments - D. 1			Total	Lead and	1	. .
System Water Sys Facility ID	stem Facility	Sampling Point ID	Description	IL		Coliforn Rule		Achestos	Stage WQP 2 DBPR
	TION SYSTEM	4	DISTRIBUTION	LCVCTENA	Status ^	Y	Nuie Hei	ASDESTOS	WQF Z DDFK
OOOOO DISTRIBUT	HON SISTEM	DOWNSTREAM			A A	ĭ			
		MPR01	DISHWASH SII		A	Υ			
		MPR02	HANDWASH S		A	Υ			
		MPR03	CORNER SINK	11417	A	Y			
		UPSTREAM	WITHIN 5 SER	VICE CON	A	•			
00700 ENTRY PO	INT	3	ENTRY POINT		A				
55755 LIVINI FO			- CONTRACTOR		М				

	Connectic	ut Depa	rtment o	of Public	Health	D	rinking	g Water	· Se	ction	
	Wa	ter Qual	lity Moni	itoring a	nd Con	npl	liance S	Schedu	le		
PWS ID	PWS Name					Cla	ssification	Population	Owr	ner Type F	Primary Source
CT1300034	MIRANDAS PIZZ	A & RESTAUI	RANT				NC	25		Р	GW
Local Address (wh	nere applicable)			Service	Residen	ntial	Commerci	al Industri	ial	Combined	d Agricultural
1056 MAIN STREE	T SOUTH			Connection	ıs		1				
Towns Served: SO	UTHBURY			'	,		1	1			-
		Water Sy	stem Faci	ility and Sa	ampling	Po	int Inve	ntory			
Water							To	otal Lead	and		
System Water	System Facility		Sampling Poin				Col	iform Cop	per		Stage
Facility ID			ID	Description			Status R	Rule Rule	Tier	Asbestos	WQP 2 DBPR
22175 WELL			2	WELL			Α				
57039 TREAT	MENT PLANT										
			Co	ntact Info	rmation	1					
Name			(Organization						Job Title	
Mr. Qevsere Kriv	са		N	Miranda's Rest	taurant			Manager			
Mailing Address L	ine One		Mailing Addre	ess Line Two				City		State	Zip Code
1056 Main Street							Southb	ury		СТ	06488
Business Phone	Extension	Fax	Mol	bile Phone	Emergency	y Pho	one Email A	Address			
203-262-6400											
Contact Role(s):	Administrative	Contact									
Name			(Organization						Job Title	
Gony, LLC											
Mailing Address L	ine One		Mailing Addre	ess Line Two				City		State	Zip Code

Contact Role(s): Legal Contact, Owner

Extension

Please note the following:

1056 Main Street

Business Phone

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

Mobile Phone

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

Fax

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.

Southbury

Emergency Phone Email Address

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

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

End of schedule

06488

CT

	Connecticut De	epartment of	f Public H	ealth	Drinki	ing W	ater	Se	ction			
		uality Monit				_						
PWS ID	PWS Name								ner Type P	rimary Source		
CT130006	KETTLETOWN S.P./BEAC	H WELL			NC	1	67		S	GW		
Local Add	ress (where applicable)		Service	Resident	tial Comm	ercial Ir	ndustria	al	Combined	Agricultura		
1434 GEO	PRGE HILL ROAD		Connections		1	-						
Towns Ser	rved: SOUTHBURY											
		Monito	oring Requ	ireme	nts							
Water Sy	stem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)									
	liform (3100)						1	rou		per quarter		
	pling Point (Sampling Point ID)		1		ng Period	Collect	ion Per	iod		iance Status		
Selec	ct from Inventory of Active Samp	oling Points		4/1/25 -						mplete		
				7/1/25 -					Co	mplete		
				4/1/26 -	6/30/26			_				
	oliform (3100)			0.4 months	an David	C-!!	ing D		•) per period		
_	pling Point (Sampling Point ID)	lina Dainta			ng Period	Collect	ion Per	ioa		iance Status Implete		
	ct from Inventory of Active Samp	oling Points										
	liform (3100) pling Point (Sampling Point ID)		3 temporary routine (TR) Monitoring Period Collection Period Compli									
_	ct from Inventory of Active Samp		11/1/25 - 11/30/25 Collection Period Com						unce Status			
	Parameters (PPS)	ning i onits	-	11/1/23	11/30/23		1	1 routine (RT) per quarter				
-	pling Point (Sampling Point ID)			Monitorii	ng Period	Collect	Collection Period Compliance Sta					
-	ct from Inventory of Active Samp	oling Points		4/1/25 -						mplete		
	, ,			7/1/25 -						mplete		
				4/1/26 -						·		
Water Sy	stem Facility: ENTRY POINT	(WSF ID: 00700)										
Nitrate A	And Nitrite (NOX)							1	routine (f	RT) per year		
Sam	pling Point (Sampling Point ID)		1	Monitorii	ng Period	Collect	ion Per	iod	Compl	iance Status		
ENTF	RY POINT (3)			1/1/24 - 1	12/31/24				Сс	mplete		
				1/1/25 - 1	12/31/25				Co	mplete		
				1/1/26 - 1	12/31/26							
Water Sy	stem Facility: WELL (WSF I	D: 22178)										
E. Coli (3014)						1 t	trigg	ered (TG) per period		
Sam	pling Point (Sampling Point ID)		1	Monitorii	ng Period	Collect	ion Per	iod	Compl	iance Status		
WELI	L (2)			10/1/25 -	10/7/25				Cc	mplete		
	Wate	r System Facili	ity and San	npling	Point Ir	vento	ry					
Water				_		Total	Lead o					
System	Water System Facility	Sampling Point		nt		Coliform			Aabast-	Stage		
Facility ID		ID 101	Description NONATING DATE		Status	Rule	Kule	ııer	Aspestos	WQP 2 DBP		
00600	DISTRIBUTION SYSTEM	101 102	WOMENS BAT		Α	Y Y						
		102	MENS BATHRO		A A	Υ Υ						
		OUTSIDE FAUCET A DISTRIBUTION SYSTEM A			Υ							
			HIN 5 SERVICE CON A									
		UPSTREAM	WITHIN 5 SER									
00700	ENTRY POINT	3	ENTRY POINT		A							
	::::: = ::::::::::::::::::::::::::::::											

Α

WELL

Schedule Generation Date: 12/12/2025

22178 WELL

2

	Water Quality Mo	TTLETOWN S.P./BEACH WELL ROAD NC 167 S GW Residential Commercial Industrial Combined Agricultural Connections 1										
PWS ID	PWS Name											
CT1300064	KETTLETOWN S.P./BEACH WELL				NC	167	S	GW				
Local Address	(where applicable)	Service	Residen	itial	Commercia							
1434 GEORGE	HILL ROAD	Connections			1							
Towns Served:	SOUTHBURY											

				Contact Inf	ormation					
Name				Organization	1			Job Title		
Mr. David Cooley				Deep-Engine	ering Unit		Supv Civil Engineer			
Mailing Address Lin	e One		Mailing	g Address Line Two			City	State	Zip Code	
163 Great Hill Road						Portland	ł	СТ	06480	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress			
860-342-2215		860-344-	2560	860-205-7552	860-424-3333	david.cc	oley@ct.go	V		
Contact Role(s): Le	gal Contact, C	Owner			<u>'</u>					
Name				Organization	1			Job Title		
Ms. Andrea M. Lan	e			State of CT D	еер					
Mailing Address Lin	e One		Mailing	g Address Line Two			City	State	Zip Code	
163 Great Hill Road						Portland	ł	СТ	06480	
Business Phone	Extension	Fax	•	Mobile Phone	Emergency Phone	Email Ad	ddress			
860-977-9739					860-424-3333	andrea.l	ane@ct.gov	,		
Contact Polo(s): A	dministrativa	Contact								

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

End of schedule

	Connecticut Dep Water Qu									ection	
PWS ID	PWS Name	ality Mo	intorning a	iiiu Coii						ner Tyne F	rimary Sour
CT1300074	KETTLETOWN S.P./CAMPG	ROUND WELL			Cias	NC	011 110	167	I OW	S	GW
	(where applicable)	THOOND WELL	Service	Residen	tial	Comm	ercial	Industi	rial	Combined	_
	FARMS ROAD		Connectio		ciai		croiai	maase			7.81.041.41
	I: SOUTHBURY										
		Mo	nitoring Re	auireme	nts						
Water Syste	m Facility: DISTRIBUTION			quirenie	1163						
Total Colifo	rm (3100)								1 ro	utine (RT)	per quarte
Samplin	g Point (Sampling Point ID)			Monitori	ng P	eriod	Coll	ection P	eriod	Compl	iance Status
Select fr	om Inventory of Active Sampli	ng Points		4/1/25 -	6/30	0/25				Out	of Service
				7/1/25 -	9/30	0/25				Out	of Service
				4/1/26 -	6/30	0/26					
Physical Pa	rameters (PPS)								1 ro	utine (RT)	per quarte
	g Point (Sampling Point ID)			Monitori			Coll	ection P	eriod		iance Status
Select fr	om Inventory of Active Sampli	ng Points		4/1/25 -							of Service
				7/1/25 -						Out	of Service
				4/1/26 -	6/30	0/26					
Water Syste	m Facility: ENTRY POINT	(WSF ID: 007	700)								
	Nitrite (NOX)									-	RT) per yea
	g Point (Sampling Point ID)			Monitori				ection P			iance Status
ENTRY P	OINT (3)			1/1/24 -		-		4/1-9/30			omplete
				1/1/25 -				4/1-9/30		Out	of Service
	Matar	System Es	acility and C	1/1/26 -				4/1-9/30)		
	vvater	System ra	acility and S	ampiing	PU	int in					
Water System W Facility ID	ater System Facility	Sampling P	oint Sampling l				Tota Colifor Rule	rm Co	d and oper • Tier	Asbestos	Stag WQP 2 DBI
	STRIBUTION SYSTEM	101		BATHROOM		<u>Status</u> A	Υ				
		102	MENS BAT			Α	Y				
		103	OUTSIDE F			Α	Υ				
		4	DISTRIBUT	ION SYSTEM		Α	Υ				
		DOWNSTRE	EAM WITHIN 5	SERVICE CON	١	Α					
		UPSTREA	M WITHIN 5	SERVICE CON	١	Α					
00700 EN	TRY POINT	3	ENTRY POI	NT		Α					
22179 W	ELL	2	WELL			Α					
60810 AT	MOSPHERIC STORAGE										
		(Contact Info	ormation							
Name			Organization							Job Title	
Mr. David Co	oley		Deep-Engine	ering Unit			9	Supv Civi	l Eng	ineer	
Mailing Addre		Mailing Ad	dress Line Two					City		State	Zip Code
163 Great Hil	Road					Por	tland			СТ	06480
Business Ph	one Extension Fa	ax N	Mobile Phone	Emergency	Pho	ne Em	ail Add	dress			
860-342-2	215 860-34	4-2560 8	360-205-7552	860-424-	3333	3 dav	/id.coo	ley@ct.	gov		
Contact Role(s): Legal Contact, Owner										

	Connectic	ut Depa	ii unent or	Public	пеани	ועו	IIIKIIIE	g water	Section	.1	
	Wa	ter Qua	lity Monit	oring a	nd Con	npl	iance S	Schedul	le		
PWS ID	PWS Name					Clas	sification	Population	Owner Type	e Pr	imary Source
CT1300074	KETTLETOWN S.	P./CAMPGR	OUND WELL				NC	167	S		GW
Local Address (w	here applicable)			Service Reside		tial	Commerci	al Industri	al Combir	ned	Agricultura
175 QUAKER FAI	RMS ROAD			Connection	10						
Towns Served: S	OUTHBURY								,		
Name			Or	ganization					Job Tit	de	
Ms. Andrea M. I	ane.		Sta	ate of CT De	ер						
Mailing Address	Line One		Mailing Address	Line Two				City	State	ž	Zip Code
163 Great Hill Ro	ad						Portlar	nd	СТ		06480
Business Phon	e Extension	Fax	Mobil	e Phone	Emergency	/ Pho	ne Email A	Address	,		
860-977-9739)				860-424-	-3333	3 andrea	.lane@ct.go	V		
Contact Polo(s):	Administrativo	Contact	· · · · · · · · · · · · · · · · · · ·				· ·				

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

End of schedule

	Connecticut Dep	artment of	Public H	ealth	Drink	ing W	/ater S	Secti	ion	
	•	ality Monit								
PWS ID	PWS Name	arrey Morrie	oring and	a don					Type Pr	rimary Source
CT1300164	SOUTH BRITAIN CONGREG	ATIONAL CHURCH	<u> </u>		NC		25	P	Турс	GW
	where applicable)		Service	Resident		nercial	Industrial	Con	nbined	
693 S BRITAIN			Connections			1				
Towns Served:										
		Monito	oring Requ	ireme	nts					
Water System	Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)							
Total Colifor	m (3100)						1 :	routin	e (RT)	per quarter
Sampling	Point (Sampling Point ID)		ı	Monitori	ng Period	Collec	tion Peri	od	Compli	ance Status
Select from	m Inventory of Active Sampli	ng Points		4/1/25 -	6/30/25				Со	mplete
				7/1/25 -	9/30/25				Со	mplete
					12/31/25				Со	mplete
				1/1/26 -						
				4/1/26 -	6/30/26					
-	meters (PPS)								• •	per quarter
	Point (Sampling Point ID)	.			ng Period	Collec	tion Peri	od		ance Status
Select from	m Inventory of Active Sampli	ng Points		4/1/25 -				mplete		
				7/1/25 -				mplete		
			-		12/31/25				Co	mplete
				1/1/26 -						
Water System	Facility: ENTRY POINT ((M/SE ID: 00700)		4/1/26 -	0/30/20					
-	•	(W3F ID. 00700)						1	tina /F	T) man waan
	Nitrite (NOX) Point (Sampling Point ID)			Monitori	ng Period	Colleg	tion Peri		_	RT) per year fance Status
ENTRY PO					12/31/24	Conec	tion rem			mplete
LIVIKITO	1141 (3)				12/31/25					mplete
					12/31/26					Прісте
Water System	r Facility: WELL (WSF ID:	22188)		1/1/20	12/31/20					
E. Coli (3014		22100,					1 .	routin	o (RT)	per quarter
~	Point (Sampling Point ID)			Monitori	ng Period	Collec	tion Peri			ance Status
WELL (2)	· ····· (camping · ······)		•	4/1/25 -						mplete
**=== (=)				7/1/25 -						mplete
					12/31/25					mplete
				1/1/26 -						1
				4/1/26 -						
	Water	System Facili	ty and Sar	npling	Point I	nvento	ory			
Water				. 3		Total	Lead a	nd		
System Wat	ter System Facility	Sampling Point		nt		Coliforn				Stage
Facility ID		ID	Description		Status	Rule	Rule T	ier Asi	bestos	WQP 2 DBPR
00600 DIST	TRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	Α	Υ				
		DOWNSTREAM								
		UPSTREAM	WITHIN 5 SER	VICE CON	l A					
00700 ENT	RY POINT	3	ENTRY POINT		Α					
22188 WEI	L	2	WELL		Α					

59203 TREATMENT PLANT

(Connectic Wat	•	rtment o				U			ion	
PWS ID P	WS Name					Clas	sification	Population (Owner 1	Гуре Pri	imary Source
CT1300164 S	OUTH BRITAIN	CONGREGAT	TIONAL CHUR	СН			NC	25	Р		GW
Local Address (wh	ere applicable)			Service	Resider	ntial	Commercia	Industria	l Con	nbined	Agricultural
693 S BRITAIN RD				Connection	ns		1				
Towns Served: SO	UTHBURY				'	'					
			Co	ntact Info	rmation	1					
Name				Organization					Job	Title	
Ms. Cathy Somers	ì			South Britain	Congregational C Chair of Property						
Mailing Address Li	ne One		Mailing Addre	ress Line Two				City		tate	Zip Code
Chair of Property			PO Box 64				Southb	ury		СТ	06487
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	y Pho	ne Email A	ddress			
203-264-5890							sbcc_se	cretary@yah	noo.com	1	
Contact Role(s):	Administrative (Contact									
Name				Organization					Job	Title	
Mr. Ken Bolin				South Britain	Congregation	onal C	2	Chair of Co	uncil		
Mailing Address Li	ne One		Mailing Addre	ess Line Two				City	St	tate	Zip Code
Chair of Church Council PO Box 64 Southbury CT 06487											

Contact Role(s): Legal Contact

Extension

Please note the following:

Business Phone

860-264-5890

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

Mobile Phone

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

Fax

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.

Emergency Phone Email Address

sbcc secretary@yahoo.com

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

End of schedule

	Co	onnectic	ut Depa	ırtment o	f Public	Health	Drir	nking '	Wa	ter S	Section	
				lity Moni				0				
PWS ID	PW	/S Name	cor qua	1109 1-10111	toring a							Primary Source
CT130017		D COUNTRY S	TORE DELI LI	LC			N		25		Р	GW
Local Add		e applicable)			Service	Resident	ial Co	mmercial	Ind	lustrial	Combine	d Agricultural
	H BRITAIN				Connection	ns					1	
Towns Sei	rved: SOU	THBURY										
				Monit	oring Red	guireme	nts					
Water Sy	stem Fac	ility: DISTR	IBUTION SY	YSTEM (WSF		1						
Total Co	liform (3	3100)								1 r	outine (RT	per quarter
Samj	pling Poin	t (Sampling P	oint ID)			Monitorii	ng Perio	od Col	lectio	n Perio	d Comp	liance Status
Selec	ct from Inv	entory of Acti	ve Sampling	Points		4/1/25 -	6/30/2	5			C	omplete
						7/1/25 -	9/30/2	5			C	omplete
						10/1/25 -	12/31/	25				
						1/1/26 -	3/31/2	6				
						4/1/26 -	6/30/2	6				
-		ers (PPS)										per quarter
_		t (Sampling P		- · ·		Monitorii	_		lectio	n Perio		liance Status
Selec	ct from Inv	entory of Acti	ve Sampling	Points		4/1/25 -						omplete
						7/1/25 -					C	omplete
						10/1/25 -						
						1/1/26 -						
\A/=+== C.		Han FAITO	/ DOINT /M	VCE ID: 00700	١	4/1/26 -	6/30/2	6				
		•	r POINT (W	VSF ID: 00700)							
	And Nitri	• •										RT) per year
_	_	t (Sampling P	oint ID)			Monitorii			lectio	n Perio		liance Status
ENIF	RY POINT (3)				1/1/24 - 1						omplete
						1/1/25 - 1					C	omplete
						1/1/26 - 1				_		
			Water Sy	ystem Faci	lity and S	ampling	Point	t Inven				
Water	14/			Communities of Desired		No. to a		Toto		Lead an		-
System Facility ID	-	stem Facility		Sampling Point ID	Sampling P Description			Colifo tus Rul		Coppe		Stage S WQP 2 DBPR
00600		ITION SYSTEM	1	4		ON SYSTEM	Sta P	LUS	-	Nuie III	er Asbestos	WQF Z DDFK
00000	טואונטט	TION STSTEIN		DOWNSTREAM								
				OCS001	HAND SINK		Α				Υ	
				OCS001		RIGHT BACK					Y	
				OCS003	TRIPLE SINK		` ,				Y	
				OCS004	GENERIC RI		, A				Y	
				UPSTREAM		ERVICE CON					·	
00700	ENTRY PO	DINT		3	ENTRY POI		Α					
22189	WELL			2	WELL		Α					
					ntact Info	rmation						
Name)rganization						Job Title	
Mr. Koco	Pela				old Country St	tore Deli. LI (Own	er	200 1100	
	ddress Line	e One		Mailing Addres		,	-		City		State	Zip Code
	n Britain Ro			3				Southbui		•	CT	06488
	s Phone	Extension	Fax	Mob	ile Phone	Emergency	Phone			;	1	-
	4-3045	-			-			koconela			not	

	domined to be par among of rabine from the firming water because											
	Water Quality Mo	nitoring an	d Con	npl	liance S	Schedul	le					
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source				
CT1300174	OLD COUNTRY STORE DELI LLC				NC	25	Р	GW				
Local Address	(where applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural				
667 SOUTH BE	RITAIN ROAD	Connections					1					
Towns Served:	: SOUTHBURY											
203 204 30			203 220	J 1 1	o kocope	.ia@sbcEiob	umet					

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.

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

End of schedule

C	onnectio	•		of Public						ection	
PWS ID P	WS Name	itei Quai	ity Mon	itoring a	illu Coll					mor Tuno	Drimany Cauras
	OUTHFORD CO	DNED IIC					ICation	Populai 47	tion Ow	P	Primary Source GW
Local Address (who				Service	Residen		mmercia		ustrial	Combined	_
1455 SOUTHFORD				Connectio		tiai Co		II IIIu	ustriai	Combined	Agricultural
				Comiccio	7113		1				
Towns Served: SO	JINBUKY				•	_					
Water System Fa	cility: DISTF	RIBUTION SY		itoring Re F ID: 00600)	quireme	nts					
Total Coliform	3100)								1 ro	utine (RT)	per quarter
Sampling Poi	nt (Sampling F	Point ID)			Monitori	ng Peri	od Co	llection	n Period	l Comp	liance Status
Select from Ir	ventory of Act	ive Sampling	Points		4/1/25 -	6/30/2	<u>2</u> 5			C	omplete
					7/1/25 -	9/30/2	25			C	omplete
					10/1/25 -	12/31/	′ 25			C	omplete
					1/1/26 -						
					4/1/26 -	6/30/2	26				
Physical Parame	eters (PPS)								1 ro	utine (RT)	per quarter
-	nt (Sampling F	Point ID)			Monitori	ng Peri	od Co	llection	n Period	• •	liance Status
Select from Ir	ventory of Act	ive Sampling	Points		4/1/25 -	6/30/2	25			C	omplete
					7/1/25 -	9/30/2	25			C	omplete
					10/1/25 -	12/31/	/25			С	omplete
					1/1/26 -						·
					4/1/26 -						
Water System Fa	cility: ENTR	Y POINT (W	SF ID: 0070	0)		· ·					
Nitrate And Niti	•	•		- ,					1	routine (RT) per year
	nt (Sampling F	Point ID)			Monitori	na Peri	od Co	llection	n Period	-	liance Status
ENTRY POINT		·············			1/1/24 -						omplete
Ziviivi i Giivi	(3)				1/1/25 -						omplete
					1/1/26 -						ompiete
		Motor C.	otom For	ilita and C				-t			
		water sy	stem Fac	cility and S	sampling	Poin					
Water				!!					ead and	1	-
System Water S Facility ID	System Facility	, s	ampiing Pol ID	nt Sampling Descriptio			0.		Copper	r Achaetae	Stage WQP 2 DBPR
	LITIONI CVCTEN	A		-			itus		vuie Tie	ASDESIUS	WQF 2 DBFK
00600 DISTRIB	UTION SYSTEN		4		TON SYSTEM		-	Y			
				M WITHIN 5			Α				
00700 FNTDV	CONT		UPSTREAM		SERVICE CON		Α				
00700 ENTRY	ZOIN I		3	ENTRY PO	IIN I		Α				
22196 WELL			2	WELL			Α				
			Co	ontact Info	ormation						
Name				Organization						Job Title	
Mr. Christos Goga	S							Owne	er		
Mailing Address Li	ne One		Mailing Addr	ess Line Two				City		State	Zip Code
77 Hidden Brook D	r						Southbu	ıry		СТ	06488
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	Phone	Email A	ddress		1	
203-560-9591							cgogas@	aol.co	m		

Schedule Generation Date: 12/12/2025

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

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

					_ I			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT1300284	SOUTHFORD CORNER,	LLC			NC	47	Р	GW
Local Address (where applicable)		Service	Residen	ntial Commerc	ial Industri	ial Combin	ed Agricultural
1455 SOUTHFO	RD ROAD		Connections		1			

Towns Served: SOUTHBURY 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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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Dej	partment of	Public H	lealth I	Orinki	ing W	ater Se	ection	
	Water Qu	iality Monit	oring an	d Comp	olianc	e Sch	edule		
PWS ID	PWS Name			С	lassificati	on Pop	ulation Ow	ner Type Pr	imary Source
CT1300384	SPLASH CAR WASH				NC		25	Р	GW
Local Address (\	where applicable)		Service	Residentia	I Comm	ercial I	ndustrial	Combined	Agricultural
53 BULLET HILL	ROAD		Connections		2				
Towns Served: S	SOUTHBURY								
		Monito	oring Requ	iiremen	ts				
Water System	Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)						
Total Coliforn							1 ro		per quarter
	Point (Sampling Point ID)			Monitoring		Collec	tion Period		ance Status
Select fron	n Inventory of Active Sampl	ing Points		4/1/25 - 6,					mplete
				7/1/25 - 9,				Со	mplete
				10/1/25 - 1					
				1/1/26 - 3,	-				
	. (===)			4/1/26 - 6,	/30/26			()	_
Physical Para	•			0.0 te t	. Davis d	6-11			per quarter
	Point (Sampling Point ID)	ing Doints		Monitoring		Collec	tion Period		mplete
Select from	n Inventory of Active Sampl	ing Points		4/1/25 - 6, 7/1/25 - 9,					mplete
				7/1/25 - 9/ 10/1/25 - 1:				CO	Implete
				1/1/26 - 3,					
				4/1/26 - 6					
Water System	Facility: ENTRY POINT	- CAR WASH (WS	SF ID: 00701)	4/1/20 0/	30/20				
Nitrate And N	,	G/111 1071011 (111					1	routine (R	T) per year
	Point (Sampling Point ID)			Monitoring	. Period	Collec	tion Period	· -	ance Status
EP - CAR W				1/1/24 - 12				- 	mplete
				1/1/25 - 12					mplete
				1/1/26 - 12					'
Water System	Facility: WELL 2 (CAR V	VASH)	(WSF ID: 5						
E. Coli (3014)		- ,					1 ro	utine (RT)	per quarter
-	Point (Sampling Point ID)			Monitoring	Period	Collec	tion Period		ance Status
	AR WASH) (2)			4/1/25 - 6,	/30/25				mplete
				7/1/25 - 9,	/30/25			Со	mplete
				10/1/25 - 1	2/31/25				
				1/1/26 - 3,	/31/26				
				4/1/26 - 6,	/30/26				
		Other Co	ompliance	Schedu	les				
Compliance Sch	nedule Activity			Du	e Date		Achieved	Date	
RESPOND TO SA	ANITARY SURVEY			4/1	.7/2025				
CROSS CONNEC	TION SURVEY REPORT			3/	1/2026				
	Water	System Facili	ty and Sar	mpling P	oint Ir	vento	ry		
Water						Total	Lead and		
*	er System Facility	Sampling Point		nt		Coliform			Stage
Facility ID		ID	Description		Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ			
		DOWNSTREAM			Α				
		SCW001	CAR WASH RF	RLOBBY	Α	Υ		Υ	

Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name			Class	ification	Population	Owner Type	Primary Source	4			
CT1300384	SPLASH CAR WASH				NC	25	Р	GW				
Local Address (where applicable) Service Residential Commercial Industrial Combined									Ī			

Connections

Connecticut Department of Public Health Drinking Water Section

Towns Served: SOUTHBURY

53 BULLET HILL ROAD

	Wate	er System Facili	ity and Sampling P	oint Ir	nvento	ry
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Stage Rule Tier Asbestos WQP 2 DBPR
		SCW002	CAR WASH GARAGE RR	Α	Υ	Υ
		SCW003	CAR WASH OFFICE RR	Α	Υ	Υ
		SCW004	DETAIL LOBBY RR	Α	Υ	Υ
		SCW005	DETAIL APT 1 KIT	Α	Υ	Υ
		SCW006	DETAIL APT 1 RR	Α	Υ	Υ
		SCW007	DETAIL APT 2 KIT	Α	Υ	Υ
		SCW008	DETAIL APT 2 RR	Α	Υ	Υ
		SCW009	CAR DETAIL SHOP	Α	Υ	
		SCW010	CAR WASH	Α	Υ	
		UPSTREAM	WITHIN 5 SERVICE CON	Α		
		UPSTREAM CW	CWRRLOBBY - CAR WASH	Α	Υ	
00701	ENTRY POINT - CAR WASH	3	EP - CAR WASH	Α		
58855	WELL 2 (CAR WASH)	2	WELL 2 (CAR WASH)	Α		
58859	TREATMENT PLANT					

				Contact Inf	ormation				
Name			1			Job Title			
Mr. Bill Cummings		alty		Owner					
Mailing Address Line	e One		Mailing Address Line Two				City	State	Zip Code
111 Pomperaug Tra	il					Southbu	ry	СТ	06488
Business Phone	Extension	Emergency Phone	Email Ad	ldress					
203-592-7002						bc111@	att.net		

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

End of schedule

	Co	onnectic	•						_			ection	
			ter Qua	lity Mor	ntoring								
PWS ID CT1301124		/S Name RIST THE SAVI	OR ORTHOI	OOX CHURCH			Cla	ssificat NC	ion Po	opula 150		ner Type P	Primary Source GW
Local Addr	ess (whe	re applicable)			Service	Resi	dential	Comm	nercial	Indi	ustrial	Combined	d Agricultura
1070 ROXE	BURY ROA	۸D			Connect	ions		1	1				
Towns Ser	ved: SOU	THBURY											
				Mon	itoring R	equirer	nents	5					
Water Sys	stem Fac	ility: DISTR	IBUTION S'	YSTEM (WS	F ID: 00600)							
Total Col	=	3100) t (Sampling Po	oint ID)			Moni	toring F	Period	Coll	ectio	1 ro n Period		per quarter
_		entory of Acti		Points			25 - 6/3						omplete
		,	1 0				25 - 9/3						omplete
							25 - 12/						omplete
							26 - 3/3						
							26 - 6/3						
Physical	Paramet	ers (PPS)									1 ro	utine (RT)	per quarter
Samp	ling Poin	t (Sampling Po	oint ID)			Moni	toring F	Period	Coll	ectio	n Period	l Comp	liance Status
Select	t from Inv	entory of Acti	ve Sampling	Points		4/1/	25 - 6/3	0/25				С	omplete
						7/1/	25 - 9/3	0/25				C	omplete
						10/1/	25 - 12/	31/25				С	omplete
						1/1/	26 - 3/3	1/26					
						4/1/	26 - 6/3	0/26					
Water Sys	stem Fac	cility: ENTRY	POINT (V	VSF ID: 0070	00)								
Nitrate A	nd Nitri	te (NOX)									1	l routine (RT) per year
Samp	ling Poin	t (Sampling Po	oint ID)			Moni	toring F	Period	Coll	ectio	n Period	Comp	liance Status
ENTR	Y POINT (3)				1/1/2	24 - 12/3	31/24				С	omplete
						1/1/2	25 - 12/3	31/25				С	omplete
						1/1/2	26 - 12/3	31/26					
			Water S	ystem Fa	cility and	Sampli	ng Po	int Ir	nven	tory	,		
Water									Tota	ıl L	ead and	1	
System	-	stem Facility		Sampling Po		•			Colifo		Copper		Stage
Facility ID				ID	Descripti			Status		e I	Rule Tie	r Asbestos	WQP 2 DBPI
00600	DISTRIBU	JTION SYSTEM		4	DISTRIBU			Α	Υ				
				DOWNSTREA				A					
				UPSTREAM		SERVICE (CON	Α .					
	ENTRY P	OINT		3	ENTRY P	TAIC		Α					
48941	WELL 1			2	WELL 1			Α					
				C	ontact In	formati	on						
Name					Organizatio							Job Title	
Mr. Rev. V				T	Christ The S		odox Cł	าน					
Mailing Ad				Mailing Add	ress Line Two)				City		State	Zip Code
1070 Roxb					1.11 =1		=:		uthbur			СТ	06798
Business		Extension	Fax	M	obile Phone	Emerge			nail Add	dress			
203-267						203-2	67-133	υ					
Contact Ro	ole(s): Le	gal Contact, C)wner										

	Connectic	ut Depa	i unent or	Fublic !	Health	ווע	HKIIIE	s vvaler	360	uon	
	Wat	ter Qua	lity Monite	oring ar	nd Con	nplia	ance S	Schedul	le		
PWS ID	PWS Name					Classi	fication	Population	Owne	r Type	Primary Source
CT1301124	CHRIST THE SAVI	OR ORTHOD	OOX CHURCH			I	NC	150		Р	GW
ocal Address (w	here applicable)			Service	Residen	tial C	ommerci	al Industri	al Combine		ed Agricultural
1070 ROXBURY R	OAD			Connections	S		1				
Γowns Served: S0	OUTHBURY				·				·		·
Name			Org	ganization					J	ob Title	9
Mr. Moses Locke			Chi	rist The Savio	or Orthodo	x Chu					
Mailing Address	Line One		Mailing Address	Line Two				City		State	Zip Code
1070 Roxbury Ro	ad						Southb	ury		CT	06798
Business Phone	e Extension	Fax	Mobil	e Phone I	Emergency	Phone	e Email A	Address			
			603-83	32-6791			Frmose	slocke@gm	ail.con	n	
Contact Role(s):	Administrative (Contact									

Please note the following:

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End of schedule

	Connecticut Department				_			
	Water Quality Mo	mtoring an						
PWS ID	PWS Name		Cla		n Pc	-		Primary Source
CT1301144	CHURCH OF LATTER DAY SAINTS, SOUTH			NC		121	Р	GW
-	where applicable)	Service Connections	Residential		cial	Industria	Combine	ed Agricultural
1021 ROXBURY		connections		1				
Towns Served: :					-			
		nitoring Requ	uirements	3				
,	Facility: WELL #1 (WSF ID: 00501)							- 1
E. Coli (3014)	•				- "			G) per period
	Point (Sampling Point ID)		Monitoring F		Coll	ection Peri		pliance Status
WELL #1W	• •	SE ID 20500)	7/15/25 - 7/2	21/25				Complete
-	Facility: DISTRIBUTION SYSTEM (W	SF ID: 00600)						-
Total Coliforn					- "		=	「) per quarter
	Point (Sampling Point ID)		Monitoring F		Coll	ection Peri		pliance Status
Select from	n Inventory of Active Sampling Points		4/1/25 - 6/3					Complete
			7/1/25 - 7/3	-				Complete
			10/1/25 - 12/					Complete
			1/1/26 - 3/3					
Total Californ	~ (2100)		4/1/26 - 6/3	0/26			2 vanaat (D	D) nor noried
Total Coliforn	n (3100) Point (Sampling Point ID)		Monitoring F	Period	Call	ection Peri	•	P) per period pliance Status
	n Inventory of Active Sampling Points		7/16/25 - 7/2		COIII	ection Pen		Complete
Total Coliforn	<u> </u>		7/10/23 - 7/2	21/23	2 +	omnorary		R) per month
	Point (Sampling Point ID)		Monitoring F	Period		ection Peri	- '	pliance Status
	n Inventory of Active Sampling Points		8/1/25 - 8/3		Com	cetion i en		Complete
	meters (PPS)		0/1/23 0/3	1,23		1		() per quarter
-	Point (Sampling Point ID)		Monitoring F	Period	Coll	ection Peri		pliance Status
	m Inventory of Active Sampling Points		4/1/25 - 6/3					Complete
	, , ,		7/1/25 - 9/3					Complete
			10/1/25 - 12/					 Complete
			1/1/26 - 3/3					•
			4/1/26 - 6/3					
Water System	Facility: ENTRY POINT (WSF ID: 007	'00)						
Nitrate And N	Nitrite (NOX)						1 routine	(RT) per year
Sampling	Point (Sampling Point ID)		Monitoring F	Period	Coll	ection Peri	od Com	pliance Status
ENTRY POI	INT (3)		1/1/24 - 12/3	31/24				Complete
			1/1/25 - 12/3	31/25				Complete
			1/1/26 - 12/3	31/26				
	Othe	r Compliance	Schedule	es				
Compliance Sch	nedule Activity		Due	Date		Achiev	ed Date	
CROSS CONNEC	CTION SURVEY REPORT			2021				
	CTION SURVEY REPORT			2022				
	CTION SURVEY REPORT			2023				
	CTION SURVEY REPORT			2024				
	CTION SURVEY REPORT			2025				
	T (MULTIPLE TC+)			/2025				
CROSS CONNEC	CTION SURVEY REPORT		3/1/	2026				

Page 20

	Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source					
CT1301144	CHURCH OF LATTER DAY SAINTS, SOUTHBUR		NC		121	Р	GW						
Local Address (where applicable)	Service	Residen	ntial Commerc		al Industri	al Combine	ed Agricultural					
1021 ROXBURY	Connections			1									

Towns Served: SOUTHBURY

	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	WQP	Stage 2 DBPR					
00501	WELL #1	2	WELL #1W	Α										
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α										
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α										
		UPSTREAM	WITHIN 5 SERVICE CON	Α										
00700	ENTRY POINT	3	ENTRY POINT	Α										
59491	HYDROPNEUMATIC TANK													

				Contact Inf	formation						
Name				Organization	า			Job Title			
Ms. Christine Spen	cer	Church of Je	sus Christ of Lds		Hartford Ac	lmin Asst					
Mailing Address Lin	e One	ddress Line Two			City	State	Zip Code				
130 South St					Cromwell			06516			
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress				
959-230-1116	2	860-835-	4036			spencer	ca@churcho	fjesuschrist.d	org		
Contact Role(s): A	dministrative (Contact									
Name				Organization	า			Job Title			
Mr. Andrew Beech	er			Chuch of Jes	Chuch of Jesus Christ of Lds			Drinking Water			
Mailing Address Lin	e One		Mailing A	ddress Line Two					Zip Code		

Salt Lake City

Emergency Phone Email Address

435-230-9658

Contact Role(s): Legal Contact, Owner

Extension

Please note the following:

50 E North Temple St

Business Phone

801-240-1693

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

Attn: Andrew Beecher 12Th Floor

Mobile Phone

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

Fax

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

84150

UT

drinkingwater@churchofjesuschrist.org

	0		'D III I	1.1	D	. 1 .	TAI				
	Connecticut Dep								ection		
	Water Qua	ality Monit	oring and	d Com	ıpli	ianc	e Sch	edule			
PWS ID	PWS Name				Clas	sificati	on Popu	ulation O	wner Type	Primary	/ Source
CT1301154	WHEELS STORE NO. 14					NC		25	Р	G	W
Local Address (v	where applicable)		Service	Residen	tial	Comm	ercial I	ndustrial	Combine	d Agri	cultural
1411 SOUTHFO	RD RD		Connections						1		
Towns Served: S	SOUTHBURY										
		Monito	oring Requ	ireme	nts						
Water System	Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)								
Total Coliforn	n (3100)							1 rc	outine (RT) per q	uarter
Sampling I	Point (Sampling Point ID)			Monitori	ng Pe	eriod	Collect	tion Perio	d Comp	liance :	Status
Select from	n Inventory of Active Samplin	ng Points		4/1/25 -	6/30)/25			(Complet	:e
				7/1/25 -	9/30)/25				Complet	:e
				10/1/25 -	12/3	31/25			(Complet	:e
				1/1/26 -	3/31	/26					
				4/1/26 -	6/30)/26					
Physical Para	meters (PPS)							1 rc	outine (RT) per q	uarter
Sampling I	Point (Sampling Point ID)			Monitori	ng Pe	eriod	Collect	tion Perio	d Comp	liance :	Status
Select fron	n Inventory of Active Samplin	ng Points		4/1/25 -	6/30)/25			(Complet	:e
				7/1/25 -	9/30)/25			(Complet	:e
			-	10/1/25 -	12/3	31/25			(Complet	:e
				1/1/26 -	3/31	./26					
				4/1/26 -	6/30)/26					
Water System	Facility: ENTRY POINT (WSF ID: 00700)									
Nitrate And N	litrite (NOX)								1 routine	(RT) pe	er year
Sampling I	Point (Sampling Point ID)			Monitori	ng Pe	eriod	Collect	tion Perio	d Comp	liance .	Status _
ENTRY POI	NT (3)			1/1/24 -	12/3	1/24				Complet	:e
				1/1/25 -	12/3	1/25			(Complet	:e
				1/1/26 -	12/3	1/26					
	Water 9	System Facili	ity and Sar	npling	Poi	int In	vento	ry			
Water							Total	Lead an	d		
System Wate	er System Facility	Sampling Point		nt			Coliform	Coppei			Stage
Facility ID		ID	Description		5	Status	Rule	Rule Tie	er Asbesto	s WQP	2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM		Α	Υ				
		CSS1	COFFEE ISLAN	D SINK		Α	Υ		Υ		
		DOWNSTREAM	WITHIN 5 SER	VICE CON	1	Α					
		ES1B	WASH SINK 1			Α	Υ		Υ		
		ES2B	WASH SINK 2			Α	Υ		Υ		
		FS1A	TAP BY WATE			Α	Υ		Υ		
		LR1		MENS ROOM SINK A Y				Υ			
		MB1	MENS ROOM			Α	Υ		Υ		
		UPSTREAM	WITHIN 5 SER		١	Α					
		WS2B	KITCHEN WAS	H SINK		Α	Υ		Υ		
00700 ENTF	RY POINT	3	ENTRY POINT			Α					

WELL #1

2

60926 WELL 1

Schedule Generation Date: 12/12/2025 Page 22

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	Connecticut Department of Fublic Health Drinking Water Section												
	Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Prima	ary Source				
CT1301154	WHEELS STORE NO. 14				NC	25	Р		GW				
Local Address (v	vhere applicable)	Service	Residen	dential Commer		al Industri	al Combine	ed A	gricultural				
1411 SOUTHFOR	RD RD	Connections					1						
Towns Served: S	SOUTHBURY												
	(Contact Infor	mation	1									
Name	Name Organization Job Title												
Mr. Jeff McCullo	ough	Global Partners,	Global Partners, Lp			Env. Project Manager							

				•					
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	dress		
781-250-7369						jeff.mccı	ıllough@globa	lp.com	
Contact Role(s): Le	egal Contact								
Name				Organization				Job Title	!
Mr. Jim Colman				Apex Compai	nies, LLC		Enviro Project	Mnger	
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
628 Hebron Ave, St	e 303					Glastonb	oury	СТ	06033
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ad	dress		
860-282-1700						jim.colm	an@apexcos.c	om	
Contact Role(s): A	dministrative Co	ntact	·						

Contact Role(s): Administrative Contact

Please note the following:

Mailing Address Line One

P.O. Box 549290

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

Mailing Address Line Two

800 South Street, Suite 500

- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related 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

State

MA

Waltham

Zip Code

02453

	Connecticut De	nartment of	F Public H	lealth	Drink	zing V	Vater	٠ ٢٥	ction			
		uality Monit							Ction			
PWS ID	PWS Name	<u> </u>			Classifica	ation Po	pulation	ulation Owner Type Primary So				
CT1301164	CALVARY FELLOWSHIP SO	OUTHBURY			NC		540		P	G۷		
	where applicable)		Service	Resident		mercial	Industr	ial	Combined		cultural	
	VN RD, SOUTHBURY		Connections	resident		mereiai	maasti		1	7 1811	Januaran	
Towns Served:	<u> </u>											
TOWIIS SELVEG.	300111001(1			•								
Water System	Facility: DISTRIBUTION		oring Requ D: 00600)	iiremer	nts							
Total Colifor	•	•	•		1 rou	utine (RT) per quarter						
	Point (Sampling Point ID)			Monitorir	na Period	l Colle	ection Pe		Compli			
	n Inventory of Active Samp	ling Points		4/1/25 -	_	Conc	.ccioii i c	1100		mplet		
Select II OI	in inventory of Active Samp	iiig Foiits								mplet		
				7/1/25 - 1		-						
				10/1/25 -		•			Co	mplet	=	
				1/1/26 -								
				4/1/26 -	6/30/26							
•	meters (PPS)								itine (RT)			
	Point (Sampling Point ID)			Monitorin		l Colle	ection Pe	riod		Compliance Status		
Select from	m Inventory of Active Samp	ling Points		4/1/25 -						mplet		
				7/1/25 -						mplet		
			:	10/1/25 -	12/31/25	5			Сс	mplet	9	
				1/1/26 -	3/31/26							
				4/1/26 -	6/30/26							
Water System	Facility: ENTRY POINT	(WSF ID: 00700)										
Nitrate And I	Nitrite (NOX)							1	routine (F	RT) pe	r year	
Sampling	Point (Sampling Point ID)			Monitoring Period Collection Period					Compli		-	
ENTRY PO	INT (3)		_	1/1/24 - 12/31/24					Co	mplet		
	. ,		1/1/25 - 12/31/25									
				1/1/26 - 1								
		Other C	ompliance									
		Other C	omphance									
Compliance Sci					Due Date		Achie	eved I	Date			
CROSS CONNEC	CTION SURVEY REPORT				/1/2025							
	Water	r System Facili	ity and Sar	mpling	Point	Invent	ory					
Water						Tota	l Lead	and				
System Wat	er System Facility	Sampling Point		nt		Colifor	т Сор	per			Stage	
Facility ID		ID	Description		Statu	_{is} Rule	Rule	Tier	Asbestos	WQP	2 DBPR	
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Α							
		CFS001	CAFE SINK		Α	Υ						
		CFS002	LADIES RR L, F	₹	Α	Υ						
		CFS003	MEN RR L,R		Α	Υ						
		CFS004	,			Υ						
		CFS005	CHILDRENS BO	OYS SINK	Α	Υ						
		CFS006	CHILDRENS GIRLS SINK A			Υ						
		CFS007	JANITOR CLOSET SINK			Υ						
		DOWNSTREAM				Υ						
		UPSTREAM	WITHIN 5 SER			Y						
00700 ENT	RY POINT	3	ENTRY POINT		A	•						
COTOC LIVI		J	-IVIIVI I OIIVI									

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WELL 1

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62329 WELL 1

	Connecticut Department of Public Health Drinking Water Section												
	Wa	ter Qua	lity Mon	itoring a	nd Con	npli	iance S	chedul	e				
PWS ID	PWS Name					Clas	sification F	opulation	Own	er Type	Primary Source		
CT1301164	CALVARY FELLO	WSHIP SOUT	THBURY				NC	540		Р	GW		
Local Address (w	here applicable)			Service	Residential		Commercia	Industrial		Combine	d Agricultural		
354 KETTLETOW	N RD, SOUTHBU	RY		Connectio	ns					1			
Towns Served: So	owns Served: SOUTHBURY												
Contact Information													
Name				Organization						Job Title	<u> </u>		
Mr. John Eastwo	od			Calvary Southbury				Lead Pastor					
Mailing Address	Line One		Mailing Addr	ess Line Two				City			Zip Code		
134 Main St. Sou	th						Southbu	ry		СТ	06488		
Business Phone	e Extension	Fax	Мо	obile Phone	Emergency	/ Pho	ne Email Ad	ldress					
203-267-5441					203-267	-5441	. john@ca	alvarysouth	bury	.com			
Contact Role(s):	Owner												
Name	Name					Organization				Job Title			
Pastor Mark W.	Calvary Fellowship Southbury				Pastor of Outreach								

Contact Role(s): Administrative Contact

Extension

Please note the following:

Mailing Address Line One

354 Kettletown Rd.

Business Phone

203-267-5441

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

Mailing Address Line Two

Mobile Phone

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

Fax

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

Zip Code

06488

State

CT

City

mark@calvarysouthbury.com

Southbury

Emergency Phone Email Address