

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT1310024	HOLLYWOOD LOUNGE			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
1104 QUEEN STREET			Connections		2			
Towns Served: SOUTHTON								

Monitoring Requirements

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

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		

Physical Parameters (PPS)		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		

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

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		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	4/30/2023	

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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	
CT1310024	HOLLYWOOD LOUNGE			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
1104 QUEEN STREET			Connections		2			
Towns Served: SOUTHTON								

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				
22201	WELL	2	WELL	A				

Contact Information

Name				Organization			Job Title		
Mr. Andrew Wielblad				Hollywood Lounge			Owner		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
P.O. Box 38						Kensington		CT	06037
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone	Email Address	
860-828-5522			860-828-7773				860-983-0475	andywielblad@icloud.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
CT1310064	NATRA PROPERTIES, LLC			NC	40	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
1244 MERIDEN AVE		Connections		1			
Towns Served: SOUTHTON							

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
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Total Coliform (3100) 3 repeat (RP) per period

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	9/4/25 - 9/9/25		Complete

Total Coliform (3100) 3 temporary routine (TR) per month

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/25 - 10/31/25		

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: WELL (WSF ID: 22205)

E. Coli (3014) 1 triggered (TG) per period

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	9/3/25 - 9/9/25		Complete

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Physical Parameters M&R Violation	10/1/24 - 12/31/24	3	2/3/2026		2/13/2026	
Total Coliform M&R Violation	10/1/24 - 12/31/24	3	2/3/2026		2/13/2026	
Physical Parameters M&R Violation	4/1/25 - 6/30/25	3	11/7/2026		11/17/2026	
Total Coliform M&R Violation	4/1/25 - 6/30/25	3	11/7/2026		11/17/2026	
Total Coliform M&R Violation	10/1/25 - 10/31/25	3	1/21/2027		1/31/2027	

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	Stage WQP 2 DBPR
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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
CT1310064	NATRA PROPERTIES, LLC			NC	40	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
1244 MERIDEN AVE		Connections		1			
Towns Served: SOUTHTON							

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	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
22205	WELL	2	WELL	A				

Contact Information

Name				Organization			Job Title		
Ms. Norine Derocco				Natra Properties, LLC.					
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
1244 Meriden Ave.						Southington		CT	06489
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-620-2383					anigedaj1@gmail.com				

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

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<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	
CT1310154	RIVER BEND PLAZA			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
1079 QUEEN STREET			Connections		1			
Towns Served: SOUTHTON								

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	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				
22214	WELL	2	WELL	A				

Contact Information

Name				Organization		Job Title		
Mr. James N. Sakonchick				River Bend Plaza		Partner/Owner		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
1755 Route 322			P.O. Box 353			Milldale	CT	06467
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-621-3638	102	860-621-9609		860-621-3112	sakonchick@kratzertjones.com			
Contact Role(s): Administrative 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
CT1310154	RIVER BEND PLAZA			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1079 QUEEN STREET				1			

Towns Served: SOUTHTON

Name		Organization			Job Title		
River Bend Assoc. LI							
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
P. O. Box 353					Milldale	CT	06467-0353
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		

Contact Role(s): **Owner**

Name		Organization			Job Title		
Mr. Frederick M Danziger		River Bend Assoc LI			President		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
One Rockefeller Plaza		Suite 2301			New York	NY	10020
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		

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

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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
CT1310164	ROGERS ORCHARDS			NC	43	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
368 LONG BOTTOM ROAD		Connections		2			
Towns Served: SOUTHTON							

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
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	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22215	WELL	2	WELL	A				

Contact Information

Name				Organization			Job Title		
Ms. Martha H Rogers									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
336 Long Bottom Rd						Southington		CT	06489-1351
Business Phone		Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
Contact Role(s): Legal Contact, Owner									

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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
CT1310164	ROGERS ORCHARDS	NC	43	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
368 LONG BOTTOM ROAD			2		
Towns Served: SOUTHTON					
Name		Organization		Job Title	
Mr. Greg Parzych		Rogers Orchards, Inc.		Co. President	
Mailing Address Line One		Mailing Address Line Two		City	State
336 Long Bottom Road				Southington	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-229-2005				617-515-4546	greg@rogersorchards.com
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

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<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
CT1310174	SAINTS DRIVE-IN RESTAURANT			NC	25	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
1248 QUEEN STREET		Connections		1			
Towns Served: SOUTHTON							

Monitoring Requirements

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

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		
	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	
<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		
	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	
<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		
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Physical Parameters M&R Violation	4/1/22 - 6/30/22	3	12/21/2023		12/31/2023	
Total Coliform M&R Violation	4/1/22 - 6/30/22	3	12/21/2023		12/31/2023	
Physical Parameters M&R Violation	1/1/22 - 3/31/22	3	12/21/2023		12/31/2023	
Nitrate And Nitrite M&R Violation	1/1/23 - 12/31/23	3	3/21/2025		3/31/2025	
E. Coli M&R Violation	7/3/24 -	3	10/15/2025		10/25/2025	
Total Coliform M&R Violation	7/1/24 - 7/31/24	3	10/15/2025		10/25/2025	
Total Coliform M&R Violation	7/1/25 - 9/30/25	3	1/5/2027		1/15/2027	
Physical Parameters M&R Violation	7/1/25 - 9/30/25	3	1/5/2027		1/15/2027	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
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				
22216	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	
CT1310174	SAINTS DRIVE-IN RESTAURANT			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
1248 QUEEN STREET			Connections		1			
Towns Served: SOUTHTON								

Contact Information

Name				Organization		Job Title	
Mr. John F. St. Pierre				Saints Drive In Restaurant		Owner	
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
1248 Queen St.					Southington	CT	06489
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-747-0566				860-585-7403	jsaint61@gmail.com		

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

Name				Organization		Job Title	
Saint's Realty LLC							
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
1248 Queen St					Southington	CT	06489
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		

Contact Role(s): **Owner**

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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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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT1310224	GOLF QUEST - SOUTHTON			NC	28	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
JUDE LANE			Connections		1			
Towns Served: SOUTHTON								

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		
	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		
	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	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				
22742	WELL	2	WELL	A				

Contact Information

Name				Organization		Job Title		
Mr. Chris Cote				Chris Cote Golf		Owner		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
125 Jude Lane						Southington	CT	06489
Business Phone		Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-621-3663				860-343-7903		chris.cote@chriscotegolf.com		
Contact Role(s): Administrative Contact, Legal Contact, Owner								

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
CT1310224	GOLF QUEST - SOUTHTON			NC	28	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
JUDE LANE		Connections		1			
Towns Served: SOUTHTON							

Towns Served: SOUTHTON

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
CT1310264	HIDDEN VALLEY MINI GOLF - BATTER UP			NC	25	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
2060 WEST STREET		Connections		1			
Towns Served: SOUTHTON							

Monitoring Requirements

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

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

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

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

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		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	7/5/2025	
CROSS CONNECTION SURVEY REPORT	3/1/2026	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Physical Parameters M&R Violation	7/1/25 - 9/30/25	3	1/2/2027		1/2/2027	
Total Coliform M&R Violation	7/1/25 - 9/30/25	3	1/2/2027		1/12/2027	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
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				
47865	WELL #1	2	WELL #1	A				

Contact Information

Name		Organization		Job Title	
Mr. Paul R. Rossi		Rossi Partners LLC		President	
Mailing Address Line One	Mailing Address Line Two		City	State	Zip Code
2060 West Street			Southington	CT	06489

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	
CT1310264	HIDDEN VALLEY MINI GOLF - BATTER UP			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
2060 WEST STREET			Connections		1			
Towns Served: SOUTHTON								
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-621-2428		860-464-6275		860-608-5365	paulrledyard@gmail.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

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	
CT1311024	SOUTHINGTON SPORTSMEN'S ASSN., INC.			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
P.O. BOX 175			Connections		1			
Towns Served: SOUTHINGTON								

Monitoring Requirements

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

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

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		
	10/1/25 - 12/31/25		
	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	
<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		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2021	
CROSS CONNECTION SURVEY REPORT	3/1/2022	
CROSS CONNECTION SURVEY REPORT	3/1/2023	
CROSS CONNECTION SURVEY REPORT	3/1/2024	
CROSS CONNECTION SURVEY REPORT	3/1/2025	
CROSS CONNECTION SURVEY REPORT	3/1/2026	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Physical Parameters M&R Violation	7/1/25 - 9/30/25	3	1/5/2027		1/15/2027	
Total Coliform M&R Violation	7/1/25 - 9/30/25	3	1/5/2027		1/15/2027	

Water System Facility and Sampling Point Inventory

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

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
CT1311024	SOUTHINGTON SPORTSMEN'S ASSN., INC.			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
P.O. BOX 175				1			

Towns Served: SOUTHINGTON

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
49196	WELL 1	2	WELL 1	A				

Contact Information

Name			Organization			Job Title		
Mr. Robert E. Parizo			Southington Sportsman Assn, Inc			President		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
P. O. Box 175						Southington	CT	06489
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-628-9506								

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

Name			Organization			Job Title		
Southington Sportsmen Assn. Inc.								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
P. O. Box 175						Southington	CT	06489
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			

Contact Role(s): **Owner**

Name			Organization			Job Title		
Mr. David Trykowski						Treasurer		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
PO Box 175						Southington	CT	06489
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-966-6045		860-349-1365		860-966-6045	dtrykow@snet.net			

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 inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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<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
CT1311044	PANTHORN PARK UPPER RESTROOM			NC	25	L	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
BURRITT STREET		Connections		2			
Towns Served: SOUTHTON							

Monitoring Requirements

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

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
	4/1/26 - 6/30/26		

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
	4/1/26 - 6/30/26		

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

Nitrate (1040) **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
	4/1/26 - 6/30/26		

Nitrite (1041) **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	4/1-12/31	Complete
	1/1/26 - 12/31/26	4/1-12/31	
	1/1/27 - 12/31/27	4/1-12/31	

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION EXEMPTION	3/1/2028	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		TAP #1	MEN'S SINK RIGHT	A	Y			
		TAP #2	MEN'S SINK LEFT	A	Y			
		TAP #3	WOMEN'S SINK RIGHT	A	Y			
		TAP #4	WOMEN'S SINK LEFT	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
53191	WELL	2	WELL	A				
59332	HYDROPNEUMATIC TANK							

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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
CT1311044	PANTHORN PARK UPPER RESTROOM			NC	25	L	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
BURRITT STREET		Connections		2			
Towns Served: SOUTHTON							

Contact Information

Name				Organization		Job Title	
Ms. Susan Bencivenga Lonczak				Plainville Southington Health		Health Director	
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
196 North Main Street					Southington	CT	06489
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-276-6275		860-276-6277			lonczaks@southington.org		

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

Name				Organization		Job Title	
Mr. Alex J. Ricciardone				Town of Southington		Town Manager	
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
75 Main Street					Southington	CT	06489
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-276-6200		860-276-6252			ricciardonea@southington.org		

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

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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	
CT1311054	JR QUEEN ST LLC			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
1103 QUEEN STREET			Connections		1			
Towns Served: SOUTHTON								

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
CROSS CONNECTION SURVEY REPORT	3/1/2027	

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	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
54282	WELL	2	WELL	A				

Contact Information

Name				Organization		Job Title		
Mr. Jason McCormick				Jr Queen St LLC.				
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
1103 Queen Street						Southington	CT	06489
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-817-4611		866-809-9344			jason@goodguysautohouse.com			
Contact Role(s):	Administrative Contact, 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
CT1311054	JR QUEEN ST LLC			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1103 QUEEN STREET				1			
Towns Served: SOUTHINGTON							

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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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1311064	1226-1234 QUEEN ST - STRIP MALL			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1232 QUEEN ST				1			
Towns Served: SOUTHTON							

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	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				
50001	WELL 1	2	WELL 1	A				

Contact Information

Name				Organization			Job Title		
Mr. George Vlandis							Property Owner		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
16 Wood Avenue						Trumbull		CT	06611
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-261-8861				203-640-3703					
Contact Role(s): Administrative Contact, Legal Contact, Owner									

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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
CT1311064	1226-1234 QUEEN ST - STRIP MALL			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1232 QUEEN ST				1			
Towns Served: SOUTHINGTON							

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.

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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	
CT1311074	1217 QUEEN ST			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
1217 QUEEN STREET - SOUTHINGTON			Connections		4			
Towns Served: SOUTHINGTON								

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	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				
WELL 1	WELL 1	2	WELL 1	A				

Contact Information

Name				Organization			Job Title		
Mr. Olcott Snow				61 Bradley Professional Buildi			Manging Member		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
1217 Queen Street						Southington		CT	06489
Business Phone		Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-589-5492					860-214-5980	ovresources@gmail.com			
Contact Role(s): Administrative Contact, Legal Contact, Owner									

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
CT1311074	1217 QUEEN ST			NC	25	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
1217 QUEEN STREET - SOUTHTON		Connections		4			
Towns Served: SOUTHTON							

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
CT1311084	PERRY PLAZA			NC	32	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
1173 QUEEN STREET		Connections				1	
Towns Served: SOUTHTON							

Monitoring Requirements

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

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		
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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		
	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	
<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		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	1/15/2022	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Nitrate And Nitrite M&R Violation	1/1/24 - 12/31/24	3	2/10/2026		2/20/2026	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
60011	WELL 1	2	WELL 1	A				

Contact Information

Name		Organization		Job Title		
Perry Plaza LLC						
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
P.O Box 747				Farmington	CT	06034
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-747-1002		860-747-5545		860-490-2734	john@invcap.com	

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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
CT1311084	PERRY PLAZA	NC	32	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
1173 QUEEN STREET					1
Towns Served: SOUTHTON					
Contact Role(s): Owner					
Name		Organization		Job Title	
Mr. John Cellino		Capital Investments			
Mailing Address Line One		Mailing Address Line Two		City	State
440 Deercliff Road				Avon	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-676-8884				860-490-2734	john@invcap.com
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.

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End of schedule