	Connecticut De	•							ectio	n	
		Quality Monit	oring an								
PWS ID	PWS Name							tion O	wner Ty _l	oe Pr	imary Source
CT1360142	STERLING MUNICIPAL B	UILDING	I	l	N(_	25		L		GW
	(where applicable)		Service	Resident	tial Cor	mmercial	l Ind	ustrial	Comb	ined	Agricultura
1183 PLAINFIE			Connections	1							
Towns Served:	STERLING						_	_	_	_	
Water Systen	n Facility: DISTRIBUTIC		oring Requ D: 00600)	uiremei	nts						
Total Colifor	•	•	<u>, , , , , , , , , , , , , , , , , , , </u>					1 rc	outine (RT) r	er quarter
	Point (Sampling Point ID)			Monitorii	ng Perio	od Co	llectio	n Perio			ince Status
	m Inventory of Active Sam	pling Points		4/1/25 -							nplete
	·			7/1/25 -							nplete
				10/1/25 -							•
				1/1/26 -							
				4/1/26 -							
Physical Para	ameters (PPS)							1 rc	outine (RT) p	er quarter
Sampling	Point (Sampling Point ID)			Monitorii	ng Perio	od Co	llectio	n Perio	d Co	mplic	nce Status
Select fro	m Inventory of Active Sam	pling Points		4/1/25 -	6/30/25	5				Cor	nplete
				7/1/25 -	9/30/25	5				Cor	nplete
				10/1/25 -	12/31/2	25					
				1/1/26 -	3/31/26	6					
				4/1/26 -	6/30/26	6					
Water Systen	n Facility: ENTRY POIN	T (WSF ID: 00700)									
Nitrate And	Nitrite (NOX)								1 routi	ne (R	T) per year
Sampling	Point (Sampling Point ID)			Monitorii	ng Perio	od Co	llectio	n Perio	d Co	mplic	ince Status
ENTRY PC	DINT (3)			1/1/24 - 1	12/31/2	.4				Cor	mplete
				1/1/25 - 1	12/31/2	:5				Cor	mplete
				1/1/26 - 1	12/31/2	:6					
		Other C	ompliance	Sched	ules						
Compliance Sc	hedule Activity			E	Due Dat	е	A	Achieve	d Date		
CROSS CONNE	CTION EXEMPTION			3	3/1/201	2					
	Wate	er System Facili	ity and Sai	mpling	Point	Inven	itory	/			
Water		-				Tot	al L	ead an	d		
System Wa	ter System Facility	Sampling Point	Sampling Poi	nt		Colife	orm	Coppe			Stage
Facility ID		ID	Description		Stat	tus Ru	le i	Rule Tie	er Asbe	stos	WQP 2 DBPI
00600 DIS	TRIBUTION SYSTEM	325	UNISEX LAVO	RATORY	Α	. Y	,				
		326	HANDICAP LA	VORATOR	RY A	. Y	,				
		327	KITCHEN SINK	(Α	. Y	,				
		328	GIRLS LAVOR	ATORY	Α	. Y	,				
		329	SAMPLE TAP		Α	. Y	,				
		4	DISTRIBUTION	N SYSTEM	Α						
		4-5	SAMPLE #5		I	Y	,				
		4-6	SAMPLE #6		I	Y					
		4-7	SAMPLE #7		I	Y					
		4-8	SAMPLE #8		I	Y					
		4-9	SAMPLE #9		I	Y	,				
		DOWNSTREAM									

Page 1

					45 1 1:	11		7 .			-		
C	onnectic	ut Depa	rtmei	nt o	f Public	Health	Drii	ıking	g W	ater	Se	ction	
	Wa	ter Qual	ity M	oni	toring a	nd Con	nplia	nce	Sch	edul	e		
PWS ID P	NS Name						Classif	cation	Popu	ulation	Own	er Type F	Primary Source
CT1360142 ST	ERLING MUNI	CIPAL BUILD	NG				N	С		25		L	GW
Local Address (whe	ere applicable)				Service	Residen	tial Co	mmerc	ial I	ndustri	al	Combined	d Agricultura
1183 PLAINFIELD P	IKE				Connection	1							
Towns Served: STE	RLING												
		Water Sy	stem	Facil	lity and S	ampling	Poin	t Inve	ento	ry			
Water									otal	Lead	and		
•	system Facility	9			t Sampling P			Col	liform	Сор	per		Stage
Facility ID			ID		Description	1	Sta	tus l	Rule	Rule	Tier	Asbestos	WQP 2 DBPI
			UPSTRI	EAM	WITHIN 5 S	ERVICE CON	1 /	4					
00700 ENTRY F	POINT		3		ENTRY POI	NT	/	4					
10611 WELL 1			2		WELL 1		,	4					
				Cor	ntact Info	rmation							
Name				С	rganization							Job Title	
Sterling													
Mailing Address Lir	ne One		Mailing A	Addres	ss Line Two				C	ity		State	Zip Code
Business Phone	Extension	Fax		Mob	ile Phone	Emergency	Phone	Email	Addre	SS			
Contact Role(s): C)wner												
Name				С)rganization							Job Title	
Mr. Russell M. Gra	У			Т	own of Sterli	ng			Firs	st Selec	tman	1	
Mailing Address Lir	ne One		Mailing A	Addres	ress Line Two			City		State	Zip Code		
1114 Plainfield Par	kway		P.O. Box	157	,			Oneco			СТ	06373-0157	
Business Phone	Extension	Fax		Mob	ile Phone	Emergency	Phone	Email .	Addre	SS			

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

860-564-2904

- 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.

860-564-1660

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

selectman@sterlingct.us

-	partment of Public H				_			ction	
Water Qu	ality Monitoring an	d Con	nplia	nce	Sch	edul	e		
PWS ID PWS Name			Classific	icatior	Popu	ulation	Owr	ner Type P	rimary Source
CT1360024 RIVER BEND CAMPGROUN	D		N	С	1	.00		Р	GW
Local Address (where applicable)	Service	Residen	tial Cor	mmer	cial I	ndustria	al	Combined	Agricultural
41 POND STREET	Connections			1					
Towns Served: STERLING									
	Monitoring Requ	iireme	nts						
Water System Facility: DISTRIBUTION	SYSTEM (WSF ID: 00600)								
Total Coliform (3100)						1	rou	tine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitori	ng Perio	od	Collect	tion Per			iance Status
Select from Inventory of Active Samplin	ng Points	4/1/25 -	6/30/25	5				Co	mplete
		7/1/25 -						Сс	mplete
		4/1/26 -							•
Physical Parameters (PPS)						1	rou	tine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitori	ng Perio	od	Collect	tion Per			iance Status
Select from Inventory of Active Sampli	ng Points	4/1/25 -	6/30/25	5				Co	mplete
		7/1/25 -	9/30/25	5				Со	mplete
		4/1/26 -	6/30/26	6					
Water System Facility: ENTRY POINT -	PAVILION (WSF ID: 00700)								
Nitrate (1040)						1	rou	tine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitori	ng Perio	od	Collect	tion Per			iance Status
ENTRY POINT - PAVILION (3)		4/1/25 -	6/30/25	5				Co	mplete
		7/1/25 -	9/30/25	5				Со	mplete
		4/1/26 -	6/30/26	6					·
Nitrite (1041)							1	routine (F	RT) per year
Sampling Point (Sampling Point ID)		Monitori	ng Perio	od	Collect	tion Per		-	iance Status
ENTRY POINT - PAVILION (3)		1/1/24 -	12/31/2	24				Co	mplete
		1/1/25 -	12/31/2	25				Co	mplete
		1/1/26 -	12/31/2	26					
Water System Facility: ENTRY POINT -	OFFICE (WSF ID: 00701)								
Nitrate (1040)						1	rou	tine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitori	ng Perio	od	Collect	tion Per			iance Status
ENTRY POINT - OFFICE (3)		4/1/25 -	6/30/25	5				Сс	mplete
		7/1/25 -	9/30/25	5				Co	mplete
		4/1/26 -	6/30/26	6					
Nitrite (1041)							1	routine (F	RT) per year
Sampling Point (Sampling Point ID)		Monitori	ng Perio	od	Collect	tion Per	riod	Compli	iance Status
ENTRY POINT - OFFICE (3)		1/1/24 -	12/31/2	24				Сс	mplete
		1/1/25 -	12/31/2	25				Сс	mplete
		1/1/26 -	12/31/2	26					
	Other Compliance	Sched	lules						
Compliance Schedule Activity			Due Dat	te		Achie	ved i	Date	
CROSS CONNECTION SURVEY REPORT			3/1/202						
	System Facility and Sai				onto	rv			
	System Pacifity and Sal	uhiilig	FUIII						
Water System Water System Facility Facility ID	Sampling Point Sampling Point ID Description	nt	Stat	Co	Total oliform Rule		oer	Asbestos	Stage WQP 2 DBPR

	0	· D		CD 11:	TT 1.1	D :	1.	TAT .	0		
	Connectic Wa	•	rtment o lity Moni				_			tion	
PWS ID	PWS Name									Type P	rimary Sourc
CT1360024	RIVER BEND CAN	/IPGROUND				N		100	Р		GW
Local Address (w	here applicable)			Service	Residen	ntial Co	mmerci	ial Industr	ial Co	mbined	Agricultura
41 POND STREET				Connection	ns		1				-
Towns Served: S	TERLING										
		Water Sy	stem Faci	lity and S	ampling	Point	t Inve	entory			
Water System Wate Facility ID	r System Facility		Sampling Poin ID	t Sampling P Description		Sta	Col	otal Lead iform Cop Rule Rule	per	sbestos	Stage WQP 2 DBP
00600 DISTR	IBUTION SYSTEM		4 DOWNSTREAN	DISTRIBUTI WITHIN 5 S			-	Υ			
			UPSTREAM	WITHIN 5 S		N A	١				
	Y POINT - PAVILIO	DN	3	ENTRY POIN		P	١				
00701 ENTR	POINT - OFFICE		3	ENTRY POI	NT - OFFICE	A	١				
22257 PAVIL	ION WELL #1		2	PAVILION V	VELL #1	P	١				
22258 OFFIC	E WELL #2		2	OFFICE WE	LL #2	P	١				
			Co	ntact Info	rmation	1					
Name			C	Organization					Jo	b Title	
Mr. Anthony Sin	ko		F	Riverbend Can	npground			Owner			
Mailing Address	Line One		Mailing Addre	ss Line Two				City		State	Zip Code
41 Pond St			P O Box 23				Oneco			CT	06373
Business Phon	e Extension	Fax	Mok	oile Phone	Emergency	/ Phone	Email A	Address			
860-564-3440		860-564-0	788 860-	-861-2788	860-564	-7747	riverbe	endcamp1@	gmail.co	om	
Contact Role(s):	Legal Contact, C	Owner									
Name			C	Organization					Jo	b Title	
Ms. Deloris Sink	o		F	Riverbend Can	npground			Owner			
Mailing Address	Line One		Mailing Addre	ss Line Two				City		State	Zip Code
41 Pond St			P O Box 23				Oneco			CT	06373
Business Phon	e Extension	Fax	Mok	oile Phone	Emergency	/ Phone	Email A	Address			
860-564-3440		860-564-0	788		860-564	-7747	www.r	iverbendfur	n.com		
Contact Role(s):	Legal Contact, C	Owner									
Name			C	Organization					Jo	b Title	
Mr. Gregory Vog	el		C	Oneco Rv LLC				Director			
Mailing Address	Line One		Mailing Addro	ss Line Two				City		Ctoto	7in Codo

Name			Organization			Job Title	9
Mr. Gregory Vogel			Oneco Rv LLC		Director		
Mailing Address Line One		Mailing Addre	ess Line Two		City	State	Zip Code
41 Pond St					Oneco	СТ	06373
Business Phone Extension	Fax	Мо	bile Phone	Emergency Phone	Email Address		
860-564-3440					info@riverbendcam	p.com	

Contact Role(s): Administrative Contact

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End of schedule

Connectic	ut Department of	f Public H	lealth	Dr	inkin	g V	Vater	Se	ection	
Wa	ter Quality Monit	toring an	d Con	ıpli	iance	Sc	hedul	e		
PWS ID PWS Name				Class	sification	Po	pulation	Ow	ner Type Pr	imary Source
CT1360074 GIBSON HILL PA	RK				NC		100		Р	GW
Local Address (where applicable)		Service	Residen	tial	Commer	cial	Industri	al	Combined	Agricultural
177 GIBSON HILL ROAD		Connections			80				6	
Towns Served: STERLING										
	Monit	oring Requ	ıireme	nts						
Water System Facility: DISTR	IBUTION SYSTEM (WSF I	ID: 00600)								
Total Coliform (3100)								1 rc	outine (RT)	per month
Sampling Point (Sampling P	oint ID)		Monitori	ng Pe	eriod	Colle	ection Pe	riod	Complia	ance Status
Select from Inventory of Act	ve Sampling Points		7/1/25 -	7/31	./25				Cor	mplete
			8/1/25 -	8/31	./25				Cor	mplete
			9/1/25 -	9/30	/25				Cor	mplete
			10/1/25 -	10/3	1/25				Cor	mplete
			4/1/26 -	4/30	/26					
			5/1/26 -	5/31	/26					
			6/1/26 -	6/30	/26					
Total Coliform (3100)								3 r	epeat (RP)	per period
Sampling Point (Sampling P	oint ID)		Monitori	ng Pe	eriod	Colle	ection Pe	riod	Complic	ance Status
Select from Inventory of Act	ive Sampling Points		6/12/25 -	- 6/17	7/25				Cor	mplete
			9/10/25 -	- 9/15	5/25					
Lead And Copper (PBCU)									=	T) per year
Sampling Point (Sampling P			Monitori				ection Pe	riod		ance Status
Select from Inventory of Act	ve Sampling Points		1/1/24 -	12/31	1/24	(6/1-9/30			mplete
Physical Parameters (PPS)										per month
Sampling Point (Sampling P	•		Monitori	_		Colle	ection Pe	riod		ance Status
Select from Inventory of Act	ve Sampling Points		7/1/25 -							mplete
			8/1/25 -							mplete
			9/1/25 -		-					mplete
			10/1/25 -				0/1-10/1		Cor	mplete
			4/1/26 -		•	4	1/15-4/30)		
			5/1/26 -		-					
	V DOINE 00000 (NASE III		6/1/26 -	6/30	/26					
Water System Facility: ENTR'	POINT - OFFICE (WSF IL	D: 00700)								
Nitrate And Nitrite (NOX)						c "	5		-	T) per year
Sampling Point (Sampling P	סוחל וט)		Monitori			Colle	ection Pe	rıoa		ance Status
EP - OFFICE (3)			1/1/24 - :	-	-					nplete
			1/1/25 - :	-	-				Cor	mplete
Docticidos Haubiaidas aud D	hughlaringted Disk and Let	(DCDs) (COCC	1/1/26 - :	12/3]	1/20		1	.4:	o (DT)	huaa
Pesticides, Herbicides and Po Sampling Point (Sampling P			=	na Da	oriod	Calle				three years
	טוווג וטן		Monitori				/1 12/21			nnce Status
EP - OFFICE (3)			1/1/23 - :	12/3]	1/23	1	./1-12/31			mplete
Organic Chemicals (VOCS) Sampling Point (Sampling P	oint ID)		Monitori	na Da	oriod	Colle	ection Pe		· ·	T) per year ance Status
EP - OFFICE (3)	יווע וטו		<i>Monitori</i> 1/1/24 - :			COIIE	cuon Pe	100		nplete
Water System Facility: OFFIC	F WELL (WISE ID: 22261)		1/1/4-	14/3.	±/ ८ ५				COI	inpiece
vvater system racility. OFFIC	L WELL (WOST ID: 22201)									

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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1360074	GIBSON HILL PARK				NC	100	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
177 GIBSON HII	L ROAD	Connections			80		6	

Towns Served: STERLING

Monitoring Requirements

Water System Facility: OFFICE WELL (WSF ID: 22261)

E. Coli (3014)		1 trigge	ered (TG) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
OFFICE WELL (2)	6/11/25 - 6/17/25		Complete
	9/9/25 - 9/15/25		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	2/21/2021	
L1 ASSESSMENT (TC+ INS REPEATS)	10/17/2025	
CROSS CONNECTION SURVEY REPORT	3/1/2026	

Water System Facility and Sampling Point Inventory

Water System	Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and Copper		Si	tage
Facility ID		ID	Description	Status	Dula	Rule Tier	Asbestos		_
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		MW001	SITE 1	Α	Υ	3	Υ		
		MW002	SITE 2	Α	Υ	3	Υ		
		MW003	SITE 5	Α	Υ	3	Υ		
		MW004	SITE 7	Α	Υ	3	Υ		
		MW005	SITE 9	Α		3	Υ		
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT - OFFICE	3	EP - OFFICE	Α					
22261	OFFICE WELL	2	OFFICE WELL	Α					

Contact Information

Name				Organization			Job Title		
Mr. Carl Venezia							Owner Mana	ger	
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
68 Harrison Ave			Ste 605 Pmb	62151		Boston		MA	02111
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ad	dress		
617-213-0664						archerac	q@gmail.com		

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

Please note the following:

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End of schedule

		ut Departme ter Quality N									ction			
D) 4 (C 1 D		ter Quality N	101110	.or mg a	iiu Coii									
PWS ID	PWS Name	DT 6444060011110					ficatio			Owr		Primary Sou		
CT1360094		ORT CAMPGROUND		C 1	Dt-l		NC		50	_ 1	P	GW		
131 CALVIN FRE	where applicable)			Service Connection	Residen	tiai C	omme	rciai i	ndustri	aı	Combined Agricultural			
Towns Served:				Commedia	15		1							
Towns Served.	STERLING			• -	•									
Water System	Facility: DISTR	IBUTION SYSTEM		oring Red D: 00600)	quireme	nts								
Total Coliforn	•		•	<u> </u>					1	l rou	tine (RT)	per quart		
	Point (Sampling P	oint ID)			Monitori	ing Pei	riod	Collec	tion Pe		Compliance Status			
	n Inventory of Acti		4/1/25 -							omplete				
	·		7/1/25 - 9/30/25							omplete				
Physical Para	meters (PPS)								1	l rou	tine (RT)	per quart		
-	Point (Sampling P	oint ID)			Monitoring Period Collection Period						Compliance Status			
		ive Sampling Points			4/1/25 -			5/	1-6/30			omplete		
		7/1/25 - 9/30/25							С	omplete				
				4/1/26 -	6/30/	26	5/	1-6/30			·			
Water System	Facility: ENTRY	POINT (WSF ID:	00700)											
Nitrate And N	•									1	routine (RT) per ye		
	Point (Sampling P	oint ID)			Monitori	ing Pei	riod	Collec	tion Pe		_	liance Statu		
ENTRY PO		•			1/1/24 -							omplete		
					1/1/25 -							omplete		
					1/1/26 -									
		Ot	her C	ompliand	ce Sched	lules	,							
Compliance Sch	nedule Activity					Due Do			Achie	ved l	Date			
CROSS CONNEC	CTION SURVEY REP	ORT				3/1/20)25							
		Water System	Facil	ity and S	ampling	Poir	nt Inv	vento						
Water	on Contone Facility	Comonlin	a Daint	Causadia a D	a fact			Total	Lead			6.		
System Wat Facility ID	er System Facility		ig Point D	Sampling P Description		_		Coliform Rule			Achestos	Sta WQP 2 Di		
	RIBUTION SYSTEM		1	DISTRIBUTION			atus ^	Y	Nuie	Hei	ASDESIUS	VVQFZDI		
00000 DIST	KIBUTIUN STSTEIN			WITHIN 5 S			A A	ĭ						
			REAM	WITHIN 5 S			A							
00700 ENTI	RY POINT		3	ENTRY POIN		•	A							
	LED WELL #2		<u>)</u>	DRILLED WI			A							
	ROPNEUMATIC ST			DIVILLED WI	LLL #Z		Α							
	LED WELL #1		2	DRILLED WI	ELL #1		Α							
				tact Info										
Name				rganization							Job Title			
Mr. David Bish	op			ın Ridge Reso	ort Campgro	ound		Of	ficer					
Mailing Address		Mailing		s Line Two	, 3				City St			Zip Code		
	Ridge Resort Camp			ch Road			Sterl		•		СТ	06377		
Business Pho		Fax		ile Phone	Emergency	Phone			ess					
860-779-151				147-0284					hotmai	il.con	n			
Contact Role(s)	: Administrative	Contact, Legal Conta	act, Owr	ner										

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

		_				_ <u> </u>			
PWS ID PWS Name							Population	Owner Type	Primary Source
CT1360094	SUN RIDGE RESORT C		NC	50	Р	GW			
Local Address (where applicable)			Service	Residen	ntial Commerc	ial Industri	al Combin	ed Agricultural	
131 CALVIN FR	ENCH ROAD			Connections		1			

Towns Served: STERLING

Please note the following:

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End of schedule

Schedule Generation Date: 12/12/2025 Page 8

Water Quality Monitoring and Compliance Schedule PWS ID PWS Name CT1360134 WEIDELES PIZZA & PUB (ONECO COMMONS) NC 37 P GW Local Address (where applicable) Service Connections Towns Served: STERLING ROAD Service Sampling Point (Sampling Point ID) Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per quarte Select from Inventory of Active Sampling Points 4/1/25 - 6/30/25 Complete 10/1/25 - 12/31/25 1/1/26 - 6/30/26 Physical Parameters (PPS) 1 routine (RT) per quarte Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status 4/1/25 - 6/30/25 Complete 10/1/25 - 12/31/25 1/1/26 - 6/30/26 Physical Parameters (PPS) 1 routine (RT) per quarte Collection Period Compliance Status Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status Select from Inventory of Active Sampling Points 4/1/25 - 6/30/25 Complete 10/1/25 - 12/31/25 1/1/26 - 3/31/26 4/1/25 - 6/30/25 Complete 10/1/25 - 12/31/25 Select from Inventory of Active Sampling Points 4/1/25 - 6/30/25 Complete 10/1/25 - 12/31/25 Select from Inventory of Active Sampling Points 4/1/25 - 6/30/25 Complete 10/1/25 - 12/31/25 Select from Inventory of Active Sampling Points 4/1/25 - 6/30/25 Complete 10/1/25 - 12/31/25 Select from Inventory of Active Sampling Points 4/1/25 - 6/30/25 Complete 10/1/25 - 12/31/25 Select from Inventory of Active Sampling Points A/1/25 - 6/30/26 Water System Facility: ENTRY POINT (WSF ID: 00700)
CT1360134 WEIDELES PIZZA & PUB (ONECO COMMONS) Local Address (where applicable) Service Ocnnections Connections Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 4/1/25 - 6/30/25 Complete 1/1/26 - 6/30/26 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Complete Complete 1 routine (RT) per quarte Monitoring Period Collection Period Compliance Status Monitoring Period Collection Period Compliance Status Monitoring Period Monitoring Period Collection Period Compliance Status Monitoring Period Monitoring Period Monitoring Period Monitoring Period Monitoring Period Monitoring Period Collection Period Compliance Status Monitoring Period Moni
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4/1/26 - 6/30/26
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Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status
ENTRY POINT (3) 1/1/24 - 12/31/24 Complete
1/1/25 - 12/31/25 Complete
1/1/26 - 12/31/26
Other Compliance Schedules
Compliance Schedule Activity Due Date Achieved Date
RESPOND TO SANITARY SURVEY 1/15/2021
Public Notification Requirements
Public Notification Requirements Compliance Notice Public Notification PN Certification
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>
Compliance Notice Public Notification PN Certification Violation/Situation Period Tier Required Performed Due to DPH Received
Compliance Notice Public Notification PN Certification Violation/Situation Period Tier Required Performed Due to DPH Received
Violation/SituationCompliance PeriodNotice TierPublic Notification RequiredPN Certification Due to DPHTotal Coliform M&R Violation $1/1/10 - 3/31/10$ 2 $6/17/2010$ $6/27/2010$ GROUNDWATER RULE TT Violation $5/28/10 - 6/23/10$ 2 $10/30/2010$ $11/9/2010$
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	Co	onnectici	ut Depa	rtment	of	Public	Health	D	rinking	g Wa	ater S	ection		
		Wat	ter Oual	lity Moi	nit	oring ar	nd Con	nnl	liance S	Sche	edule			
PWS ID	PW	/S Name	Quit.	110)		011118 011	1			Population Owner Type Primary Sou				
CT1360134		IDELES PIZZA	& PUB (ONE	со соммо	ONS				NC	37		Р	GW	
Local Address (where applicable)						Service	Service Residential Commer			al In	dustrial	Combined	Agricultural	
901 STERLING ROAD						Connections	S	1						
Towns Serv	ed: STEF	LING									I			
			Water Sy	/stem Fa	cili	ity and Sa	ampling	Po	int Inve	nto	γ			
Water								Total Lead and						
System	Water Sy					Sampling Point			Col	iform			Stage	
Facility ID				ID		Description			Status F	lule	Rule Tie	r Asbestos	WQP 2 DBPR	
				UPSTREAM	VI	WITHIN 5 SE	RVICE CO	V	Α					
00700	ENTRY P	TNIC		3		ENTRY POIN	Т		Α					
22705	WELL			2		WELL			Α					
				C	on	tact Infor	rmation	1						
Name					Or	ganization						Job Title		
Mr. Albert	R. Gerva	sio			Or	neco Commo	ns, Inc.			Lan	dlord			
Mailing Ad	dress Lin	e One		Mailing Add	lress	s Line Two				City			Zip Code	
15 Jencks F	Road								Foster			RI	02825	
Business	Phone	Extension	Fax	IV	1obil	le Phone I	Emergency	/ Pho	one Email A	Addres	SS			
401-544	-4454						401-397-	-300	1					
Contact Ro	le(s): Le	gal Contact												
Name					Or	Organization						Job Title		
Ms. Linda /	A. Hawki	ns			Or	Oneco Commons				Owner				
Mailing Ad	dress Lin	e One		Mailing Add	lress	ress Line Two				City State Zip Code				

Contact Role(s): Administrative Contact, Owner

Extension

Please note the following:

901 Sterling Road

Business Phone

860-564-0033

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

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

06377

CT

Sterling

LIZZYBSONECO@GMAIL.COM

Emergency Phone Email Address

401-255-9712

Water System Water Facility ID	rite (NOX) int (Sampling Poin Γ (3) W System Facility BUTION SYSTEM POINT #1 LC ine One Extension	ater Sy	Stem Faci Sampling Poin ID 4 DOWNSTREAM UPSTREAM 3 2	lity and S t Sampling P Description DISTRIBUTE WITHIN 5 S WITHIN 5 S ENTRY POI DUG WELL ntact Info	Point 1 ION SYSTEM SERVICE CON SERVICE CON	12/3 12/3 12/3 Po	31/24 31/25 31/26 Status A A A A	Total Colifor Rule Y	Lead m Cop Rule	eriod l and	Comple Co	RT) per year liance Status omplete omplete Stage WQP 2 DBPR
Water System Water Facility ID 00600 DISTRIE 00700 ENTRY 22936 WELL # Name Jay Shri Krishne Li Mailing Address Li 15 Holly Drive	Trite (NOX) int (Sampling Point (3) N System Facility BUTION SYSTEM POINT #1 LC ine One	ater Sy	Stem Faci Sampling Poin ID 4 DOWNSTREAM UPSTREAM 3 2	lity and S t Sampling P Description DISTRIBUT M WITHIN 5 S WITHIN 5 S ENTRY POI DUG WELL ntact Info	1/1/24 - 1/1/25 - 1/1/26 - ampling Point ION SYSTEM SERVICE CON NT Drmation	12/3 12/3 12/3 Po	31/24 31/25 31/26 Status A A A A	Total Colifor Rule Y	Ory Lead m Cop Rule	eriod l and	Comple Co	Stage WQP 2 DBPR
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Nitrate And Nit	•	OINT (W	SF ID: 00700)						1	routine (RT) per vear
Trace. System 16	dilliv. Fivini -	OINT (W	SF ID: 00700)								
Water System Fa	acility: ENTDY D				7, 1, 20	5, 5	5,20					
					1/1/26 - 4/1/26 -							
					10/1/25 -						C	omplete
					7/1/25 -							omplete
Select from I	nventory of Active	Sampling I	Points		4/1/25 -							omplete
	int (Sampling Poin				Monitori			Colle	ction Pe	eriod		liance Status
Physical Parame	eters (PPS)									1 rou	utine (RT)	per quarter
					4/1/26 -							
					1/1/26 -							
					10/1/25 -							omplete
Select from I		4/1/25 - 6/30/25 7/1/25 - 9/30/25							omplete omplete			
Sampling Pol		Monitori			Colle	ction Pe	eriod		liance Status			
Total Coliform	•											per quarter
Water System Fa	acility: DISTRIB	UTION SY	STEM (WSF	ID: 00600)								
			Monit	toring Re	quireme	nts	;					
Towns Served: STE	ERLING											
1107 PLAINFIELD I				Connectio	ns		1					
Local Address (wh				Service	Residen	tial	Comm	ercial	Industr	ial	Combined	
CT1360154 C	ONECO MARKET					Cia	NC	OII PO	25	OWI	P	GW
	WS Name		ity Moin	toring a	iiu Coii						nor Typo [Primary Source
		i Quai		toring 2	ndlom	ml			hadui	اما		
PWS ID P		er Qual				וש	IIIIII	IIIZ V	vater	. JC	CUUII	

C	Officectic	ut Depa	ii tiiitiit	or r ubiic	ricard	וועו	عسيتس	, water	occuo.	T	
	Wa	ter Qua	lity Mor	nitoring a	and Cor	nplia	nce S	Schedul	le		
PWS ID P	WS Name			Cla			fication	Population	Owner Type	Prir	mary Source
CT1360154 O	NECO MARKET	•			N	١C	25	Р		GW	
Local Address (wh	ere applicable)			Service	Resider	ntial Co	ommerci	al Industri	ial Combin	ed	Agricultural
1107 PLAINFIELD F	PIKE	Connectio	ons	1							
Towns Served: STE	RLING								,		
Name		Organization	Job Title								
Mr. Sanjay Patel				D And K LLC		Owner					
Mailing Address Li	ne One		Mailing Add	ress Line Two	ess Line Two			City		2	Zip Code
1107 Plainfield Pik	e , P. O. Box 26	9					Sterling	3	СТ		06373
Business Phone	Extension	Fax	N	lobile Phone	Emergenc	y Phone	Email A	ddress	·		
860-564-8181							onecon	narket@gm	ail.com		
0 5		<u></u>		_							

Connecticut Department of Public Health Drinking Water Section

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.

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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