Connecticut Department of Pub			ection
Water Quality Monitorin	g and Complianc	e Schedule	
PWS ID PWS Name	Classificati	on Population Ow	ner Type Primary Source
CT1530024 CAMP MATAUCHA	NC	25	P GW
Local Address (where applicable) Service		ercial Industrial	Combined Agricultural
270 SMITH POND ROAD Conne	ections 1		
Towns Served: WATERTOWN			
	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	00)		
Total Coliform (3100)			utine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	<u> </u>
Select from Inventory of Active Sampling Points	4/1/25 - 6/30/25		Complete
	7/1/25 - 7/31/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		
l o . !! (0.00)	4/1/26 - 6/30/26		. (22)
Total Coliform (3100)	Manitovica Daviad		repeat (RP) per period
Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points	Monitoring Period	Collection Period	
Select from inventory of Active Sampling Points	7/24/25 - 7/29/25		Complete
Total California (2400)	8/21/25 - 8/26/25	2 *************************************	Complete
Total Coliform (3100)	Monitoring Davied	Collection Period	outine (TR) per month
Sampling Point (Sampling Point ID)	<i>Monitoring Period</i> 8/1/25 - 8/31/25	Conection Period	
Select from Inventory of Active Sampling Points			Complete
Dhysical Davamators (DDC)	9/1/25 - 9/30/25	1	Complete
Physical Parameters (PPS) Sampling Point (Sampling Point ID)	Monitoring Period	1 ro Collection Period	utine (RT) per quarter Compliance Status
Select from Inventory of Active Sampling Points	4/1/25 - 6/30/25	Conection Period	Complete
Select from inventory of Active Sampling Forms	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)	4/1/20 - 0/30/20		
		4	routing (PT) resucce
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	routine (RT) per year Compliance Status
ENTRY POINT (3)	1/1/24 - 12/31/24	Conection Period	Complete
ENTRY FORM (5)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		Complete
Water System Facility: WELL (WSF ID: 22523)	1, 1, 20 - 12, 31, 20		
E. Coli (3014)		1 4	gorod (TC) nor novice
Sampling Point (Sampling Point ID)	Monitoring Period	1 trig	gered (TG) per period Compliance Status
WELL (2)	7/23/25 - 7/29/25	Conection Period	Complete
***************************************	8/20/25 - 8/26/25		Complete
Other Compl	iance Schedules		Complete
Compliance Schedule Activity	Due Date	Achieved	Date
SAMPLING SITE PLAN	12/3/2025		-
CROSS CONNECTION SURVEY REPORT	3/1/2026		
	3, 1, 2020		

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
CT1530024	CAMP MATAUCHA				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
270 SMITH PON	D ROAD	Connections			1			

Towns Served: WATERTOWN

	Wat	ter System Facili	ity and Sampling P	oint Ir	nvento	ry			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
22523	WELL	2	WELL	Α					
61555	ATMOSPHERIC STORAGE								
61557	TREATMENT PLANT								

			Co	ontact Info	ormation				
Name				Organization				Job Title	
Mr. Adam Dubois				YMCA Camp	Mataucha		Outdoor Cent	er Dir	
Mailing Address Lin	e One		Mailing Address Line Two				City	State	Zip Code
136 West Main Stre	eet					Waterbu	ıry	СТ	06702
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ac	ldress		
203-754-9622	118				860-706-6036	adubois	@waterburyyr	nca.org	

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

	Cor	nnectic	ut Depa	rtment (of Public	Health	Dri	nking	g W	ater	Se	ction		
		Wa	ter Oual	lity Mon	itoring a	ınd Con	nolia	ance	Sch	edul	le			
PWS ID	PWS	Name	Contract of the contract of th				_				1	ner Type P	rimarv	Source
CT1530054		HOMASTO	N ROAD					NC	-	25		Р	GV	
Local Addres	s (where	applicable)			Service	Residen	tial Co	ommerc	ial Ir	ndustri	al	Combined	Agric	cultural
	•	,			Connectio	ns		1						
Towns Serve	d: WATER	RTOWN												
				Moni	itoring Re	quireme	nts							
Water Syste	em Facili	ty: DISTR	IBUTION SY	STEM (WSF	ID: 00600)									
Total Colifo	orm (310	00)								1	l rou	tine (RT)	per qu	ıarter
Samplir	ng Point (Sampling P	oint ID)			Monitori	ng Per	iod (Collect	ion Pe	riod	Compl	iance S	tatus
Select fi	rom Inver	itory of Act	ive Sampling	Points		4/1/25 -	6/30/2	25				Co	mplete	ة
						7/1/25 -	9/30/2	25				Co	mplete	ة
						10/1/25 -	12/31	/25				Co	mplete	جَ
						1/1/26 -	3/31/2	26						
						4/1/26 -	6/30/2	26						
Physical Pa	arameter	s (PPS)								1	L rou	tine (RT)	per qu	ıarter
Samplir	ng Point (Sampling P	oint ID)			Monitori	ng Per	iod C	Collect	ion Pe	riod	Compl	iance S	tatus
Select fi	rom Inver	ntory of Act	ive Sampling	Points		4/1/25 -	6/30/2	25				Co	mplete	جَ
						7/1/25 -	9/30/2	25				Co	mplete	جَ
						10/1/25 -	12/31	/25				Co	mplete	جَ
						1/1/26 -	3/31/2	26						
						4/1/26 -	6/30/2	26						
Water Syste	em Facili	ty: ENTR	Y POINT (W	/SF ID: 0070	0)									
Nitrate And	d Nitrite	(NOX)									1	routine (I	RT) pe	r year
Samplir	ng Point (Sampling P	oint ID)			Monitori	ng Per	iod (Collect	ion Pe			iance S	-
ENTRY F	POINT (3)					1/1/24 - :	12/31/	′24				Co	mplete	غ
						1/1/25 - :	12/31/	′25				Co	mplete	<u>. </u>
						1/1/26 - :	12/31/	′26					-	
			Water Sy	stem Fac	ility and S				ento	ry				
Water									otal	Lead				
-	Vater Syst	em Facility		Sampling Poil					liform					Stage
Facility ID				ID	Descriptio			atus ^F	Rule	Rule	Tier	Asbestos	WQP .	2 DBPR
00600 D	ISTRIBUTI	ON SYSTEM		4		ION SYSTEM		Α	Υ					
				DOWNSTREA				Α						
				UPSTREAM	WITHIN 5	SERVICE CON	ı	Α						
00700 Ef	NTRY POII	NT		3	ENTRY PO	NT		Α						
23084 W	/ELL			2	WELL			A						
				Co	ntact Info	ormation								
Name					Organization							Job Title		
Mr. John M.				I										
Mailing Addr	ress Line C	One		Mailing Addr	ess Line Two					ity		State	Zip C	
7 Beal Drive	-		l			1		Southi				СТ	064	89
Business P	hone	Extension	Fax	Mo	bile Phone	Emergency	Phone	e Email <i>i</i>	Addre	SS				
203-985-5	5622							JMDAI	DDON	A@GV	1AIL.0	СОМ		

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

					_ <u> </u>			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT1530054	720 THOMASTON RO	AD			NC	25	Р	GW
Local Address (v	vhere applicable)		Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
			Connections		1			

Towns Served: WATERTOWN

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

End of schedule

Schedule Generation Date: 12/12/2025 Page 4

	Connecticut D	•						ection	
	Water (Quality Monit	oring an	d Comp	oliano	ce Sch	edule		
PWS ID	PWS Name			С	lassificat	ion Popu	ulation Ow	ner Type Pr	imary Source
CT1530064	SUNSET GRILLE				NC		25	Р	GW
Local Address ((where applicable)		Service	Residentia	l Comm	nercial I	ndustrial	Combined	Agricultural
834 NORTHFIE	LD ROAD		Connections		1	L			
Towns Served:	WATERTOWN					·			
		Monito	oring Requ	irement	ts				
Water Systen	n Facility: DISTRIBUTION	ON SYSTEM (WSF II	D: 00600)						
Total Colifor	m (3100)						1 ro	utine (RT) բ	er quarter
Sampling	Point (Sampling Point ID))		Monitoring	Period	Collect	tion Period	Compli	ance Status
Select fro	m Inventory of Active Sam	npling Points		4/1/25 - 6/	/30/25			Cor	mplete
				7/1/25 - 9/	/30/25			Cor	mplete
				10/1/25 - 12	2/31/25				
				1/1/26 - 3/	/31/26				
				4/1/26 - 6/	/30/26				
Physical Para	ameters (PPS)						1 ro	utine (RT) բ	er quarter
Sampling	Point (Sampling Point ID))		Monitoring		Collect	tion Period	Complic	ance Status
Select fro	m Inventory of Active Sam	npling Points		4/1/25 - 6/	/30/25			Cor	mplete
				7/1/25 - 9/	/30/25			Cor	mplete
				10/1/25 - 12					
				1/1/26 - 3/	/31/26				
				4/1/26 - 6/	/30/26				
Water Systen	n Facility: ENTRY POIN	IT (WSF ID: 00700)							
	Nitrite (NOX)						1		T) per year
	Point (Sampling Point ID))		Monitoring		Collect	tion Period		nce Status
ENTRY PC	DINT (3)			1/1/24 - 12					mplete
				1/1/25 - 12				Cor	mplete
				1/1/26 - 12					
		Other C	ompliance	Schedu	les				
Compliance Sc	hedule Activity				e Date		Achieved	Date	
CROSS CONNE	CTION SURVEY REPORT			3/:	1/2026				
	Wate	er System Facili	ity and Sar	mpling P	oint Ir	nvento	ry		
Water						Total	Lead and	1	
	ter System Facility	Sampling Point		nt		Coliform			Stage
Facility ID		ID .	Description		Status		Rule Tiei	Asbestos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION		A	Y			
		DOWNSTREAM			A				
		UPSTREAM	WITHIN 5 SER		A	V			
		WTNREST001	UPPER KITCHI		A	Y			
			UPPER KITCHI UPPER MENS		A A	Y Y			
			UPPER LADIES		A	Υ			
			UPPER BAR SI		A	Υ			
		WTNREST005	UPPER BAR SI		A	Ϋ́			
		WTNREST007	LOWER BAR S		A	Y			
			LOWER MENS		A	Υ			
		WTNREST009			Α	Y			
		==::==				-			

	Water Quality Monit	oring and	d Con	npl	iance S	Schedul	le	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1530064	SUNSET GRILLE				NC	25	Р	GW
Local Address (v	where applicable)	Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural
834 NORTHFIEL	D ROAD	Connections			1			

Connecticut Department of Public Health Drinking Water Section

Wa	ter System Facil	ity and Sampling P	oint Ir	nvento	ry		
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage 2 DBPR
	WTNREST010	LOWER KITCHEN SINK 1	Α	Υ			
	WTNREST011	LOWER KITCHEN SINK 2	Α	Υ			
00700 ENTRY POINT	3	ENTRY POINT	Α				
22767 WELL	2	WELL	Α				
61559 TREATMENT PLANT							 -

			C	ontact Inf	ormation				
Name				Organization	1	Job Title			
Watertown									
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
Town Hall Annex			424 Main Str	reet		Waterto	wn	СТ	
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	ldress		
860-945-5255									
Contact Role(s): Le	gal Contact, C)wner	·						
Name				Organization	1			Job Title	
Mr. Michael Ganen	1			Town of Wat	tertown		Director		
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
61 Echo Lake Road						Waterto	wn	СТ	06795
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	ldress		
860-945-5246						ganem@	watertownc	t.org	

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

Towns Served: WATERTOWN

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

	Connecticut Depa	artment of	F Public H	ealth i	Drinki	inσ M	7ater	Se	ction		
	Water Qua								CCIOII		
PWS ID	PWS Name	incy Monic	or mg am						or Type D	rimary Sourc	
CT153007		OD/MAINITENIAN	ICE		NC	-	25	OWI	P P	GW	
	ress (where applicable)	OP/IVIAINTENAN	Service	Residenti			ndustri	al	Combined		
	THEILD ROAD		Connections	Residenti	2		Huustii	aı	Combined	Agricultur	
	rved: WATERTOWN					•					
TOWNS SCI	ved. WATERTOWN	Monit	oring Requ	iromon	tc						
Water Sy	rstem Facility: DISTRIBUTION S			ii ciiicii							
Total Co	liform (3100)						1	l rou	itine (RT)	per quarte	
Samj	pling Point (Sampling Point ID)			Monitorin	g Period	Collec	tion Pe	riod	Compli	ance Status	
Selec	ct from Inventory of Active Sampling	g Points		4/1/25 - 6	5/30/25				Co	mplete	
				7/1/25 - 9	/30/25				Co	mplete	
			:	10/1/25 - 1	.2/31/25						
				1/1/26 - 3	/31/26						
				4/1/26 - 6	5/30/26						
Physical	Parameters (PPS)						1	l rou	itine (RT)	per quarte	
Samj	pling Point (Sampling Point ID)			Monitorin	g Period	Collec	tion Pe	riod	Compli	ance Status	
Selec	ct from Inventory of Active Sampling	g Points		4/1/25 - 6	5/30/25				Co	mplete	
				7/1/25 - 9	/30/25				Co	mplete	
			:	10/1/25 - 1	.2/31/25						
				1/1/26 - 3	3/31/26						
				4/1/26 - 6	5/30/26						
Water Sy	stem Facility: ENTRY POINT (N	VSF ID: 00700)									
Nitrate A	And Nitrite (NOX)							1	routine (F	RT) per yea	
Sam	pling Point (Sampling Point ID)		Monitoring Period				tion Pe	riod	Compliance Status		
ENTF	RY POINT (3)			1/1/24 - 1						mplete	
				1/1/25 - 1	· · ·			Со	mplete		
				1/1/26 - 1	2/31/26						
		Other Co	ompliance	Schedu	ıles						
Complian	ce Schedule Activity			D	ue Date		Achie	ved I	Date		
CROSS CO	NNECTION SURVEY REPORT			3/	/1/2026						
	Water S	ystem Facili	ity and Sar	npling (Point In	vento	ry				
Water		•	-			Total	Lead	and			
System	Water System Facility	Sampling Point	Sampling Poi	nt		Coliforn	п Сорј	per		Stage	
Facility IE)	ID	Description		Status	Rule	Rule	Tier	Asbestos	WQP 2 DBF	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	Α	Υ					
		CRESTBK001	MAINT LOWE	R SINK	Α	Υ					
		CRESTBK002	MAINT BATH	JPPER	Α	Υ					
		CRESTBK003	PRO SHOP ME	.NS	Α	Υ					
		CRESTBK004	PRO SHOP LA	DIES	Α	Υ					
		CRESTBK005	SNACK SHACK A			Υ					
		DOWNSTREAM	WITHIN 5 SERVICE CON A								
		UPSTREAM	WITHIN 5 SER	VICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT		Α						
22833	PRO-SHOP / MAINTENANCE WELL	2	PS / MA WELL		Α						

62065 IRON REMOVAL TREATMENT

Schedule Generation Date: 12/12/2025 Page 7

Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name				ssification	Population	Owner Type	Primary Source			
CT1530074	CRESTBROOK PARK PRO-SHOP/	MAINTENANCE		NC		25	Р	GW			
Local Address	(where applicable)	Service	Residen	ntial Commerci		al Industri	al Combin	ed Agricultural			
834 NORTHFI	ELD ROAD	Connections			2						
Towns Served	: WATERTOWN										

Connecticut Department of Public Health Drinking Water Section

			C	ontact Inf	ormation						
Name				Organization			Job Title				
Mr. Robert M Scan	nell			Town of Wat	ertown	Town Manager					
Mailing Address Line One Mailing Addr			ress Line Two		City	State	Zip Code				
Town Manager	Town Manager 424 Main St			reet		Waterto	wn	СТ	06795		
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	e Email Address					
860-945-5255						RSCANNELL@WATERTOWNCT.ORG					
Contact Role(s): Le	gal Contact		,								
Name				Organization		Job Title					
Mr. Michael Ganen	1			Town of Wat	Town of Watertown			Director			
Mailing Address Lin	e One		Mailing Add	ress Line Two			City		Zip Code		
61 Echo Lake Road					Waterto	wn	СТ	06795			
Business Phone	Extension	Fax	M	obile Phone	one Emergency Phone Email Address						
860-945-5246						ganem@	watertown	ct.org			

Contact Role(s): Administrative Contact, Legal Contact

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

End of schedule

Connecticut Dep Water Qu					U				ion	
PWS ID PWS Name									Type Pr	imary Source
CT1530094 1030 LITCHFIELD ROAD				NC		25		Р	7,50	GW
Local Address (where applicable)		Service Connections	Residen	tial Com	nmercia 1	l Ind	ustrial	Cor	nbined	Agricultural
Towns Served: WATERTOWN										
	Moni	toring Requ	iiromo	ntc						
Water System Facility: DISTRIBUTION			in eme	1103						
Total Coliform (3100)										per quarter
Sampling Point (Sampling Point ID)	5			ing Period		llectio	n Peri	od		ance Status
Select from Inventory of Active Samplir	ig Points			6/30/25						mplete
				9/30/25						mplete
				12/31/2					Col	mplete
				3/31/26 6/30/26						
Physical Parameters (PPS)							1 :	routin	e (RT) į	er quarter
Sampling Point (Sampling Point ID)		Monitori	ing Period	d Co	llectio	n Peri	od	Compli	ance Status	
Select from Inventory of Active Samplir		4/1/25 -	6/30/25					Co	mplete	
			7/1/25 -	9/30/25					Co	mplete
		:	10/1/25 -	12/31/2	5				Co	mplete
			1/1/26 -	3/31/26						
			4/1/26 -	6/30/26						
Water System Facility: ENTRY POINT (Nitrate (1040)	WSF ID: 00700									per quarter
Sampling Point (Sampling Point ID)				ing Period		llectio	n Peri	oa		ance Status
ENTRY POINT (3)				6/30/25						mplete
				9/30/25						mplete mplete
			10/1/25 - 12/31/25						CO	пріесе
			1/1/26 - 3/31/26 4/1/26 - 6/30/26							
Nitrite (1041)			4/1/20	0/30/20				1 rou	ıtine (R	T) per year
Sampling Point (Sampling Point ID)			Monitori	ing Period	d Co	llectio	n Peri		-	ance Status
ENTRY POINT (3)				12/31/24						mplete
()				12/31/25						nplete
				12/31/26						
	Other	Compliance	Sched	lules						
Compliance Schedule Activity				Due Date	?	A	Achiev	ed Dat	e	
SAMPLING SITE PLAN			3	3/31/2025	5					
Water 9	System Faci	ility and Sar	mpling	Point	Inve					
Water System Water System Easility	Camplina Dei	nt Sampling Poi	nt				Lead a			Charac
System Water System Facility Facility ID	Sampling Poin	Description	iit.	Charl			Coppe Rule T		bestos	Stage WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	101	UTILITY 3 BAY	SINK	<u>Statı</u> A	45	Y		7.3		
2230 2.2	102	COUNTER SIN		A		Y				
	103	DELI SINK		Α		Y				
	104	BATHROOM S	SINK	Α		Y				
	4	DISTRIBUTION				Y				

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source							
CT1530094	1030 LITCHFIELD ROAD						GW					
Local Address	(where applicable)	Service	Residen	ntial Commerc	ial Industri	ial Combin	ed Agricultural					
		Connections		1								

Connecticut Department of Public Health Drinking Water Section

Towns Served: WATERTOWN

Water System Facility and Sampling Point Inventory											
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR			
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
	UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700 ENTRY POINT	3	ENTRY POINT	Α								
22988 WELL #1	2	WELL #1	Α								
	Con	tact Information									

Contact Information												
Name			Job Title									
Mr. Rubel Choudhr	У											
Mailing Address Lin	e One		Mailing Address Line T	wo		City		Zip Code				
19 East Mall				Plainview NY 11				11803				
Business Phone	Extension	Fax	Mobile Phon	ne Emergency Pho	ne Email Ad	e Email Address						
631-492-0341					rubel288	rubel288@gmail.com						

Contact Role(s): Administrative Contact, Legal Contact, 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 schedule.

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

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	Connecticut De	partmen	nt of Public H	lealth	Drii	nking	Wate	r Se	ection	
		•	onitoring an							
PWS ID	PWS Name	dancy 111			1				ner Type F	Primary Source
CT1539024	VFW POST 5157					1C	27		Р	GW
Local Addre	ess (where applicable)		Service	Resident	ial Co	ommercia	Indust	rial	Combined	Agricultural
866 THOM	ASTON ROAD		Connections			1				_
Towns Serv	red: WATERTOWN									
		Mo	onitoring Requ	ireme	nts					
Water Sys	tem Facility: DISTRIBUTION	N SYSTEM (V	WSF ID: 00600)							
Total Coli	form (3100)							1 ro	utine (RT)	per quarter
Sampl	ling Point (Sampling Point ID)			Monitorir	ng Peri	iod Co	llection P	eriod	Comp	liance Status
Select	from Inventory of Active Samp	ling 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			C	omplete
				1/1/26 -	3/31/2	26				
				4/1/26 -	6/30/2	26				
-	Parameters (PPS)									per quarter
-	ling Point (Sampling Point ID)			Monitorir	_		llection P	eriod		liance Status
Select	from Inventory of Active Samp	ling Points		4/1/25 -						omplete
				7/1/25 -						omplete
				10/1/25 -					C	omplete
				1/1/26 -	-					
		/\.\CT.ID 00)=00\	4/1/26 -	6/30/2	26				
•	tem Facility: ENTRY POINT	(M2F ID: 00	1700)							
	nd Nitrite (NOX)			8 <i>8</i> = 14 =1-	0	:1	//+: D		-	RT) per year
_	ling Point (Sampling Point ID)			Monitorir 1/1/24 - 1			llection P	erioa		liance Status
ENTRY	POINT (3)			1/1/24 - 1						omplete omplete
				1/1/25 - 1					C	ompiete
		Dublic		· ·						
		Public	Notification R	•						
Violetion /	City ortion		Compliance Period	Notice		<u>Public No</u> :				<u>tification</u>
Violation/S E. Coli	olluation		7/10/17 - 10/3/17	Tier		equired	Perform		Due to DPH	
	orm M&R Violation		1/1/25 - 3/31/25	3		/3/2018 /1/2026			1 <mark>0/13/2018</mark> 10/11/2026	_
Total Collic		. C						-	10/11/2020)
	water	r System F	acility and Sar	npiing	Poin			_		
Water	Water System Facility	Camplina	Point Sampling Poil	a+		Tot		d and	1	Chana
System Facility ID	water System Facility	Sumpling ID	Description	π		Colife Tus Ru		pper e Tiel	r Ashestos	Stage WQP 2 DBPR
	DISTRIBUTION SYSTEM	4	DISTRIBUTION	ı		atus Ru A	.c nui	2 1161	7.550505	J. Q. Z DDFN
50000	DISTRIBUTION STSTEIN		REAM WITHIN 5 SER			A				
		UPSTRE				A				
00700	ENTRY POINT	3	ENTRY POINT			<u>/ </u>				
	WELL 1		WELL 1			A				
	·-		Contact Inform	nation						
Name			Organization	Hation					Job Title	
Mr. Robert	Neuman		VFW Post 5157						JOD TILLE	
	dress Line One	Mailing A	ddress Line Two				City		State	Zip Code
P.O. Box 33			aston Road			Waterto			CT	06795
C. DOX 33		200 111011	iaston nodu			vvaccito	****		Ci	55755

	Connectic	ut Depa	rtment c	of Public	: Health	Drir	ıking	g Water	Sec	tion			
	Wa	ter Qua	lity Moni	toring a	and Con	nplia	nce S	Schedul	le				
PWS ID	PWS Name					Classifi	cation	Population	Owne	r Type	Primary Source		
CT1539024	VFW POST 5157					N	С	27	ı	Р	GW		
Local Address (w	here applicable)			Service	Service Residen		mmerci	al Industri	al C	ombine	d Agricultural		
866 THOMASTON	N ROAD			Connectio	ons	ns		1					
Towns Served: W	_												
Business Phone	Extension	Fax	Mol	bile Phone	Emergency	/ Phone	Email Address						
860-274-1573		860-274-1573											
Contact Role(s):	Legal Contact												
Name				Organization					J	ob Title			
Water Oak Post													
Mailing Address I	Line One		Mailing Addre	ss Line Two		City		State	Zip Code				
Thomaston Rd				V			Watertown CT 06795-						
Business Phone	e Extension	Fax	Mol	Mobile Phone Emergency Phone			Email Address						
Contact Role(s):	Owner												
Name			(Organization				Job Title					
Mr. George Rear	don		\	/FW 5157									
Mailing Address I	Line One		Mailing Addre	ss Line Two				City		State	Zip Code		
P.O. Box 338	866 Thomasto	n Road			Water	town		CT	06795				
Business Phone	e Extension	Fax	Mol	bile Phone	Emergency	/ Phone	Email A	Address					
860-274-1573					203-232-	-6114							
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.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
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