

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1660262	WOLCOTT CONGREGATIONAL CHURCH	NC	31	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
185 CENTER STREET	Connections	1			

Towns Served: WOLCOTT

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 quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	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		

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: ENTRY POINT (WSFID: 00700)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit		Samples Req/Month	
		Minimum:	7 PH	4	Monitoring
Start Date: 1/1/2002	Entry Point pH Monitoring (PHRD)	Compliance History:	Operating Limit	Monitoring	Compliance Status:
		Monitoring Period	Compliance Status:	Compliance Status:	
		8/1/2025 - 8/31/2025			
		9/1/2025 - 9/30/2025			
		10/1/2025 - 10/31/2025			
		11/1/2025 - 11/30/2025			
		12/1/2025 - 12/31/2025			

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	3/5/2023	
CROSS CONNECTION EXEMPTION	3/1/2027	

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 Status	Asbestos Rule Tier	WQP 2 DBPR Status	Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			

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
CT1660262	WOLCOTT CONGREGATIONAL CHURCH	NC	31	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
185 CENTER STREET		1			

Towns Served: WOLCOTT

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
1051	WOLCOTT CONGREGATIONAL TREATMENT STATION							
10793	WELL #1	2	WELL #1	A				

Certified Operator Information

Water System Facility: WOLCOTT CONGREGATIONAL TREATMENT STATION (WSF ID: 1051)

Facility Classification:	CLASS 1 TREATMENT PLANT			Certification Expiration
Operator Name	Operator Type	Certification(s)		
WEID, JEREMIAH J.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I WATER TREATMENT PLANT OPERATOR - CLASS I	6/30/2028	12/31/2027

Contact Information

Name	Organization	Job Title
Board of Trustees Wolcott Cong. Church		
Mailing Address Line One	Mailing Address Line Two	City
185 Center Street		State Zip Code
Business Phone	Extension	Fax
203-879-1293		
Mobile Phone		Emergency Phone
		Email Address

Contact Role(s): Legal Contact, Owner

Name	Organization	Job Title
Mr. Dennis Dean	Wolcott Congregational Church	
Mailing Address Line One	Mailing Address Line Two	City
185 Center Street		State Zip Code
Business Phone	Extension	Fax
203-879-1293		
Mobile Phone		Emergency Phone
		Email Address
		203-695-1539 dennisrdean1258@att.net

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.

<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
CT1660014	ALL SAINTS EPISCOPAL CHURCH	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
282 BOUNDLINE ROAD	Connections		1		

Towns Served: WOLCOTT

Monitoring Requirements

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

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		

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)

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: 22600)

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	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 and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos Rule Tier	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					
22600	WELL	2	WELL	A					
60918	TREATMENT PLANT								

Contact Information

Name	Organization	Job Title
Mr. Eric Sanderson	All Saints Episcopal Church	Junior Warden
Mailing Address Line One	Mailing Address Line Two	City State Zip Code

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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
CT1660014	ALL SAINTS EPISCOPAL CHURCH	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
282 BOUNDLINE ROAD			1		

Towns Served: WOLCOTT

PO Box 6015					Wolcott	CT	06716
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-879-4589		203-758-2769		203-597-7838			

Contact Role(s): Legal Contact

Name	Organization	Job Title
Episcopal Diocese of Connecticut		
Mailing Address Line One	Mailing Address Line Two	City
1335 Asylum Avenue		Hartford
Business Phone	Extension	State
800-233-4481		Zip Code
800-233-4481		CT
800-233-4481		06105-2295
Business Phone	Extension	Email Address
800-233-4481		
800-233-4481		

Contact Role(s): Owner

Name	Organization	Job Title
Mr. Phil J. Mazur	All Saints Church	Junior Warden
Mailing Address Line One	Mailing Address Line Two	City
P.O. Box 6015		State
Business Phone	Extension	Zip Code
860-995-8910		Wolcott
860-995-8910		CT
860-995-8910		06716
Business Phone	Extension	Email Address
860-995-8910		
860-995-8910		

Contact Role(s): Administrative Contact

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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
CT1660084	KRYSTAL GARDENS	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1146 SPINDLE HILL ROAD			1		

Towns Served: WOLCOTT

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		

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification Required	Public Notification Performed	PN Certification Due to DPH	PN Certification Received
GROUNDWATER RULE TT Violation	6/17/23 - 2/1/24	2	11/9/2023		11/19/2023	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos Rule Tier	WQP 2 DBPR Stage
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				
22607	WELL	2	WELL	A				
58045	TREATMENT PLANT							
58047	PRESSURE TANKS							

Contact Information

Name	Organization	Job Title
Ms. Lisa Mottillo	Krystal Gardens	
Mailing Address Line One	Mailing Address Line Two	City
42 Ferrone Avenue		State
Business Phone	Extension	Zip Code
Fax	Mobile Phone	Waterbury
Emergency Phone	Email Address	CT
		06705

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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
CT1660084	KRYSTAL GARDENS			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1146 SPINDLE HILL ROAD				1			
Towns Served: WOLCOTT							
203-879-4050				krystalgardenscatering@yahoo.com			
Contact Role(s): Administrative Contact, Legal Contact, Owner							
Please note the following: <ol style="list-style-type: none"> 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. 							
<i>If you have any questions, please contact the Drinking Water Section at (860) 509-7333.</i> 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
CT1660094	FARMINGBURY GOLF COURSE	NC	49	P	GW
Local Address (where applicable)	141 EAST STREET	Service Connections	Residential	Commercial	Industrial
			2	Combined	Agricultural

Towns Served: WOLCOTT

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		

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: ENTRY POINT (WSFID: 00700)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit		Samples Req/Month
		Minimum:	6.4 PH	
pH	Entry Point pH Monitoring (PHRD)			4
Start Date:	3/1/2010	Compliance History:	Operating Limit	Monitoring
		Monitoring Period	Compliance Status:	Compliance Status:
		8/1/2025 - 8/31/2025		
		9/1/2025 - 9/30/2025		
		10/1/2025 - 10/31/2025		
		11/1/2025 - 11/30/2025		
		12/1/2025 - 12/31/2025		

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	Total Coliform		Lead and Copper Rule		Stage WQP 2 DBPR
				Status	Rule Tier	Asbestos	WQP 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	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
CT1660094	FARMINGBURY GOLF COURSE	NC	49	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
141 EAST STREET			2		

Towns Served: WOLCOTT

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR	
00700	ENTRY POINT	3	ENTRY POINT	A				
22608	WELL	2	WELL	A				
56730	TREATMENT PLANT							

Contact Information

Name	Organization	Job Title
Mr. Christopher Dinunzio	Farmingbury Golf Course	
Mailing Address Line One	Mailing Address Line Two	City
141 East Street		State Zip Code
Business Phone	Extension	Fax
203-879-8823		
Mobile Phone		Emergency Phone
		Email Address
		CZO71@yahoo.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.

<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
CT1660114	NOURLA ENERGY	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
1520 WOLCOTT ROAD	Connections		1		

Towns Served: WOLCOTT

Monitoring Requirements

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

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		

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)

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
RESPOND TO SANITARY SURVEY	5/25/2023	
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	8/25/2023	
CROSS CONNECTION SURVEY REPORT	3/1/2026	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Distribution Color MCL Violation	1/1/07 - 3/31/07	2	8/29/2007		9/8/2007	
GROUNDWATER RULE TT Violation	8/26/23 -	2	11/5/2023		11/15/2023	
Physical Parameters M&R Violation	7/1/23 - 9/30/23	3	6/6/2025		6/16/2025	
Total Coliform M&R Violation	7/1/23 - 9/30/23	3	6/6/2025		6/16/2025	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform		Lead and Copper Rule		Asbestos Rule Tier		Stage WQP 2 DBPR
				Status	Rule	Rule Tier	Asbestos			
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						
22610	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
CT1660114	NOURIA ENERGY	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1520 WOLCOTT ROAD			1		

Towns Served: WOLCOTT

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Status	Lead and Coliform Rule	Copper Rule Tier	Asbestos WQP 2	Stage DBPR
54157	TREATMENT PLANT							

Contact Information

Name	Organization	Job Title		
Mr. Marty Fallon	High Point Gardens	General Manager		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
15 Grilley Rd		Wolcott	CT	06716
Business Phone	Extension	Fax	Mobile Phone	Email Address
475-219-9200		203-879-6161	203-232-8006	marty@chabothg.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.

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1660134	J & M PIZZA	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
1512 WOLCOTT ROAD	Connections		1		

Towns Served: WOLCOTT

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 (1040)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	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		

Nitrite (1041)	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		

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification Required	Public Notification Performed	PN Certification Due to DPH	PN Certification Received
Total Coliform M&R Violation	6/1/04 - 6/30/04	2	12/8/2004		12/18/2004	
Total Coliform M&R Violation	1/1/06 - 3/31/06	2	6/30/2006		7/10/2006	

Water System Facility and Sampling Point Inventory

Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper	Stage
				Rule	Rule Tier	
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			
22612 WELL	2	WELL	A			
60668 TREATMENT PLANT						

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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
CT1660134	J & M PIZZA	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1512 WOLCOTT ROAD			1		

Towns Served: WOLCOTT

Contact Information

Name	Organization	Job Title		
Mr. Felix Garcia	Garcia Restaurant, LLC	Owner		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
1512 Wolcott Rd		Wolcott	CT	06716
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
203-560-8243				203-560-8243
				Email Address
				felixo1981@icloud.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.

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1660154	THE LAKE HOUSE	NC	300	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
66 CENTRAL AVENUE			1		

Towns Served: WOLCOTT

Monitoring Requirements

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

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		

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)

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	Total Coliform Status	Lead Rule	Copper Rule Tier	Asbestos	WQP 2	DBPR	Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y					
	DOWNSTREAM	WITHIN 5 SERVICE CON		A						
	LAKE005	BRIDAL SUITE #1 SINK		A	Y	2				Y
	LAKE006	WOMENS BATH SINK #1		A	Y	2				
	LAKE007	WOMENS BATH SINK #2		A	Y	2				
	LAKE008	WOMENS BATH SINK #3		A	Y	2				
	LAKE009	WOMENS BATH SINK #4		A	Y	2				
	LAKE010	BRIDAL SUITE SINK #2		A	Y	2				
	LAKE011	MENS BATH SINK #1		A	Y	2				
	LAKE012	MENS BATH SINK #2		A	Y	2				
	LAKE013	MENS BATH SINK #3		A	Y	2				
	LAKE014	KITCHEN BATH SINK		A	Y	2				
	LAKE015	KITCHEN HAND SINK		A	Y	2				
	UPSTREAM	WITHIN 5 SERVICE CON		A						
00700	ENTRY POINT	3	ENTRY POINT	A						
22614	WELL	2	WELL	A						
62674	ATMOSPHERIC STORAGE									

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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
CT1660154	THE LAKE HOUSE	NC	300	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
66 CENTRAL AVENUE			1		

Towns Served: WOLCOTT

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total	Lead and Coliform	Copper	Stage	
				Status	Rule	Rule Tier		
62675	VFD BOOSTER PUMPS							

Contact Information

Name	Organization	Job Title		
Mr. Peter Giordano	66 Central Ave LLC	Member		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
66 Central Ave		Wolcott	CT	06716
Business Phone	Extension	Fax	Mobile Phone	Email Address
203-879-3273				914-490-4821 66centralace@gmail.com

Contact Role(s): **Administrative 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

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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
CT1660164	1189 WOLCOTT ROAD	NC	37	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1189 WOLCOTT ROAD			1		

Towns Served: WOLCOTT

Monitoring Requirements

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

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		

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)

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		

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: ENTRY POINT (WSFID: 00700)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit		Samples Req/Month	
		Minimum:	6.4 PH	4	Monitoring
pH	Entry Point pH Monitoring (PHRD)				Compliance Status:
Start Date:	10/1/2009	Compliance History:		Operating Limit	
		Monitoring Period		Monitoring	Compliance Status:
		8/1/2025 - 8/31/2025			
		9/1/2025 - 9/30/2025			
		10/1/2025 - 10/31/2025			
		11/1/2025 - 11/30/2025			
		12/1/2025 - 12/31/2025			

Other Compliance Schedules

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

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform		Lead and Copper Rule		Stage	
				Status	Rule	Rule Tier	Asbestos	WQP 2	DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A					
		UPSTREAM	WITHIN 5 SERVICE CON	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
CT1660164	1189 WOLCOTT ROAD	NC	37	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1189 WOLCOTT ROAD			1		

Towns Served: WOLCOTT

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR	
00700	ENTRY POINT	3	ENTRY POINT	A				
22615	WELL	2	WELL	A				
56456	TREATMENT PLANT							

Contact Information

Name	Organization	Job Title		
Mr. Steven Cronan		Owner		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
1189 Wolcott Road		Wolcott	CT	06716
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
203-257-5546				203-509-3413 sjcsjw@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

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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
CT1660194	PLAZA AT 382-390 WOLCOTT ROAD- BACK WELL	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
382-390 WOLCOTT ROAD	Connections		1		

Towns Served: WOLCOTT

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	Total Coliform Status	Lead and Copper Rule	Asbestos Rule Tier	WQP 2 DBPR Stage
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			
22618	WELL	2	WELL	A			

Contact Information

Name	Organization	Job Title
Mr. Vincenzo Parziale	Aries And Taurus LLC	Property Mngr
Mailing Address Line One	Mailing Address Line Two	City
10 High Ridge Run		State
Business Phone	Extension	Zip Code
		Bristol
		CT
		06010
203-233-8273	203-592-8832	vparziale782@gmail.com

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
CT1660194	PLAZA AT 382-390 WOLCOTT ROAD- BACK WELL	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
382-390 WOLCOTT ROAD	Connections		1		

Towns Served: WOLCOTT

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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1660214	ROCKSTAR LOUNGE	NC	35	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
1652 WOLCOTT ROAD	Connections		1		

Towns Served: WOLCOTT

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 (1040)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	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		

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: 22620)

E. Coli (3014)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	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		

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: ENTRY POINT (WSFID: 00700)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7.0 PH	4
Start Date: 8/1/2018	Compliance History: Monitoring Period	Operating Limit	Monitoring
	8/1/2025 - 8/31/2025	Compliance Status:	Compliance Status:
	9/1/2025 - 9/30/2025		

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1660214	ROCKSTAR LOUNGE	NC	35	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1652 WOLCOTT ROAD			1		

Towns Served: WOLCOTT

Water System Facility: ENTRY POINT (WSFID: 00700)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7.0 PH	4
Start Date: 8/1/2018		Compliance History: Monitoring Period	Operating Limit Compliance Status: Monitoring Compliance Status:
		10/1/2025 - 10/31/2025	
		11/1/2025 - 11/30/2025	
		12/1/2025 - 12/31/2025	

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 Status	Asbestos Rule Tier	WQP 2 Stage	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				
22620	WELL	2	WELL	A				
61055	CALCITE FILTER							

Contact Information

Name	Organization	Job Title
Mr. Andrew Wielblad	M Properties LLC	Owner
Mailing Address Line One	Mailing Address Line Two	City
1652 Wolcott Rd		State
Business Phone	Extension	Zip Code
860-828-7773	860-828-5522	Wolcott
		CT
		06716
Email Address		
860-983-0475	info@irockstarnow.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

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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
CT1660234	PETERSON PARK	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
MAD RIVER ROAD			1		

Towns Served: WOLCOTT

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
	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
	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	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	

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: ENTRY POINT (WSFID: 00700)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit		Samples Req/Month	
		Minimum: 7 PH		4	
pH	Entry Point pH Monitoring (PHRD)				
Start Date: 9/1/2013		Compliance History:	Monitoring Period	Operating Limit	Monitoring
		8/1/2025 - 8/31/2025		Compliance Status:	Compliance Status:
		9/1/2025 - 9/30/2025			
		10/1/2025 - 10/31/2025			
		11/1/2025 - 11/30/2025			
		12/1/2025 - 12/31/2025			

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform		Lead and Copper Rule Tier	Asbestos	WQP 2 DBPR
				Status	Rule			
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				
22622	WELL	2	WELL	A				
58387	TREATMENT PLANT							

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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
CT1660234	PETERSON PARK	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
MAD RIVER ROAD			1		

Towns Served: WOLCOTT

Contact Information

Name	Organization	Job Title		
Mr. James Carey	Town of Wolcott	Park&Rec Supervisor		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
48 Todd Rd		Wolcott	CT	06716
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone Email Address jcarey@wolcottct.org
203-879-8140				

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1660274	ST. PIUS X CHURCH	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
525 WOODTICK ROAD			1		

Towns Served: WOLCOTT

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	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	WQP 2 DBPR Stage
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			
22626	WELL	2	WELL	A			
55429	TREATMENT PLANT						

Contact Information

Name	Organization			Job Title		
Deacon Emil Croce	St. Pius X			Office Manager		
Mailing Address Line One	Mailing Address Line Two			City	State	Zip Code
525 Woodtick Road				Wolcott	CT	06716
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
203-879-2544					dcn.croce@aohgct.org	
Contact Role(s):	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
CT1660274	ST. PIUS X CHURCH				NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
525 WOODTICK ROAD				1				
Towns Served: WOLCOTT								
Name			Organization			Job Title		
Monsignor Thomas Ginty			St Basil The Great Parish Corp			Pastor		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code	
525 Woodtick Rd					Wolcott	CT	06716	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-879-2544		203-879-2545			msgr.ginty@aohct.org			

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

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1660304	WOLCOTT BASEBALL ASSOCIATION	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
NICHOLS ROAD			1		

Towns Served: WOLCOTT

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
	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
	4/1/26 - 6/30/26		

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

Nitrate (1040)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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		
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
RESPOND TO SANITARY SURVEY	11/8/2025	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
REVISED TOTAL COLIFORM RULE (RTCR)	4/23/25 - 5/9/25	3	12/9/2026		12/19/2026	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform		Lead and Copper		Stage WQP 2 DBPR
				Status	Rule	Rule Tier	Asbestos	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		HAND SINK	HAND SINK GRILL	A	Y	2		
		LADIES ROOM	LADIES ROOM SINK	A	Y	2		
		MENS ROOM	MENS ROOM SINK	A	Y	2		
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22628	WELL	2	WELL	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
CT1660304	WOLCOTT BASEBALL ASSOCIATION	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
NICHOLS ROAD			1		

Towns Served: WOLCOTT

Contact Information

Name	Organization	Job Title		
Mr. Gary Finke	Wolcott Baseball Association	Co-Treasurer		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
PO Box 6119		Wolcott	CT	06716
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
203-704-7926				Email Address baw06716@gmail.com

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

Name	Organization	Job Title		
Mr. Michael Salvatore	Wolcott Baseball Association			
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
PO Box 6119	Nichols Road	Wolcott	CT	06716
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
860-560-3637				Email Address baw06716@gmail.com

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

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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
CT1660314	WOLCOTT LANES, INC	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
955 WOLCOTT ROAD			1		

Towns Served: WOLCOTT

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	Total Coliform Status	Lead and Copper Rule	Asbestos Rule Tier	WQP 2	DBPR Stage
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				
22629	WELL	2	WELL	A				
54163	TREATMENT PLANT							

Contact Information

Name	Organization			Job Title		
Mr. Todd R. Welton	Wolcott Lanes.Inc.			Owner		
Mailing Address Line One	Mailing Address Line Two			City	State	Zip Code
955 Wolcott Rd	P.O. Box 6122			Wolcott	CT	06716
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
203-879-1469		203-879-1469		203-879-7466	TPBMJ@AOL.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
CT1660314	WOLCOTT LANES, INC				NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
955 WOLCOTT ROAD				1				
Towns Served: WOLCOTT								
Name			Organization			Job Title		
955 Wolcott Rd LLC								
Mailing Address Line One		Mailing Address Line Two			City		State	Zip Code
955 Wolcot Rd					Wolcott		CT	06716
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			

Contact Role(s): **Owner**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1660374	WOLCOTT LAND OWNERS PROTECTIVE ASSN. INC	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
920 WOODTICK ROAD	Connections		1		

Towns Served: WOLCOTT

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

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification Required	Public Notification Performed	PN Certification Due to DPH	PN Certification Received
Total Coliform M&R Violation	7/1/04 - 9/30/04	2	3/17/2005		3/27/2005	
Total Coliform M&R Violation	10/1/04 - 12/31/04	2	7/7/2005		7/17/2005	
Total Coliform M&R Violation	1/1/05 - 3/31/05	2	9/3/2005		9/13/2005	
Physical Parameters M&R Violation	7/1/04 - 9/30/04	3	2/15/2006		2/25/2006	
Physical Parameters M&R Violation	10/1/04 - 12/31/04	3	6/7/2006		6/17/2006	

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 Status	Asbestos Rule Tier	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			
22633	WELL	2	WELL	A			
54145	TREATMENT PLANT						

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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
CT1660374	WOLCOTT LAND OWNERS PROTECTIVE ASSN. INC	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
920 WOODTICK ROAD	Connections		1		

Towns Served: WOLCOTT

Contact Information

Name	Organization	Job Title		
Mr. Frank Noble	Wolcott Landowners Association	President		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
920 Woodtick Road		Wolcott	CT	06716
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
203-910-8781				Email Address FNPN1@SBCGLOBAL.NET

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.

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1660384	1273 WOLCOTT ROAD (WOLCOTT INN & SUITES)	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1273 WOLCOTT ROAD			1		

Towns Served: WOLCOTT

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		

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Nitrate And Nitrite M&R Violation	1/1/24 - 12/31/24	3	2/6/2026		2/16/2026	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos Rule Tier	WQP 2 DBPR Stage
				A	Y		
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
	DOWNSTREAM	WITHIN 5 SERVICE CON	A				
	UPSTREAM	WITHIN 5 SERVICE CON	A				
00700 ENTRY POINT	3	ENTRY POINT	A				
22634 WELL	2	WELL	A				
54159 TREATMENT PLANT							
54161 ATMOSPHERIC STORAGE TANK							

Contact Information

Name	Organization	Job Title
Mr. Viral Patel	Wolcott Inn & Suites	
Mailing Address Line One	Mailing Address Line Two	City
1273 Wolcott Rd		State
Business Phone	Extension	Zip Code
1273 Wolcott Rd		CT
		06716
Fax	Mobile Phone	Email Address
Emergency Phone		

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
CT1660384	1273 WOLCOTT ROAD (WOLCOTT INN & SUITES)			NC	25	P	GW
Local Address (where applicable)		Service	Residential	Commercial	Industrial	Combined	Agricultural
1273 WOLCOTT ROAD		Connections		1			
Towns Served: WOLCOTT							
203-879-4618			203-879-8097	amerivuwolcott@gmail.com			
Contact Role(s): Administrative Contact, Legal Contact, Owner							
Please note the following: <ol style="list-style-type: none"> 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. 							
<i>If you have any questions, please contact the Drinking Water Section at (860) 509-7333.</i> 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
CT1660394	WOLCOTT PUBLIC LIBRARY	NC	25	L	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
469 BOUNDLINE ROAD			1		

Towns Served: WOLCOTT

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	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	WQP 2 DBPR Stage
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			
22635	WELL	2	WELL	A			
63337	TREATMENT						

Contact Information

Name	Organization			Job Title		
Wolcott						
Mailing Address Line One	Mailing Address Line Two			City	State	Zip Code
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
Contact Role(s): 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
CT1660394	WOLCOTT PUBLIC LIBRARY				NC	25	L	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
469 BOUNDLINE ROAD				1				
Towns Served: WOLCOTT								
Name			Organization			Job Title		
Mr. Matt Earls			Wolcott Public Library			Library Director		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code	
469 Bound Line Road					Wolcott	CT	06716	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-879-6720					mearls@wolcottct.gov			

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

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1660404	WOLCOTT TOWN HALL	NC	25	L	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
10 KNEA AVE			1		

Towns Served: WOLCOTT

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 (1040)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	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		

Nitrite (1041)	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		

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Nitrate MCL Violation	1/1/13 - 3/31/13	1	2/20/2013		3/2/2013	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					A	Y	A	A
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22636	WELL	2	WELL	A				
54749	TREATMENT PLANT							

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
CT1660404	WOLCOTT TOWN HALL	NC	25	L	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
10 KNEA AVE			1		

Towns Served: WOLCOTT

Contact Information

Name		Organization			Job Title		
Mr. Peter R. Parks					Building Official		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
10 Kenea Avenue					Wolcott	CT	06716
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-879-8100	136				pparks@wolcottct.org		
Contact Role(s): Administrative Contact							
Name		Organization			Job Title		
Wolcott							
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
Contact Role(s): 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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT160424	WOODTICK RECREATIONAL STAND	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
201 NICHOLS ROAD			1		

Towns Served: WOLCOTT

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Out of Service
	9/1/25 - 9/30/25		Out of Service
	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		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Out of Service
	9/1/25 - 9/30/25		Out of Service
	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		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Out of Service
	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	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	WQP 2	DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNTSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22638	WELL	2	WELL	A				

Contact Information

Name	Organization				Job Title				
Mr. Thomas Dunn	Town of Wolcott				Mayor				
Mailing Address Line One	Mailing Address Line Two		City		State	Zip Code			
Town of Wolcott	10 Kenea Avenue		Wolcott		CT	06716			
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-879-8100	102	203-879-1542			tdunn@wolcottct.org				

Contact Role(s): Administrative Contact

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
CT1660424	WOODTICK RECREATIONAL STAND				NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
201 NICHOLS ROAD				1				
Towns Served: WOLCOTT								
Name		Organization			Job Title			
Town of Wolcott								
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code	
10 Kenea Rd					Wolcott	CT	06716	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-879-8100								

Contact Role(s): **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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1660494	HIGH POINT GARDENS	NC	40	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
15 GRILLEY ROAD			1		

Towns Served: WOLCOTT

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	3/1/2021	
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	
RESPOND TO SANITARY SURVEY	4/20/2025	
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	7/19/2025	
CROSS CONNECTION SURVEY REPORT	3/1/2026	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification Required	Public Notification Performed	PN Certification Due to DPH	PN Certification Received
GROUNDWATER RULE TT Violation	7/20/25 -	2	10/11/2025		10/21/2025	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Stage
					Asbestos	WQP 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		UPSTREAM	WITHIN 5 SERVICE CON	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
CT1660494	HIGH POINT GARDENS	NC	40	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
15 GRILLEY ROAD			1		

Towns Served: WOLCOTT

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2	DBPR
					Lead and Copper Rule Tier	Asbestos	Stage WQP 2	DBPR	
00700	ENTRY POINT	3	ENTRY POINT	A					
22878	WELL #1	2	WELL #1	A					
22922	WELL #2	2	WELL #2	A					
46645	TREATMENT PLANT								
61662	ATMOSPHERIC STORAGE								
61663	HYDROPNEUMATIC STORAGE								

Contact Information

Name	Organization	Job Title		
Mr. Marty Fallon	High Point Gardens	General Manager		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
15 Grilley Rd		Wolcott	CT	06716
Business Phone	Extension	Fax	Mobile Phone	Email Address
475-219-9200		203-879-6161	203-232-8006	marty@chabothg.com

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

Name	Organization	Job Title		
Mr. Nick Chabot	High Point Gardens	Owner		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
15 Grilley Road		Wolcott	CT	06716
Business Phone	Extension	Fax	Mobile Phone	Email Address
475-219-9200			860-459-9821	nick@chabothg.com

Contact Role(s): **Owner**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this

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
CT1660544	WOLCOTT VFW POST 1979	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
1115 WOLCOTT ROAD	Connections				1

Towns Served: WOLCOTT

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 (1040)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	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		

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		

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: ENTRY POINT (WSFID: 00700)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
pH	Entry Point pH Monitoring (PHRD)	Minimum: 6.4 PH	4
Start Date: 8/1/2004	Compliance History:	Operating Limit	Monitoring
	Monitoring Period	Compliance Status:	Compliance Status:
	8/1/2025 - 8/31/2025		
	9/1/2025 - 9/30/2025		
	10/1/2025 - 10/31/2025		
	11/1/2025 - 11/30/2025		
	12/1/2025 - 12/31/2025		

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 Status	Asbestos Rule Tier	WQP 2 DBPR Status	Stage

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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
CT1660544	WOLCOTT VFW POST 1979	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1115 WOLCOTT ROAD					1

Towns Served: WOLCOTT

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					Y	Rule Tier	WQD	DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y	A	A	A
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22919	VFW WELL #1	2	WELL #1	A				
48883	CALCITE FILTER							

Contact Information

Name	Organization	Job Title		
Mr. Paul J. Gallucci	Wolcott V.F.W. Post 1979	Post Quartermaster		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
P. O. Box 6079	1115 Wolcott Road	Wolcott	CT	06716
Business Phone	Extension	Fax	Mobile Phone	Email Address
203-879-6891			203-525-2874	wolcottvfw1979@hotmail.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.

<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
CT1660564	RIETDYKE SENIOR CENTER	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
211 NICHOLS ROAD					1

Towns Served: WOLCOTT

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		

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: ENTRY POINT (WSFID: 00700)

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7 PH	4
Start Date: 11/1/2009	Compliance History:	Operating Limit	Monitoring
	Monitoring Period	Compliance Status:	Compliance Status:
	8/1/2025 - 8/31/2025		
	9/1/2025 - 9/30/2025		
	10/1/2025 - 10/31/2025		
	11/1/2025 - 11/30/2025		
	12/1/2025 - 12/31/2025		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	9/29/2019	
RESPOND TO SANITARY SURVEY	9/29/2019	

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 Tier	Asbestos WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM DOWNSTREAM WITHIN 5 SERVICE CON	A	Y	

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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
CT1660564	RIETDYKE SENIOR CENTER	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
211 NICHOLS ROAD					1

Towns Served: WOLCOTT

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total	Lead and Coliform	Copper Rule	Asbestos Rule Tier	Stage WQP 2	DBPR
	UPSTREAM	WITHIN 5 SERVICE CON		A						
00700	ENTRY POINT	3	ENTRY POINT	A						
23020	WELL	2	WELL	A						
56501	TREATMENT PLANT									
61556	HYDROPNEUMATIC TANK									

Contact Information

Name	Organization	Job Title		
Ms. Donna Belval	Charles Rietdyke Senior Center	Activities Director		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
211 Nichols Road		Wolcott	CT	06716
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
203-879-8133		203-879-7605		203-578-5704
				dbelval@wolcottct.org

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

Name	Organization	Job Title		
Ms. Mary Morrone	Town of Wolcott	Municipal Agent		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
10 Kenea Ave		Wolcott	CT	06716
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
203-879-8100	103			
				mmorrone@wolcott.ct.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
CT1660594	WOLCOTT ACTIVITY AND LEARNING CENTER	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
48 TODD ROAD					2

Towns Served: WOLCOTT

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	Total	Lead and Coliform	Copper Rule Tier	Asbestos	WQP 2 DBPR Stage			
				Status	Rule						
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							
48237	WELL	2	WELL	A							

Contact Information

Name	Organization	Job Title
Mr. Philip J. Olmstead	Wolcott Town Hall - Water Dept	Water Administrator
Mailing Address Line One	Mailing Address Line Two	City
C/O Wolcott Town Hall	10 Kenea Avenue	State
Business Phone	Extension	Zip Code
203-879-8141	203-879-8143	Wolcott
Emergency Phone	Mobile Phone	CT
203-879-1414	203-879-1414	06716
Email Address		
polmstead@wolcottct.org		

Contact Role(s): Administrative Contact, Legal Contact

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
CT1660594	WOLCOTT ACTIVITY AND LEARNING CENTER	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
48 TODD ROAD	Connections				2

Towns Served: WOLCOTT

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1660604	AMERICAN LEGION POST 165	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1253 WOLCOTT ROAD			2		

Towns Served: WOLCOTT

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		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY		2/5/2006

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Tier	Asbestos WQP 2 DBPR	Stage
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			
48810	WELL #1	2	WELL #1	A			
48814	WELL #2	2	WELL#2	A			
62184	TREATMENT PLANT						

Contact Information

Name	Organization				Job Title
Mr. Richard Merritt	American Legion Post 165				Finance
Mailing Address Line One	Mailing Address Line Two		City	State	Zip Code
PO Box 6370		Wolcott	CT	06716	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-233-2177					ctalpost165@gmail.com

Contact Role(s): Administrative Contact, Legal Contact

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
CT1660604	AMERICAN LEGION POST 165	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1253 WOLCOTT ROAD			2		

Towns Served: WOLCOTT

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1669114	2 NORTH STREET	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
2 NORTH STREET			1		

Towns Served: WOLCOTT

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	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	WQP 2 DBPR Stage
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			
52517	WELL 1	2	WELL 1	A			
57576	TREATMENT PLANT						

Contact Information

Name	Organization				Job Title		
Ms. Michelle Dube	Hangry Fork				Admin		
Mailing Address Line One	Mailing Address Line Two			City	State	Zip Code	
2 North St.				Wolcott	CT	06716	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-441-4068					k9mdube@yahoo.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
CT1669114	2 NORTH STREET	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
2 NORTH STREET			1		

Towns Served: WOLCOTT

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1669144	WOLCOTT SPORTS COMPLEX	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
473 SPINDLE HILL ROAD			1		

Towns Served: WOLCOTT

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		

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Distribution Turbidity MCL Violation	10/1/08 - 12/31/08	2	2/14/2009		2/24/2009	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	WQP 2 DBPR	Stage
				Rule	Tier			
00600 DISTRIBUTION SYSTEM	3	GENERATED BY BATCH	A	Y				
	4	DISTRIBUTION	A					
	DOWNSTREAM	WITHIN 5 SERVICE CON	A					
	UPSTREAM	WITHIN 5 SERVICE CON	A					
00700 ENTRY POINT	3	ENTRY POINT	A					
55392 WELL 1	2	WELL 1	A					
63088 TREATMENT								

Contact Information

Name	Organization	Job Title
Mr. Carmen Romeo	Wolcott Sports Complex	Treasurer
Mailing Address Line One	Mailing Address Line Two	City
44 Chase River Road		State
Business Phone	Emergency Phone	Zip Code
Extension	Fax	Waterbury
Mobile Phone		CT
	Email Address	06704

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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
CT1669144	WOLCOTT SPORTS COMPLEX			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
473 SPINDLE HILL ROAD				1			
Towns Served: WOLCOTT							
203-910-5664				cromeo99@gmail.com			
Contact Role(s): Administrative Contact, Legal Contact							
Please note the following: <ol style="list-style-type: none"> 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 <p style="text-align: center;"><i>If you have any questions, please contact the Drinking Water Section at (860) 509-7333.</i></p> <p style="text-align: center;">http://www.ct.gov/dph/publicdrinkingwater</p>							
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
CT1669154	WOODTICK PAVILION	NC	25	L	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
201 NICHOLS ROAD					1

Towns Served: WOLCOTT

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	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		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	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		
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	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	WQP 2 Stage	DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNTSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
61670	WELL 1	2	WELL 1	A				

Contact Information

Name	Organization				Job Title				
Mr. Thomas Dunn	Town of Wolcott				Mayor				
Mailing Address Line One	Mailing Address Line Two		City		State	Zip Code			
Town of Wolcott	10 Kenea Avenue		Wolcott		CT	06716			
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-879-8100	102	203-879-1542			tdunn@wolcottct.org				

Contact Role(s): Administrative Contact

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
CT1669154	WOODTICK PAVILION				NC	25	L	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
201 NICHOLS ROAD						1		
Towns Served: WOLCOTT								
Name		Organization			Job Title			
Town of Wolcott								
Mailing Address Line One		Mailing Address Line Two			City		State	Zip Code
10 Kenea Rd					Wolcott		CT	06716
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-879-8100								

Contact Role(s): **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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1669164	DOLLAR GENERAL WOLCOTT	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1651 WOLCOTT ROAD, WOLCOTT, CT					1

Towns Served: WOLCOTT

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
DISTRIBUTION (4)	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	Total Coliform Status	Lead and Copper Rule	Asbestos Rule Tier	WQP 2	DBPR	Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A	Y				
		DOWNSTREAM	5 SERVICE CONNECTION	A	Y				
		UPSTREAM	5 SERVICE CONNECTION	A	Y				
00700	ENTRY POINT	3	ENTRY POINT	A					
61968	WELL 1	2	WELL	A					
63338	TREATMENT PLANT								

Contact Information

Name	Organization			Job Title		
Mr. Mark Cipriano	Napoli Prospect, LLC			Managing Partner		
Mailing Address Line One	Mailing Address Line Two			City	State	Zip Code
58 Pleasant Drive				Southbury	CT	06488
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
			203-509-6525		Markcipriano1@gmail.com	

Contact Role(s): 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
CT1669164	DOLLAR GENERAL WOLCOTT	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
1651 WOLCOTT ROAD, WOLCOTT, CT	Connections				1
Towns Served: WOLCOTT					
Name	Organization	Job Title			
Mr. Kristin Elliott	Dollar General Wolcott	Env Serv Manager			
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code	
100 Mission Ridge		Goodlettsville	TN	37072	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
615-855-5365					EnvCompliance@dollargeneral.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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End of schedule

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