Connecticut Dep							ection	
	ality Monit	oring and						
PWS ID PWS Name		_	C					rimary Source
CT0010024 ANDOVER TOWN HALL &	FIRE DEPARTMENT		5	NC		25	Р	GW
Local Address (where applicable)		Service Connections	Residentia			ndustrial	Combined	Agricultural
11 & 17 SCHOOL STREET		Connections		2				
Towns Served: ANDOVER								
Water System Facility: <b>DISTRIBUTION</b>		oring Requi	rement	:S				
Chlorine Residual (1012)	ISISILIVI (VVSFI	D. 00000j				1 ro	utino (DT)	per quarter
Sampling Point (Sampling Point ID)		٨	/lonitoring	Period	Collect	ion Period		iance Status
Select from Inventory of Active Sampli	ing Points		0/1/23 - 12		Conce	ion i ciiou		omplete
Select from inventory of Active Sample	ing i onits		1/1/24 - 3/					mplete
			1/1/24 - 3/ 4/1/24 - 6/	•				, inpicte
			7/1/24 - 9/	•				
Total Coliform (3100)			771/24-3/	30/24		1 ro	utine (RT)	per quarter
Sampling Point (Sampling Point ID)		٨	/lonitoring	Period	Collect	ion Period		iance Status
Select from Inventory of Active Sampli	ing Points		0/1/23 - 12		Concet	1011 1 01104		omplete
Select from inventory of Active Sumpli	ing romits		1/1/24 - 3/					mplete
			4/1/24 - 6/					- Inpiece
			7/1/24 - 9/					
Physical Parameters (PPS)			., _, ,			1 ro	utine (RT)	per quarter
Sampling Point (Sampling Point ID)		٨	/lonitoring	Period	Collect	ion Period		iance Status
Select from Inventory of Active Sampli	ing Points		0/1/23 - 12					omplete
,				-				mplete
			4/1/24 - 6/					<u> </u>
			7/1/24 - 9/	/30/24				
Water System Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate And Nitrite (NOX)						1	routine (I	RT) per year
Sampling Point (Sampling Point ID)		٨	/lonitoring	Period	Collect	ion Period	-	iance Status
ENTRY POINT (3)			/1/23 - 12	/31/23			Co	omplete
			/1/24 - 12	/31/24				mplete
		1	/1/25 - 12	/31/25				
	Other C	ompliance	Schedu	les				
Compliance Schedule Activity			Du	e Date		Achieved	Date	
CROSS CONNECTION EXEMPTION			3/2	1/2019				
Water	System Facili	ity and Sam	pling P	oint Ir	vento	ry		
Water					Total	Lead and		
System Water System Facility	Sampling Point		t		Coliform	Copper		Stage
Facility ID	ID	Description		Status	Rule	Rule Tie	r Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ			
	DOWNSTREAM			A				
	UPSTREAM	WITHIN 5 SER\	ICE CON	Α .				
00700 ENTRY POINT	3	ENTRY POINT		Α				

Α

WELL

2

20017 WELL

62632 TREATMENT PLANT

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

PWS ID PWS Name C					Population	Owner Type	Primary Source
CT0010024 ANDOVER TOWN HALL & FIRE DEPARTMENT				NC	25	Р	GW
Local Address (	where applicable)	Service	Residen	tial Commer	cial Industri	al Combine	ed Agricultural
11 & 17 SCHOO	L STREET	Connections		2			

Towns Served: ANDOVER

				Contact Inf	ormation				
Name				Organization	1		Job Title		
Mr. Robert F. Burba	Burbank Town of Andover					First Selectman			
Mailing Address Line	e One		Mailing Ad	g Address Line Two			City	State	Zip Code
Town Office Building	g		17 School	Road		Andover CT		06232	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address			
860-742-7305		860-742-7	535			andoverselectman1@comcast.net			t

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

## Please note the following:

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

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

End of schedule

	Connecticut Department of Public Health Drinking Water Section									
	Water Quality Mon	itoring and	d Con	npl	iance S	chedul	e			
PWS ID	D PWS Name				ssification	Population	Owner Type	Pri	Primary Source	
CT0010044	ANDOVER PLAZA				NC	25	Р		GW	
Local Address (	where applicable)	Service	Residen	tial	Commercia	al Industri	al Combin	ed	Agricultural	
144 ROUTE 6		Connections			1					

Towns Served: ANDOVER			
Monitoring	g Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 000	600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

Physical Parameters (PPS)	ine (RT) per quarter		
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25	_	_

# **Other Compliance Schedules**

 Compliance Schedule Activity
 Due Date
 Achieved Date

 RESPOND TO SANITARY SURVEY
 4/5/2021

	Wa	iter System Facili	ity and Sampling P	oint Ir	vento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20018	WELL	2	WELL	Α					
60390	TREATMENT PLANT								

00330 TREATIVE									
			Co	ontact Inf	ormation				
Name				Organization	1			Job Title	
Ms. Lata Shah				Andover Pla	za				
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
191 East Opal Drive						Glastonb	ury	СТ	06033
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Address			
860-573-6633						shahlata	0725@gma	il.com	
Contact Role(s): Ac	dministrative (	Contact, Leg	al Contact, O	wner					

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

	11 61001 & 6101110) 11		- P		0220010			
PWS ID PWS Name			Cla	ssification	Population	Owner Type	Primary Source	
CT0010044	0010044 ANDOVER PLAZA					25	Р	GW
Local Address (v	where applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
144 ROUTE 6		Connections			1			

Towns Served: ANDOVER

#### Please note the following:

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

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End of schedule

			45 11. **					_	
	Connecticut Depa		of Public H nitoring and					ection	
PWS ID	PWS Name	ility Moi	intoring and					ner Type Pri	many Cource
CT0010054	FIRST CONGREGATIONAL C	ППВСП			NC	25	OII OW	P	GW
		никсп	Service	Residentia			trial	•	
359 ROUTE 6	(where applicable)		Connections	Residentia			otriai	Combined	Agricultural
Towns Served:	ANDOVED		connections		1			1	
Towns Served:	ANDOVER	Mor	nitoring Requ	irement	ts				
Water Syster	m Facility: DISTRIBUTION S								
<b>Total Colifor</b>	m (3100)						1 ro	utine (RT) p	er quarter
Sampling	Point (Sampling Point ID)		1	Monitoring	Period	Collection	Period	Complia	nce Status
Select fro	m Inventory of Active Samplin	g Points	-	10/1/23 - 1	2/31/23			Con	nplete
				1/1/24 - 3,	/31/24				
				4/1/24 - 6,	/30/24				
				7/1/24 - 9,	/30/24				·
Physical Para	ameters (PPS)						1 ro	utine (RT) p	er quarter
Sampling	Point (Sampling Point ID)		1	Monitoring	Period	Collection	Period	Complia	nce Status
Select fro	m Inventory of Active Samplin	g Points	-	10/1/23 - 1	2/31/23			Con	nplete
				1/1/24 - 3,	/31/24				
				4/1/24 - 6,	/30/24				
				7/1/24 - 9,	/30/24				
Water Syster	n Facility: ENTRY POINT (	WSF ID: 007	00)						
Nitrate And	Nitrite (NOX)						1	routine (R1	) per year
Sampling	Point (Sampling Point ID)		1	Monitoring	Period	Collection	Period	Complia	nce Status
ENTRY PO	DINT (3)			1/1/23 - 12	/31/23			Con	nplete
				1/1/24 - 12	/31/24				
				1/1/25 - 12	/31/25				
		Othe	Compliance	Schedu	les				
Compliance Sc	chedule Activity			Du	e Date	Ac	hieved	Date	
RESPOND TO S	SANITARY SURVEY			3/	1/2023				
		Public N	lotification R	equiren	nents				
			Compliance	Notice	Publi	c Notificatio	<u>n</u>	<u>PN Certi</u>	fication
Violation/Situ	ation		Period	Tier	Require	ed Perfori	med	Due to DPH	Received
Nitrate And Ni	trite M&R Violation	1	./1/19 - 12/31/19	3	4/24/20	)21		5/4/2021	
	Water S	system Fa	cility and San	npling P	oint In	ventory			
Water						Total Le	ad and	I	
•	ter System Facility		int Sampling Poir	nt	(	-	opper		Stage
Facility ID		ID	Description		Status		ıle Tiei	r Asbestos I	NQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ			
			AM WITHIN 5 SER		Α				
		UPSTREAM		VICE CON	Α				
	TRY POINT	3	ENTRY POINT		Α				
20019 WE	<u>LL</u>	2	WELL		A				
		C	ontact Inform	nation					

Name Organization Job Title Ms. Laurel W. Andrews First Congregational Church Trustee Zip Code Mailing Address Line One Mailing Address Line Two City State 359 Route 6 P. O. Box 55 06232 Andover CT

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	Connectic	ut Depa	rtment of	f Public	Health	Drin	king	Water S	ection	
	Wa	ter Qua	lity Monit	coring a	nd Con	nplia	nce S	Schedule		
PWS ID	PWS Name					Classifi	cation	Population O	wner Type	Primary Source
CT0010054	FIRST CONGREG	ATIONAL CH	URCH			N	С	25	Р	GW
Local Address (w	here applicable)			Service	Resider	ntial Co	mmerci	al Industrial	Combine	ed Agricultural
359 ROUTE 6				Connection	ns		1		1	
Towns Served: Al	NDOVER			•	,					
Business Phone	e Extension	Fax	Mobi	ile Phone	Emergency	y Phone	Email A	Address		
860-872-6931							lew18(	@comcast.net		
Contact Role(s):	Administrative	Contact								
Name			0	rganization					Job Title	9
Ms. Katherine Hu	utchinson		Fi	rst Congrega	tional Chur	rch		Trustee		
Mailing Address I	Line One		Mailing Addres	s Line Two				City	State	Zip Code
359 Route 6			P. O. Box 55				Andov	er	СТ	06232
Business Phone	e Extension	Fax	Mobi	ile Phone	Emergency	y Phone	Email A	Address		
860-742-7696							dolove	prince@aol.co	m	
Contact Role(s):	Legal Contact			,			•			

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut D	onartment of	Dublic H	loalth	Dri	nkina	Mat	or So	oction	
		eparument of Quality Monit							ection	
PWS ID	PWS Name	Zuanty Monit	oring and						mor Tuno	Driman Course
CT001008						NC	opulat 25	ion Ow	ner Type P	Primary Source
			Service	Resident		ommercia		strial	Combine	_
390 ROUT	ress (where applicable)		Connections	Resident	liai C	1	iiiiuu	Sulai	COMBINE	ed Agricultural
	rved: ANDOVER		comiconons			Т.				
TOWNS SE	rved: ANDOVER	Monite	oring Requ	iromoi	ntc					
Water Sv	vstem Facility: DISTRIBUTION		<u>_</u>	iii eiiiei	1113					
	liform (3100)	SIN SISILINI (WSI II	D. 00000j					1 ro	utino (PI	l nor quarter
	pling Point (Sampling Point ID	)		Monitorii	na Dar	ind Co	llection	Perioa	<del>-</del>	) per quarter pliance Status
	ct from Inventory of Active Sam			10/1/23 -	_		ilection	renou		Complete
Jeiet	at from inventory of Active Sail	ואוווא ו טווונט		1/1/24 -		•				Complete
				4/1/24 -						complete
				7/1/24 -						
Physical	Parameters (PPS)							1 ro	utine (RT	) per quarter
Sam	pling Point (Sampling Point ID	)		Monitorii	ng Per	iod Co	llection	Period	l Com	oliance Status
Seled	ct from Inventory of Active Sam	npling Points	:	10/1/23 -	12/31	/23				Complete
				1/1/24 -	3/31/2	24			(	Complete
				4/1/24 -	6/30/2	24				
				7/1/24 -	9/30/2	24				
Water Sy	stem Facility: ENTRY POIN	IT (WSF ID: 00700)								
Nitrate A	And Nitrite (NOX)							1	routine	(RT) per year
Sam	pling Point (Sampling Point ID	)		Monitorin	ng Per	iod Co	llection	Perioa	l Com	oliance Status
ENT	RY POINT (3)			1/1/23 - 3	12/31/	′23			(	Complete
				1/1/24 - 3	12/31/	′24			(	Complete
			_	1/1/25 - 3	12/31/	25				_
	Wate	er System Facili	ty and Sar	npling	Poin	t Inven	itory			
Water		•	-			Tot		ead and	<del></del>	
System	Water System Facility	Sampling Point	Sampling Poi	nt		Colife		Copper		Stage
Facility IE		ID	Description		Sto	atus Ru	le R	ule Tie	r Asbesto	s WQP 2 DBPF
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM		A Y	,			
		DOWNSTREAM	WITHIN 5 SER	VICE CON	ļ	Α				
		UPSTREAM	WITHIN 5 SER	VICE CON		Α				
00700	ENTRY POINT	3	ENTRY POINT			A				
56532	WELL# 1	2	WELL# 1			A				
		Con	tact Inforr	mation						
Name		Oi	ganization						Job Title	2
Ms. Alicia	Busconi		y Point Partne	rs - Shell I	Ехр		Admir	istrato	r	
Mailing A	ddress Line One	Mailing Address	-		-		City		State	Zip Code
	on Woods Drive					Burlingt			MA	01803

Emergency Phone Email Address

ABusconi@KeyPointPartners.com

**Mobile Phone** 

**Business Phone** 

781-273-5555

Contact Role(s): Legal Contact

Extension

203

Fax

C	Connecticut	t Depa	rtment (	of Public	: Health	n Drin	nking	Water	Section	
	Wate	r Qua	lity Mon	itoring a	and Cor	nplia	nce S	chedul	le	
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Primary Source
CT0010084 7	-ELEVEN #32523					N	IC	25	Р	GW
Local Address (wh	ere applicable)			Service	Reside	ntial Co	mmercia	al Industri	al Combine	ed Agricultural
390 ROUTE 6				Connection	ons		1			
Towns Served: AN	DOVER					-			<u> </u>	
Name				Organization					Job Titl	e
Mr. At Tem				Andover Exp	ress LLC			Manager		
Mailing Address Li	ne One		Mailing Addr	ess Line Two				City	State	Zip Code
Andover Express L	LC		380 Route 6				Andove	r	СТ	06232
Business Phone	Extension	Fax	Mo	bile Phone	Emergenc	y Phone	Email A	ddress		
860-498-1164					203-909	-4858	andove	rexpress@ខ្	gmail.com	
Contact Role(s):	Administrative Co	ntact			-1		1			

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

	Commontin	at Danageter and al	f D., lali a	Haalala	Dada	. ] - :	Matar	a aki a sa	
		at Department of						ection	
		ter Quality Monit	coring a	na Com					_
PWS ID	PWS Name								Primary Source
CT0010124	XTRA MART WA	TER SUPPLY			N		25	Р	GW
	(where applicable)		Service	Residen	tial Co	mmercial	Industrial	Combined	d Agricultural
497 ROUTE 6			Connection	ıs		1			
Towns Served	: ANDOVER								
			oring Red	quireme	nts				
-	•	IBUTION SYSTEM (WSF I	D: 00600)						
Total Colifo	• •	4						= =	per quarter
	g Point (Sampling Po			Monitori			lection Perio	d Comp	liance Status
Select fr	om Inventory of Acti	ve Sampling Points		10/1/23 -					
				1/1/24 -				C	omplete
				4/1/24 -					
				7/1/24 -	9/30/2	4			
-	rameters (PPS)								per quarter
Samplin	g Point (Sampling Po	oint ID)		Monitori	ng Peri	od Col	lection Perio	d Comp	liance Status
Select fr	om Inventory of Acti	ve Sampling Points		10/1/23 -	12/31/	23			
				1/1/24 -	3/31/2	4		C	omplete
				4/1/24 -	6/30/2	4			
				7/1/24 -	9/30/2	4			
Water Syste	m Facility: ENTRY	POINT (WSF ID: 00700)							
Nitrate And	Nitrite (NOX)						;	1 routine (	RT) per year
Samplin	g Point (Sampling Po	oint ID)		Monitori	ng Perio	od Col	lection Period	d Comp	liance Status
ENTRY P	OINT (3)			1/1/23 -	12/31/2	23		C	omplete
				1/1/24 -	12/31/2	24		C	omplete
				1/1/25 -	12/31/2	25			
		Water System Facil	ity and S	ampling	Point	t Inven	tory		
Water						Tot	al Lead an	d	
System W	ater System Facility	Sampling Point	Sampling P	Point		Colife	orm Copper	•	Stage
Facility ID		ID	Description	)	Sta	tus Ru	le Rule Tie	er Asbestos	WQP 2 DBPR
00600 DI	STRIBUTION SYSTEM	4	DISTRIBUTI	ON	A	A			
		DOWNSTREAM	WITHIN 5 S	ERVICE CON	I A	A			
		UPSTREAM	WITHIN 5 S	ERVICE CON	I A	A			
00700 EN	TRY POINT	3	ENTRY POI	NT	A	A			
49297 W	ELL 1	2	WELL 1		A	A			
		Con	tact Info	rmation					
Name		0	rganization					Job Title	
Mr. Jeff McCı	ıllough	G	lobal Partner	rs, Lp			Env. Project	Manager	
Mailing Addre	ess Line One	Mailing Addres	s Line Two				City	State	Zip Code
P.O. Box 5492		800 South Stree				Waltham	•	MA	02453
Business Ph			ile Phone	Emergency	Phone	Email Ad	ldress		
				- ,					

781-250-7369

Contact Role(s): Legal Contact

Schedule Generation Date: 4/3/2024 Page 9

jeff.mccullough@globalp.com

(	Connecticu	t Depa	irtment o	f Public	Health	Dri	nking	Water	Section	
	Wate	er Qua	lity Moni	toring a	nd Con	nplia	nce S	chedul	e	
PWS ID F	PWS Name					Classif	ication	Population	Owner Type	Primary Source
CT0010124	CTRA MART WATE	R SUPPLY				N	IC	25	Р	GW
Local Address (wh	nere applicable)			Service	Resider	ntial Co	mmercia	l Industri	al Combine	ed Agricultural
497 ROUTE 6				Connection	ns		1			
Towns Served: AN	NDOVER			'	1					
Name			C	Organization					Job Title	e
Mr. Jack Cerra			ļ	Atlas Technica	l Consultar	nts		Sr Enviror	nmental Tec	
Mailing Address L	ine One		Mailing Addre	ss Line Two				City	State	Zip Code
290 Roberts Stree	et		Suite 301				East Ha	rtford	СТ	06108
Business Phone	Extension	Fax	Mol	oile Phone	Emergenc	y Phone	Email A	ddress		
860-614-1983							jack.cer	ra@gmail.c	com	
Contact Role(s):	Administrative Co	ntact	-				1			

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

	(	Connecticut Dep	oartment of	Public H	lealth	Dı	rinki	ng W	ater S	ectio	on	
		Water Qu	ality Monit	oring an	d Con	ıpl	ianc	e Sch	edule			
PWS ID		PWS Name				Cla	ssificati	on Pop	ulation O	wner Ty	ype Pr	imary Source
CT001201	L <b>4</b>	OOLLAR GENERAL ANDOV	'ER				NC		25	Р		GW
Local Add	ress (wl	nere applicable)		Service	Residen	tial	Comm	ercial I	ndustrial	Com	bined	Agricultural
580 LAKE	ROAD,	ANDOVER, CT		Connections			1					
Towns Ser	rved: Al	NDOVER										
			Monit	oring Requ	ıireme	nts	;					
Water Sy	/stem F	acility: DISTRIBUTION	(WSF ID: 00600	))								
<b>Total Co</b>	liform	(3100)							1 rc	outine	(RT) <sub>I</sub>	per quarter
Sam	pling Po	oint (Sampling Point ID)			Monitori	ng P	Period	Collec	tion Perio	d C	ompli	ance Status
Selec	ct from	nventory of Active Sampli	ng Points		10/1/23 -	12/	31/23				Со	mplete
					1/1/24 -	3/3	1/24				Со	mplete
					4/1/24 -	6/3	0/24					
					7/1/24 -	9/3	0/24					
Physical	Param	eters (PPS)							1 rc	outine	(RT) <sub>I</sub>	per quarter
Samı	pling Po	int (Sampling Point ID)			Monitori	ng P	Period	Collec	tion Perio	d C	ompli	ance Status
Selec	ct from	nventory of Active Sampli	ng Points		10/1/23 -	12/	31/23				Со	mplete
					1/1/24 -	3/3	1/24				Со	mplete
					4/1/24 -	6/3	0/24					
					7/1/24 -	9/3	0/24					
Water Sy	/stem F	acility: ENTRY POINT	(WSF ID: 00700)									
Nitrate A	And Ni	trite (NOX)								1 rout	ine (R	T) per year
Sam	pling Po	int (Sampling Point ID)			Monitori	ng P	Period	Collec	tion Perio	d C	ompli	ance Status
ENTR	RY POIN	T (3)			1/1/23 -	12/3	31/23				Со	mplete
					1/1/24 -	12/3	31/24				Со	mplete
					1/1/25 -	12/3	31/25					
		Water	<b>System Facili</b>	ity and Sar	mpling	Po	int In	vento	ry			
Water								Total	Lead an	d		
System	Water	System Facility	Sampling Point		nt			Coliform	п Сорреі	r		Stage
Facility ID	)		ID	Description			Status	Rule	Rule Tie	er Asb	estos	WQP 2 DBPF
00600	DISTRI	BUTION	4	DISTRIBUTION	N		Α	Υ				
			DOWNSTREAM	5 SERVICE CO	NNECTIO	N	Α	Υ				
			UPSTREAM	5 SERVICE CO	NNECTIO	N	Α	Υ				
00700	ENTRY	POINT	3	ENTRY POINT			Α					
62627	WELL	1	2	WELL 1			Α					
			Con	tact Infori	mation							
Name			0	rganization						Job	Title	
Mr. Jerry	Tanner		De	ollar General C	orp			En	viron Serv	ices		
Mailing Ad	ddress l	ine One	Mailing Addres	s Line Two				(	City	Sta	ate	Zip Code
400 84:	5.1											27072

**Mobile Phone** 

100 Misson Ridge

**Business Phone** 

615-855-4070

Extension

Contact Role(s): Administrative Contact

Fax

Schedule Generation Date: 4/3/2024 Page 11

Goodlettsville

Emergency Phone Email Address

TN

envcompliance@dollargeneral.com

37072

PWS ID	WS Name					Classif	ication	Population	Owner Type	Primary Source
CT0012014	OOLLAR GENERAL A	NDOVER	R			N	IC	25	Р	GW
ocal Address (wh	ere applicable)			Service	Residen	tial Co	mmerci	al Industri	al Combine	ed Agricultura
80 LAKE ROAD, A	ANDOVER, CT			Connection	ns		1			
Towns Served: AN	IDOVER					·				
Name				Organization					Job Title	e
	<u> </u>			Organization					Job Titl	е
McG Andover LLC	·		Mailing Addre					City	Job Title State	Zip Code
Name McG Andover LLC Mailing Address L PO Box 748	·			ess Line Two			Torring			-

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

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

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

End of schedule