	Connecticut De	partment of	^F Public	Health	Drin	nking '	Water	Section	
		uality Monit				0			
PWS ID	PWS Name		or mg ar		Classifi			1	Primary Source
CT012001					N		25	P	GW
	ress (where applicable)		Service	Resident		mmercial		-	
140 WEST			Connection			1			
Towns Ser	ved: BOLTON								
		Monit	oring Req	Juiremei	nts				
Water Sy	stem Facility: DISTRIBUTIO								
Total Co	liform (3100)						1	routine (RT) per quarter
Sam	oling Point (Sampling Point ID)			Monitoriı	n <mark>g Per</mark> io	od Col	lection Per	iod Comp	oliance Status
Selec	t from Inventory of Active Samp	ling Points		10/1/23 -	12/31/	23		(Complete
				1/1/24 -	3/31/2	4		(Complete
				4/1/24 -					
				7/1/24 -	9/30/2	4			
-	Parameters (PPS)			Manitavi				-) per quarter
-	oling Point (Sampling Point ID) t from Inventory of Active Samp	ling Points		Monitorii 10/1/23 -	-		lection Per		Complete
Selec	a monitimentory of Active Samp			1/1/24 -					Complete Complete
				4/1/24 -					
				7/1/24 -					
Water Sv	stem Facility: ENTRY POINT	(WSF ID: 00700)		.,_,	<i>.,</i> , <u>_</u>	•			
	And Nitrite (NOX)							1 routine	(RT) per year
	oling Point (Sampling Point ID)			Monitoriı	ng Perio	od Col	lection Per		oliance Status
ENTR	RY POINT (3)			1/1/23 - 2	12/31/2	23		(Complete
				1/1/24 - 2	12/31/2	24		(Complete
				1/1/25 - 2	12/31/2	25			
	Wate	r System Facili	ity and Sa	ampling	Point	t Inven	tory		
Water						Tot	al Lead	and	
System	Water System Facility	Sampling Point		oint		Colifo			Stage
Facility ID		ID	Description		Sta			Tier Asbesto	s WQP 2 DBPR
00600	DISTRIBUTION SYSTEM				A				
		DOWNSTREAM UPSTREAM	WITHIN 5 SE						
00700	ENTRY POINT	3	ENTRY POIN		A 1				
20224	WELL	2	WELL	11	- م				
61180	TREATMENT PLANT	۷۲	VVLLL		F	۲			
01100		Con	tact Info	rmation					
Neg				mation				Laborer 1	
Name	t Sandhu	O	rganization					Job Title	2
Mr. Navjo	ddress Line One	Mailing Addres	s Line Two				City	State	Zip Code
140 B Wes			S LINE I WU			Bolton	City	CT	06043
Busines		Fax Mobi	le Phone	Emergency	Phone		dress		00045
Basines.			987-2410		· Hone		idhu@yaho	o.com	
Contact R	ole(s): Administrative Contact,					,, <u>_</u> our			

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0120014	A-ONE FOOD STORE			NC	25	Р	GW
Local Address (w	vhere applicable)	Service	Residen	ntial Commerc	ial Industri	al Combine	ed Agricultural
140 WEST STREE	T	Connections	1	1			
Towns Served: B	OLTON	÷			·	·	

Please note the following:

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

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

	Connecticut De	^				0			
PWS ID	PWS Name	uality Monit	oring and	a com	1				rimary Source
CT0120054	BOLTON CONGREGATIO				NC		25	P	GW
	(where applicable)		Service	Resident			25 ndustrial	Combined	-
228 BOLTON C			Connections	Nesidem			nuustnai	Combined	Agricultura
Towns Served:						L			
Towns Served.	BOLION	N/a wite			.				
Water Systen	n Facility: DISTRIBUTIO		oring Requ D: 00600)	liremei	nts	_	_		_
Total Colifor							1 r	outine (RT)	per quarter
	Point (Sampling Point ID)			Monitorii	ng Period	Collec	tion Perio		iance Status
	m Inventory of Active Sam	oling Points			12/31/23				omplete
	,	5		1/1/24 -					mplete
				4/1/24 -					•
				7/1/24 -					
Physical Para	ameters (PPS)				, -,		1 r	outine (RT)	per quarter
•	Point (Sampling Point ID)			Monitoriı	ng Period	Collec	tion Perio		iance Status
	m Inventory of Active Sam	oling Points			12/31/23				omplete
	,	0		1/1/24 -					mplete
				4/1/24 -					•
				7/1/24 -					
Water Systen	n Facility: ENTRY POIN	r (WSF ID: 00700)							
	Nitrite (NOX)							1 routine (RT) per year
	Point (Sampling Point ID)			Monitoriı	na Period	Collec	tion Perio	-	iance Status
ENTRY PC				1/1/23 - 1	-				omplete
	(0)			1/1/24 - 2					mplete
				1/1/25 - 1					
		Other C	ompliance						
Compliance Sc	hedule Activity		•	Ľ	Due Date		Achieve	d Date	
	CTION EXEMPTION			З	8/1/2016				
		r System Facili	ity and Sar			nvento	ry		
Water						Total	Lead a	nd	
	ter System Facility	Sampling Point		nt		Coliform			Stage
Facility ID		ID	Description		Status	Rule	Rule T	er Asbestos	WQP 2 DBP
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION		А	Y			
		BCC01	WATER TANK		А				
		BCC02	CHURCH BATH		А	Y	2	Y	
		BCC03	KITCHEN CEN		А		2		
		BCC04	LARGE KITCHE	EN SINK	А		2		
		BCC05	KITCHEN RIGH		А		2		
		BCC06	CLASSROOM		А		2		
		BCC07	CLASSROOM		А		2		
		BCC08	LADIES LEFT S		А		2		
		BCC09	LADIES RIGHT		А		2		
		BCC10	MENS LEFT SI		А		2		
		BCC11	MENS RIGHT	SINK	А		2		
		DOWNSTREAM	WITHIN 5 SER WITHIN 5 SER						

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID **PWS Name** Classification Population Owner Type Primary Source **BOLTON CONGREGATIONAL CHURCH** Ρ CT0120054 NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 228 BOLTON CENTER ROAD 1 Towns Served: BOLTON Water System Facility and Sampling Point Inventory Lead and **Total** Water Sampling Point Sampling Point Water System Facility System Coliform Copper Staae ID Description Facility ID Rule Rule Tier Asbestos WQP 2 DBPR Status 3 00700 ENTRY POINT ENTRY POINT Δ 2 20228 WELL WELL Α 61779 TREATMENT PLANT

Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Facility Classification: SMALL WATER SYSTEM Certification **Operator Name Operator Type** Certification(s) Expiration CHIEF OPERATOR WATER TREATMENT PLANT OPERATOR - CLASS I NAVICKIS, THOMAS L. 6/30/2024 **Contact Information** Organization Job Title Name Mr. Randall Bobb **Bolton Congregational Church** Board of Stewardship Mailing Address Line One Mailing Address Line Two State Zip Code City 228 Bolton Center Road 06043 Bolton CT **Business Phone** Extension Fax Mobile Phone Emergency Phone Email Address 860-649-7077 860-836-5308 RBOBBCT@GMAIL.COM Contact Role(s): Administrative Contact, Legal Contact Please note the following:

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

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

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

	Connecticut Departmen			0		ection	
	Water Quality M	onitoring and	Compl	liance So	chedule		
PWS ID	PWS Name		Cla	ssification P	opulation Ov	vner Type Pi	rimary Sourc
СТ0120064	BOLTON ICE PALACE			NC	25	Р	GW
	(where applicable)		Residential	Commercial	Industrial	Combined	Agricultura
145 HOP RIVE		Connections		1			
Towns Served							
	M	onitoring Requi	rements	5			
Water Syster	m Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)					
Total Colifor	rm (3100)				1 r	outine (RT)	per month
Sampling	Point (Sampling Point ID)	٨	1onitoring F	Period Col	lection Period	d Compli	ance Status
Select fro	om Inventory of Active Sampling Points	1	1/1/23 - 11/	/30/23		Со	mplete
		1	2/1/23 - 12/	/31/23		Со	mplete
			1/1/24 - 1/3	1/24		Со	mplete
			2/1/24 - 2/2			Со	mplete
			3/1/24 - 3/3				
			4/1/24 - 4/3	•			
			5/1/24 - 5/3				
			5/1/24 - 6/3				
			7/1/24 - 7/3				
			8/1/24 - 8/3				
			9/1/24 - 9/3	-			
		1	0/1/24 - 10/	31/24			
-	ameters (PPS)					outine (RT)	-
	Point (Sampling Point ID)		Aonitoring F		lection Period		ance Status
Select fro	om Inventory of Active Sampling Points		1/1/23 - 11/				mplete
			2/1/23 - 12/				mplete
			1/1/24 - 1/3				mplete
			2/1/24 - 2/2			Co	mplete
			3/1/24 - 3/3				
			4/1/24 - 4/3 - /1/24 - 5/2				
			5/1/24 - 5/3 5/1/24 - 6/3	-			
			5/1/24 - 6/3 7/1/24 - 7/3				
			7/1/24 - 7/3 8/1/24 - 8/3	-			
			9/1/24 - 8/3 9/1/24 - 9/3				
			0/1/24 - 3/3 0/1/24 - 10/	-			
Water Syster	m Facility: ENTRY POINT (WSF ID: 0		5, 1, 27 - 10/	51/27			
	Nitrite (NOX)					L routine (R	T) per ves
	Point (Sampling Point ID)	٨	1onitoring F	Period Col	lection Period	-	ance Status
ENTRY PC			/1/23 - 12/3				mplete
			/1/24 - 12/3				mplete
			/1/25 - 12/3				
	Oth	er Compliance					
						1	
Compliance So	chedule Activity		Due	Date	Achieved	l Date	
	chedule Activity ECTION EXEMPTION			Date '2019	Achieved	1 Date	

	Connectic	ut Depa	rtment of	f Public	Health	Dri	nking	Water	Sec	tion	
	Wat	ter Qual	lity Monit	toring a	nd Con	nplia	nce S	chedu	le		
PWS ID	PWS Name			0		Classif	ication F	opulation	Owne	er Type F	rimary Source
СТ0120064	BOLTON ICE PAL	ACE				Ν	IC	25		P	GW
Local Address (w	here applicable)			Service	Residen	tial Co	mmercia	l Industr	ial C	ombined	Agricultural
145 HOP RIVER R	OAD			Connectior	าร		1				
Towns Served: B	OLTON										
		Water Sy	/stem Facil	ity and S	ampling	Poin	t Inver	tory			
Water							Tot	al Lead	l and		
System Water	r System Facility		Sampling Point				Colif		oper		Stage
Facility ID			ID	Description	1	Sta	itus Ru	le Rule	e Tier	Asbestos	WQP 2 DBPR
00600 DISTR	IBUTION SYSTEM		4	DISTRIBUTI	ON SYSTEM	1.	۹ ۱	,			
			DOWNSTREAM	I WITHIN 5 S	ERVICE COI	N A	Ą				
			UPSTREAM	WITHIN 5 S	ERVICE COI	N A	Ą				
00700 ENTRY	(POINT		3	ENTRY POI	NT		Ą				
20229 WELL			2	WELL			Ą				
57630 HYDR	OPNEUMATIC TA	NK									
			Cor	ntact Info	rmation	ı					
Name			0	rganization						Job Title	
Mr. Robert Craw	ford		В	olton Ice Pala	ace, LLC			Owner			
Mailing Address	Line One		Mailing Addres	ss Line Two				City		State	Zip Code
145 Hopriver Roa	ad						Bolton			СТ	06043
Business Phone	e Extension	Fax	Mob	ile Phone	Emergency	/ Phone	Email Ad	dress			
860-632-0323		860-632-2	2088				rcrawfo	rd25@gma	ail.com		
Contact Role(s):	Owner										
Name			0	rganization						Job Title	
Mr. Stephen Rou	ırke		В	olton Ice Pala	ace			General I	Manag	er	
Mailing Address	Line One		Mailing Addres	ss Line Two				City		State	Zip Code
145 Hop River Ro	bad						Bolton			СТ	06043
Business Phone	e Extension	Fax	Mob	ile Phone	Emergency	/ Phone	Email Ad	dress			
860-646-7851					860-874	-7398	steve@l	oltonicep	alace.c	com	
Contact Role(s):	Administrative (Contact, Leg	al Contact								
Please note the f	following:										
1. The residual di	sinfectant concent	ration must b	e measured at th	e same locatio	on and time a	as each t	otal colifo	rm 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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С		ut Departme					U			ection	
		ter Quality N	loni	toring a							
	WS Name										rimary Source
	OLTON ONE ST			-		N		25		P	GW
Local Address (whe				Service Connectio	Resident	ial Co	mmercia	al Inc	dustrial	Combined	Agricultural
129 BOSTON TURN				Connectio	0115		1				
Towns Served: BO	LION	-			•	_					
Mater Custore Fe					quireme	nts					
-		RIBUTION SYSTEM	(WSF	ID: 00600)						··· (PT)	· · · · · · · · ·
Total Coliform	(3100) nt (Sampling P	oint (D)			Monitoria	na Dorid	ad Ca	llocti	1 ro on Period		per quarter
		tive Sampling Points			<i>Monitorir</i> 10/1/23 -	-		mectic	on Perioa	Compl	iance Status
Select Irolli II	IVEILUTY OF ACL				1/1/24 -					<u> </u>	omplete
					4/1/24 -						mpiete
					7/1/24 -						
Physical Parame	ters (PPS)				// 1/24 -	5, 50, 2	-		1 ro	utine (RT)	per quarter
-	nt (Sampling P	Point ID)			Monitorir	na Perio	od Co	ollectio	on Period		iance Status
		tive Sampling Points			10/1/23 -	-					
					1/1/24 -					C	omplete
					4/1/24 -						
					7/1/24 -						
Water System Fa	cility: ENTR	Y POINT (WSF ID:	00700)							
Nitrate And Nitr	ite (NOX)			•					1	routine (RT) per year
	nt (Sampling P	Point ID)			Monitorir	ng Perio	od Co	ollectio	on Period	-	iance Status
ENTRY POINT	(3)				1/1/23 - 1	12/31/2	23			C	omplete
					1/1/24 - 1	12/31/2	24			C	omplete
					1/1/25 - 2	12/31/2	25				
		Ot	ther (Complian	ice Sched	ules					
Compliance Sched	ule Activity				Ľ	Due Dat	te		Achieved	Date	
CROSS CONNECTIO	ON SURVEY REF	PORT			3	8/1/202	5				
		Water System	Faci	lity and S	Sampling	Point	t Invei	ntor	у		
Water									Lead and	1	
	System Facility	=	-	t Sampling			-	form	Copper		Stage
Facility ID			D	Descriptio		Sta	lus	ule	Rule Hel	Aspestos	WQP 2 DBPF
00600 DISTRIB	UTION SYSTEM		4		TION SYSTEM	A		Y			
					SERVICE CON						
			REAM		SERVICE CON						
00700 ENTRY I			3	ENTRY PO		A					
20230 WELL			2	WELL		Α	۱				
					ormation						
Name			0	Organization						Job Title	
Global Montello G	-	B 4 - 11	- ا - ا - ۱	en Line Tou						Chata	7:0 (!-
Mailing Address Li	ne Une			ss Line Two			ا ه ا	Cit	У	State	Zip Code
800 South St	Extension	Suite 5			Emorganes	Dharra	Waltha			MA	02453
Business Phone	Extension	Fax	IVIO	oile Phone	Emergency	Phone					
781-398-4419	Junor	781-398-7261					MPetz@	vgioba	aip.com		
Contact Role(s):	wner										

	i i ci					P -					
PWS ID	PWS Name					Clas	sification	Population	Owne	er Type	Primary Source
СТ0120074	BOLTON ONE ST	ОР					NC	25		Р	GW
Local Address (w	vhere applicable)			Service	Resider	ntial	Commerci	al Industr	ial C	Combine	ed Agricultural
129 BOSTON TU	RNPIKE			Connection	าร		1				
Towns Served: B	BOLTON										
Name			C)rganization						Job Title	2
Mr. Jeff McCullo	ough		G	Global Partner	rs, Lp			Env. Proje	ect Ma	nager	
Mailing Address	Line One		Mailing Addres	ss Line Two				City		State	Zip Code
P.O. Box 549290)		800 South Stre	et, Suite 500			Waltha	am		MA	02453
Business Phon	e Extension	Fax	Mob	oile Phone	Emergency	y Pho	ne Email /	Address			
781-250-7369	9						jeff.mo	cullough@g	lobalp	.com	
Contact Role(s):	Legal Contact		·								
Name	·		C	Drganization						Job Title	5
Mr. Jack Cerra			А	tlas Technica	l Consultar	nts		Sr Enviro	nment	al Tec	
Mailing Address	Line One		Mailing Addres	ss Line Two				City		State	Zip Code
290 Roberts Stre	eet		Suite 301				East H	artford		СТ	06108
Business Phon	e Extension	Fax	Mob	oile Phone	Emergency	y Pho	ne Email /	Address			
860-614-1983	3						jack.ce	erra@gmail.	com		
Contact Role(s):	Administrative	Contact	·								
Please note the	following:										
1. The residual c	lisinfectant concent	ration must b	be measured at th	ne same locatio	on and time a	as eac	h total colif	orm 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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С		ut Departme ter Quality N						-			ection	
PWS ID PV	VS Name										ner Type	Primary Source
	OLTON NOTCH	PLAZA					NC		25		P	GW
Local Address (whe	re applicable)			Service	Residen	tial	Comme	ercial	Indus	trial	Combined	Agricultural
661 BOSTON TURN	PIKE (ROUTE 4	4)		Connectio	ns		1					
Towns Served: BOL	TON											
		I	Monit	oring Re	quireme	nts						
Water System Fac	cility: DISTR				•							
Total Coliform (Sampling Point	3100) nt (Sampling Po	oint ID)			Monitori	ng P	eriod	Colle	ection			per quarter liance Status
Select from In	ventory of Acti	ve Sampling Points			10/1/23 -	12/3	31/23				C	omplete
					1/1/24 -	3/32	1/24				C	omplete
					4/1/24 -	6/30	0/24					
					7/1/24 -	9/30	0/24					
Physical Parame	ters (PPS)									1 ro	utine (RT)	per quarter
Sampling Poin	nt (Sampling Po	oint ID)			Monitori	ng P	eriod	Colle	ection	Period	Comp	liance Status
Select from In	ventory of Acti	ve Sampling Points			10/1/23 -	12/3	31/23				C	omplete
					1/1/24 -	3/32	1/24				C	omplete
					4/1/24 -	6/30	0/24					
					7/1/24 -	9/30	0/24					
Water System Fac	cility: ENTRY	POINT (WSF ID:	00700)									
Nitrate And Nitr	ite (NOX)									1	routine (RT) per year
Sampling Poin	nt (Sampling Po	oint ID)			Monitori	-		Colle	ection	Period	Comp	liance Status
ENTRY POINT	(3)				1/1/23 -						C	omplete
					1/1/24 -			_			C	omplete
					1/1/25 -	12/3	1/25					
		Ot	ther C	omplian	ce Sched	lule	S					
Compliance Schedu	ule Activity					Due	Date		Acl	hieved	Date	
RESPOND TO SANIT	FARY SURVEY				1	2/16	/2020					
		Water System	n Facil	ity and S	ampling	Po	int In	vent	ory			
Water				c !! .				Tota		ad and	1	
System Water S Facility ID	ystem Facility		ig Point D	Sampling I Description				Colifor Rule		opper	Ashastas	Stage WQP 2 DBPF
-	UTION SYSTEM		4		ION SYSTEM		<u>Status</u> A	Y			ASDESIUS	
					SERVICE CON		A	r				
		-	REAM		SERVICE CON		A					
00700 ENTRY P			3	ENTRY POI		v	A					
20231 WELL	OINT		2	WELL			A					
20231 WELL					ormation		<u> </u>					
Name				rganization							Job Title	
Ms. Louise C. Engla	and			-	k Shopping (Cent	er	(Owner		300 1110	
Mailing Address Lin		Mailing		s Line Two					City		State	Zip Code
P.O. Box 9176			,				Bolt	on	City		CT	06043
Business Phone	Extension	Fax	Moh	ile Phone	Emergency	Pho			lress			000-0
860-649-4349	Extension	860-649-5202	14100	ile i none	860-647-				@sbcg	lobal r	net	
Contact Role(s): A	dministrative				000 047	5710		iu	- 50Cg			

		· · · · · · · · · · · · · · · · · · ·	<u> </u>		0						
PWS ID	PWS Name						Class	sification	Population	Owner Type	Primary Source
CT0120084	BOLTON NOTCH	PLAZA						NC	25	Р	GW
Local Address (w	here applicable)				Service	Resider	ntial	Commerc	ial Industri	al Combin	ed Agricultural
661 BOSTON TUP	NPIKE (ROUTE 4	4)			Connection	IS		1			
Towns Served: B	OLTON						·			1	
Name				Or	ganization					Job Titl	e
Mr. Wayne E. En	gland			Во	Bolton Mountain View, LLC Member						
Mailing Address	ine One		Mailing A	Address	Line Two				City	State	Zip Code
81 Tumblebrook	Drive							Verno	n	СТ	06066
Business Phone	e Extension	Fax		Mobil	e Phone	Emergenc	y Phor	ne Email	Address	÷	
860-649-1320		860-649-	5202								
Contact Role(s):	Legal Contact		L		I						
Please note the f	ollowing										

the following:

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

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related 3. 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

	Connecticut	Department of	Public H	ealth	Dr	inki	ng W	ater	Se	ction		
	Wate	c Quality Monit	oring and	d Con	npl	ianc	e Sch	edule	è			
PWS ID	PWS Name		0							er Type	Prima	ry Source
СТ012009	4 PARKSIDE PIZZA & I	CE CREAM				NC		25		P		GW
Local Add	ress (where applicable)		Service	Residen	tial	Comm	ercial II	ndustria		Combine	d Ag	gricultural
270 WEST			Connections			1						<u> </u>
Towns Sei	ved: BOLTON			I								
		Monite	oring Requ	iireme	nts							
Water Sy	stem Facility: DISTRIBL	TION SYSTEM (WSF I	D: 00600)									
Total Co	liform (3100)							1	rou	tine (RT) per	quarter
	oling Point (Sampling Point	ID)		Monitori	ng P	eriod	Collect	ion Peri				e Status
Selec	t from Inventory of Active	Sampling Points		10/1/23 -	12/3	31/23				C	Compl	ete
				1/1/24 -	3/31	1/24				C	Compl	ete
				4/1/24 -		-					•	
				7/1/24 -		-						
Physical	Parameters (PPS)				-			1	rou	tine (RT) per	quarter
-	oling Point (Sampling Point	ID)		Monitori	ng P	eriod	Collect	ion Peri			•	e Status
DIST	RIBUTION SYSTEM (4)			10/1/23 -	12/3	31/23				C	Compl	ete
				1/1/24 -	3/31	1/24				C	Compl	ete
				4/1/24 -								
				7/1/24 -	9/30	0/24						
Water Sy	stem Facility: ENTRY P	DINT (WSF ID: 00700)										
-	And Nitrite (NOX)				_				11	routine	(RT) I	oer year
	oling Point (Sampling Point	ID)		Monitori	ng P	eriod	Collect	ion Peri				e Status
	RY POINT (3)			1/1/23 -	_						Compl	
				1/1/24 -							Compl	
				1/1/25 -								
	W	ater System Facili					vento	ry				
Water		•	-				Total	Lead a	nd			
System	Water System Facility	Sampling Point	Sampling Poi	nt			Coliform					Stage
Facility ID		ID	Description		3	Status	Rule	Rule T	ïer	Asbesto	s WC	P 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM		A	Y					
		DOWNSTREAM	WITHIN 5 SER	VICE CON	N	А						
		PPHS	HAND SINK			А	Y					
		PPKS	KITCHEN SINK			А	Y					
		PPRR	RESTROOM			А	Y					
		PPSS	SLOP SINK			А	Y					
		UPSTREAM	WITHIN 5 SER	VICE CON	N	А						
00700	ENTRY POINT	3	ENTRY POINT			А						
20232	WELL	2	WELL			А						
47503	TREATMENT PLANT											
		Con	tact Inform	nation								
Name		0	rganization							Job Title		
			0									

Name				Organization		Job Title			
Ms. Liz Fahey				Parkside Pizz	a & Ice Cream				
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
270 West St Bolton						Bolton		СТ	06043
Business Phone	Extension	Fax	Mc	bile Phone	Emergency Phone	Email Ad	dress		
						parkside	oizzact@gm	ail.com	

		0					
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0120094	PARKSIDE PIZZA & ICE CREAM			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial Commerci	al Industr	al Combin	ed Agricultural
270 WEST STRE	ET	Connections		1			
Towns Served:	30I TON				1		

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.

If a Collection Period is specified, all water quality samples must be collected during the specified period. 2.

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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		^	FPublic Health I foring and Comp		0		ction	
PWS ID	PWS Name		<u> </u>				ner Type	Primary Source
СТ0120104	4 BOLTON PROFESSIONA	L BLDG		NC	2	5	Р	GW
Local Addr	ess (where applicable)		Service Residentia	al Comme	ercial Ir	dustrial	Combined	Agricultura
921 BOSTO	ON TURNPIKE		Connections	1				
Towns Ser	ved: BOLTON							
			oring Requirement	ts				
	stem Facility: DISTRIBUTIC	ON SYSTEM (WSF I	D: 00600)			-	(57)	
	iform (3100)	1		Devie d	C - 11 +			per quarter
	ling Point (Sampling Point ID)		<i>Monitoring</i> 10/1/23 - 1		Collect	ion Period		liance Status
Selec	t from Inventory of Active Sam	ipiing Points	1/1/24 - 3					omplete omplete
			4/1/24 - 6				C	unpiere
			7/1/24 - 9					
Physical	Parameters (PPS)		771727 3	/ 50/ 24		1 rou	tine (RT)	per quarter
-	ling Point (Sampling Point ID))	Monitoring	g Period	Collect	ion Period		liance Status
Selec	t from Inventory of Active Sam	pling Points	10/1/23 - 1	2/31/23			C	omplete
			1/1/24 - 3	/31/24			C	omplete
			4/1/24 - 6	/30/24				
			7/1/24 - 9,	/30/24				
	stem Facility: ENTRY POIN	IT (WSF ID: 00700)						
	nd Nitrite (NOX)						-	RT) per year
	oling Point (Sampling Point ID))	Monitoring		Collect	ion Period		liance Status
ENIR	Y POINT (3)		1/1/23 - 12					omplete
			1/1/24 - 12		_			omplete
Water Sv	stem Facility: WELL (WSF	(ک 2023)	1/1/25 - 12	2/31/25				
E. Coli (3		10.202337				1 rou	tine (RT)	per quarter
•	oling Point (Sampling Point ID))	Monitoring	a Period	Collect	ion Period	• •	liance Status
WELL		, 	10/1/23 - 1	·				omplete
			1/1/24 - 3					omplete
			4/1/24 - 6					
			7/1/24 - 9,	/30/24				
	Wate	er System Facili	ity and Sampling P	oint In	vento	ту		
Water					Total	Lead and		
System	Water System Facility		Sampling Point	(Coliform	Copper		Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			WITHIN 5 SERVICE CON	A				
00700		UPSTREAM	WITHIN 5 SERVICE CON	A				
	ENTRY POINT	3	ENTRY POINT	A				
20233 60382	WELL TREATMENT PLANT	2	WELL	A				
00582		Com.	toot Information					
News			tact Information				Job Title	
	Name Dr. Ronald Buckman		Organization					
	Idress Line One	Mailing Address	olton Professional Building s Line Two	5	Ow	-	State	Zip Code
	ICI COS LITE OTE	maning Audress	J LITE I WU		U	L Y	Juare	Lip Coue

Schedule Generation Date: 4/3/2024

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule Classification Population Owner Type Primary Source PWS ID PWS Name **BOLTON PROFESSIONAL BLDG** Ρ CT0120104 NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 921 BOSTON TURNPIKE 1 Towns Served: BOLTON ZI DOSLOH TUMP **Mobile Phone Business Phone** Extension Fax Emergency Phone Email Address 860-646-0649 860-643-7719 bfsm@primehc.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 schedule.

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

Connecticut Departme		8
Water Quality M	Ionitoring and Comp	liance Schedule
PWS ID PWS Name	Cla	ssification Population Owner Type Primary Source
CT0120114 BOLTON TOWN HALL		NC 25 L GW
Local Address (where applicable)	Service Residential	Commercial Industrial Combined Agricultural
222 BOLTON CENTER ROAD	Connections	1
Towns Served: BOLTON		
	Monitoring Requirements	5
Water System Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)	
Total Coliform (3100)		1 routine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring I	Period Collection Period Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/	/31/23 Complete
	1/1/24 - 3/3	31/24 Complete
	4/1/24 - 6/3	
	7/1/24 - 9/3	30/24
Physical Parameters (PPS)		1 routine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring I	
Select from Inventory of Active Sampling Points	10/1/23 - 12/	
	1/1/24 - 3/3	
	4/1/24 - 6/3	
	7/1/24 - 9/3	30/24
Water System Facility: ENTRY POINT (WSF ID:	00700)	
Nitrate And Nitrite (NOX)		1 routine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring I	
ENTRY POINT (3)	1/1/23 - 12/	-
	1/1/24 - 12/	
	1/1/25 - 12/	·
Water System	Facility and Sampling Po	oint Inventory
Water	- Delint Committee Delint	Total Lead and
	ng Point Sampling Point D Description	Coliform Copper Stage Status Rule Rule Tier Asbestos WQP 2 DBPR
	4 DISTRIBUTION SYSTEM	Status
	STREAM WITHIN 5 SERVICE CON	A Y A
	REAM WITHIN 5 SERVICE CON	A
	3 ENTRY POINT	A
	2 WELL	A
	Contact Information	^
Nama		Job Title
Name Mr. John Butrumovich	Organization	
Mr. John Butrymovich	Town of Bolton	Sup. Bldgs. & Grds.
Mailing Address Line One Mailing 222 Bolton Center Road	g Address Line Two	City State Zip Code
	Mobilo Dhono Emergency Dh	Bolton CT 06043
Business Phone Extension Fax 860 640 8066 860 642 0021		one Email Address
860-649-8066 860-643-0021 Contact Role(s): Administrative Contact	860-649-806	6 john.butrymovich@boltonct.org

				C C)		1				
PWS ID	PWS Name						Clas	sification	Population	Owner Type	Primary Source
СТ0120114	BOLTON TOWN	HALL						NC	25	L	GW
Local Address (w	nere applicable)			Service	5	Residen	itial	Commerc	ial Industr	ial Combin	ed Agricultural
222 BOLTON CEN	TER ROAD			Connec	ctions			1			
Towns Served: B	OLTON										÷
Name				Organizati	ion					Job Titl	e
Mr. Jim Rupert				Town of B	olton				Town Adı	ministrator	
Mailing Address I	ine One		Mailing Addr	ess Line Tw	vo				City	State	Zip Code
222 Bolton Cente	r Road							Bolton		СТ	06232
Business Phone	e Extension	Fax	Mo	bile Phone	e Em	ergency	/ Pho	ne Email	Address		I
860-649-8066								860-64	19-8066		
Contact Role(s):	Legal Contact		L								
Please note the f	ollowing:										

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.

Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related 3. 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

	Connecticut De	partment of	Public Health I	Drink	ing Wa	ater Se	ction
		^	oring and Com		U		
PWS ID	PWS Name		<u> </u>	Classificat			ner Type Primary Source
СТ012015	4 FISH FAMILY FARM			NC	4	1	P GW
Local Addr	ess (where applicable)		Service Residentia	al Comm	nercial In	dustrial	Combined Agricultura
20 DIMOC	K LANE		Connections				3
Towns Ser	ved: BOLTON						
		Monito	oring Requiremen	ts			
Water Sy	stem Facility: DISTRIBUTIO	N SYSTEM (WSF II	D: 00600)				
	liform (3100)						utine (RT) per month
-	oling Point (Sampling Point ID)		Monitoring	-	Collecti	ion Period	Compliance Status
Selec	t from Inventory of Active Samp	ling Points	5/1/24 - 5				
			6/1/24 - 6				
			7/1/24 - 7				
			8/1/24 - 8				
			9/1/24 - 9 10/1/24 - 1	· ·			
Dhysical	Daramatara (DDS)		10/1/24 - 1	0/31/24		1	utine (RT) per month
-	Parameters (PPS) Ding Point (Sampling Point ID)		Monitoring	a Period	Collecti	ion Period	<i>Compliance Status</i>
-	RIBUTION SYSTEM (4)		5/1/24 - 5	-	concen	onrenou	compliance status
DIST			6/1/24 - 6				
			7/1/24 - 7				
			8/1/24 - 8				
			9/1/24 - 9				
			10/1/24 - 1	0/31/24	10/1	-10/30	
Water Sy	stem Facility: ENTRY POINT	(WSF ID: 00700)					
Nitrate A	And Nitrite (NOX)					1	routine (RT) per year
Samp	oling Point (Sampling Point ID)		Monitoring	g Period	Collecti	ion Period	Compliance Status
ENTR	Y POINT (3)		1/1/23 - 12	2/31/23			Complete
			1/1/24 - 12	2/31/24			
			1/1/25 - 12	2/31/25			
		Other Co	ompliance Schedu	les			
Compliand	ce Schedule Activity		Du	ue Date		Achieved	Date
RESPOND	TO SANITARY SURVEY		6/2	26/2022			
	Water	r System Facili	ty and Sampling F	Point Ir	nventor	·у	
Water					Total	Lead and	
System	Water System Facility		Sampling Point		Coliform	Copper	Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos WQP 2 DBPI
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Y		
			WITHIN 5 SERVICE CON	A			
		UPSTREAM	WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
20238	WELL	2	WELL	A			
62499	5000 GALLON ATM TANK						
62500	TREATMENT SYSTEM						

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID PWS Name Classification Population Owner Type Primary Source Ρ CT0120154 FISH FAMILY FARM NC 41 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 20 DIMOCK LANE 3 Towns Served: BOLTON **Contact Information** Organization Job Title Name Mr. Donald W. Fish Fish Family Farm Inc. Owner Mailing Address Line One Mailing Address Line Two State Zip Code City 06043 10 Dimock Lane Bolton CT **Business Phone Mobile Phone Emergency Phone** Email Address Extension Fax 860-871-1400 860-870-8337 fishrealty@snet.net Contact Role(s): Legal Contact, Owner Name Organization Job Title Mr. Evan J Cossette Water Boy, LLC Chief Operator Mailing Address Line One Mailing Address Line Two Zip Code City State 70 Comstock Trail Water Boy, LLC East Hampton CT 06424 **Business Phone** Extension Fax **Mobile Phone** Emergency Phone Email Address 203-314-9343 waterbovllc@icloud.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 schedule.

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

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

	Connecticut De	L.					U			ction	
		uality Monit	oring an	d Com							siman Course
PWS ID CT0120174	PWS Name GEORGINAS PIZZA				Clas	NC	-	25	Owr	P	rimary Source GW
			Convice	Decident	tial					Combined	-
275 BOSTON	(where applicable)		Service Connections	Residen	lidi	Comme		ndustria	11	Combined	Agricultural
			connections			1					
Towns Served	BOLION		• -								
Water Syster	m Facility: DISTRIBUTIO		oring Requ D: 00600)	iireme	nts						
Total Colifo	rm (3100)							1	rou	tine (RT)	per quarter
	Point (Sampling Point ID)			Monitori	ng P	eriod	Collect	tion Per			ance Status
	om Inventory of Active Samp	ling Points		10/1/23 -	-						mplete
	· · ·	-		1/1/24 -							mplete
				4/1/24 -		-					-
				7/1/24 -		-					
Physical Par	ameters (PPS)					-		1	rou	tine (RT)	per quarter
-	Point (Sampling Point ID)			Monitori	ng P	eriod	Collect	tion Per			ance Status
Select fro	om Inventory of Active Samp	ling Points		10/1/23 -	12/3	31/23				Со	mplete
				1/1/24 -	3/31	1/24				Со	mplete
				4/1/24 -	6/30	0/24					
				7/1/24 -	9/30	0/24					
Water Syster	m Facility: ENTRY POINT	(WSF ID: 00700)									
Nitrate (104	40)							1	rou	tine (RT)	per quarter
-	Point (Sampling Point ID)			Monitori	ng P	eriod	Collect	tion Per			ance Status
ENTRY PO	DINT (3)			10/1/23 -	12/3	31/23				Со	mplete
				1/1/24 -	3/31	1/24				Со	mplete
			-	4/1/24 -	6/30	0/24					
				7/1/24 -	9/30	0/24					
Nitrate And	Nitrite (NOX)								1	routine (R	T) per year
Sampling	Point (Sampling Point ID)			Monitori	ng P	eriod	Collect	tion Per		-	ance Status
ENTRY PO	DINT (3)			1/1/23 -	12/3	31/23				Со	mplete
				1/1/24 -	12/3	31/24				Со	mplete
				1/1/25 -	12/3	1/25					
		Other C	ompliance	Sched	ule	es					
Compliance S	chedule Activity				Due I	Date		Achiev	ved I	Date	
CROSS CONNE	ECTION SURVEY REPORT			3	3/1/2	2025					
	Water	System Facili	ity and Sar	npling	Poi	int Inv	vento	ry			
Water							Total	Lead o	and		
-	iter System Facility	Sampling Point		nt		C	oliform				Stage
Facility ID		ID	Description		5	Status	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION			А	Y				
		DOWNSTREAM				А					
		UPSTREAM	WITHIN 5 SER	VICE CON	١	А					
00700 EN	TRY POINT	3	ENTRY POINT			Α					
20240 WE	ELL	2	WELL			А					

			0					
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
СТ0120174	GEORGINAS PIZZA				NC	25	Р	GW
Local Address (w	vhere applicable)		Service	Resider	ntial Commerc	ial Industri	al Combin	ed Agricultural
275 BOSTON TU	RNPIKE		Connections		1			
Towns Served: E	OLTON					·	·	·

			Co	ontact Inf	ormation					
Name				Organization	1	Job Title				
Mr. George Koutou	zis			Georgina's P	izza Restaurant		Owner			
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code	
275 Boston Turnpik	e					Bolton		СТ	06043	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	dress	<u>i</u>		
860-647-0345						nickkout	koutouzis@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 schedule.

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Connecticut Depart	ment of Public	: Health Drin	iking V	Vater Se	ection	
*	y Monitoring a		0			
PWS ID PWS Name					ner Type P	rimary Source
CT0120184 HERRICK PARK		N		29	P	GW
Local Address (where applicable)	Service	Residential Cor	mmercial	Industrial	Combined	Agricultural
29 HEBRON ROAD	Connectio	ons	1			
Towns Served: BOLTON						
	Monitoring Re	quirements				
Water System Facility: DISTRIBUTION SYST	EM (WSF ID: 00600)					
Total Coliform (3100)				1 ro	utine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitoring Perio	od Colle	ction Period	Compl	iance Status
Select from Inventory of Active Sampling Po	ints	10/1/23 - 12/31/2	23		Co	omplete
		1/1/24 - 3/31/24	4		Co	omplete
		4/1/24 - 6/30/24	4			
		7/1/24 - 9/30/24	4			
Physical Parameters (PPS)				1 ro	utine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitoring Perio	od Colle	ction Period	Compl	iance Status
Select from Inventory of Active Sampling Po	ints	10/1/23 - 12/31/2	23		Co	omplete
		1/1/24 - 3/31/24	4		Co	omplete
		4/1/24 - 6/30/24	4			
		7/1/24 - 9/30/24	4			
Water System Facility: ENTRY POINT (WSF	ID: 00700)					
Nitrate And Nitrite (NOX)				1	routine (I	RT) per year
Sampling Point (Sampling Point ID)		Monitoring Perio	od Colle	ction Period	Compl	iance Status
ENTRY POINT (3)		1/1/23 - 12/31/2	23		Co	omplete
		1/1/24 - 12/31/2	24		Co	omplete
		1/1/25 - 12/31/2	25			
Water Syst	em Facility and S	Sampling Point	t Invent	ory		
Water			Total		1	
	npling Point Sampling		Colifori			Stage
Facility ID	ID Descriptio	5101		Rule Tie	r Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM		TION SYSTEM A				
	WNSTREAM WITHIN 5					
		SERVICE CON A				
00700 ENTRY POINT	3 ENTRY PO					
20241 WELL	2 WELL	A	4			
	Contact Info	ormation				
Name	Organization				Job Title	
Mr. John Butrymovich	Town of Bolto	on	S	up. Bldgs. &	Grds.	
Mailing Address Line One Ma	ailing Address Line Two			City	State	Zip Code
222 Bolton Center Road		1	Bolton		СТ	06043
Business Phone Extension Fax	Mobile Phone	Emergency Phone				
860-649-8066 860-643-002	1	860-649-8066	john.butry	movich@bo	ltonct.org	
Contact Role(s): Administrative Contact						

			-)	0			F			-		
PWS ID	PWS Name						Clas	sification	Population	Owne	r Type	Primary Source
СТ0120184	HERRICK PARK							NC	29	F	C	GW
Local Address (w	here applicable)			Service	R	lesiden	tial	Commerc	ial Industr	ial Co	ombine	ed Agricultural
29 HEBRON ROA	D			Connect	tions			1				
Towns Served: B	OLTON											
Name				Organizatio	n					J	ob Title	9
Mr. Jim Rupert				Town of Bo	lton				Town Ad	ministra	ator	
Mailing Address	Line One		Mailing Addre	ess Line Two	0				City		State	Zip Code
222 Bolton Cente	er Road							Boltor	1		СТ	06232
Business Phone	e Extension	Fax	Mo	bile Phone	Eme	ergency	Pho	ne Email	Address			
860-649-8066								860-64	19-8066			
Contact Role(s):	Legal Contact		L.									
Please note the	ollowing:											

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.

Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related 3. 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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	Connectic	*					<u> </u>			ction	
	Wa	ter Qual	lity Monit	coring a	nd Com	olia	nce So	chedu	ıle		
PWS ID	PWS Name				0	lassifi	cation P	opulatio	n Ow	ner Type P	rimary Source
СТ0120294	SAINT MAURICE	CHURCH WI	ELL# 2			N	C	37		Р	GW
Local Address (where applicable)			Service	Residentia	al Cor	mmercial	Indust	trial	Combined	Agricultural
32 HEBRON RO	AD			Connection	ns		2				
Towns Served:	BOLTON					·			İ		·
			Monit	oring Ree	quiremen	ts					
Water System	Facility: DISTR	RIBUTION SY	STEM (WSFI	D: 00600)							
Total Colifor	m (3100)								1 roι	itine (RT)	per quarter
Sampling	Point (Sampling P	oint ID)			Monitoring	g Perio	od Col	lection F	Period	Compl	iance Status
Select from	m Inventory of Act	ive Sampling	Points		1/1/24 - 3	/31/24	4				
					4/1/24 - 6	/30/24	4				
					7/1/24 - 9	/30/24	4				
Physical Para	meters (PPS)								1 roι	itine (RT)	per quarter
Sampling	Point (Sampling P	oint ID)			Monitoring	g Perio	od Col	lection F	Period	Compl	iance Status
Select from	m Inventory of Act	ive Sampling	Points		10/1/23 - 1	2/31/2	23			Co	omplete
					1/1/24 - 3	/31/24	4				
					4/1/24 - 6	/30/24	4				
					7/1/24 - 9	/30/24	4				
Water System	Facility: ENTR	Y POINT (W	/SF ID: 00700)								
	Nitrite (NOX)	•	•						1	routine (I	RT) per year
	Point (Sampling P	oint ID)			Monitoring	a Perio	od Col	lection F		-	iance Status
ENTRY PO		,			1/1/23 - 12						omplete
					1/1/24 - 12						
					1/1/25 - 12						
		Water Sy	/stem Facil	ity and S				tory			
Water				-			Tot	al Lea	d and		
System Wat	ter System Facility		Sampling Point	Sampling P	Point		Colifa	orm Co	pper		Stage
Facility ID			ID	Descriptior	า	Sta	tus Ru	le Ru	le Tier	Asbestos	WQP 2 DBPF
00600 DIST	RIBUTION SYSTEM	1	4	DISTRIBUTI	ON SYSTEM	A					
			DOWNSTREAM	WITHIN 5 S	SERVICE CON	A	۱.				
			UPSTREAM	WITHIN 5 S	SERVICE CON	А	۱.				
00700 ENT	RY POINT		3	ENTRY POI	NT	А	1				
20252 WEL	L		2	WELL #2		А	1				
55562 TRE	ATMENT PLANT										
			Cor	ntact Info	rmation						
Name				rganization						Job Title	
Father William	Olesik			t. Maurice Ch	nurch			Pastor		1100	
Mailing Addres			Mailing Addres					City		State	Zip Code
32 Hebron Roa							Bolton	0.01		CT	06043
								droce			
	ne Extension	Fax	Moh	lle Phone	Emergency P	hone	IF MAIL AG	IULESS			
Business Pho 860-643-446		Fax	Mob	ile Phone	Emergency P				rchhol	ton@gmai	com

	· · · ·								
PWS ID	PWS Name			Classificatio	n	Population	Owner Type	Primary	Source
СТ0120294	SAINT MAURICE CHURCH WELL# 2			NC		37	Р	GV	V
Local Address (v	vhere applicable)	Service	Residen	itial Comme	rcia	l Industri	al Combine	ed Agric	cultural
32 HEBRON ROA	AD	Connections		2					
Towns Served: E	BOLTON					·	÷		

Please note the following:

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

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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Cor	nnecticut Depa	rtment o	f Public	Health	Drir	nking '	Water S	ection	
	Water Qual					0			
PWS ID PWS	Name							wner Type F	rimary Source
CT0120354 THRE	E JS CAFE				N	С	25	Р	GW
Local Address (where	applicable)		Service	Resident	ial Co	mmercial	Industrial	Combined	Agricultural
124 BOSTON TURNPIK	(E		Connectio	ns		1			
Towns Served: BOLTO	N								
		Monit	oring Re	quiremei	nts				
Water System Facili	ty: DISTRIBUTION SY	STEM (WSF	ID: 00600)						
Total Coliform (31	00)						1 ro	outine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitoriı	n <mark>g Per</mark> io	od Col	lection Perio	d Compl	iance Status
Select from Inver	ntory of Active Sampling	Points		10/1/23 -				Co	omplete
				1/1/24 -					
				4/1/24 -					
				7/1/24 -	9/30/2	4			
Physical Parameter	• •								per quarter
	Sampling Point ID)			Monitorii	-		lection Perio		iance Status
Select from Inver	ntory of Active Sampling	Points		10/1/23 -				Co	omplete
				1/1/24 -					
				4/1/24 -					
				7/1/24 -	9/30/2	4			
	ty: ENTRY POINT (W	/SF ID: 00700)							
Nitrate And Nitrite	• •							-	RT) per year
	Sampling Point ID)			Monitorii	-		lection Perio		iance Status
ENTRY POINT (3)				1/1/23 - 1				Co	omplete
				1/1/24 - 1					
		_		1/1/25 - 1					
	Water Sy	ystem Facil	ity and S	ampling	Point	t Inven	tory		
Water System Water Syst Facility ID	tem Facility	Sampling Point ID	Sampling F Description		Sta	Tote Colifo tus Rul	orm Coppe	•	Stage WQP 2 DBPR
00600 DISTRIBUT	ION SYSTEM	4	DISTRIBUT	ION SYSTEM					
		DOWNSTREAM	WITHIN 5 S	SERVICE CON	I A	4			
		UPSTREAM	WITHIN 5 S	SERVICE CON	I A	4			
00700 ENTRY POI	NT	3	ENTRY POI	NT	A	4			
20258 WELL		2	WELL		A	4			
		Cor	ntact Info	ormation					
Name		0	rganization					Job Title	
Mr. Christopher Mori	anos								
Mailing Address Line (One	Mailing Addres	s Line Two				City	State	Zip Code
124 Boston Turnpike						Bolton		СТ	06043
Business Phone	Extension Fax	Mob	ile Phone	Emergency	Phone	Email Ad	dress		
860-649-4684	860-649-4	4684		860-983-8	8924	musky@	snet.net		
Contact Role(s): Adm	ninistrative Contact, Leg	al Contact, Ow	ner						

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0120354	THREE JS CAFE			NC	25	Р	GW
Local Address (v	where applicable)	Service	Residen	tial Commerci	al Industri	al Combine	ed Agricultural
124 BOSTON TU	IRNPIKE	Connections		1			
Towns Served:	BOLTON					·	

Please note the following:

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

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

Connecticut Departu	nent of Public Health	Drinking Water Sec	rtion
*		Ŭ	
	^v Monitoring and Com	A	
PWS ID PWS Name		Classification Population Own	
CT0120374 UNITED METHODIST CHURCH	Comico Decidor	NC 35	P GW
Local Address (where applicable)	Service Residen Connections		Combined Agricultural
1041 BOSTON TURNPIKE Towns Served: BOLTON	connections	1	
Towns served: BOLTON	Menitoring Demuiners	~ ! ~	
Water System Facility: DISTRIBUTION SYST	Monitoring Requireme	nts	
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitori		Compliance Status
Select from Inventory of Active Sampling Point		12/31/23	Complete
		3/31/24	Complete
		6/30/24	
		9/30/24	
Physical Parameters (PPS)	· , –, – ·	• •	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitori		Compliance Status
Select from Inventory of Active Sampling Poi		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	D: 00700)		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitori		Compliance Status
ENTRY POINT (3)	1/1/23 -	12/31/23	Complete
	1/1/24 -	12/31/24	Complete
	1/1/25 -	12/31/25	
Water Syste	em Facility and Sampling	Point Inventory	
Water		Total Lead and	
	pling Point Sampling Point	Coliform Copper	Stage
Facility ID	ID Description	Status	Asbestos WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4 DISTRIBUTION SYSTEM		
	VNSTREAM WITHIN 5 SERVICE CON		
	PSTREAM WITHIN 5 SERVICE CON	I A	
00700 ENTRY POINT	3 ENTRY POINT	A	
20260 WELL	2 WELL	Α	
	Contact Information		
Name	Organization		Job Title
Ms. Marion B. Knight	Bolton United Methodist		
	ling Address Line Two	City	State Zip Code
1041 Boston Turnpike		Bolton	CT 06043
Business Phone Extension Fax		Phone Email Address	
Business PhoneExtensionFax860-643-5287Contact Role(s):Administrative Contact, Legal	860-742-		bal.net

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0120374	UNITED METHODIST CHURCH			NC	35	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
1041 BOSTON T	URNPIKE	Connections		1			
Towns Served:	BOLTON			·	÷		

Please note the following:

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

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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	Connectic							0		ection	
	Wa	ter Qual	ity Monit	oring ai	nd Com						
PWS ID	PWS Name							-			rimary Source
СТ0120384	VILLA LOUISA/R	OSSITTOS				1	IC		25	Р	GW
	(where applicable)			Service	Resident	tial Co	ommer	cial Ir	ndustrial	Combined	Agricultural
60 VILLA LOUI	SA ROAD			Connection	IS		1				
Towns Served	: BOLTON										
				oring Rec	quireme	nts					
Water Syster	m Facility: DISTR	IBUTION SY	STEM (WSF II	D: 00600)							
Total Colifo	• •								1 ro	outine (RT)	per quarter
Sampling	y Point (Sampling P	oint ID)			Monitori	n <mark>g Pe</mark> ri	iod	Collect	ion Perio	d Compl	iance Status
Select fro	om Inventory of Act	ive Sampling I	Points		10/1/23 -	12/31,	/23			Co	omplete
					1/1/24 -	3/31/2	<u>2</u> 4			Co	omplete
					4/1/24 -	6/30/2	24				
					7/1/24 -	9/30/2	24				
Physical Par	ameters (PPS)								1 rc	outine (RT)	per quarter
-	Point (Sampling P	oint ID)			Monitori	ng Peri	iod	Collect	ion Perio		iance Status
	om Inventory of Act	-	Points		10/1/23 -	-					omplete
					1/1/24 -						omplete
					4/1/24 -						•
					7/1/24 -						
Water Syster	m Facility: TREAT	ΓΜΕΝΤ ΡΙ ΔΝ		0700)	.,_,	-,,-					
	Nitrite (NOX)									1 routine (I	RT) per year
	Point (Sampling P	oint ID)			Monitorii	na Dori	iod	Collect	ion Perio	-	iance Status
ENTRY PC		onnenoy			1/1/23 - 1	-		concer			omplete
	5111 (5)				1/1/23 - 1/1/24 - 1						mplete
					1/1/25 - 1						
		Water Sy	stem Facili	ity and Sa	ampling	Poin	t Inv	ento	ry		
Water		_						Total	Lead an		
	iter System Facility	S	ampling Point	1 0				oliform			Stage
Facility ID			ID	Description			atus	Rule	Rule Tie	er Asbestos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	1	4	DISTRIBUTI	ON SYSTEM		A	Y			
		Ε	DOWNSTREAM	WITHIN 5 S	ERVICE CON		A				
			UPSTREAM	WITHIN 5 S	ERVICE CON		A				
00700 TRE	EATMENT PLANT		3	ENTRY POIN	IT		A				
20261 WE	ELL 1		2	WELL 1			A				
56126 WE	ELL 2		2	WELL 2			A				
			Con	tact Info	rmation						
Name			01	rganization						Job Title	
Mr. Asim Eter	n			anquets				Adı	ministrato	or	
Mailing Addre	ss Line One	1	Mailing Address						ity	State	Zip Code
60 Villa Louisa			0				Bolto		,	CT	06043
Business Ph		Fax	Mohi	le Phone	Emergency	Phone			SS		
860-646-31		i ux	10001								
	b): Administrative	Contact Lega	l Contact								
		contact, Lega									

				0			1				
PWS ID	PWS Name						Clas	sification	Population	Owner Type	Primary Source
СТ0120384	VILLA LOUISA/R	OSSITTOS				NC		NC	25	Р	GW
Local Address (w	here applicable)			Service	Re	esiden	tial	Commerc	ial Industri	al Combin	ed Agricultural
60 VILLA LOUISA	ROAD			Connect	ions			1			
Towns Served: B	OLTON										
Name				Organizatio	n					Job Tit	le
60 Villa Louisa R	oad LLC										
Mailing Address	Line One		Mailing Add	lress Line Two)				City	State	Zip Code
60 Villa Louisa Ro	b							Bolton	1	СТ	06106
Business Phon	e Extension	Fax	N	Iobile Phone	Emer	rgency	Pho	ne Email	Address		1
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 schedule.

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

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID PWS Name Classification Population Owner Type Primary Source Ρ CT0120504 **BOLTON SHELL** NC 30 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 262 BOSTON TURNPIKE 1 Towns Served: BOLTON **Monitoring Requirements** Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per month Sampling Point (Sampling Point ID) Monitorina Period **Collection Period Compliance Status** Select from Inventory of Active Sampling Points 11/1/23 - 11/30/23 Complete 12/1/23 - 12/31/23 Complete 1/1/24 - 1/31/24 Complete 2/1/24 - 2/29/24 Complete 3/1/24 - 3/31/24 Complete 4/1/24 - 4/30/24 5/1/24 - 5/31/24 6/1/24 - 6/30/24 7/1/24 - 7/31/24 8/1/24 - 8/31/24 9/1/24 - 9/30/24 10/1/24 - 10/31/24 **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 11/1/23 - 11/30/23 Complete 12/1/23 - 12/31/23 Complete 1/1/24 - 1/31/24 Complete 2/1/24 - 2/29/24 Complete 3/1/24 - 3/31/24 Complete 4/1/24 - 4/30/24 5/1/24 - 5/31/24 6/1/24 - 6/30/24 7/1/24 - 7/31/24 8/1/24 - 8/31/24 9/1/24 - 9/30/24 10/1/24 - 10/31/24 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) 1 routine (RT) per year Sampling Point (Sampling Point ID) **Collection Period Compliance Status Monitoring Period** 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 3/7/2020 Water System Facility and Sampling Point Inventory Water Total Lead and System Water System Facility Sampling Point Sampling Point Coliform Copper Staae 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.

Schedule Generation Date: 4/3/2024

	TT GLOOP .		01 mg am		-pricence	e en e a a		
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
СТ0120504	BOLTON SHELL				NC	30	Р	GW
Local Addres	s (where applicable)		Service	Residen	tial Commerc	ial Industr	ial Combine	ed Agricultural
262 BOSTON	TURNPIKE		Connections		1			
Towns Serve	d: BOLTON							·
, Facility ID		ID	Description		Status	, Rule Rule	Tier Asbesto	os WQP 2 DBPR
00600 D	ISTRIBUTION SYSTEM	4	DISTRIBUTION	J	А			
		DOWNSTREAM	WITHIN 5 SER	VICE CON	I A			
		UPSTREAM	WITHIN 5 SER	VICE CON	I A			
00700 EI	NTRY POINT	3	ENTRY POINT		А			
49166 W	/ELL 1	2	WELL 1		А			
54098 TI	REATMENT PLANT							

Name				Organization			Job Title			
Mr. Anthony Bonit	D			Bolton Gulf						
Mailing Address Lin	e One		Mailing Addr	ess Line Two		City	State	Zip Code		
262 Boston Turnpik	e					Bolton	СТ	06043		
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	e Email Address				
860-944-6491					860-944-6491	falcon227@cox.net				

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

Connecticut Dep					0			ction	
Water Qu	ality Monit	oring a	nd Com	plia	nce S	chedı	ıle		
PWS ID PWS Name	5	0						ner Type P	rimary Source
CT0121044 SAINT MAURICE CHURCH	WELL# 1			N		25		P	GW
Local Address (where applicable)		Service	Resident	ial Co	mmercia	Indust	trial	Combined	Agricultural
32 HEBRON ROAD		Connection			1				
Towns Served: BOLTON									
	Monit	oring Red	quireme	nts					
Water System Facility: DISTRIBUTION	I SYSTEM (WSF I	D: 00600)							
Total Coliform (3100)							1 rou	itine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitorii	ng Perio	od Co	llection F			ance Status
Select from Inventory of Active Sampl	ing Points		10/1/23 -	-					omplete
<u>·</u> ·	-		1/1/24 -						•
			4/1/24 -						
			7/1/24 -						
Physical Parameters (PPS)							1 rou	itine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitorii	ng Perio	od Co	llection F			ance Status
Select from Inventory of Active Sampl	ing Points		10/1/23 -	-					mplete
	_		1/1/24 -	3/31/2	4				
			4/1/24 -	6/30/2	4				
			7/1/24 -	9/30/2	4				
Water System Facility: ENTRY POINT	(WSF ID: 00700)								
Nitrate And Nitrite (NOX)							1	routine (F	RT) per year
Sampling Point (Sampling Point ID)			Monitorii	ng Perio	od Co	llection F		-	ance Status
ENTRY POINT (3)			1/1/23 - 1	12/31/2	23			Co	mplete
			1/1/24 - 1	12/31/2	24				
			1/1/25 - 1	12/31/2	25				
Water	System Facil	ity and S	ampling	Point	t Inver	tory			
Water					Tot		id and		
System Water System Facility	Sampling Point				-	orm Co			Stage
Facility ID	ID	Description		Sta	itus Ru		le Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4		ON SYSTEM	A	4 Y	,			
	DOWNSTREAM				4				
	UPSTREAM	WITHIN 5 S	ERVICE CON	- A	4				
00700 ENTRY POINT	3	ENTRY POI	NT	A	4				
55553 WELL #1	2	WELL #1		4	۹				
	Con	itact Info	rmation						
Name	0	rganization						Job Title	
Father William Olesik	St	. Maurice Ch	nurch		_	Pastor			
Mailing Address Line One	Mailing Addres	s Line Two				City		State	Zip Code
32 Hebron Road					Bolton			СТ	06043
Business Phone Extension F	ax Mobi	ile Phone	Emergency	Phone	Email Ac	dress			
860-643-4466					saintma	uricechu	rchbolt	ton@gmail	.com
Contact Role(s): Administrative Contact,	egal Contact. Owr	ner							

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0121044	SAINT MAURICE CHURCH WELL# 1			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural
32 HEBRON ROA	AD	Connections		1			
Towns Served: E	BOLTON	÷			·	·	

Please note the following:

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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

	Connecticut Dep						0		ection	
		ality Monit	oring and	i com	1					
PWS ID	PWS Name						-			imary Source
CT0121064	299 BOSTON TURNPIKE - P	'LAZA	c :	D · · ·		NC		25	P	GW
	(where applicable)		Service Connections	Resident	tial Co	omme	ercial Ir	ndustrial	Combined	Agricultural
299 BOSTON			connections			5				
Towns Served	I: BOLTON		• -	•						
			oring Requ	ireme	nts					
	m Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)							
Total Colifo	• •				_				utine (RT) p	-
	g Point (Sampling Point ID)			Monitorii	-		Collect	ion Period	-	ance Status
Select fro	om Inventory of Active Samplin	ng Points		10/1/23 -					Co	mplete
				1/1/24 -						
				4/1/24 -						
_				7/1/24 -	9/30/	24				
-	rameters (PPS)								utine (RT) p	•
	g Point (Sampling Point ID)			Monitorii	-		Collect	ion Period		ance Status
Select fro	om Inventory of Active Sampli	ng Points	:	10/1/23 -					Со	mplete
				1/1/24 -						
				4/1/24 -						
				7/1/24 -	9/30/	24				
Water Syste	m Facility: ENTRY POINT	(WSF ID: 00700)								
Nitrate (10	40)							1 ro	utine (RT) p	oer quarter
Sampling	g Point (Sampling Point ID)			Monitoriı	ng Per	riod	Collect	ion Period	l Complie	ance Status
ENTRY P	OINT (3)		:	10/1/23 -	12/31	./23			Co	mplete
				1/1/24 -	3/31/	24				
				4/1/24 -	6/30/	24	_			_
				7/1/24 -	9/30/	24				
Nitrite (104	41)							1	L routine (R	T) per year
Samplin	g Point (Sampling Point ID)			Monitoriı	ng Per	riod	Collect	ion Period	l Complie	ance Status
ENTRY P	OINT (3)			1/1/23 - 1	12/31/	/23			Со	mplete
				1/1/24 - 1	12/31/	/24				
				1/1/25 - 2	12/31/	/25				
		Other Co	ompliance	Sched	ules					
Compliance S	chedule Activity			Ľ	Due Do	ate		Achieved	l Date	
CROSS CONN	ECTION SURVEY REPORT			Э	3/1/20)21				
	ECTION SURVEY REPORT				 3/1/20					
CROSS CONN	ECTION SURVEY REPORT				3/1/20					
	ECTION SURVEY REPORT				<i></i> 3/1/20					
		System Facili	ty and Sar				vento	ry		
Water							Total	Lead and	1	
	ater System Facility	Sampling Point	Sampling Poil	nt		(Coliform			Stage
Facility ID		ID	Description		St	atus	Rule	Rule Tie	r Asbestos	WQP 2 DBPR
00600 DIS	STRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM		A	Y			
		DOWNSTREAM	WITHIN 5 SER	VICE CON	J	А				
		UPSTREAM	WITHIN 5 SER	VICE CON	1	А				
00700 EN	ITRY POINT	3	ENTRY POINT			А				
57633 WI	ELL 1	2	WELL 1			А				

	Connecticu	ut Depa	irtme	nt of	Public	Health	Dri	nking	g Wa	ater	See	ction	
	Wat	er Qua	lity M	lonit	oring a	nd Con	npli	ance S	Sche	edul	e		
PWS ID	PWS Name						Class	ification	Popu	lation	Own	er Type	Primary Source
CT0121064	299 BOSTON TUP	RNPIKE - PL/	AZA					NC	2	25		Р	GW
Local Address (v	/here applicable)				Service	Resider	ntial C	ommerci	ial Ir	ndustria	al (Combined	Agricultural
299 BOSTON TU	RNPIKE				Connectio	ns		5					
Towns Served: E	OLTON												I
		Water S	ystem	Facili	ity and S	ampling	; Poii	nt Inve	nto	ry			
Water System Wate Facility ID	er System Facility		Samplin IL		Sampling F Descriptior		Si	Col	otal iform Rule		per	Asbestos	Stage WQP 2 DBPR
62716 CALC	ITE FILTER												
				Con	tact Info	ormatior	ו						
Name				О	rganization							Job Title	
Mr. Lawrence F	iano			Sc	outhridge Pa	rk Apartme	nts		Ow	ner			
Mailing Address	Line One		Mailing	Address	s Line Two				Ci	ity		State	Zip Code
266 Boston Turr	pike							Bolton				СТ	06043
Business Phor	e Extension	Fax		Mobi	le Phone	Emergency	/ Phon	e Email A	Addre	SS			
860-649-537	L	860-649-	8046			860-649	-5371	lawren	ceffia	no@ac	ol.cor	n	
Contact Role(s):	Administrative (Contact, Leg	al Conta	ct, Own	ner			·					
	lisinfectant concent								orm sa	ample.			
If a Collectior	Period is specified,	all water qua	nity samp	ies must	be collected	auring the sp	pecified	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

	Connecticut Dep					0			ction	
		ality Monit	oring a	nd Com				1		
PWS ID	PWS Name							Own		rimary Source
СТ0121094	BOLTON COSMETIC & FAM	IILY DENTISTRY			N	-	25		Р	GW
	(where applicable)		Service		ial Co	mmercia	Industri	al (Combined	Agricultural
1100 BOSTON			Connectio	ns					1	
Towns Served	: BOLTON									
Water Syster	m Facility: DISTRIBUTION			quireme	nts					
Total Colifo					_		1	L rout	tine (RT)	per quarter
	Point (Sampling Point ID)			Monitoriı	n <mark>a P</mark> erio	od Co	- llection Pe			ance Status
	om Inventory of Active Samplir	ng Points		10/1/23 -	-					mplete
	<u> </u>	0		1/1/24 -						•
				4/1/24 -						
				7/1/24 -						
Physical Par	ameters (PPS)						1	L rout	tine (RT)	per quarter
-	g Point (Sampling Point ID)			Monitoriı	ng Peri	od Co	llection Pe		• •	ance Status
	om Inventory of Active Samplir	ng Points		10/1/23 -	-					mplete
	· ·			1/1/24 -						
				4/1/24 -	6/30/2	4				
				7/1/24 -						
Water Syster	m Facility: ENTRY POINT	WSF ID: 00700)								
	Nitrite (NOX)								-	T) per year
	g Point (Sampling Point ID)			Monitorii	-		llection Pe	riod		ance Status
ENTRY P	DINT (3)			1/1/23 - 1					Co	mplete
				1/1/24 - 1						
				1/1/25 - 1						
	Water	System Facili	ity and S	ampling	Point	t Inven	tory			
Water						Tot	al Lead	and		
	nter System Facility	Sampling Point				Colife	orm Cop	per		Stage
Facility ID		ID	Description	า	Sta	tus Ru	le Rule	Tier	Asbestos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTI	ION	A	A Y	,			
		DOWNSTREAM	5 SERVICE	CONNECTIO	N A	A Y	,			
		UPSTREAM	5 SERVICE	CONNECTIO	N A	A Y	,			
00700 EN	TRY POINT	3	ENTRY POI	NT	A	4				
61047 WE	ELL 1	2	WELL 1		A	4				
62895 TR	EATMENT PLANT									
		Con	tact Info	ormation						
Name		0	rganization						Job Title	
Dr. Cristina Ili	es	Bo	olton Cosme	tic & Family	Dent		Owner			
Mailing Addre	ss Line One	Mailing Addres	s Line Two	•			City		State	Zip Code
921 Boston Tu		Suite C				Bolton			СТ	06043
Business Ph	one Extension Fa	x Mobi	ile Phone	Emergency	Phone	Email Ac	ldress		<u> </u>	
860-646-30				860-920-2			yahoo.cor	n		
	s): Administrative Contact, Lo	egal Contact, Owr	ner	1			-			
Contact Role(administrative Contact, Le	egai Contact, Owr	her							

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
СТ0121094	BOLTON COSMETIC & FAMILY DENTISTRY			NC	25	Р	GW
Local Address (where applicable)		Service	Residen	itial Commerc	ial Industri	ial Combine	d Agricultural
1100 BOSTON	TURNPIKE	Connections				1	
Towns Served:	BOLTON					· ·	

Please note the following:

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

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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	Connecticu	•					U				tion			
		er Qua	lity Monit	oring a		*								
PWS ID	PWS Name											rimary Source		
CT0121104	DOLLAR GENERA	L - BOLION		Constant	Desident	N	-	2)	GW		
	where applicable)			Service Connectio	Resident		mmercia	ii in	dustrial		ombined	Agricultural		
1100 BOSTON TURNPIKE				connectio	115						1			
Towns Served:	BOLION			• -										
Water System	Facility: DISTRI	BUTION S			quireme	nts		_	_	_	_	_		
Total Coliforn			· · · · · · · · · · · · · · · · · · ·						1	routi	ne (RT)	per quarter		
	Point (Sampling Po	oint ID)			Monitorir	na Peri	od Co	llecti	on Peri			iance Status		
	n Inventory of Acti		Points		10/1/23 - 12/31/23					Complete				
	,				1/1/24 -						Complete			
					4/1/24 -									
				7/1/24 -										
Physical Para	meters (PPS)								1	routi	ne (RT)	per quarter		
Sampling	Point (Sampling Po	oint ID)			Monitorir	n <mark>g Peri</mark>	od Co	Collection Period			Compliance Status			
Select from Inventory of Active Sampling Pc			Points		10/1/23 - 12/31/23						Co	omplete		
					1/1/24 -	3/31/2	4				Co	omplete		
					4/1/24 -	6/30/2	4							
					7/1/24 -	9/30/2	4							
Water System	Facility: ENTRY	POINT (W	VSF ID: 00700)											
Nitrate And N	Nitrite (NOX)									1 ro	utine (F	RT) per year		
Sampling	Point (Sampling Po	oint ID)			Monitorir	Monitoring Period Collectio					ion Period Compliance Status			
ENTRY POI	INT (3)		1/1/23 - 12/31/23			23				Co	Complete			
			1/1/24 - 12/31/24			24				Complete				
					1/1/25 - 1	12/31/2	25							
		Water Sy	ystem Facili	ity and S	ampling	Point	t Inver	ntor	'Y					
Water							То	tal	Lead a	nd				
System Wat	er System Facility		Sampling Point	Sampling H	Point		Colif	form	Сорре	er		Stage		
Facility ID			ID	Description	n	Sta	itus Ri	ıle	Rule T	ïer A	sbestos	WQP 2 DBPR		
00600 DIST	RIBUTION SYSTEM		4	DISTRIBUT	ION SYSTEM	A	۹ Y	Y						
			DOWNSTREAM	WITHIN 5 S	SERVICE CON	A	۹ Y	Y						
			UPSTREAM	WITHIN 5 S	SERVICE CON	ŀ	۹ '	Y						
00700 ENT	RY POINT		3	ENTRY POI	NT	ļ	4							
62396 WEL	L		2	WELL		A	4							
62400 TREA	ATMENT PLANT													
			Con	tact Info	ormation									
Name			01	rganization						J	ob Title			
Mr. Gary Eucali	itto													
Mailing Address			Mailing Address	s Line Two				Ci	ty		State	Zip Code		
PO Box 748							Torring				СТ	06790		
Business Phone Extension Fax			Mobi	Iobile Phone Emergency Phone			-							
860-307-5479								eucalittogary@gmail.com						
	: Administrative (Contact, Leg	al Contact, Own	ner	1		1		-					
()	1	. 0	•											

PWS ID	PWS Name				cation F	Population	Owner Type	Primary Source
СТ0121104	DOLLAR GENERAL - BOLTON			NC	2	25	Р	GW
Local Address (where applicable)		Service	Residen	tial Cor	nmercia	I Industria	al Combine	ed Agricultural
1100 BOSTON T	URNPIKE	Connections					1	
Towns Served:	BOLTON			·				·

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