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

PWS ID PWS Name CI					ssification	Population	Owner Type	Primary Source
CT0120202	BOLTON HIGH SCHOOL				NTNC	304	L	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
72 BRANDY STR	EET	Connections	1					

Towns Served: BOLTON			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	00)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 11/30/23		Complete
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	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		
Total Coliform (3100)		3 re	peat (RP) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/9/23 - 11/14/23		Complete
Total Coliform (3100)		3 temporary rou	tine (TR) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	12/1/23 - 12/31/23		Complete
Lead And Copper (PBCU)		5 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/23 - 12/31/25	6/1-9/30	
	1/1/26 - 12/31/28	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	3/1/24 - 3/31/24		
	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		

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.

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Schedule Generation Date: 4/3/2024

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule									
PWS ID	ID PWS Name					Classification Population Owner Type Primar		Primary Source		
CT0120202	BOLTON HIGH SCHOOL				NTNC	304	L	GW		
Local Address (where applicable) Service Reside				tial	Commercia	al Industri	al Combine	ed Agricultural		
72 BRANDY ST	REET	Connections	1							

72 BRANDY STREET	Connections 1		
Towns Served: BOLTON			
Monit	toring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF	ID: 00600)		
Physical Parameters (PPS)		1 rou	itine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
	10/1/24 - 10/31/24		
Water System Facility: ENTRY POINT (WSF ID: 00701	.)		
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Organic Chemicals (VOCS)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		
Water System Facility: WELL A (WSF ID: 57655)			
E. Coli (3014)		1 trigg	ered (TG) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL A (2)	11/8/23 - 11/14/23		Complete
Water System Facility: WELL B (WSF ID: 57657)			
E. Coli (3014)		1 trigg	ered (TG) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL B (2)	11/8/23 - 11/14/23		Complete
Other (Compliance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	Date
CROSS CONNECTION SURVEY REPORT	3/1/2019		
CROSS CONNECTION SURVEY REPORT	3/1/2020		
	· ·		
CROSS CONNECTION SURVEY REPORT	3/1/2021		
	3/1/2021 3/1/2022		
CROSS CONNECTION SURVEY REPORT	3/1/2022		
CROSS CONNECTION SURVEY REPORT CROSS CONNECTION SURVEY REPORT			

	Connecticut Department of Public Health Drinking Water Section									
Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name	Classification		Population	Owner Type	Pri	Primary Source			
CT0120202	BOLTON HIGH SCHOOL				NTNC	304	L		GW	
Local Address	(where applicable)	Service	Residen	tial	Commercia	al Industri	al Combin	ed	Agricultural	
72 BRANDY ST	REET	1								
	DOLTON	·	•			•				

Towns Served: BOLTON

Other Compliance Schedules								
Compliance Schedule Activity	Due Date	Achieved Date						
COMPLETE INITIAL LSL INVENTORY	10/16/2024							

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stage WQP 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	Α	Υ						
		BHS-1	KITCHEN HAND SINK	Α	Υ	2	Υ				
		BHS-2	STAFF KITCHEN SINK	Α	Υ	2					
		BHS-3	NURSES HAND SINK	Α	Υ	2					
		BHS-4	RM 13 HANDICAP SINK	Α	Υ	2					
		BHS-5	SUPERVISOR B&G SINK	Α	Υ	2					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00701	ENTRY POINT	3	ENTRY POINT	Α							
57655	WELL A	2	WELL A	Α							
57657	WELL B	2	WELL B	Α							
57659	ATMOSPHERIC TANK										

	Certified Operator Information									
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)										
Facility Classification: SMALL WATER SYSTEM										
Operator Name	Operator Type	Certification(s)	Expiration							
LAFRAMBOISE, PAUL F.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2024							
		WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2024							

Name				Organization				Job Title		
Mr. Paul K. Smith				0.8020.0		Superintendent				
Mailing Address Lin		Mailing Address Line Two				City	State	Zip Code		
108 Notch Road						Bolton		СТ	06043	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email A	ddress			
860-643-1569	126	860-647-8	3452			paulk.smith@boltonct.org				
Contact Role(s): Le	gal Contact									
Contact Role(s): Le Name	egal Contact			Organization				Job Title		
. ,	egal Contact			Organization				Job Title		
Name Town of Bolton			Mailing	Organization Address Line Two			City	Job Title	Zip Code	
Name			Mailing			Bolton	City		Zip Code	

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.

C	Connectic	ut Depa	rtmer	nt of	Public	Health	Drii	nking	, Water	Section	
	Wat	ter Qua	lity Mo	onit	oring a	nd Con	nplia	nce S	Schedul	le	
PWS ID P	WS Name						Classif	ication	Population	Owner Type	Primary Source
CT0120202 B	OLTON HIGH SO	CHOOL					NT	NC	304	L	GW
Local Address (where applicable)					Service	Resider	Residential Cor		al Industri	al Combin	ed Agricultural
72 BRANDY STREET					Connection	1					
Towns Served: BO	LTON						,				
Name				Org	ganization					Job Titl	e
Mrs. Kristin B. He	ckt			Во	lton Public S	Schools		Superintendent			
Mailing Address Li	ne One		Mailing A	ddress	Line Two			City		State	Zip Code
72 Brandy Street								Bolton		СТ	06043
Business Phone	Extension	Fax		Mobile	e Phone	Emergenc	y Phone	Email A	Email Address		
860-643-1569	3407	860-647-	8452			860-539	-5029	kristin.	heckt@bolt	onct.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 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

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

PWS ID PWS Name CI					ssification	Population	Owner Type	Primary Source
CT0120212	BOLTON CENTER SCHOOL (K-8)				NTNC	756	L	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
108 NOTCH ROA	AD.	Connections	4					

Towns Served: BOLTON

Towns Served: BOLTON			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	00)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rou	tine (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		
	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		
Lead And Copper (PBCU)		10 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/23 - 12/31/25	6/1-9/30	
	1/1/26 - 12/31/28	6/1-9/30	
Physical Parameters (PPS)		1 rou	tine (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		
	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)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
I			

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 Departmen	nt of Public H	lealth	D	rinking	Water	Section	
	Water Quality Mo	onitoring and	d Con	npl	liance S	Schedul	le	
PWS ID PWS Name Classification Population Owner Type Prin						Primary Source		
CT0120212	212 BOLTON CENTER SCHOOL (K-8) NTNC 756 L GW							
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
108 NOTCH ROAD Connections 4								

Towns Served: BOLTON

Monitoring	Requirements		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Organic Chemicals (VOCS)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		
Other Comp	liance Schedules		

Other Compliance Schedules							
Compliance Schedule Activity	Due Date	Achieved Date					
SUBMIT LEAD SERVICE LINE INVENTORY	10/16/2024						
COMPLETE INITIAL LSL INVENTORY	10/16/2024						
CROSS CONNECTION SURVEY REPORT	3/1/2025						

	Wat	ter System Facili	ty and Sampling P	oint Ir	nventor	У		
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		MW003-S	KITCHEN SINK/STORAGE	Α	Υ	N		
		MW027-1	ROOM 1	Α	Υ	N		
		MW027-15	ROOM 15	Α	Υ	N		
		MW027-19	ROOM 19	Α	Υ	N		
		MW027-2	ROOM 2	Α	Υ	N		
		MW027-40	ROOM 40	Α	Υ	N		
		MW027-5	ROOM 5	Α	Υ	N		
		MW027-ELRS	STAFF LUNCH RM SINK	Α	Υ	N	Υ	Υ
		MW032	HWY GARAGE	Α	Υ	N		
		MW033	YMCA	Α	Υ	N		
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
10049	WELL #2	2	WELL 2	Α				
10050	WELL #1	2	WELL 1	Α				

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.

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	Water Quality Monitoring and Compliance Schedule								
PWS ID PWS Name Classification Population Owner Type Primary					nary Source				
CT0120212	BOLTON CENTER SCHOOL (K-8)				NTNC	756	L		GW
Local Address	Local Address (where applicable) Service Resi				Commerci	al Industri	al Combin	ed A	Agricultural
108 NOTCH RO	DAD	Connections	4						

Connecticut Department of Public Health Drinking Water Section

Towns Served: BOLTON

	Water System Facility and Sampling Point Inventory								
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage 2 DBPR
48176	10,000 GALLON STEEL ATM STORAGE								
48714	TREATMENT FEMN REMOVAL								
	Certified Operator Information								

Water System racinty. THEAT	INITIAL LEININ KEINIONAL (MASI	ן דו 107, דעו	
Facility Classification: CLASS 1 TR	EATMENT PLANT		Certification
Operator Name	Operator Type	Certification(s)	Expiration
LAFRAMBOISE, PAUL F.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2024
		WATER TREATMENT PLANT OPERATOR - CLASS	II 9/30/2024
	Contact	Information	
Name	Organiza	tion	Title

			C	Contact Inf	ormation			
Name				Organization	า		Job Title	
Mrs. Kristin B. Hecl	kt			Bolton Publi	c Schools	Superinter	ident	
Mailing Address Lin	e One		Mailing Add	ress Line Two		City	State	Zip Code
72 Brandy Street						Bolton	СТ	06043
Business Phone	Extension	Fax	N	1obile Phone	Emergency Phone	Email Address		
860-643-1569	3407	860-647-	8452		860-539-5029	kristin.heckt@bolto	nct.org	
Contact Role(s): A	dministrative	Contact Les	al Contact			•		

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.

Water System Facility: TREATMENT FEMN REMOVAL (WSF ID: 48714)

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

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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0120302	SIMONIZ USA				NTNC	30	Р	GW
Local Address (v	here applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
201 BOSTON TU	RNPIKE ROAD	Connections	1					

Towns Served: BOLTON			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	500)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Lead And Copper (PBCU)		5 routine	(RT) per six months
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/23 - 12/31/23		Complete
	1/1/24 - 6/30/24		
	7/1/24 - 12/31/24		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/22 - 12/31/24		
	1/1/25 - 12/31/27		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		
Pesticides, Herbicides and PCBs-Phase II (SOC2)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Pesticides, Herbicides and PCBs-Phase V (SOC5)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25	_	_
	1/1/26 - 12/31/28		
Organic Chemicals (VOCS)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status

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

		 ,							
PWS ID	PWS Name				Cla	ssification	Population	Owner Type	Primary Source
CT0120302	SIMONIZ USA					NTNC	30	Р	GW
Local Address (v	where applicable)		Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural
201 BOSTON TU	IRNPIKE ROAD		Connections	1					

Towns Served: BOLTON

Water System Facility: **Organic Chemicals (V**

Monitoring R	equirements		
: ENTRY POINT (WSF ID: 00700)			
VOCS)		1 rc	outine (RT) per year
ımplina Point ID)	Monitorina Period	Collection Period	Compliance Status

Sampling Point (Sampling F **ENTRY POINT (3)** 1/1/23 - 12/31/23 Complete 1/1/24 - 12/31/24

1/1/25 - 12/31/25

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	
SUBMIT LEAD SERVICE LINE INVENTORY	10/16/2024	
COMPLETE INITIAL LSL INVENTORY	10/16/2024	

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	age DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	А	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		SWS001	HANDICAP BATHROOM	Р	Υ	1		
		SWS002	MENS BATHROOM	Р	Υ	1		
		SWS003	LADIES BATHRROM	Р	Υ	1		
		SWS004	BREAK ROOM	Р	Υ	1		
		SWS005	CAFETERIA	Р	Υ	1		
		SWS006	ENTRY POINT	Р				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
10051	WELL 1	2	WELL	Α				
54967	STORAGE TANKS							

62746 TREATMENT SYSTEM

Certified Operator Information

Water System Facility: TREATMENT SYSTEM (WSF ID: 62746)

Facility Classification: CLASS 1 TRI	EATMENT PLANT		Certification
Operator Name	Operator Type	Certification(s)	Expiration
LAFRAMBOISE, PAUL F.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2024
		WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2024
NAPIERATA, KYLE	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2024
		WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2024
LAFRAMBOISE, ERIC	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS III	9/30/2026

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.

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source				
CT0120302	120302 SIMONIZ USA					30	Р	GW				
Local Address	(where applicable)	Service	Resider	ntial	Commerci	ial Industri	al Combine	ed Agricultural				
201 BOSTON	Connections	1										
Towns Served	wns Served: BOLTON											

Connecticut Department of Public Health Drinking Water Section

			Cer	tified Operato	or Information				
Water System Fac	ility: TREAT	MENT SYST	TEM (WSF ID: 62746)					
Facility Classificatio	n: CLASS 1 TR	EATMENT PI	ANT						Certification
Operator Name			Oper	ator Type	Certification(s)				Expiration
					DISTRIBUTION SYST	ГЕМ ОРЕІ	RATOR - CLAS	SS III	9/30/2026
STARK, TYLER			ASSIGN	IED OPERATOR	DISTRIBUTION SYST	ГЕМ ОРЕІ	RATOR - CLAS	SS II	3/31/2025
					WATER TREATMEN	T PLANT	OPERATOR -	CLASS I	3/31/2025
				Contact Info	ormation				
Name				Organization				Job Title	
Mr. William Hibbar	d			Simoniz USA	Inc.		Plant Manag	ger	
Mailing Address Line	e One		Mailing	Address Line Two			City	State	Zip Code
201 Boston Turnpik	e					Bolton		СТ	06043
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress		
860-646-0172	105	860-645-6	5070		860-209-0970				
Contact Role(s): Le	gal Contact								
Name				Organization				Job Title	
Mr. Scott Paterson				Simoniz Usa,	Inc		Env. H&S Ma	anager	
Mailing Address Line	e One		Mailing	g Address Line Two			City	State	Zip Code
201 Boston Turnpik	e					Bolton		СТ	06043
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress		
860-643-3876		860-643-3	3777		860-951-2939	spaterso	n@simoniz.c	om	
Contact Role(s): Ac	dministrative (Contact							
Name				Organization				Job Title	
Mr. William M. Gor	ra			Simoniz Usa,	Inc		President &	Ceo	
Mailing Address Line	e One		Mailing	g Address Line Two			City	State	Zip Code
201 Boston Turnpik	e					Bolton		СТ	06043
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress		
800-646-0172	108	860-730-6	5280		860-573-9860	wgorra@	simoniz.com	1	
Contact Role(s): O	wner								

Please note the following:

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

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

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

End of schedule

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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0120024	ABLE COIL				NTNC	50	Р	GW
Local Address (w	here applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
25 HOWARD RO	AD	Connections			1			

Towns Served: BOLTON			
Monitoring	g Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 000	600)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Lead And Copper (PBCU)		5 routine	(RT) per six months
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/23 - 12/31/23		Complete
	1/1/24 - 6/30/24		
	7/1/24 - 12/31/24		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		·
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		•
, ,	1/1/26 - 12/31/28		
Nitrate And Nitrite (NOX)	· · · · ·	1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
. ,	1/1/24 - 12/31/24		·
	1/1/25 - 12/31/25		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)	· · · · ·	1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		•
. ,	1/1/26 - 12/31/28		
Organic Chemicals (VOCS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/23 - 12/31/23		Complete
, ,	1/1/24 - 3/31/24		1
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

	Connecticut	Department of	Public H	ealth I	Orinki	ng W	ater S	Section	
		Quality Monit				_			
PWS ID	PWS Name		<u> </u>		lassificatio				Primary Source
CT012002	4 ABLE COIL				NTNC		50	Р	GW
Local Addr	ess (where applicable)		Service	Residentia	al Comme	ercial	ndustrial	Combine	d Agricultural
25 HOWAI	RD ROAD		Connections		1				
Towns Ser	ved: BOLTON								
		Other C	ompliance	Schedu	les				
Compliand	e Schedule Activity			Du	ie Date		Achiev	ed Date	
CROSS CO	NNECTION EXEMPTION			3/:	1/2023				
SUBMIT LE	AD SERVICE LINE INVENTO	RY		10/	16/2024				
COMPLETE	INITIAL LSL INVENTORY			10/	16/2024				
		Public Not	ification R	equiren	nents				
		С	ompliance	Notice	<u>Public</u>	: Notific	ation	PN Ce	rtification
Violation/	Situation		Period	Tier	Require	ed Pe	erformed	Due to DPI	H Received
Organic Ch	nemicals M&R Violation	4/1,	/23 - 6/30/23	3	9/12/20	24		9/22/2024	
	Wa	ater System Facili	ity and San	npling P	oint In	vento	ry		
Water						Total	Lead a		
System	Water System Facility	Sampling Point	Sampling Poir Description	nt		Coliform			Stage
Facility ID		ID	<u> </u>	L CVCTER A	Status	Rule	Kule I	ier Aspestos	s WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		A	Υ			
		DOWNSTREAM MSD0001			Α	V	N		
		MSP0001	ENTRY POINT		A	Y	N		
		MSP0002 MSP0003	OFFICE BATHE	KOOIVI	Α	Y Y	N		
			KITCHEN		A	Ϋ́	N		
		MSP0004 MSP0005	WASH SINK WATER FOUN	TAINI	A A	Ϋ́	N N		
		MSP0005	MENS BATHRO		A	Υ	N		
		MSP0007	WOMENS BATTING		A	Y	N		
		UPSTREAM	WITHIN 5 SER		A	'	IN		
00700	ENTRY POINT	3	ENTRY POINT	VICE COIN	A				
20225	WELL	2	WELL		A				
		Certified	Operator I	nforma	tion				
Water Sy	stem Facility: DISTRIBU		<u> </u>						
Facility Cla	assification: SMALL WATER	SYSTEM							Certification
Operator l	Name	Operator Typ	e Ce	rtification('s)				Expiration
STAVENS,		CHIEF OPERATO		1ALL WATE		OPERA ⁻	TOR		6/30/2026
		Con	tact Inforn	nation					
Name		0	rganization					Job Title	

Mr. Steven Rockefeller Able Coil Electronics Co. Inc. President Zip Code Mailing Address Line One Mailing Address Line Two City State 25 Howard Road P.O. Box 9127 Bolton CT 06043 Emergency Phone Email Address **Business Phone** Mobile Phone Extension Fax 860-646-5686 111 860-512-0817 srockefeller@ablecoil.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.

PWS ID P	PWS Name						ication	Population	Owner Type	Primary Sourc
CT0120024 A	ABLE COIL					NT	NC	50	Р	GW
ocal Address (wh	ere applicable)			Service	Residen	tial Co	mmerci	al Industri	al Combine	ed Agricultura
25 HOWARD ROAI)			Connection	ıs		1			
Towns Served: BO	LTON			·	·	·			·	·
lame C				Organization Job Title					2	
vame				Organization						-
	lty LLC			Organization						
loward Road Rea			Mailing Addr					City	State	Zip Code
Howard Road Rea Mailing Address Li P. O. Box 9127			Mailing Addr				Bolton		State CT	-

Please note the following:

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

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

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

End of schedule

	Connecticut Departmen Water Quality Mo				U			
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0120424	THE CARLYLE JOHNSON MACHINE COM	IPANY			NTNC	42	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
291 BOSTON T	URNPIKE	Connections			1			
Towns Sarved: ROLTON								

Towns Served: BOLTON			
Monitorin	g Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	0600)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	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		
Lead And Copper (PBCU)		5 routine	(RT) per six months
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/23 - 12/31/23		Complete
	1/1/24 - 6/30/24		
	7/1/24 - 12/31/24		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	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)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	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		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Organic Chemicals (VOCS)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	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		

	Connecticut Department of Public Health Drinking Water Section								
	Water Quality Monitoring and Compliance Schedule								
PWS ID	PWS Name Classification Population Owner Type Primary Source								
CT0120424									

Service

Connections

Residential Commercial Industrial

1

Combined

Agricultural

291 BOSTON TURNPIKE
Towns Served: BOLTON

Local Address (where applicable)

	Mor	nthly Water System Facility ((WSF) Lev	el Monitori	ng Requireme	nts
Water System	Facility:	ENTRY POINT (WSFID: 00700)				
Analyte		Monitoring Requirement (Summary T	ype)	Operating Limit	:	Samples Req/Month
рН		Entry Point pH Monitoring (PHRD)		Minimum: 7.4	PH	Daily
Start Date:	5/1/2021		Compliance	History:	Operating Limit	Monitoring
			Monitoring	Period	Compliance Status	: Compliance Status:
			11/1/2023 -	11/30/2023	Υ	
			12/1/2023 -	12/31/2023	Υ	
			1/1/2024 - 1	/31/2024	Υ	
			2/1/2024 - 2	/29/2024	Υ	
			3/1/2024 - 3	/31/2024		

Other Compliance Schedules							
Compliance Schedule Activity	Due Date	Achieved Date					
SUBMIT LEAD SERVICE LINE INVENTORY	10/16/2024						
COMPLETE INITIAL LSL INVENTORY	10/16/2024						
CROSS CONNECTION EXEMPTION	3/1/2026						

	Wa	ter System Facili	ity and Sampling Po	oint Ir	iventoi	ſy			
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					
		MW001-D	DOWNSTAIRS MENS ROOM	Α	Υ	N	Υ	Υ	
		MW003	KITCHEN	Α	Υ	N			
		MW005	BREAK ROOM	Α	Υ				
		MW017-U	UPSTAIRS BATHROOM	Α	Υ	N			
		MW027-DRNB	DRESS ROOM NEW BLDG	Α	Υ	N			
		MW038	HANDICAP NEW BLDG	Α	Υ	N			
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
10809	WELL	2	WELL	Α					
47969	TREATMENT PLANT								

	Certified Oper	ator Information	
Water System Facility: TREATM	IENT PLANT (WSF ID: 47969)		
Facility Classification: CLASS 1 TREA	ATMENT PLANT		Certification
Operator Name	Operator Type	Certification(s)	Expiration
LAFRAMBOISE, PAUL F.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	9/30/2024
		WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2024

Water Quality Monitoring and Compliance Schedule								
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0120424	THE CARLYLE JOHNSON MACHINE COMPAN	Υ			NTNC	42	Р	GW
Local Address	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural	
291 BOSTON T	Connections			1				

Connecticut Department of Public Health Drinking Water Section

				Contact Ir	nformation					
Name	lame Organization						Job Title			
Mr. Michael Gamache				291 Bostoi	n Tpke Associates LLC		Manager			
Mailing Address Lin	e One		Mailing	Address Line Tw	0	City State Zip Co			Zip Code	
291 Boston Turnpik	e		Р О Вох	9546		Bolton CT 06043-95				
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email A	ddress			
860-643-1531		860-646-	2645			MEG@0	1EG@CJMCO.COM			
Contact Role(s): Le	egal Contact, C	Owner	•			•				
Name				Organizati	on			Job Title	<u>,</u>	
Mr. Donald J. Hartl				Carlyle Joh	nson Machine Co.					
Mailing Address Lin	e One		Mailing	Address Line Tw	10		City	State	Zip Code	
291 Boston Tpke.			PO Box 9	9546		Bolton	Bolton CT 06043			
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email A	ddress	•		
860-643-1531	107	860-646-	2645			MAXITO	RQ@CJMCO.	COM		
Contact Role(s): A	dministrative	Contact			-					

Please note the following:

Towns Served: BOLTON

- 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

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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0120434	COMCAST CORPORATION				NTNC	25	Р	GW
Local Address (where applicable)		Service	Residential		Commercia	al Industri	al Combin	ed Agricultural
200 BOSTON TURNPIKE		Connections			1			

Towns Served: BOLTON	,	1	'
Monitoring Re	equirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		Complete
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Lead And Copper (PBCU)		5 routine	(RT) per six months
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/23 - 12/31/23		Complete
	1/1/24 - 6/30/24		
	7/1/24 - 12/31/24		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/21 - 12/31/23		Complete
	1/1/24 - 12/31/26		
	1/1/27 - 12/31/29		
Nitrate And Nitrite (NOX)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/22 - 12/31/24		
	1/1/25 - 12/31/27		
Organic Chemicals (VOCS)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
Livini Convi (5)	1/1/23 12/31/23		complete

120434	COMCAST CORPORATION	NTNC	25	Р	GW					
S ID	PWS Name	Classification	Population	Owner Type I	Primary Source					
Water Quality Monitoring and Compliance Schedule										
	Connecticut Department of Public Health Drinking Water Section									

Service

200 BOSTON TURNPIKE Towns Served: BOLTON

Local Address (where applicable)

PWS

CT01

Monitoring Requirements

Connections

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

Organic Chemicals (VOCS) 1 routine (RT) per year

Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status

1/1/25 - 12/31/25

Residential Commercial Industrial

1

Combined

Agricultural

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 рΗ Entry Point pH Monitoring (PHRD) Minimum: 7.0 PH Start Date: 1/1/2004 **Compliance History: Monitoring Operating Limit Monitoring Period Compliance Status: Compliance Status:** 11/1/2023 - 11/30/2023 12/1/2023 - 12/31/2023 1/1/2024 - 1/31/2024 2/1/2024 - 2/29/2024

3/1/2024 - 3/31/2024

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date	
DISTRIBUTION SYSTEM MATERIALS EVALUATION	8/31/2019		
SUBMIT LEAD SERVICE LINE INVENTORY	10/16/2024		
COMPLETE INITIAL LSL INVENTORY	10/16/2024		
CROSS CONNECTION SURVEY REPORT	3/1/2025		

Water System Facility and Sampling Point Inventory

		•	, ,			•			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Sta	ge
Facility IE)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DE	BPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		BB100	BASEMENT BATH	1		3			
		BR400	BREAK ROOM	Р		3			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		FFB200	FIRST FLOOR BATH	Р	Υ	3			
		OSC500	OUTSIDE SILLCOCK	Р		3			
		OSC600	OUTSIDE SILLCOCK #2	Α		3			
		SFB300	SECOND FLOOR BATH	Р		3			
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
10968	WELL	2	WELL	Α					
48677	TREATMENT PLANT								

Certified Operator Information

	Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name					ssification	Population	Owner Type	Primary Source			
CT0120434	COMCAST CORPORATION				NTNC	25	Р	GW			
Local Address (Service	Residen	tial Commerc		al Industri	al Combine	ed Agricultural				
200 BOSTON T	URNPIKE	Connections			1						

Certified Operator Information

Connecticut Department of Public Health Drinking Water Section

Towns Served: BOLTON

Mater System Eacility: TDEATMENT DLANT (MICE ID: 49677)

Water System Fac	ility: IREAIN	IENI PLAI	NI (WSFID	48677)					
Facility Classificatio	n: CLASS 1 TRE	ATMENT PI	LANT						Certification
Operator Name			Operator T	уре	Certification(s)				Expiration
GRANT, SHANE			CHIEF OPERA	TOR	WATER TREATMEN	T PLANT	OPERATOR -	· CLASS II	9/30/2026
					DISTRIBUTION SYST	ГЕМ ОРЕГ	RATOR - CLA	SS II	9/30/2026
PETITTI, ANDY			ASSIGNED OF	ERATOR	DISTRIBUTION SYST	TEM OPER	RATOR - CLA	SS I	6/30/2025
					WATER TREATMEN	T PLANT	OPERATOR -	· CLASS I	12/31/202
			Co	ntact Inf	ormation				
Name Organization					1				
Mr. Dan Tomaro	Comcast Cab	ole Communications							
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
222 New Park Drive						Berlin		СТ	06037
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	dress		
860-839-7430						Daniel_T	omaro@cor	ncast.com	
Contact Role(s): Ac	dministrative Co	ontact							
Name				Organization	1			Job Title	
Ms. Marna Salimen	а			Comcast Cab	ole		DEP. Gener	al Counsel	
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
1701 John F, Kennedy Blvd.						Philadelphia PA			19103
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	dress		
215-286-7026									
Contact Role(s): Le	gal 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

End of schedule

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

PWS ID PWS Name CI					ssification	Population	Owner Type	Primary Source
CT0120343	HANS CHRISTIAN ANDERSEN MONTESSORI					30	Р	GW
Local Address (v	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural	
212 BOLTON CENTER ROAD		Connections	1					

Towns Served: BOLTON			
Monitoring	g Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	600)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	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		
Lead And Copper (PBCU)		5 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/22 - 12/31/24	6/1-9/30	
	1/1/25 - 12/31/27	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	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)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/21 - 12/31/23		Complete
	1/1/24 - 12/31/26		
	1/1/27 - 12/31/29		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	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		
Pesticides, Herbicides and PCBs-Phase II (SOC2)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Pesticides, Herbicides and PCBs-Phase V (SOC5)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Organic Chemicals (VOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status

	Co	nnectic	ut Departr	ment of	f Public	Health Γ)rin	king V	Nater Se	ection	
	de		ter Quality							ction	
PWS ID CT0120343		S Name	N ANDERSEN MO		, , , , ,			ation Po		ner Type F	Primary Source
Local Addre	ss (wher	e applicable)			Service	Residentia	l Con	nmercial	Industrial	Combined	l Agricultural
212 BOLTON					Connectio	ns 1					
Towns Serve	ed: BOLT	ON									
						quirement	ts				
,		,	Y POINT (WSF	ID: 00700)							
Organic Cl		• •									three years
_	Sampling Point (Sampling Point ID)					Monitoring			ection Period		iance Status
ENTRY	POINT (3	3)				1/1/22 - 12	-			Co	omplete
						1/1/25 - 12		7			
				Other C	omplian	ce Schedu	les				
Compliance Schedule Activity						Du	e Date	2	Achieved	Date	
SUBMIT LEAD SERVICE LINE INVENTORY						10/1	16/202	24			
COMPLETE I	NITIAL L	SL INVENTOR	Y		10/2	16/202	24				
CROSS CONI	NECTION	I EXEMPTION				3/:	1/2028	3			
			Water Syste	em Facili	ity and S	ampling P	oint	Invent	tory		
Water								Tota			
System V Facility ID	Vater Sy	stem Facility	Sam	pling Point ID	Sampling I Description		Stat	Colifo us Rul		Asbestos	Stage WQP 2 DBPR
00600	ISTRIBU	TION SYSTEM	l	4	DISTRIBUT	ION SYSTEM	Α	Υ			
			ВТ	HRMSINK	BATHROOM	M SINK	Α	Υ	2		
			(CLSSRM	CLASSROO	M	Α	Υ	2		
			DOV	VNSTREAM	WITHIN 5 S	SERVICE CON	Α				
			I	KITSINK	KITCHEN/E	NTRY POINT	Α	Υ	2	Υ	
			UI	PSTREAM	WITHIN 5 S	SERVICE CON	Α				
00700 E	NTRY PO	DINT		3	ENTRY POI	NT	Α				
10717 V	VELL			2	HANS CHR	ISTIAN ANDER	Α				
			C	Certified	Operato	r Informa	tion				
Water Syst	em Fac	ility: DISTR	IBUTION SYSTE	M (WSF I	D: 00600)						
Facility Clas	sificatio	n: SMALL WA	ATER SYSTEM								Certification
Operator No	ате		Oļ	perator Typ	е	Certification(s)				Expiration
NAVICKIS, T	HOMAS	L.	CHI	EF OPERATO	OR	WATER TREAT	MEN	Γ PLANT (OPERATOR - CI	LASS I	6/30/2024
				Con	tact Info	rmation					
Name				O	rganization					Job Title	
Hans Christi	ian Ande	erson			•						
Mailing Add	ress Line	one One	Mai	ling Addres	s Line Two				City	State	Zip Code
212 Bolton (Center R	d						Bolton		СТ	06043
Business F	Phone	Extension	Fax	Mobi	ile Phone	Emergency Pl	hone	Email Ado	dress		

Contact Role(s): Legal Contact, Owner

(Connecticut	t Depa	irtment of	Public	Health	Drir	ıking	Water	Section		
	Wate	r Qua	lity Monit	oring ar	nd Con	nplia	nce S	chedul	le		
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source	
CT0120343	HANS CHRISTIAN A	NDERSEN	I MONTESSORI			NT	NC	30	Р	GW	
Local Address (wh	nere applicable)			Service	Resider	tial Co	mmercia	al Industri	al Combine	ed Agricultural	
212 BOLTON CEN	TER ROAD			Connection	s 1						
Towns Served: BO	OLTON										
Name			Or	ganization			Job Title				
Ms. Cailyn Freem	ian		На	Hans Christian Andersen M. Sch Head of School							
Mailing Address L	ine One		Mailing Address	Line Two			City		State	Zip Code	
212 Bolton Cente	r Road						Bolton		СТ	06043	
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	/ Phone	Email Address				
860-646-5727					869-966	-5563	admin@	hcams.org	;		
Contact Role(s):	Administrative Co	ntact		'							

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 Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0121023	MUNSON'S CANDY KITCHEN				NTNC	30	Р	GW
Local Address (where applicable)		Service	Resider	itial	Commercia	al Industri	al Combine	ed Agricultural
ROUTE 6		Connections	1					

Towns Served: BOLTON	1		1
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	 DO)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		·
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	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		
Total Coliform (3100)		3 re	peat (RP) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	9/30/23 - 10/5/23		Complete
Lead And Copper (PBCU)		5 routine	(RT) per six months
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/23 - 12/31/23		Complete
	1/1/24 - 6/30/24		
	7/1/24 - 12/31/24		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	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		

	Connecticut Donartmo	ent of Dublic L	Ioalth Dr	rinkii	ng Wate	or Sa	oction	
	Connecticut Departme Water Quality M				_		ection	
PWS ID	PWS Name	iomtorms an		ssification			ner Type Pr	imary Source
CT0121023	MUNSON'S CANDY KITCHEN			NTNC	30		Р	GW
Local Address	(where applicable)	Service	Residential	Comme		trial	Combined	Agricultura
ROUTE 6		Connections	1					0
Towns Served:	BOLTON							1
	N	Monitoring Requ	uirements	}				
Water Systen	n Facility: ENTRY POINT (WSF ID:	00700)						
Chloride (10	017)					1 ro	utine (RT) p	er quarter
Sampling	Point (Sampling Point ID)		Monitoring P	Period	Collection	Period	Complic	ince Status
ENTRY PC	DINT (3)		10/1/23 - 12/	31/23			Cor	nplete
			1/1/24 - 3/3	1/24			Cor	nplete
			4/1/24 - 6/3	0/24				
			7/1/24 - 9/3	0/24				
Inorganic Ch	emicals (IOCS)					1	routine (R	T) per year
Sampling	Point (Sampling Point ID)		Monitoring P	Period	Collection	Period	Complic	ince Status
ENTRY PC	DINT (3)		1/1/23 - 12/3	31/23			Cor	nplete
			1/1/24 - 12/3	31/24			Cor	nplete
			1/1/25 - 12/3	31/25				
	Nitrite (NOX)					1	routine (R	
	Point (Sampling Point ID)		Monitoring P		Collection	Period		ince Status
ENTRY PC	DINT (3)		1/1/23 - 12/3				Cor	nplete
			1/1/24 - 12/3					
			1/1/25 - 12/3	31/25				
	lerbicides and PCBs - Phase II & V(e (RT) per t	•
	Point (Sampling Point ID)		Monitoring P		Collection	Period	Complic	ince Status
ENTRY PC	DINT (3)		1/1/23 - 12/3					
			1/1/26 - 12/3	31/28				
_	micals (VOCS)						routine (R	
	Point (Sampling Point ID)		Monitoring P		Collection I	Period		ince Status
ENTRY PC	DINT (3)		1/1/23 - 12/3				Cor	nplete
			1/1/24 - 12/3					
Matau Cuatau	a Facility MAPIN HA	/M/CE ID: 40033	1/1/25 - 12/3	31/25				
•	n Facility: WELL #1	(WSF ID: 10933)				1 4::-	gored (TC)	nor nordal
E. Coli (3014	•		Manitarina D) a wind	Collection	_	gered (TG)	• •
	Point (Sampling Point ID)		Monitoring P		Conection	Perioa	-	nce Status
WELL #1 (Eacility (MCT)	9/29/23 - 10/		na Poerrie	.o		nplete
Mater Custon	Monthly Water System	, , ,	Level ivior	iitorir	ig Kequir	eme	:1165	
	n Facility: ENTRY POINT (WSFID: 0	•						/0.0 -1
Analyte	Monitoring Requirement		Operatir	_			Samples Re	q/Month
pH	Entry Point pH Monitoring	• • •	Minimur				4	
Start Date:	4/1/2018		ance History:		Operating Li		Monitori	_
		Monitor	ring Period		Compliance	Status	s: Compliai	nce Status:

11/1/2023 - 11/30/2023

12/1/2023 - 12/31/2023

1/1/2024 - 1/31/2024

2/1/2024 - 2/29/2024

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	Connecticut Department of Water Quality Monito				U			
PWS ID	PWS Name			Classificat	on	Population	Owner Type	Primary Source
CT0121023	MUNSON'S CANDY KITCHEN			NTNC		30	Р	GW
Local Address (where applicable)	Service	Residen	tial Comm	Commercial Industri		al Combine	ed Agricultural
ROUTE 6		Connections	1					
Towns Served:	BOLTON							
Water System	n Facility: ENTRY POINT (WSFID: 00700)							

Water System Facility:	ENTRY POINT (WSFID: 00700)				
Analyte	Monitoring Requirement (Summary T	ype)	Operating Limit		Samples Req/Month
рН	Entry Point pH Monitoring (PHRD)	Minimum: 7.2		PH	4
Start Date: 4/1/2018		Compliance	History:	Operating Limit	Monitoring
		Monitoring	Period	Compliance Status	: Compliance Status:
		3/1/2024 - 3	/31/2024		
Analyte	Monitoring Requirement (Summary T	ype)	Operating Limit		Samples Req/Month
рН	<spaces> ()</spaces>		Maximum: 7.8	PH	4
Start Date: 4/1/2018		Compliance	History:	Operating Limit	Monitoring
		Monitoring	Period	Compliance Status	: Compliance Status:
		11/1/2023 -	11/30/2023		
		12/1/2023 -	12/31/2023		
		1/1/2024 - 1	/31/2024		
	·	2/1/2024 - 2	/29/2024	·	·
		3/1/2024 - 3	/31/2024		

Other Compliance Schedules								
Compliance Schedule Activity	Due Date	Achieved Date						
SWTS 2: DWS REVIEW & APPROVAL OF SOWT								
CCTS 2: DWS REVIEW & APPROVAL OF OCCT								
SWTS 1: PWS TO RECOMMEND SOWT	7/20/2023							
CCTS 1: PWS TO RECOMMEND OCCT	7/20/2023							
SUBMIT LEAD SERVICE LINE INVENTORY	10/16/2024							
COMPLETE INITIAL LSL INVENTORY	10/16/2024							
CROSS CONNECTION EXEMPTION	3/1/2029							

	Wat	er System Facili	ity and Sampling P	oint Ir	vento	У		
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		MUN-01	KITCHEN	Α	Υ	3		
		MUN-02	BREAK ROOM	Α	Υ	3		
		MUN-03	CANDY ROOM	Α	Υ	3		Υ
		MUN-04	ENROBER ROOM	Α	Υ	3		
		MUN-05	OFFICE BATHROOM	Α	Υ	3		Υ
		MUN-06	PACKING ROOM	Α	Υ	3		
		MUN-07	EMPLOYEE LOUNGE	Α	Υ	3	Υ	
		MUN-08	UPSTAIRS BATHROOM	Α	Υ	3		
		MW028-E	GENERATED BY BATCH	1	Υ			
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
10933	WELL #1	2	WELL #1	Α				

	Water Quality	Monitoring and	d Con	npl	iance S	Schedul	e	
PWS ID	'S ID PWS Name				ssification	Population	Owner Type	Primary Source
CT0121023	MUNSON'S CANDY KITCHEN				NTNC	30	Р	GW
Local Address (where applicable) Service				ntial	Commerci	al Industri	al Combine	ed Agricultural
ROUTE 6		Connections	1					

Connecticut Department of Public Health Drinking Water Section

Towns Served: BOLTON

	Water System Facility and Sampling Point Inventory								
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
1662	TREATMENT - AERATION/PH/GAC								
54347	ATMOSPHERIC STORAGE								
54350	BOOSTER PUMP (GOULDS J5)								

	continued opera		
Water System Facility: TREATI	MENT - AERATION/PH/GAC (WS	SF ID: 1662)	
Facility Classification: CLASS 2 TRE	EATMENT PLANT		Certification
Operator Name	Operator Type	Certification(s)	Expiration
NIGRO, JR., VICTOR N.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2024
		DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2026
NIGRO, SCOTT A.	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2025
		WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2026

Certified Operator Information

			Co	ntact Inf	ormation					
Name				Organization				Job Title		
Mr. Jim Florence				174 Hop Rive	er Rd LLC		Vice Preside	ent		
Mailing Address Line One Mailing Add				ess Line Two			City	State	Zip Code	
174 Hop River Road						Bolton		СТ	06043	
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Address				
860-649-4332	22		860	0-798-1897		jim@munsonschocolates.com				
Contact Role(s): A	dministrative	Contact, Leg	al Contact, O	wner						

Please note the following:

- 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

Page 26

demine the definition of the d									
Water Quality Monitoring and Compliance Schedule									
PWS ID PWS Name				Cla	ssification	Population	Owner Type	Pri	mary Source
CT0121114	CT0121114 ABLE COIL AND ELECTRONICS					40	Р		GW
Local Address	Service	Residen	ntial	Commerci	al Industri	al Combine	ed	Agricultural	
837 BOLTON T	Connections					1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: BOLTON			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	•		
Asbestos (1094)		1 routine	e (RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/23 - 12/31/31		
Total Coliform (3100)	-,-,,	1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
, , ,	1/1/24 - 3/31/24		·
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Lead And Copper (PBCU)		5 routine	(RT) per six months
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/23 - 12/31/23		Complete
	1/1/24 - 6/30/24		
	7/1/24 - 12/31/24		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/26 - 12/31/28		
Organic Chemicals (VOCS)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		
Other Comp	liance Schedules		

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.

Due Date

Compliance Schedule Activity

Achieved Date

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

PWS ID PWS Name					ssification	Population	Owner Type	Primary Source
CT0121114	CT0121114 ABLE COIL AND ELECTRONICS				NTNC	40	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
837 BOLTON TO	JRNPIKE	Connections					1	

Towns Served: BOLTON

Other Compliance Schedules								
Compliance Schedule Activity	Due Date	Achieved Date						
SUBMIT LEAD SERVICE LINE INVENTORY	10/16/2024							
COMPLETE INITIAL LSL INVENTORY	10/16/2024							
CROSS CONNECTION SURVEY REPORT	3/1/2025							

Water System Facility and Sampling Point Inventory								
Water					Total	Lead and		
System	Water System Facility		Sampling Point		Coliform	Copper		Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α	Υ			
		MSP0002	MENS BATHROOM SNK1	Α	Υ	N		
		MSP0003	MENS BATHROOM SNK2	Α	Υ	N		
		MSP0004	WOMENS BATHROOM SNK1	Α	Υ	N		
		MSP0005	WOMENS BATHROOM SNK2	Α	Υ	N		
		MSP0006	DRINKING FOUNTAIN	Α	Υ	N		
		MSP0007	CAFÉ SINK	Α	Υ	N		
		MSP0008	TOOL ROOM SINK	Α	Υ	N		
		MSP0009	VARNISH ROOM SINK	Α	Υ	N		
		MSP0010	1ST FL. MENS BATH	Α	Υ	N		
		MSP0011	1ST FL. WOMENS BATH	Α	Υ	N		
		MSP0012	BREAK ROOM	Α	Υ	N		
		MSP0013	1ST FL FOUNTAIN	Α	Υ	N		
		MSP0014	LAUNDRY SINK	Α	Υ	N		
		MSP0015	SUPPLY BR SINK	Α	Υ	N		
		MSP0016	CONF. RM SINK	Α	Υ	N		
		UPSTREAM	WITHIN 5 SERVICE CON	Α	Υ			
00700	ENTRY POINT	3	ENTRY POINT	Α				
62465	WELL	2	WELL	Α				

Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM						
Operator Name	Operator Type	Certification(s)	Expiration			
STAVENS, JOEL	CHIEF OPERATOR	SMALL WATER SYSTEM OPERATOR	6/30/2026			

317(12113), 3022		CITIEI OI EIO	SWILL WITH STOTE WITH STOTE ST				0/30/2020		
			Co	ontact Inf	ormation				
Name				Organization	ı	Job Title			
Mr. Steven Rockefeller Able Coil Electronics Co. Inc.						President			
Mailing Address Line One Mailing A			Mailing Addr	ling Address Line Two			City	State	Zip Code
25 Howard Road			P.O. Box 912	7		Bolton		СТ	06043
Business Phone	Extension	Fax	Мо	obile Phone	Emergency Phone	Email Ad	dress		

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 ID PWS Name					Classification Populati		Owner Type	Primary Source	
CT0121114	14 ABLE COIL AND ELECTRONICS						40	Р	GW	
Local Address (where applicable) Sei				Service Resider		Commerci	al Industri	al Combine	ed Agricultural	
837 BOLTON TU	RNPIKE		Connections	5				1		
Towns Served: BOLTON										
860-646-5686	0-646-5686 111 860-512-0817					srocket	feller@abled	coil.com		
Contact Role(s): Administrative Contact, Legal Contact, Owner										

Connecticut Department of Dublic Health Drinking Water Section

Please note the following:

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

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

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

End of schedule