

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0170074	665 TERRYVILLE AVENUE - BRISTOL	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
665 TERRYVILLE AVENUE			1		

Towns Served: BRISTOL

## Monitoring Requirements

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

Total Coliform (3100) <span style="float: right;">1 routine (RT) per quarter</span>			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

  

Physical Parameters (PPS) <span style="float: right;">1 routine (RT) per quarter</span>			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

Nitrate And Nitrite (NOX) <span style="float: right;">1 routine (RT) per year</span>			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	WQP 2 DBPR Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		UPSTREAM	WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
20294	WELL	2	WELL	A			

## Contact Information

Name	Organization	Job Title
Dr. Richard P. Saporito	Chippens Hill Family Medical	Volunteer Manager
Mailing Address Line One	Mailing Address Line Two	City
665 Terryville Avenue	P. O. Box 262	State
Business Phone	Extension	Zip Code
860-589-1491	860-583-3581	860-416-9184
Emergency Phone	Mobile Phone	Email Address
		rsaporitodc@sbcglobal.net

Contact Role(s): Legal Contact, Owner

*NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.*

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

PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT0170074	665 TERRYVILLE AVENUE - BRISTOL				NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
665 TERRYVILLE AVENUE				1				
Towns Served: BRISTOL								
Name			Organization			Job Title		
Ms. Molly Spargo Poulin			Spargo Physical Therapy			Owner		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code	
665 Terryville Avenue		Unit 1			Bristol	CT	06010	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-973-4995					spargophysicaltherapy@gmail.com			

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

**Please note the following:**

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

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

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

***End of schedule***

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0170094	GEORGES TERRYVILLE MARKET	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
627 TERRYVILLE AVENUE			1		

Towns Served: BRISTOL

## Monitoring Requirements

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

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

  

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

1 routine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: WELL (WSF ID: 20296)

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos Rule Tier	Stage WQP 2	DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A					
		UPSTREAM	WITHIN 5 SERVICE CON	A					
00700	ENTRY POINT	3	ENTRY POINT	A					
20296	WELL	2	WELL	A					

## Contact Information

Name	Organization	Job Title		
Mr. Djordje Maljevic		Owner		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
631 Terryville Road		Bristol	CT	06010

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0170094	GEORGES TERRYVILLE MARKET	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
627 TERRYVILLE AVENUE			1		

Towns Served: BRISTOL

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-585-6258					

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

Name	Organization	Job Title
Ms. Pauline Surv	Georges Terryville Market	

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
627 Terryville Ave		Bristol	CT	06010

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address

Contact Role(s): **Owner**

**Please note the following:**

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

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

**End of schedule**

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0170144	ORCHARD HOUSE-INDIAN ROCK NATURE PRESERV	NC	36	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
501 WOLCOTT ROAD	Connections		10		

Towns Served: BRISTOL

**Monitoring Requirements**

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

<b>Total Coliform (3100)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/25 - 8/31/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		Complete
	4/1/26 - 6/30/26		
<b>Total Coliform (3100)</b>	<b>3 repeat (RP) per period</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	8/9/25 - 8/14/25		Complete
<b>Total Coliform (3100)</b>	<b>3 temporary routine (TR) per month</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	9/1/25 - 9/30/25		Complete
<b>Physical Parameters (PPS)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		Complete
	4/1/26 - 6/30/26		

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

<b>Nitrate And Nitrite (NOX)</b>	<b>1 routine (RT) per year</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: **WELL** (WSF ID: 20299)

<b>E. Coli (3014)</b>	<b>1 triggered (TG) per period</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL (2)	8/8/25 - 8/14/25		Complete

**Public Notification Requirements**

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>	<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>
Nitrate And Nitrite M&R Violation	1/1/14 - 12/31/14	2	2/17/2016		2/27/2016

**Water System Facility and Sampling Point Inventory**

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Total Coliform</i>	<i>Lead and Copper Rule</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
				<i>Status</i>	<i>Tier</i>		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		UPSTREAM	WITHIN 5 SERVICE CON	A			

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0170144	ORCHARD HOUSE-INDIAN ROCK NATURE PRESERV	NC	36	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
501 WOLCOTT ROAD			10		

Towns Served: BRISTOL

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos Rule Tier	Stage WQP 2	DBPR
00700	ENTRY POINT	3	ENTRY POINT	A					
20299	WELL	2	WELL	A					

## Contact Information

Name	Organization	Job Title		
Mr. Scott E. Heth	Env. Learning Centers of Ct	Executive Director		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
501 Wolcott Road		Bristol	CT	06010
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
860-589-8200		860-585-8886		

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

**Please note the following:**

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

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

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

**End of schedule**

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0170154	PEBBLE HOUSE-INDIAN ROCK NATURE PRESERVE	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
501 WOLCOTT RD	Connections		1		

Towns Served: BRISTOL

### Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	4/1/26 - 6/30/26		

Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	4/1/26 - 6/30/26		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification Required	PN Certification Received
Physical Parameters M&R Violation	10/1/24 - 12/31/24	3	4/3/2026	4/13/2026
Total Coliform M&R Violation	10/1/24 - 12/31/24	3	4/3/2026	4/13/2026

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	WQP 2 DBPR Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		UPSTREAM	WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
20300	WELL	2	WELL	A			

### Contact Information

Name	Organization				Job Title		
Mr. Scott E. Heth	Env. Learning Centers of Ct				Executive Director		
Mailing Address Line One	Mailing Address Line Two		City	State	Zip Code		
501 Wolcott Road			Bristol	CT	06010		
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-589-8200		860-585-8886			scottheth1@gmail.com		

Contact Role(s): Administrative Contact, Legal Contact

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0170154	PEBBLE HOUSE-INDIAN ROCK NATURE PRESERVE	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
501 WOLCOTT RD	Connections		1		

Towns Served: BRISTOL

**Please note the following:**

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

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**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0170214	WOJTUSIK NURSERY	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
750 TERRYVILLE AVENUE			1		

Towns Served: BRISTOL

### Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

  

Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule	Asbestos Rule Tier	WQP 2 DBPR Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		UPSTREAM	WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
20305	WELL	2	WELL	A			

### Contact Information

Name	Organization	Job Title
Mr. Peter Wojtusik	Wojtusik Nursery Garden Center	President
Mailing Address Line One	Mailing Address Line Two	City
750 Terryville Avenue		State
Business Phone	Extension	Zip Code
860-583-7279		06010
Emergency Phone	Email Address	
	info@wojtusiknurserycenter.com	

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0170214	WOJTUSIK NURSERY	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
750 TERRYVILLE AVENUE	Connections		1		

Towns Served: BRISTOL

**Please note the following:**

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

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

**End of schedule**

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0179044	249 TERRYVILLE ROAD - BRISTOL	NC	28	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined

Towns Served: BRISTOL

## Monitoring Requirements

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

Total Coliform (3100)	Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points		7/1/25 - 9/30/25		
		10/1/25 - 12/31/25		
		1/1/26 - 3/31/26		
		4/1/26 - 6/30/26		
Physical Parameters (PPS)	Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points		7/1/25 - 9/30/25		
		10/1/25 - 12/31/25		
		1/1/26 - 3/31/26		
		4/1/26 - 6/30/26		

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

Nitrate And Nitrite (NOX)	Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)		1/1/25 - 12/31/25		Complete
		1/1/26 - 12/31/26		
		1/1/27 - 12/31/27		

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY		11/30/2014

## Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification Required	PN Certification
Total Coliform M&R Violation	7/1/25 - 9/30/25	3	1/7/2027	1/17/2027
Physical Parameters M&R Violation	7/1/25 - 9/30/25	3	1/7/2027	1/17/2027
Facility ID		Status	Performed	Due to DPH Received

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform	Lead and Copper Rule	Asbestos Rule Tier	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		UPSTREAM	WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
52997	WELL 1	2	WELL 1	A			

## Contact Information

Name	Organization	Job Title
Jwd Property Development LLC		
Mailing Address Line One	Mailing Address Line Two	City State Zip Code

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0179044	249 TERRYVILLE ROAD - BRISTOL	NC	28	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
		1			

Towns Served: BRISTOL

19 Knob Hill Lane					Bristol	CT	06010
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		

Contact Role(s): Owner

Name	Organization	Job Title		
Mr. James W. Driscoll, Jr.	Jwd Property Development, LLC	Owner		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
19 Knob Hill Lane		Bristol	CT	06010
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
860-584-5933				860-582-2315
				jdriscoll19@comcast.net

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

Please note the following:

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

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0179054	735 TERRYVILLE AVE	NC	38	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined

Towns Served: BRISTOL

### Monitoring Requirements

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

Total Coliform (3100) <span style="float: right;">1 routine (RT) per quarter</span>			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

  

Physical Parameters (PPS) <span style="float: right;">1 routine (RT) per quarter</span>			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

Nitrate And Nitrite (NOX) <span style="float: right;">1 routine (RT) per year</span>			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	WQP 2 DBPR Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		UPSTREAM	WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
53001	WELL 1	2	WELL 1	A			

### Contact Information

Name	Organization			Job Title		
Mr. Muhammad A Ali	Daar-Ui-Ehsaan USA Inc					
Mailing Address Line One	Mailing Address Line Two			City	State	Zip Code
739 Terryville Avenue				Bristol	CT	06010
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-585-9742				860-680-6326	maali@sbcglobal.net	

Contact Role(s): Legal Contact, Owner

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0179054	735 TERRYVILLE AVE	NC	38	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined

Towns Served: BRISTOL

Name	Organization	Job Title
Mr. Saleh Akbar	Daar-UI-Ehsaan USA Inc	
Mailing Address Line One	Mailing Address Line Two	City
739 Terryville Avenue		Bristol
Business Phone	Extension	Fax
860-585-9742		
Mobile Phone		Emergency Phone
		860-680-6326
		Email Address

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

**Please note the following:**

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

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

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

**End of schedule**

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0179064	RT 6 PLAZA, LLC	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
912 TERRYVILLE AVE, BRISTOL					3

Towns Served: BRISTOL

## Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

  

Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

Nitrate (1040)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Nitrite (1041)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	WQP 2 Stage	DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	DISTRIBUTION SYSTEM	A				
		UPSTREAM	DISTRIBUTION SYSTEM	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
62533	WELL 1	2	WELL 1	A				

## Contact Information

Name	Organization				Job Title		
Mr. Naheem Anan	Rt 6 Plaza, LLC				Owner		
Mailing Address Line One	Mailing Address Line Two			City	State	Zip Code	
29 Salem Dr				Newington	CT	06111	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	lakelaklakta@yahoo.com	

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0179064	RT 6 PLAZA, LLC	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
912 TERRYVILLE AVE, BRISTOL				3	

Towns Served: BRISTOL

205-579-0640

Kak01reaktar@yahoo.com

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

**Please note the following:**

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

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

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**End of schedule**

**NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.**