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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0200054 BURLINGTON HIGHWAY DEPT (GARAGE)					NC	25	L	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
66 BELDEN ROA	AD.	Connections			1			

Towns Served: BURLINGTON

Monitoring Requirements

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

Total Coliform (3100)	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		

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)

Nitrate And Nitrite (NOX)	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		

Public Notification Requirements										
	Compliance Notice <u>Public Notification</u>				PN Certi	<u>fication</u>				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Total Coliform M&R Violation	10/1/19 - 12/31/19	3	4/27/2021		5/7/2021					
Physical Parameters M&R Violation	10/1/19 - 12/31/19	3	4/27/2021		5/7/2021					
Physical Parameters M&R Violation	1/1/20 - 3/31/20	3	6/17/2021		6/27/2021					
Total Coliform M&P Violation	1/1/20 - 3/21/20	2	6/17/2021		6/27/2021					

Water System Facility and Sampling Point Inventory Water Total Lead and System Water System Facility Sampling Point Sampling Point Coliform Copper Stage **Description** Rule Tier Asbestos WQP 2 DBPR Facility ID ID Rule **Status** 00600 **DISTRIBUTION SYSTEM DISTRIBUTION SYSTEM** DOWNSTREAM WITHIN 5 SERVICE CON Α

WITHIN 5 SERVICE CON

Α

Α

Α

Page 1

WELL **BLADDER TANK** 62078

00700 ENTRY POINT

20422

Contact Information

ENTRY POINT

WELL

Name	Organization	Job Title				
Mr. Theodore C. Shafer	Burlington	First Selectman				
Mailing Address Line One	Mailing Addr	ress Line Two		City	State	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.

Schedule Generation Date: 4/3/2024

UPSTREAM

3

2

	Connectic	ut Departn	nent of	Public F	Health	Drir	ıking	g Water	Section	
	Wat	ter Quality	Monit	oring an	d Con	nplia	nce S	Schedul	le	
PWS ID PWS Name						Classif	ication	Population	Owner Type	Primary Source
CT0200054 BURLINGTON HIGHWAY DEPT (GARAGE)							IC	25	L	GW
Local Address (where applicable) Service Resid						itial Co	mmerci	al Industri	al Combin	ed Agricultural
66 BELDEN ROAD)			Connections			1			
Towns Served: BI										
zoo spieiman nig	griway						DUITIN	ζιστι	CI	00012
Business Phone	e Extension	Fax	Mobi	le Phone E	e Emergency Phone Email Address					
860-673-6789		860-673-8607			shafer.t@burlingtonct.us					
Contact Role(s):	Administrative	Contact Legal Co	ntact							

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

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

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

End of schedule

			45 11:					
	Connecticut Dep				U		ection	
	Water Qu	iality Moni	itoring and	d Compl	liance S	chedule		
PWS ID	PWS Name			Cla	ssification	Population O	wner Type Pr	imary Source
CT020009	4 BURLINGTON TOWN HAL	L			NC	25	L	GW
Local Addr	ress (where applicable)		Service	Residential	Commercia	Industrial	Combined	Agricultural
200 SPIELI	MAN HIGHWAY		Connections		1			
Towns Ser	ved: BURLINGTON		'				'	
		Moni	toring Requ	irements	5			
Water Sy	stem Facility: DISTRIBUTION	SYSTEM (WSF	ID: 00600)					
Total Col	liform (3100)					1 r	outine (RT) p	er quarter
Samp	oling Point (Sampling Point ID)			Monitoring I	Period Co	llection Perio	d Complic	ance Status
Selec	t from Inventory of Active Sampl	ing Points		10/1/23 - 12/	/31/23		Cor	mplete
				1/1/24 - 3/3	31/24		Cor	mplete
				4/1/24 - 6/3	30/24			
				7/1/24 - 9/3	30/24			
Physical	Parameters (PPS)					1 r	outine (RT) p	er quarter
Samp	oling Point (Sampling Point ID)			Monitoring I	Period Co	llection Perio	d Complic	ance Status
Selec	t from Inventory of Active Sampl	ing Points		10/1/23 - 12/	/31/23		Cor	mplete
				1/1/24 - 3/3	31/24		Cor	mplete
				4/1/24 - 6/3	30/24			
				7/1/24 - 9/3	30/24			
Water Sy	stem Facility: ENTRY POINT	(WSF ID: 00700	0)					
Nitrate A	And Nitrite (NOX)						1 routine (R	T) per year
Samp	oling Point (Sampling Point ID)			Monitoring I	Period Co	llection Perio	d Complic	ance Status
ENTR	RY POINT (3)			1/1/23 - 12/	31/23		Cor	mplete
				1/1/24 - 12/	31/24		Cor	mplete
			_	1/1/25 - 12/	31/25			_
		Other	Compliance	Schedule	es			
Compliand	ce Schedule Activity		-	Due	Date	Achieve	d Date	
RESPOND	TO SANITARY SURVEY			7/5/	/2015			
		Public No	otification R	equirem	ents			
			Compliance	Notice	Public No	tification	PN Certi	ification
Violation/	['] Situation		Period	Tier	Required	Performed	Due to DPH	Received
Physical Pa	arameters M&R Violation	10/	/1/19 - 12/31/19	3	4/27/2021		5/7/2021	
	Water	System Fac	ility and Sar	npling Po	int Inver	ntory		
Water			-		To	tal Lead ar	nd	
System	Water System Facility	Sampling Poir	nt Sampling Poi	nt	Colif	orm Coppe	r	Stage
Facility ID		ID	Description		Status Ru	ıle Rule Ti	er Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	Α `	Y		
		DOWNSTREA	M WITHIN 5 SER	VICE CON	Α			
		UPSTREAM	WITHIN 5 SER	VICE CON	Α			
00700	ENTRY POINT	3	ENTRY POINT		Α			
20425	WELL	2	WELL		А			
		Co	ntact Inforr	mation				
Name			Organization				Job Title	
			3 . 3.0.0					

First Selectman

City

Burlington

Zip Code

06013

State

CT

Burlington

Mailing Address Line Two

Mr. Theodore C. Shafer

Mailing Address Line One

200 Spielman Highway

Connecticut Department of Public Health Drinking Water Section										
Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name					Clas	ssification	Population	Owner Type	Primary Source	
CT0200094	0094 BURLINGTON TOWN HALL						NC	25	L	GW
Local Address (where applicable) Se				Service	Resider	ential Commercial		al Industri	al Combine	ed Agricultural
200 SPIELMAN HI	GHWAY			Connections			1			
Towns Served: Bl	JRLINGTON									
Business Phone	e Extension	Fax	Mobil	e Phone E	Emergency Phone Email Address					
860-673-6789	860-673-6789 860-673-8607 shafer.t@burlingtonct.us									

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	epartment of	Public Health	Drinl	king W	Jater Se	ection		
		*	oring and Con		0				
PWS ID	PWS Name	durity 1.10111t	oring and don			n Population Owner Type Primary Sour			
CT0200264		DLIFE MANAGEMENT	AREA	NC		25	S	GW	
Local Addr	ress (where applicable)		Service Residen	itial Com	mercial	Industrial	Combined	Agricultural	
	ORD STREET		Connections		1				
Towns Ser	ved: BURLINGTON								
		Monito	oring Requireme	nts					
Water Sys	stem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)						
Total Col	liform (3100)					1 rou	utine (RT) p	er quarter	
Samp	oling Point (Sampling Point ID)		Monitori	ing Period	l Colle	ction Period	Complic	ance Status	
Selec	t from Inventory of Active Sam	pling Points	10/1/23 -	- 12/31/23	3		Cor	mplete	
			1/1/24	- 3/31/24			Cor	mplete	
			4/1/24	- 6/30/24					
			7/1/24	- 9/30/24					
Physical	Parameters (PPS)					1 rou	utine (RT) p	er quarter	
Sampling Point (Sampling Point ID)						ction Period		ance Status	
Select from Inventory of Active Sampling Points				- 12/31/23	3			mplete	
				- 3/31/24			Cor	mplete	
				- 6/30/24					
	- **		7/1/24 -	- 9/30/24					
-	stem Facility: ENTRY POIN	T (WSF ID: 00700)							
	And Nitrite (NOX)					1 routine (RT) per yea			
_	oling Point (Sampling Point ID)			ing Period		Collection Period Compliance St			
ENTR	Y POINT (3)			12/31/23		Complete			
				12/31/24		Complete			
		2.1		12/31/25	•				
		Other C	ompliance Sched	lules					
_	ce Schedule Activity			Due Date		Achieved	Date		
CROSS COI	NNECTION EXEMPTION			3/1/2016					
	Wate	er System Facili	ity and Sampling	Point	Invento	ory			
Water					Total	Lead and			
System	Water System Facility	Sampling Point ID	Sampling Point Description		Coliforn		Achartas	Stage	
Facility ID			-	Statu		Kule Her	Aspestos	WQP 2 DBPR	
00600	DISTRIBUTION SYSTEM	101	MAIN KITCHEN SINK	A A	Y				
		102 103	MAIN WOMENS BR SINK		Y Y				
		4	DISTRIBUTION SYSTEM	A 1 A	Υ Υ				
			WITHIN 5 SERVICE COI		Ť				
		UPSTREAM	WITHIN 5 SERVICE COI						
00700	ENTRY POINT	3	ENTRY POINT	A					
	WELL	2	WELL	A					
20442	**		**	^					

62076 CALCITE FILTER									
Contact Information									
Name	Organization	Job Title							
Mr. David Cooley		Deep-Engineering Unit	Supv Civil Engineer						
Mailing Address Line One Mailing Addre		ess Line Two		City	State	Zip Code			
						~~~~~			

62075 HYDROPNEUMATIC STORAGE

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.

	Connectic	ut Depa	runei	10 01	Public	Health	וועו	IIIKIIIE	g vvaler	Section	
	Wa	ter Qual	ity M	onito	oring a	nd Con	npli	ance S	Schedul	le	
PWS ID	PWS Name						Class	ification	Population	Owner Type	Primary Source
CT0200264	SESSIONS WOOL	OS WILDLIFE	MANAGE	MENT A	AREA			NC	25	S	GW
Local Address (w	here applicable)				Service	Residen	itial (	Commerci	al Industri	al Combin	ed Agricultural
343 MILFORD ST	REET				Connection	IS		1			
Towns Served: B	URLINGTON										
163 Great Hill Ro	ad							Portlar	nd	СТ	06480
Business Phone	e Extension	Fax		Mobile	e Phone	Emergency	/ Phon	e Email A	Address		
860-342-2215	;	860-344-2	2560	860-20	05-7552	860-424	-3333	david.d	cooley@ct.g	ov	

Connecticut Department of Public Health Drinking Water Section

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

#### Please note the following:

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End of schedule

	Connecticut Departn	nent of Public H	[ealth	Drir	nkino	Wa	ter S	ection	
	•	Monitoring and			Ŭ			cction	
PWS ID	PWS Name	Thomas and						wner Type P	rimary Source
CT0200334	YMCA CAMP CHASE			N		25		Р	GW
	where applicable)	Service	Resident	tial Co	mmercia		dustrial	Combined	
ROUTE 4		Connections			1				0 11 11
Towns Served:	BURLINGTON								
		Monitoring Requ	iiremei	nts					
Water System	n Facility: DISTRIBUTION SYSTE								
Total Colifori	m (3100)						1 r	outine (RT)	per month
	Point (Sampling Point ID)		Monitorii	ng Perio	od Co	ollectio	on Perio	-	iance Status
Select from	m Inventory of Active Sampling Poin	ts	6/1/24 -	6/30/2	24				
·			7/1/24 -	7/31/2	24				
			8/1/24 -	8/31/2	24				
			9/1/24 -	9/30/2	24				
			10/1/24 -	10/31/	<b>′</b> 24				
<b>Physical Para</b>	meters (PPS)						1 r	outine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitorii	ng Peri	od Co	ollectio	on Perio	d Compl	iance Status
Select from	m Inventory of Active Sampling Poin	ts	6/1/24 -	6/30/2	24				
			7/1/24 -	7/31/2	24				
			8/1/24 -	8/31/2	24				
			9/1/24 -	9/30/2	24				
			10/1/24 -	10/31/	<b>′</b> 24				
Water System	Facility: ENTRY POINT - WELL	2 (WSF ID: 00700)							
Nitrate And I	Nitrite (NOX)							1 routine (F	RT) per year
Sampling	Point (Sampling Point ID)		Monitorii	ng Perio	od Co	ollectio	on Perio	d Compl	iance Status
EP - WELL	2 (3)		1/1/23 - :	12/31/2	23			Co	mplete
			1/1/24 - :	12/31/2	24				
			1/1/25 - :	12/31/2	25				
Water System	Facility: ENTRY POINT - WELL	1 (WSF ID: 00701)							
Nitrate And I	Nitrite (NOX)							1 routine (F	RT) per year
Sampling	Point (Sampling Point ID)		Monitorii	ng Peri	od Co	ollectio	on Perio	d Compl	iance Status
EP - WELL	1 (3)		1/1/23 - :	12/31/2	23			Cc	mplete
			1/1/24 - 3	12/31/2	24				
			1/1/25 - 3	12/31/2	25				
		Other Compliance	Sched	ules					
Compliance Scl	hedule Activity		L	Due Da	te		Achieve	d Date	
RESPOND TO S	ANITARY SURVEY		11	1/11/20	023		1/29/2	2024	
SEASONAL STA	RT UP COMPLETION		$\epsilon$	5/1/202	24				
CROSS CONNEC	CTION SURVEY REPORT		3	3/1/202	25				
	Water Syste	m Facility and Sar	npling	Point	t Inve	ntor	у		
Water					To	tal	Lead an	d	
						-	_		_

**Description** 

EP - WELL 2

DOWNSTREAM WITHIN 5 SERVICE CON

**DISTRIBUTION SYSTEM** 

WITHIN 5 SERVICE CON

Coliform

Rule

Υ

Status

Α

Α

Α

Α

Copper

Rule Tier Asbestos WQP 2 DBPR

Stage

Sampling Point Sampling Point

ID

4

**UPSTREAM** 

3

System Water System Facility

DISTRIBUTION SYSTEM

**ENTRY POINT - WELL 2** 

**Facility ID** 

00600

00700

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

PWS ID	PWS Name				Clas	ssification	Population	Owner Type	Primary Source
СТ0200334	YMCA CAMP CHASE					NC	25	Р	GW
Local Address (	where applicable)		Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
ROUTE 4			Connections			1			

Towns Served: BURLINGTON

	Water	System Facili	ity and Samplin	g Point Ir	nvento	ry		
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
00701	ENTRY POINT - WELL 1	3	EP - WELL 1	А				
20448	WELL 2	2	WELL 2	Α				
55024	WELL 1	2	WELL 1	А				 
55122	ATMOSPHERIC STORAGE TANK							
55123	HYDROPNEUMATIC TANK						-	

			Co	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Craig Dawson				YMCA Greate	er Hartford		Executive [	Director	
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
6 Prock Hill Rd						Colebro	ok	СТ	06021
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ad	ddress		
860-379-2782						craig.da	wson@ghyn	nca.org	

Contact Role(s): Administrative Contact, Legal Contact

# Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Schedule Generation Date: 4/3/2024

	Connecticut Department of	Public H	lealth	Dı	rinking	Water	Section	l	
	Water Quality Monit	oring and	d Con	npl	liance S	chedul	e		
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Prir	nary Source
CT0209314	GREENHOUSE TAVERN/FROZEN GNOME				NC	45	Р		GW
Local Address (w	here applicable)	Service	Resider	itial	Commercia	al Industri	al Combin	ed	Agricultural
511 SPIELMEN F	IIGHWAY	Connections			3				

٦	Towns	Served:	BURLINGTON
ш	OVVIIS	Jei veu.	DOMERNATOR

Monit	oring Requirements		
	<u> </u>		
Water System Facility: DISTRIBUTION SYSTEM (WSF I	D: 00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		
Public Not	ification Requirements		

Public	Public Notification Requirements											
	Compliance	Notice	Public No	<u>tification</u>	PN Certi	<u>fication</u>						
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received						
Distribution Turbidity MCL Violation	10/1/10 - 12/31/10	2	3/2/2011		3/12/2011							
Distribution Turbidity MCL Violation	7/1/10 - 9/30/10	2	3/24/2011		4/3/2011							
Distribution Color MCL Violation	4/1/13 - 6/30/13	2	10/30/2013		11/9/2013							
Distribution Turbidity MCL Violation	7/1/13 - 9/30/13	2	2/8/2014		2/18/2014							
Distribution Turbidity MCL Violation	10/1/13 - 12/31/13	2	3/16/2014		3/26/2014							

	V	vater System Facili	ity and Sampling H	oint ir	iventoi	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α		·			
55382	WELL #1	2	WELL #1	Α					

	C	ontact Information	1			
Name		Organization			Job Title	
Mr. Christian P. Gombos		The Frozen Gnome		Owner		
Mailing Address Line One	Mailing Add	ress Line Two		City	State	Zip Code
511 Snielman Highway			Rurlingt		СТ	06012

	Connectic	ut Depa	rtment o	of	Public	Health	1	Drin	ıking	g Wa	ter	Se	ection		
	Wat	er Qua	lity Moni	ito	oring a	nd Cor	n	plia	nce S	Sche	dul	le			
PWS ID	PWS Name			Classification		Popula	pulation Ow		wner Type Prin		nary Source				
CT0209314	GREENHOUSE TAVERN/FROZEN GNOME							NC		45	5	Р		GW	
Local Address (where applicable)					Service	Reside	nti	tial Commerci		al Ind	al Industrial		Combined		Agricultural
511 SPIELMEN HIGHWAY					Connection	ns			3						
Γowns Served: Βι						·									
ott əhi <del>c</del> iman miğ	niway								Dulling	ζισπ			CI		00013
Business Phone Extension Fax			Mo	Mobile Phone		Emergency Phone		Email Address							
860-673-5452 860-673-8873					860-250-4691 gł			ghtave	ghtavern511@gmail.com						
Contact Role(s):	Administrative (	Contact, Leg	al Contact, Ov	wne	er										
Name Or					ganization			Job Title							
Laurel Land Desig	gn LLC														
Mailing Address Line One Mailing Address				ess	Line Two	ine Two			City			State	Z	ip Code	
511 Spielman Hywy						Burlin		Burling	urlington		СТ		06013		
Business Phone	Extension	Fax	Fax Mobile Phone Em				y I	Phone	Email Address						
Contact Role(s)	Owner														

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End of schedule

	Co	nnectici Wat	•	irtment lity Mor						_				ction		
PWS ID	PW	/S Name						Cla	ssific	cation P	opul	ation (	Own	er Type	Prir	nary Source
СТ020933	4 TO	NN'S MARKET	PLACE						NO	С	2!	5		Р		GW
Local Add	ress (whe	re applicable)				Service	Resid	ential	Cor	nmercial	Ind	dustria	(	Combine	d	Agricultural
418 MILFO						Connection				1						
Towns Ser																
				Mar	\i+≀	oring Red	auirom	onto	_							
Water Sy	stem Fac	ility: DISTR	IBUTION S				quirein	ient:	•							
<b>Total Co</b>	liform (3	3100)										1	rou	tine (RT	) pe	er quarter
Sam	pling Poin	t (Sampling Po	oint ID)				Monito	oring l	Perio	od Col	lection	on Peri	od	Comp	liai	nce Status
Selec	t from Inv	entory of Acti	ve Sampling	Points			10/1/2	3 - 12,	/31/2	23				C	Com	plete
							1/1/2	4 - 3/3	31/24	4						
							4/1/2	4 - 6/3	30/24	4						
							7/1/2	4 - 9/3	30/24	4						
Physical	Paramet	ers (PPS)										1	rou	tine (RT	) pe	er quarter
Sam	pling Poin	t (Sampling Po	oint ID)				Monito	oring l	Perio	d Col	lection	on Peri	od	Comp	lia	nce Status
Selec	ct from Inv	entory of Acti	ve Sampling				10/1/2	3 - 12,	/31/2	23				Complete		
							1/1/2	4 - 3/3	31/24	4						
							4/1/2	4 - 6/3	30/24	4						
							7/1/2	4 - 9/3	30/24	4						
Water Sy	stem Fac	ility: ENTR	POINT (V	VSF ID: 007	00)											
		te (NOX)	•		•								1 r	outine	(RT	) per year
		t (Sampling Po	oint ID)				Monito	oring I	Perio	od Col	lectio	on Peri			-	ice Status
	RY POINT (		,				1/1/23									plete
		- /					1/1/24									
							1/1/25						_			
				Othou	· C	omplian										
. "				Other		Ullipliali	ce Scrie									
Complian									Dat			Achiev	ed E	Pate		
RESPOND	TO SANIT	ARY SURVEY						7/9,	/202	2						
			Water S	ystem Fa	cili	ity and S	amplin	ig Po	oint	Inven	tor	У				
Water										Tot	al	Lead a	ınd			
System	_	stem Facility		Sampling Po	int					Colife		Coppe				Stage
Facility ID	)			ID		Description	า		Stat	tus Ru	le	Rule T	ier	Asbesto	s V	/QP 2 DBPR
00600	DISTRIBL	ITION SYSTEM		4		DISTRIBUTI			Α	. Y						
				DOWNSTRE	AM	WITHIN 5 S	SERVICE C	ON	Α	1						
				UPSTREAM	Λ	WITHIN 5 S	SERVICE C	ON	Α	1						
00700	ENTRY P	TNIC		3		ENTRY POI	NT		Α	Ĺ						
62307	WELL 1			2		WELL 1			Α							
				С	on	tact Info	rmatic	on								
Name					0	rganization								Job Title	!	
Mr. Jorda	n Tonn				To	onn's Marke	t Place			T	Owr	er				
Mailing Ad	ddress Lin	e One		Mailing Add	res	s Line Two					Cit	У		State		Zip Code
418 Milfor	rd Street									Burlingto	on			СТ		06013
Busines	s Phone	Extension	Fax	M	lobi	le Phone	Emergen	ncy Ph	one	Email Ad	dres	S				
000 20																

860-280-6474

Contact Role(s): Administrative Contact, Owner

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

	**************************************	9 8 9		- P	<i>y</i>			
PWS ID PWS Name					Population	Owner Type	<b>Primary Source</b>	
CT0209334	TONN'S MARKETPLACE			NC	25	Р	GW	
Local Address (	where applicable)	Service	Resider	ntial Commerci	al Industri	al Combine	ed Agricultural	
418 MILFORD S	TREET	Connections		1				
418 MILFORD S	Connections		1					

Towns Served: BURLINGTON

# 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