	Co		•	rtment o lity Moni				_				ction	
PWS ID	D\Λ	/S Name	ter Qua	ity Moin	toring a	iiu coii						er Type P	rimary Source
CT032005		VE PLAZA						IC		25	O VV I	P	GW
		re applicable)			Service	Residen		mmerci		ndustria	1	Combined	
7 DALY RO					Connectio			1					8
Towns Ser		ENTRY											
				Monit	oring Re	guireme	nts						
Water Sy	stem Fac	ility: DISTR	IBUTION SY	STEM (WSF		<b>4</b>							
<b>Total Col</b>	=	=								1	rou	tine (RT)	per quarter
Samp	oling Poin	t (Sampling P	oint ID)			Monitori			ollect	tion Peri	iod	Compli	ance Status
Selec	t from Inv	entory of Act	ive Sampling	Points		10/1/23 -							mplete
						1/1/24 -						Со	mplete
						4/1/24 -							
						7/1/24 -	9/30/2	24					
-		ers (PPS) t (Sampling P	oint ID)			Monitori	ng Peri	od C	ollect	1 ion Peri			per quarter ance Status
		entory of Act		Points		10/1/23 -	_						mplete
		, , , , , ,				1/1/24 -							mplete
						4/1/24 -							
						7/1/24 -	9/30/2	24					
Water Sy:	stem Fac	ility: ENTR	Y POINT (W	/SF ID: 00700	)								
Nitrate A	And Nitri	te (NOX)									1 1	routine (F	RT) per year
Samp	oling Poin	t (Sampling P	oint ID)			Monitori	ng Peri	od C	ollect	tion Peri	iod	Compli	ance Status
ENTR	Y POINT (	3)				1/1/23 -	12/31/	23				Co	mplete
						1/1/24 -							
						1/1/25 -	12/31/2	25					
			Water Sy	stem Facil	lity and S	ampling	Poin <sup>o</sup>	t Inve	nto	ry			
Water								To	otal	Lead a	ınd		
System	_	stem Facility		Sampling Point					iform				Stage
Facility ID			_	ID	Description			itus	Rule	Rule 1	ier	Asbestos	WQP 2 DBPR
00600	DISTRIBU	JTION SYSTEM		4		ION SYSTEM		A	Υ				
				DOWNSTREAM				Α					
00700	ENTRY P	OINT		UPSTREAM 3	ENTRY POI	SERVICE CON NT		Α Α					
	WELL			2	WELL			Ą					
				Cor	ntact Info	rmation							
Name				C	Organization				Т			Job Title	
Daly Road	l, LLC												
Mailing Ac	ddress Lin	e One		Mailing Addres	ss Line Two				С	ity		State	Zip Code
30 Grant H	Hill Road							Covent	try			СТ	06238
Business	s Phone	Extension	Fax	Mob	ile Phone	Emergency	Phone	Email A	Addre	SS			
	1												
Contact Ro	ole(s): O	wner											

	Connectic	ut Depa	rtment	of	Public 1	Health	Dri	nking	Water	Sec	ction	
	Wat	ter Qual	lity Mor	nito	oring ar	nd Con	npli	ance S	chedul	e		
PWS ID	PWS Name						Class	ification I	Population	Own	er Type F	Primary Source
CT0320054	COVE PLAZA							NC	25		Р	GW
Local Address (wl	nere applicable)				Service	Residen	tial (	ommercia	l Industri	al (	Combined	d Agricultura
7 DALY ROAD				Connections			1					
Towns Served: Co	OVENTRY											
Name				Org	ganization						Job Title	
Ms. Mariana Pap	as			Dal	y Road LLC				Member			
Mailing Address Line One Mailing Ad				ress	ress Line Two City				State	Zip Code		
30 Grant Hill Roa	d							Coventr	У		СТ	06238
Business Phone	Extension	Fax	M	lobile	e Phone	Emergency	/ Phon	e Email A	ddress			
860-377-6478		860-498-0	0600					mariana	papas@gm	nail.co	m	
Contact Role(s):	Administrative	Contact	·									
Name				Org	ganization						Job Title	
Mr. Leo Papa				Dal	y Road LLC				Member			
Mailing Address I	ine One		Mailing Add	ress	Line Two				City		State	Zip Code
30 Grant Hill Roa	d							Coventr	У		CT	06238
Business Phone	Extension	Fax	M	lobile	e Phone	Emergency	Phon	e Email A	ddress			
860-336-7960		860-498-0	0600					mariana	papas@gn	nail.co	m	
Contact Role(s):	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.

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

End of schedule

	Co		*	rtment of				0			ction	
		Wa	ter Qual	lity Monit	oring a	ind Com	plia	nce Sc	che	dule		
PWS ID	PW	/S Name					Classifi	cation Po	opula	tion Owr	ner Type P	rimary Source
CT032009	94 CO	VENTRY PIZZ	A RESTAURA	NT			N	С	25		Р	GW
Local Add		re applicable)			Service	Resident	ial Co	mmercial	Ind	ustrial	Combined	Agricultural
	JTH STREE				Connectio			1				0
	rved: COV											
TOWNS SCI	ivea. cov			Monito	oring Re	quiremer	nts					
Water Sy	/stem Fac	ility: DISTR	RIBUTION SY	STEM (WSF I		4						
<b>Total Co</b>	oliform (3	3100)								1 rou	itine (RT)	per quarter
Sam	pling Poin	t (Sampling P	oint ID)			Monitorin	g Perio	od Coll	ectio	n Period	Compl	iance Status
Selec	ct from Inv	entory of Act	ive Sampling	Points		10/1/23 -	12/31/	23			Co	omplete
						1/1/24 - :	3/31/2	4				
						4/1/24 -	6/30/2	4				
						7/1/24 - 9						
Physical	Paramet	ers (PPS)				· · · · · · · · · · · · · · · · · · ·				1 rou	itine (RT)	per quarter
		t (Sampling P	oint ID)			Monitorin	g Perio	od Coll	ectio	n Period		iance Status
Selec	ct from Inv	entory of Act	ive Sampling	Points		10/1/23 -	12/31/	23			Co	omplete
						1/1/24 - :	3/31/2	4				
						4/1/24 -	6/30/2	4				
						7/1/24 - 9	9/30/2	4				
Water Sy	stem Fac	ility: ENTR	Y POINT (W	/SF ID: 00700)								
Nitrate A	And Nitri	te (NOX)								1	routine (I	RT) per year
Sam	pling Poin	t (Sampling P	oint ID)			Monitorin	g Perio	od Coll	ectio	n Period	Compl	iance Status
ENTF	RY POINT (	3)				1/1/23 - 1	.2/31/2	23			Co	omplete
						1/1/24 - 1	2/31/2	24				
						1/1/25 - 1						_
				Other C	omplian	ce Sched						
Complian	ce Schedu	le Activity				D	ue Dat	te	A	chieved	Date	
RESPOND	TO SANIT	ARY SURVEY				6/	26/202	22				<del></del> -
			Water St	stem Facili	ity and 9				tory	,		
Water			Trace. 5	Jetern raem	ity and c	ampims		Tota		ead and		
System	Water S	stem Facility	,	Sampling Point	Samplina	Point		Colifo		Copper		Stage
Facility IE	-			ID	Descriptio		Sta	D. J			Asbestos	WQP 2 DBPR
00600	DISTRIBU	JTION SYSTEM	1	4	DISTRIBUT	ION SYSTEM	A					
				DOWNSTREAM			Δ					
				UPSTREAM		SERVICE CON	Δ					
00700	ENTRY P	TNIC		3	ENTRY PO		Δ					
20590	WELL	J.111		2	WELL							
20330	VVLLL					ormation		`				
Name					rganization						Job Title	
	upati Kark	 i			041112411011						300 1100	
	ddress Lin			Mailing Address	S Line Two				City	,	State	Zip Code
36 River R		CONC		ivialiling Address	J LINE I WU			Mansfield			CT	06290
	s Phone	Extension	Fax	Mohi	le Phone	Emergency	Phone				CI	00230
Dusilles	3 FIIUIIE	LATERISION	гах	IVIODI	ie riioile	rmergency	HOHE	Liliali Au	ui C33			

pashupatikarki@yahoo.com

860-465-1123

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

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

	71 0.001 & 0.01110) 1 1 0 1			- P	9 0 1 1 0 0 1 0 1			
PWS ID	PWS Name			Classificatio	Population	Owner Type	Primary Source	
СТ0320094	COVENTRY PIZZA RESTAURANT			NC	25	Р	GW	
Local Address (	where applicable)	Service	Resider	ntial Comme	cial Industr	ial Combin	ed Agricultural	
1467 SOUTH S	TREET	Connections		1				
T	Towns Company (COVENTRY							

Towns Served: COVENTRY

#### Please note the following:

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

End of schedule

	Connecticut D	epartment of	Public Health	Drink	ing W	ater Se	ction	
	Water (	Quality Monit	oring and Con	nnlian	ce Sch	edule		
PWS ID	PWS Name	Quality 1101110					ner Type P	rimary Source
CT032010		CH OF COVENTRY		NC		25	Р	GW
Local Add	lress (where applicable)		Service Residen	tial Comr	mercial I	ndustrial	Combined	Agricultura
	BRIDGE ROAD		Connections		1			
Towns Se	rved: COVENTRY							
		Monite	oring Requireme	nts				
Water Sy	ystem Facility: <b>DISTRIBUTI</b>							
Total Co	oliform (3100)					1 rou	itine (RT)	per quarter
Sam	pling Point (Sampling Point ID	<b>)</b>	Monitori	ng Period	Collect	tion Period	Compl	iance Status
Sele	ct from Inventory of Active Sar	npling Points	10/1/23 -	12/31/23	1		Co	mplete
			1/1/24 -	3/31/24				
			4/1/24 -	6/30/24				
			7/1/24 -	9/30/24				
Physical	l Parameters (PPS)					1 rou	itine (RT)	per quarter
Sam	pling Point (Sampling Point ID	p)	Monitori	ng Period	Collect	tion Period	Compl	iance Status
Sele	ct from Inventory of Active Sar	npling Points	10/1/23 -	12/31/23	l		Co	omplete
				3/31/24				
				6/30/24				
			7/1/24 -	9/30/24				
	ystem Facility: ENTRY POI	NT (WSF ID: 00700)						
	And Nitrite (NOX)						=	RT) per year
	pling Point (Sampling Point ID	))		ng Period	Collect	tion Period		iance Status
ENTI	RY POINT (3)			12/31/23			Co	omplete
				12/31/24				
				12/31/25				
	Wat	er System Facili	ity and Sampling	Point I	nvento	ry		
Water					Total	Lead and		
System	Water System Facility		Sampling Point		Coliform			Stage
Facility IL		ID	Description	Statu		Rule Tier	Asbestos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM		Υ			
			WITHIN 5 SERVICE CON					
22722	ENTRY ROUNT	UPSTREAM	WITHIN 5 SERVICE CON					
00700	ENTRY POINT	3	ENTRY POINT	Α .				
20848	WELL1	2	WELL 1	Α				
60580	SOFTENER							
			tact Information					
Name			rganization				Job Title	
	r Benedict		esbyterian Church of Co	ventr		acon		
Mailing A	ddrace Lina Ona	Mailing Address	s Line Two			`itv	State	7in Code

			Co	ntact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Peter Benedict				Presbyterian	Church of Coventr		Deacon		
Mailing Address Line One Mailing Add				ress Line Two			City	State	Zip Code
55 Trowbridge Rd						Coventr	у	СТ	06238
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	ddress	,	
860-803-2159					860-559-2779	office@	coventrypca.	church	
Contact Role(s): A	dministrative C	ontact			1	1			

(	Connecticu	t Depa	irtment of	Public	Health	ı Drir	ıking	Water	Section		
	Wate	er Qua	lity Monit	oring ar	nd Con	nplia	nce S	Schedul	le		
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary So	ource
CT0320104	PRESBYTERIAN CH	URCH OF	COVENTRY			N	С	25	Р	GW	
Local Address (wh	cal Address (where applicable)				Resider	ntial Co	mmercia	al Industri	al Combine	ed Agricultura	ltural
55 TROWBRIDGE	5 TROWBRIDGE ROAD				Connections		1				
Towns Served: CO	OVENTRY				,					,	
Name			Oı	rganization					Job Titl	e	
Pastor Will Snyde	er		Pr	esbyterian Cl	hurch of C	oventr		Senior Pa	stor		
Mailing Address L	ine One		Mailing Address	s Line Two				City	State	Zip Coc	ek
55 Trowbridge Ro							Covent	ry	СТ	06238	3
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	y Phone	Email A	ddress			
860-742-7222							pastorj	ws@gmail.c	com		
Contact Role(s):	Owner			'							

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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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End of schedule

	Connecticut Departme	ent of Public H	lealth	Dr	inkir	ng V	Vater :	Sec	tion	
	Water Quality M					_			01011	
PWS ID	PWS Name	Tomicoring an	a dom		sificatio				r Type Pr	imary Source
CT0320114	DIMITRIS PIZZA			0.00	NC		26		P	GW
	s (where applicable)	Service	Resident	tial	Comme	rcial	Industria		ombined	Agricultura
3450 MAIN S		Connections			1					0
	d: COVENTRY		1							
	N	Monitoring Requ	ıireme	nts						
Water Syste	em Facility: DISTRIBUTION SYSTEM									
Total Colifo	•	,					1	rout	tine (RT)	per month
	g Point (Sampling Point ID)		Monitorii	ng Pe	eriod	Colle	ction Peri			ance Status
Select fr	om Inventory of Active Sampling Points		11/1/23 -	11/3	30/23				Co	mplete
			12/1/23 -	12/3	31/23				Co	mplete
			1/1/24 -	1/31	L/24				Co	mplete
			2/1/24 -	2/29	9/24				Co	mplete
			3/1/24 -	3/31	L/24					
			4/1/24 -							
			5/1/24 -	-	-					
			6/1/24 -							
			7/1/24 -							
			8/1/24 -							
			9/1/24 -							
	4 N		10/1/24 -	10/3	31/24					
-	rameters (PPS)			_		o "				per month
	g Point (Sampling Point ID)		Monitorii			Colle	ection Peri	oa		ance Status
Select fr	om Inventory of Active Sampling Points		11/1/23 -		-					mplete
			12/1/23 -							mplete
			1/1/24 - 2/1/24 -							mplete mplete
			3/1/24 -		*				CO	iipiete
			4/1/24 -							
			5/1/24 -							
			6/1/24 -							
			7/1/24 -		-					
			8/1/24 -							
			9/1/24 -							
		<u> </u>	10/1/24 -					<u> </u>	_	

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

Nitrate And Nitrite (NOX)

Sampling Point (Sampling Point ID)

ENTRY POINT (3)

1 routine (RT) per year

Compliance Status

1/1/23 - 12/31/23

Complete

1/1/24 - 12/31/25

Other Compliance Schedules										
Compliance Schedule Activity	Due Date	Achieved Date								
L1 ASSESSMENT (TC+ INS REPEATS)	8/16/2020									
RESPOND TO SANITARY SURVEY	6/29/2023									

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			Class	sification	Population	Owner Type	Primary Source
CT0320114	DIMITRIS PIZZA				NC	26	Р	GW
Local Address (v	here applicable)	Service	Resider	ntial (	Commercia	al Industri	al Combine	ed Agricultural
3450 MAIN STRE	ET	Connections			1			

Towns Served: COVENTRY

Public	Public Notification Requirements												
	Compliance	Notice	<u>Public No</u>	<u>tification</u>	PN Certi	<u>fication</u>							
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received							
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	8/17/20 -	2	11/6/2020		11/16/2020								
Total Coliform M&R Violation	10/1/20 - 10/31/20	3	12/15/2021		12/25/2021								
E. Coli M&R Violation	7/24/20 -	3	12/15/2021		12/25/2021								
Physical Parameters M&R Violation	10/1/20 - 10/31/20	3	12/15/2021		12/25/2021								

	Wa	ater System Facili	ity and Sampling P	oint Ir	nventoi	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20591	WELL	2	WELL	Α			·		

			Co	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Dimitrios Gitsis	}			Dimitris Pizza	a				
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
3450 Main St						Coventry	,	СТ	06238
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ad	dress	· · · · · · · · · · · · · · · · · · ·	
860-742-7373						pgitsis27	@aol.com		

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

#### Please note the following:

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End of schedule

	Connecticut Dep	oartment of	Public H	lealth	Dr	rinki	ng W	/ater	Se	ction		
	•	iality Monit					_					
PWS ID	PWS Name	idirey 1-10111e		4 0011	_					ner Type P	rimary	Source
CT0320154	PRINCE OF PEACE LUTHER	AN CHURCH			0.0.0	NC		25	· · · ·	Р	GV	
Local Address	(where applicable)		Service	Residen	itial		ercial	Industri	al	Combined	_	ultural
10 NORTH RIV			Connections			1						
Towns Served:	COVENTRY			l								
		Monite	oring Requ	iireme	nts							
Water Systen	n Facility: <b>DISTRIBUTION</b>											
<b>Total Colifor</b>	m (3100)							1	. rou	itine (RT)	per qu	arter
Sampling	Point (Sampling Point ID)			Monitori	ing P	eriod	Colle	ction Pe	riod	Compli	ance S	tatus
Select fro	m Inventory of Active Sampli	ing Points	:	10/1/23 -	- 12/3	31/23				Со	mplete	j
				1/1/24 -	- 3/3	1/24				Со	mplete	j
				4/1/24 -		•						
				7/1/24 -	- 9/3	0/24						
-	ameters (PPS)									itine (RT)		
	Point (Sampling Point ID)			Monitori			Colle	ction Pe	riod	Compli		
Select fro	m Inventory of Active Sampli	ing Points		10/1/23 -							mplete	
				1/1/24 -						Со	mplete	<u>;</u>
				4/1/24 -								
				7/1/24 -	- 9/3	0/24						
•	n Facility: ENTRY POINT	(WSF ID: 00700)										
Nitrate (104	•									itine (RT)		
	Point (Sampling Point ID)			Monitori			Colle	ction Pe	riod	Compli		
ENTRY PC	DINT (3)			10/1/23 -		-					mplete	
				1/1/24 -						Co	mplete	<u> </u>
				4/1/24 -								
				7/1/24 -	- 9/3	0/24					_,	
Nitrite (104	· · · · · · · · · · · · · · · · · · ·									routine (F		-
	Point (Sampling Point ID)			Monitori			Colle	ction Pe	riod	Compli		
ENTRY PC	JIN1 (3)			1/1/23 -							mplete	
				1/1/24 -		-				Co	mplete	9
				1/1/25 -		•						
		Other C	ompliance	Sched	aule	es						
-	hedule Activity					Date		Achie	ved	Date		
CROSS CONNE	CTION EXEMPTION				3/1/	2026						
	Water	<b>System Facili</b>	ity and Sar	npling	Po	int In	vent	ory				
Water							Total	Lead	and			
	ter System Facility	Sampling Point		nt			Coliforn					Stage
Facility ID		ID	Description			<u>Status</u>	Rule	Rule	Tier	Asbestos	WQP	2 DBPR
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION			Α	Υ					
		DOWNSTREAM			N	Α						
		MW001	KITCHEN SINK			Α	Y	2		Y	Y	
		MW002	KITCHEN SINK	( #2		A	Y	2		Y	Y	
		MW003	MENS ROOM			A	Y	2		Y	Y	
		MW004	WOMENS RO	UM		A	Y	2		Y	Y	
		MW005	SLOP SINK			Α	Υ	2		Υ	Υ	

WITHIN 5 SERVICE CON

**UPSTREAM** 

Α

	connecticut Departmen	it of I ablic II	Carti	ושו	311111111	, water	beetion	L	
	Water Quality M	onitoring and	d Con	npl	liance S	Schedul	e		
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Pri	mary Source
CT0320154	CT0320154 PRINCE OF PEACE LUTHERAN CHURCH				NC 25 P				
Local Address	ocal Address (where applicable)  Service Resi					al Industri	al Combin	ed	Agricultural
10 NORTH RIV	NORTH RIVER ROAD Connections								

Connecticut Department of Public Health Drinking Water Section

	V	<b>Vater System Facil</b> i	ity and Sampli	ing Point Inve	entor	у		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Со	liform	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBF
00700	ENTRY POINT	3	ENTRY POINT	Α				
10905	WELL	2	WELL	А				

Water System Facility: DISTRII	BUTION SYSTEM (WSF ID: 006	00)	
Facility Classification: SMALL WAT	ER SYSTEM		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

**Certified Operator Information** 

			Co	ontact Inf	ormation					
Name				Organization	ı		Job Title			
VIs. Susan I. Driscoll				Prince of Pea	ce Luth. Church		Director/Treasurer			
Mailing Address Lin	iling Address Line One Mailing Add			ess Line Two			City	State	Zip Code	
10 North River Road	t					Coventr	У	СТ	06238	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ldress			
860-742-7548					860-487-1957	Princeof	PeaceCover	ntryCT@gmai	l.com	

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

#### Please note the following:

Towns Served: COVENTRY

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

9/30/2024

Connecticut Depa Water Qua						_			ion	
PWS ID PWS Name	illey Monie	oring an							Tyne Pi	imary Source
CT0320184 NATHAN HALE HOMESTEAD				N			25	P	турстт	GW
Local Address (where applicable)		Service	Resident		mmer		dustrial		nbined	Agricultural
2299 SOUTH STREET		Connections			1	orar III	i a a ser i a i			/ Igi rearear ar
Towns Served: COVENTRY										
	Monito	oring Req	uiremei	nts						
Water System Facility: DISTRIBUTION S	YSTEM (WSF II	D: 00600)								
Total Coliform (3100)							1 r	routine	e (RT) i	per quarter
Sampling Point (Sampling Point ID)			Monitorii	ng Perio	od	Collect	ion Perio			ance Status
Select from Inventory of Active Sampling	g Points		10/1/23 -	12/31/2	23				Со	mplete
			4/1/24 -	6/30/2	4					
			7/1/24 -	9/30/2	4					
Physical Parameters (PPS)							1 r	routine	e (RT) <sub>l</sub>	per quarter
Sampling Point (Sampling Point ID)			Monitorin	ng Perio	od	Collect	ion Perio	od	Compli	ance Status
Select from Inventory of Active Sampling	g Points		10/1/23 -	12/31/2	23				Co	mplete
			4/1/24 -	6/30/2	4					
			7/1/24 -	9/30/2	4					
Water System Facility: ENTRY POINT (V	<b>NSF ID: 00700)</b>									
Nitrate And Nitrite (NOX)									_	T) per year
Sampling Point (Sampling Point ID)			Monitorii	ng Perio	od	Collect	ion Perio	od	Compli	ance Status
ENTRY POINT (3)			1/1/23 - 3						Со	mplete
			1/1/24 - 3							
			1/1/25 - 1	12/31/2	25					
Water S	ystem Facili	ity and Sa	mpling	Point	t Inv	entoi	ſy			
Water						Total	Lead a			
System Water System Facility	Sampling Point		oint			oliform	Coppe			Stage
Facility ID	ID .	Description		Sta	tus	Rule	Rule T	ier Asi	bestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTIO		A		Υ				
	DOWNSTREAM									
20700 FAITDY DOINT	UPSTREAM	WITHIN 5 SE								
00700 ENTRY POINT	3	ENTRY POIN	ı	A						
20595 WELL	2	WELL		A	١					
		tact Infor	mation							
Name	01	rganization						Jok	Title	
Antiquarian And Landmarks Society Incorp	24 11 2 11							-		7: 0 !
Mailing Address Line One	Mailing Address	s Line Two				Ci	ty		tate	Zip Code
255 Main St 4Th Floor				D.I.	Hartf				СТ	06106
Business Phone Extension Fax	Mobi	le Phone E	Emergency	Phone	Email	Addres	SS			
	1				1					

	Connectio	ut Depa	ument	of Publi	с пеан	וועו	HKIHE	vvaler	Section	
	Wa	ter Qua	lity Mon	nitoring	and Cor	nplia	ance S	Schedul	le	
PWS ID	PWS Name					Classi	fication	Population	Owner Type	Primary Source
CT0320184	NATHAN HALE	HOMESTEAD				ı	NC	25	Р	GW
ocal Address (w	here applicable			Service	Reside	ntial C	ommerci	al Industri	al Combine	ed Agricultural
2299 SOUTH STR	EET			Connect	ons		1			
Towns Served: C	OVENTRY				,					
Name				Organizatio	า				Job Title	9
Ct. Land Marks										
Mailing Address	Line One		Mailing Add	ress Line Two				City	State	Zip Code
Business Phon	e Extension	Fax	М	obile Phone	Emergeno	y Phone	e Email A	Address	,	
860-247-8996	;						info@d	tlandmarks	.org	
Contact Role(s):	Legal Contact,	Owner	,							
Name	•			Organizatio	า				Job Title	5
Shawn Beckwith	1	Connecticut	Landmarks							
Mailing Address	Line One		Mailing Add	ress Line Two	ı			City	State	Zip Code
59 South Prospe	ct St						Hartfo	rd	СТ	06106
Business Phon	e Extension	Fax	М	obile Phone	Emergeno	y Phone	e Email A	Address		
860-247-8996	21						shawn	.beckwith@	ctlandmarks.c	org
					-					

Connecticut Department of Public Health Drinking Water Costion

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

End of schedule

	Comment	Dans	ahran a k	f D. J. lå	Hackle	D!	aleira e N	MohaniC	o obi	
	Connection	•					_		ection	
	Wa	ter Qual	ity Moni	toring a	nd Con					
PWS ID	PWS Name					Classif	ication P	opulation Ov	vner Type F	rimary Source
CT0320214	SAINT MARYS C	HURCH		1		Ν	IC	31	Р	GW
Local Addres	s (where applicable)			Service	Residen	tial Co	mmercial	Industrial	Combined	Agricultural
-	1600 MAIN STREET			Connection	ns		2			
Towns Serve	d: COVENTRY									
			Monit	toring Red	quireme	nts				
Water Syste	em Facility: <b>DISTI</b>	RIBUTION SY	STEM (WSF	ID: 00600)						
<b>Total Colifo</b>	orm (3100)							1 rc	utine (RT)	per quarter
Samplin	g Point (Sampling F	Point ID)			Monitori	ng Peri	od Col	lection Period	d Compl	iance Status
Select fr	om Inventory of Ac	tive Sampling F	Points		10/1/23 -	12/31/	/23		Co	omplete
					1/1/24 -	3/31/2	24		Co	omplete
					4/1/24 -	6/30/2	24			
					7/1/24 -	9/30/2	24			
<b>Physical Pa</b>	rameters (PPS)							1 rc	utine (RT)	per quarter
Samplin	g Point (Sampling F	Point ID)			Monitori	ng Peri	od Col	lection Period	d Compl	iance Status
Select fr	om Inventory of Ac	tive Sampling F	Points		10/1/23 -	12/31/	/23		Co	omplete
					1/1/24 -	3/31/2	24		Co	omplete
					4/1/24 -	6/30/2	24			
					7/1/24 -	9/30/2	24			
Water Syste	em Facility: ENTR	Y POINT (W	SF ID: 00700	)						
Nitrate And	d Nitrite (NOX)							:	1 routine (	RT) per year
Samplin	g Point (Sampling F	Point ID)			Monitori	ng Peri	od Col	lection Period	d Compl	iance Status
ENTRY F	POINT (3)				1/1/23 -	12/31/	23		Co	omplete
					1/1/24 -	12/31/	24		Co	omplete
					1/1/25 -	12/31/	25			
		<b>Water Sy</b>	stem Faci	lity and S	ampling	Poin	t Inven	tory		
Water							Tota	al Lead an	d	
	ater System Facility	, s	ampling Point				Colife			Stage
Facility ID			ID	Description			atus Ru		r Asbestos	WQP 2 DBPR
00600 DI	STRIBUTION SYSTEM		4		ON SYSTEM		A Y			
		С	OOWNSTREAM				A			
			UPSTREAM		SERVICE CON		A			
	NTRY POINT		3	ENTRY POI	NT		A			
20597 W	ELL		2	WELL		-	Α			
			Coi	ntact Info	rmation					
Name			C	Organization					Job Title	
Father Raym	ond Introvigne		S	t. Mary Chur	ch Corporat	ion		Pastor		
Mailing Addr	ess Line One	1	Mailing Addre	ss Line Two				City	State	Zip Code
PO Box 250							Coventry	,	СТ	06238
Business Pl	none Extension	Fax	Mob	ile Phone	Emergency	Phone	Email Ad	dress		

860-742-0681

860-742-0681

Contact Role(s): Legal Contact

860-742-1318

(	Connectic	ut Depai	rtment	of Publi	c H	lealth D	)rin	king	Water	Sect	ion	
	Wat	ter Qual	ity Mor	nitoring	and	d Comp	oliar	nce S	chedul	e		
PWS ID P	PWS Name					CI	lassific	cation F	Population	Owner	Туре	Primary Source
CT0320214 S	SAINT MARYS C	HURCH					NO	2	31	Р		GW
Local Address (wh	nere applicable)			Service		Residentia	l Cor	nmercia	l Industri	al Co	mbine	d Agricultura
1584 & 1600	MAIN STREET			Connect	ions			2				
Towns Served: CO	VENTRY											
Name				Organizatio	n					Jo	b Title	
St. Mary's Church	Corporation											
Mailing Address L	ine One		Mailing Add	lress Line Two	)				City	9	State	Zip Code
1600 Main St							Coventry				СТ	06238-0250
Business Phone	Extension	Fax	N	lobile Phone	obile Phone Emergency Phone Email				ddress	,	,	
860-742-0681												
Contact Role(s):	Legal Contact, C	Owner	,		·		·					
Name				Organizatio	n					Jo	b Title	
Ms. Eileen Rivers				Saint Marys	Chui	rch			Admin Co	ntact		
Mailing Address L	ine One		Mailing Add	lress Line Two	)				City	9	State	Zip Code
P.O. Box 250								Coventr	У		СТ	06238
Business Phone	Extension	Fax	IV	lobile Phone	Er	nergency Ph	hone	Email A	ddress	,	,	
860-742-0681		860-742-1	040			860-742-06	.04					

CD 1-11 - 11 - 1/1- D -1 -1 1 - - 1/1-1 - - C

Contact Role(s): Administrative Contact

#### Please note the following:

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End of schedule

	Connecticut 1	Department of	Public H	ealth	Drin	nking	g Wa	ater Se	ection		
	Water	<b>Quality Monit</b>	oring and	d Com	plia	nce	Sche	edule			
PWS ID	PWS Name				Classifi	ication	Popu	lation Ow	ner Type F	rimary Source	
CT032022	4 SKUNGAMAUG RIVE	R GOLF COURSE			N	С	2	25	Р	GW	
Local Add	ress (where applicable)		Service	Resident	ial Co	mmerc	ial Ir	ndustrial	Combined	l Agricultural	
104 FOLLY	'LANE		Connections			1					
Towns Ser	ved: COVENTRY										
		Monito	oring Requ	ireme	nts						
Water Sy	stem Facility: <b>DISTRIBU</b>	TION SYSTEM (WSF II	D: 00600)								
<b>Total Co</b>	liform (3100)							1 rou	ıtine (RT)	per quarter	
Sam	oling Point (Sampling Point	ID)	Monitoring Period Col					ion Period	Compl	iance Status	
Selec	t from Inventory of Active S	ampling Points	1	.0/1/23 -	12/31/	23			C	omplete	
				4/1/24 -	6/30/2	4					
				7/1/24 -	9/30/2	4					
Physical	Parameters (PPS)							1 rou	ıtine (RT)	per quarter	
Samı	oling Point (Sampling Point	ID)	Monitoring Period Coll					ion Period	Compl	iance Status	
Selec	t from Inventory of Active S	ampling Points		.0/1/23 -					Complete		
				4/1/24 -							
				7/1/24 -	9/30/2	4					
Water Sy	stem Facility: ENTRY PO	INT (WSF ID: 00700)									
Nitrate A	And Nitrite (NOX)							1	=	RT) per year	
	oling Point (Sampling Point	ID)		Monitorir			Collect	ion Period	Compl	iance Status	
ENTR	RY POINT (3)			1/1/23 - 1					C	omplete	
				1/1/24 - 1							
			:	1/1/25 - 1	12/31/2	25					
		Other Co	ompliance	Sched	ules						
Complian	ce Schedule Activity			E	Due Dat	te		Achieved	Date		
CROSS CO	NNECTION SURVEY REPORT			3	/1/202	25					
	Wa	iter System Facili	ty and San	npling	Point	t Inve	ento	ry			
Water		•	-			Т	otal	Lead and			
System	Water System Facility	Sampling Point	Sampling Poin	t		Col	liform	Copper		Stage	
Facility ID	)	ID	Description		Sta	tus l	Rule	Rule Tier	Asbestos	WQP 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	A	A	Υ				
		DOWNSTREAM	WITHIN 5 SERV	VICE CON	P	A					
		UPSTREAM	WITHIN 5 SER	VICE CON	P	4					
00700	ENTRY POINT	3	ENTRY POINT		P	4					
20598	WELL	2	WELL		P	4					
60582	SOFTENER										
		Con	tact Inforn	nation							
Name		Oı	ganization						Job Title		
Mr. John	Motycka	Sk	ungamaug Rive	r Golf Co	urse		Ow	ner			
Mailing Ad	ddress Line One	Mailing Address	s Line Two				Ci	ty	State	Zip Code	

104 Folly Lane Coventry  $\mathsf{CT}$ 06238 **Business Phone** Fax Emergency Phone Email Address Extension **Mobile Phone** 860-742-9348 Contact Role(s): Administrative Contact, Legal Contact, Owner

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

				0 2 2 0 0 0 0 1 0 1 2				
PWS ID	PWS ID PWS Name (					Population	Owner Type	Primary Source
CT0320224 SKUNGAMAUG RIVER GOLF COURSE					NC	25	Р	GW
Local Address (	Local Address (where applicable)			ntial Commerc		al Industri	al Combine	ed Agricultural
104 FOLLY LAN	Connections			1				

Towns Served: COVENTRY

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End of schedule

Co	onnectic	ut Departme	nt of	Public	Health [	rin	king V	Water	r Se	ction	
	Wat	ter Quality M	lonit	oring a	nd Comp	lia	nce Sc	hedu	le		
PWS ID PW	/S Name	<u> </u>							_	ner Type P	rimary Source
CT0320234 TW	IN HILLS COU	NTRY CLUB				N		25		Р	GW
Local Address (whe	re applicable)			Service	Residentia	I Coi	mmercial	Industr	rial	Combined	Agricultural
199 BREAD & MILK	STREET			Connection	ns		1				_
Towns Served: COV	ENTRY										
		N	/lonite	oring Red	quirement	ts					
Water System Fac	cility: DISTR	IBUTION SYSTEM	(WSF I	D: 00600)							
Total Coliform (3	3100)								1 rou	ıtine (RT)	per quarter
Sampling Poin	t (Sampling Po	oint ID)			Monitoring	Perio	od Coll	ection Pe	eriod	Compli	ance Status
Select from Inv	entory of Acti	ve Sampling Points			10/1/23 - 12	2/31/2	23			Co	mplete
					1/1/24 - 3/	/31/2 <sub>'</sub>	4				
					4/1/24 - 6/	/30/2	4				
					7/1/24 - 9/	/30/2	4				
<b>Physical Paramet</b>	ters (PPS)								1 rou	ıtine (RT)	per quarter
Sampling Poin	t (Sampling Po	oint ID)			Monitoring	Perio	od Coll	ection Pe	eriod	Compli	ance Status
Select from Inv	entory of Acti	ve Sampling Points			10/1/23 - 12	2/31/	23			Co	mplete
					1/1/24 - 3/	/31/2 <sub>4</sub>	4				
					4/1/24 - 6/	/30/2	4				
					7/1/24 - 9/	/30/2	4				
Water System Fac	cility: ENTRY	POINT (WSF ID:	00700)								
Nitrate And Nitri	te (NOX)								1	routine (F	RT) per year
Sampling Poin	t (Sampling Po	oint ID)			Monitoring	Perio	od Coll	ection Pe	eriod	Compli	ance Status
ENTRY POINT (	3)				1/1/23 - 12	/31/2	23			Сс	mplete
					1/1/24 - 12	/31/2	24				
					1/1/25 - 12	/31/2	25				
		Ot	her C	ompliand	ce Schedu	les					
Compliance Schedu	le Activity				Du	e Dat	te	Achi	eved	Date	
CROSS CONNECTIO	N SURVEY REP	ORT			3/:	1/202	5				
		Water System	Facili	ity and Sa	ampling P	oint	Inven	tory			
Water		•		•			Tota		d and		
System Water Sy	ystem Facility	Samplin	g Point	Sampling P	Point		Colifo	rm Cop	oper		Stage
Facility ID		II	ס	Description	)	Sta	tus Rul	e Rule	e Tier	Asbestos	WQP 2 DBPF
00600 DISTRIBU	JTION SYSTEM		ļ	DISTRIBUTI	ON SYSTEM	Δ	Y				
		DOWNS	TREAM	WITHIN 5 S	ERVICE CON	Δ	١				
		UPSTI	REAM	WITHIN 5 S	ERVICE CON	Д	١				
00700 ENTRY P	OINT	3	3	ENTRY POIN	NT	Д	١				
20599 WELL		2	<u>)</u>	WELL		Δ	\				
			Con	tact Info	rmation						
Name			Oı	rganization						Job Title	
Mr. Dana Barnes			Τv	vin Hills Cou	ntry Club			Owner			
Mailing Address Lin	e One	Mailing		s Line Two				City		State	Zip Code
199 Bread And Milk							Coventry			СТ	06238
Business Phone	Extension	Fax	Mobi	le Phone	Emergency Pl	none	-				

DBARNES@CONCORDEQUITYGROUP.COM

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

860-742-9705

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

	Water Quarty Monte	ipiianee i	Jeneau				
PWS ID	NS ID PWS Name					Owner Type	Primary Source
CT0320234	TO320234 TWIN HILLS COUNTRY CLUB					Р	GW
Local Address (	Local Address (where applicable)			tial Commerc	ial Industri	al Combine	ed Agricultural
199 BREAD & MILK STREET		Connections		1			
Towns Served:	Towns Served: COVENTRY						

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End of schedule

	Со		ut Departmer ter Quality M								tion	
PWS ID	D\A/	S Name	cer Quarity M	OIIIU	ornig ai	iiu Coii					r Type Pr	imary Source
CT0320244		/ENTRY PLAZ	Δ					NC	38		P P	GW GW
		e applicable)	<u> </u>		Service	Residen		ommercial			ombined	Agricultural
3466 MAIN :		с аррпсавіс)			Connection		ciai c	1	maasma		ombined	Agricultural
Towns Serve		NTRY										
			M	onito	oring Rec	nuirama	nts					
Water Syst	em Faci	lity: DISTR	IBUTION SYSTEM (			<sub>1</sub> un eme	1113					
<b>Total Colif</b>	orm (3	100)							1	routi	ine (RT) į	oer quarter
Sampli	ng Point	(Sampling Po	oint ID)			Monitori	ng Pei	riod Col	lection Peri	od	Compli	ance Status
Select f	from Inve	entory of Acti	ve Sampling Points			10/1/23 -	12/31	L/23			Со	mplete
						1/1/24 -	3/31/	′24				
						4/1/24 -	6/30/	′24				
						7/1/24 -	9/30/	<b>'</b> 24				
Physical Pa		• •							1	routi		oer quarter
		(Sampling Po				Monitori			lection Peri	od		ance Status
Select f	from Inve	entory of Acti	ve Sampling Points			10/1/23 -					Со	mplete
						1/1/24 -						
						4/1/24 -						
						7/1/24 -	9/30/	′24				
			POINT (WSF ID: 0	0700)								
Nitrate An		• •									=	T) per year
-		(Sampling Po	oint ID)			Monitori			lection Peri	od		ance Status
ENTRY	POINT (3	3)				1/1/23 -					Со	mplete
						1/1/24 -						
						1/1/25 -						
			Public	_	ification	•						160
Violetion /Ci	ituation			Co	ompliance	Notice		Public Not				<u>ification</u>
Violation/Si		E TT Violatio	n	6/0/2	<b>Period</b> 23 - 12/30/2	Tier			Performed		e to DPH /14/2023	Received
		E TT Violatio			23 - 12/30/2 23 - 11/30/2			L/4/2023 L/4/2023			/14/2023	
GROUNDWA	ATER KUI								•	11/	14/2023	
			Water System I	Facili	ty and Sa	ampling	Poir		-			
Water System V	Nator Sv	stem Facility	Camplina	Doint	Sampling P	oint		Total				Charac
Facility ID	vuter sy.	stem rucinty	Jamping		Description		C	Colife Catus Ru			Asbestos	Stage WQP 2 DBPR
	)ISTRIBLI	TION SYSTEM			DISTRIBUTION			atus Rui A Y			1000000	
	NTRY PC		3		ENTRY POIN			Α				
	VELL	/1141	2		WELL	<b>V</b> 1		A				
20000 V	VLLL											
					tact Info	rmation						
Name				Or	ganization					J	lob Title	
Mxm Realty									0		6	
Mailing Add	ress Line	One			Line Two				City		State	Zip Code
Description 1	NI	Francis 1	56 Coste			F	DI	Newingt			СТ	06111
Business F		Extension	Fax	IIIOOIVI	e Phone	Emergency	Pnon	e Email Ad	uress			
860-436-	ახპს											

Contact Role(s): Owner

C	onnecticu	it Depa	irtment	of Public	Health	i Drii	nking	g Water	Section		
	Wat	er Qua	lity Mon	itoring a	nd Cor	nplia	nce S	Schedul	le		
PWS ID P	WS Name					Classi	Classification P		Owner Type	Primary Source	
СТ0320244 С	OVENTRY PLAZA					ı	1C	38	Р	GW	
Local Address (wh	ere applicable)			Service	Reside	ntial Co	ommerci	al Industri	al Combin	ed Agricultura	
3466 MAIN STREE	166 MAIN STREET			Connections			1				
Towns Served: CO		1	'			1	'				
Name				Organization					Job Titl	e	
Mr. Sami Abunasr	а										
Mailing Address Li	ne One		Mailing Addr	ess Line Two				City	State	Zip Code	
56 Costello Road							Newin	gton	СТ	06111	
Business Phone	Business Phone Extension Fax M				hone Emergency Phone		Email A	Address	,		
860-436-3630			86	0-969-2864		sami@didicorp.con			m		
Contact Role(s):	Administrative C	ontact. 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.
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- 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 Departm	ent of Public H	ealth	Dı	rinkin	σV	Vater	S	ection		
	Water Quality				,	_			cction		
PWS ID	PWS Name	inomitoring and	a don			_			vner Type	Pri	mary Source
CT0320454	COVENTRY FOOD MART				NC		30		Р		GW
Local Address	(where applicable)	Service	Residen	tial	Commerc	cial	Industri	al	Combine	ed	Agricultural
8 DALY ROAD	,	Connections			1						
Towns Served	COVENTRY										
		Monitoring Requ	ireme	nts	}						
Water Syster	m Facility: DISTRIBUTION SYSTEM										
Total Colifor	rm (3100)						1	l ro	utine (R1	Г) р	er quarter
Sampling	Point (Sampling Point ID)	1	Monitori	ng P	Period	Colle	ection Pe		=		nce Status
Select fro	om Inventory of Active Sampling Points	;	10/1/23 -	12/	31/23					Con	nplete
			1/1/24 -	1/3	1/24					Con	nplete
			4/1/24 -	6/3	0/24						
			7/1/24 -	9/3	0/24						
<b>Total Colifor</b>	rm (3100)							3	repeat (R	(P)	per period
Sampling	Point (Sampling Point ID)	ı	Monitori	ng P	Period	Colle	ection Pe	rioc	l Com	plia	nce Status
Select fro	m Inventory of Active Sampling Points	3	1/6/24 -	1/1	1/24					Con	nplete
			2/17/24	- 2/2	22/24					Con	nplete
<b>Total Colifor</b>	m (3100)					3 te	emporar	y r	outine (T	R) p	er month
Sampling	Point (Sampling Point ID)	1	Monitori	ng P	Period	Colle	ection Pe	riod	l Com	plia	nce Status
Select fro	m Inventory of Active Sampling Points	}	2/1/24 -	2/2	9/24					Con	nplete
			3/1/24 -	3/3	1/24						
<b>Physical Par</b>	ameters (PPS)						1	l ro	utine (R1	Г) р	er quarter
Sampling	Point (Sampling Point ID)	1	Monitori	ng P	Period	Colle	ection Pe	rioc	l Com	plia	nce Status
Select fro	m Inventory of Active Sampling Points	;	10/1/23 -	12/	31/23					Con	nplete
			1/1/24 -	3/3	1/24					Con	nplete
			4/1/24 -	6/3	0/24						
			7/1/24 -	9/3	0/24						
Water Syster	m Facility: ENTRY POINT (WSF ID	: 00700)									
	Nitrite (NOX)							1	l routine	(RT	) per year
Sampling	Point (Sampling Point ID)		Monitori			Colle	ection Pe	rioc	d Com	plia	nce Status
ENTRY PO	DINT (3)		1/1/23 -	12/3	31/23					Con	nplete
			1/1/24 -	12/3	31/24						
			1/1/25 -	12/3	31/25						
Water Syster	m Facility: WELL #1 (WSF ID: 230)	98)									
E. Coli (301	4)						1	trig	gered (T	G) <sub>[</sub>	per period
Sampling	Point (Sampling Point ID)	ı	Monitori	ng P	Period	Colle	ection Pe	riod	Com	plia	nce Status
WELL #1	(2)		1/5/24 -	1/1	1/24					Con	nplete
			2/16/24	- 2/2	22/24					Con	nplete
E. Coli (301	4)						1	l ro	utine (R1	Г) р	er quarter
Sampling	Point (Sampling Point ID)		Monitori			Colle	ection Pe	riod	Com	plia	nce Status
WELL #1	(2)		10/1/23 -	12/	31/23				ı	Con	nplete
			1/1/24 -	3/3	1/24					Con	nplete

Compliance Schedule Activity

Due Date

Achieved Date

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

**Other Compliance Schedules** 

4/1/24 - 6/30/24 7/1/24 - 9/30/24

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

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	Connecticu						_			
	Wat	er Qual	lity M	onitoring a	nd Con	<u>ıplia</u>	nce S	schedul	e	
PWS ID	PWS Name					Classifi	ication	Population	Owner Type	Primary Source
CT0320454	COVENTRY FOOD	MART				N	С	30	Р	GW
Local Address	(where applicable)			Service	Residen	tial Co	mmerci	al Industria	al Combined	d Agricultural
8 DALY ROAD				Connection	ns		1			
Towns Served	: COVENTRY									
			Oth	er Complian	ce Sched	lules				
Compliance So	chedule Activity					Due Da	te	Achie	ved Date	
RESPOND TO S	SANITARY SURVEY				7	//10/20	19			
			Public	Notification	Require	ment	ts			
				Compliance	Notice	<u> </u>	Public No	otification	PN Cei	<u>tification</u>
Violation/Situ	ıation			Period	Tier	Re	quired	Performed	Due to DPF	<b>Received</b>
Total Coliform	M&R Violation			7/1/14 - 9/30/14	4 2	12/2	21/2014		12/31/2014	L Comment
Physical Paran	neters M&R Violation	า		7/1/14 - 9/30/14	4 3	11/2	21/2015		12/1/2015	
	١	<b>Nater Sy</b>	stem l	Facility and S	ampling	Point	t Inve	ntory		
Water							To	otal Lead		
•	nter System Facility			Point Sampling P				form Copp		Stage
Facility ID			ID	Description			tus		Tier Asbestos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM		4		ON SYSTEM			Υ		
				REAM WITHIN 5 S						
			UPSTRE							
	TRY POINT		3	ENTRY POI	NT					
23098 WE	ELL #1		2	WELL #1		ļ.	4			
				Contact Info	rmation					
Name				Organization					Job Title	
Mr. Dipak G. I	Desai		ı	Desai, LLC.				Owner		
Mailing Addre	ss Line One		Mailing A	ddress Line Two				City	State	Zip Code
8 Daly Road			P.O. Box	328			Covent		CT	06238
Business Pho		Fax		Mobile Phone	Emergency		Email A	Address		
860-762-22					860-280-	8057				
Contact Role(s	s): Administrative C	ontact								
Name				Organization					Job Title	
Ms. Desai San	gita			Desai LLC				Member		

Contact Role(s): Legal Contact, Owner

Extension

#### Please note the following:

Mailing Address Line One

32 Elderberry Ln, South

**Business Phone** 

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

Mailing Address Line Two

Mobile Phone

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

Fax

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

Zip Code 06074

City

Windsor

**Emergency Phone Email Address** 

State

CT

	Connecticut De	enartment of	f Public H	ealth	Drir	nking	Wate	r Se	ection			
		uality Monit				Ŭ						
PWS ID	PWS Name	dancy Monn	oring and						ner Type	Primary Source		
CT032120					N		30		Р	GW		
Local Add	ress (where applicable)		Service	Resident		mmercia	T	trial	Combine	d Agricultura		
3514 MAI			Connections			1				0		
Towns Se	rved: COVENTRY											
		Monit	oring Requ	iremer	nts							
Water Sy	stem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)									
Total Co	liform (3100)							1 ro	utine (RT	per quarter		
Sam	pling Point (Sampling Point ID)			Monitorin	ng Peri	od Co	lection I	Perioa	l Comp	liance Status		
Selec	ct from Inventory of Active Sam	pling Points	:	10/1/23 -	12/31/	23			(	omplete		
				1/1/24 -	3/31/2	4						
				4/1/24 -	6/30/2	4						
				7/1/24 -	9/30/2	4						
Physical	Parameters (PPS)							1 ro	utine (RT	per quarter		
Sam	pling Point (Sampling Point ID)			Monitorin	ng Peri	od Co	lection I	Period	Comp	mpliance Status		
Selec	ct from Inventory of Active Sam	pling Points	:	10/1/23 -	12/31/	'23			C	omplete		
				1/1/24 -	3/31/2	4						
				4/1/24 -	6/30/2	4						
				7/1/24 -	9/30/2	4						
Water Sy	stem Facility: ENTRY POIN	T (WSF ID: 00700)										
Nitrate A	And Nitrite (NOX)							1	routine	RT) per year		
	pling Point (Sampling Point ID)			Monitorin	ng Peri	od Co	lection I			liance Status		
ENTF	RY POINT 1 (3)			1/1/23 - 1	L2/31/2	23			(	omplete		
				1/1/24 - 1	12/31/2	24						
			_	1/1/25 - 1	12/31/2	25						
	Wate	r System Facil	ity and Sar	npling	Poin	t Inven	tory					
Water						Tot	al Lea	nd and	1			
System		Sampling Point		nt		Colife		pper		Stage		
Facility IE	)	ID	Description		Sta	tus Ru	le Ru	le Tie	r Asbesto	s WQP 2 DBP		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION			I Y						
		DOWNSTREAM				A						
		UPSTREAM	WITHIN 5 SER	VICE CON		4						
00700	ENTRY POINT	3	ENTRY POINT	1		l						
47714	WELL #2	2	WELL #2		A	4						
48421	INTERCONNECTION - CT0321213 - DD											
		Cor	tact Inforr	mation								
Name		0	rganization						Job Title			
Mr. Peter	J. Lapointe	Tł	ne Colvest Grou					esiden	t			
Mailing A	ddress Line One	Mailing Addres	dress Line Two				City			Zip Code		
1259 East	Columbus Ave						eld		MA	01105		

Emergency Phone Email Address

PLAPointe@thecolvestgroup.com

860-983-3129

**Mobile Phone** 

**Business Phone** 

413-363-9793

Extension

213

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

Fax

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

			0					
PWS ID	PWS Name				Classification	n Population	Owner Type	Primary Source
CT0321203	CVS PLAZA - COVENTE	RΥ			NC	30	Р	GW
Local Address (	where applicable)		Service	Resider	ntial Comme	rcial Industr	ial Combin	ed Agricultural
3514 MAIN ST			Connections		1			

Towns Served: COVENTRY

#### Please note the following:

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

End of schedule

	Connecticut De	epartmer	nt of	Public H	ealth	Dr	inkin	g Wa	ater	Sectio	n	
		uality Mo					`	_				
PWS ID	PWS Name	<i>,</i>				_					e Pr	rimary Source
CT0321213	DUNKIN DONUTS						NC	2	25	Р		GW
Local Addre	ess (where applicable)			Service	Residen	itial	Commerc	cial In	dustria	I Comb	ined	Agricultural
3516 MAIN	STREET			Connections			1					
Towns Serv	ed: COVENTRY											
		M	onit	oring Requ	ireme	nts						
Water Syst	tem Facility: DISTRIBUTIO	N SYSTEM (	WSF I	D: 00600)								
Total Coli	form (3100)								1	routine (	RT) <sub>I</sub>	per quarter
	ing Point (Sampling Point ID)				Monitori			Collect	ion Per	iod Co	mpli	ance Status
Select	from Inventory of Active Sam	pling Points			10/1/23 -						Со	mplete
					1/1/24 -							
					4/1/24 -		-					
					7/1/24 -	- 9/30	0/24					
•	Parameters (PPS)									-		per quarter
-	ing Point (Sampling Point ID)				Monitori			Collect	ion Per	iod Co		ance Status
Select	from Inventory of Active Sam	pling Points			10/1/23 -						Со	mplete
					1/1/24 -							
					4/1/24 -		-					
Mater Suct	tem Facility: ENTRY POIN	T /\MCF ID: 00	22001		7/1/24 -	- 9/30	J/ 24					
•	nd Nitrite (NOX)	ו (איזרוט: טו	J700)							1 routin	) / P	T) per year
	ing Point (Sampling Point ID)				Monitori	ina D	eriod	Collect	ion Per		_	ance Status
-	POINT (3)				1/1/23 -			Conecu	ion r en	ou co	•	mplete
LIVIIII	10111 (3)				1/1/24 -							Прісте
					1/1/25 -					<u> </u>		
		Public	: Not	ification R								
				ompliance	Notice		Public I	Votifica	ation	PN	Cert	<u>ification</u>
Violation/S	ituation			Period	Tier		Required	-	formed			Received
Total Colifo	rm MCL Violation		1/1,	/05 - 3/31/05	2		3/26/2005			4/5/20		
	Wate	er System F	acili	ity and Sar	npling	Po	int Inve	entoi	ry			
Water		•		•			7	Total	Lead o	and		
System	Water System Facility	Sampling	Point	Sampling Poi	nt		Со	liform	Сорр	er		Stage
Facility ID		ID		Description			Status	Rule	Rule	Tier Asbe	stos	WQP 2 DBPI
00600	DISTRIBUTION SYSTEM	4		DISTRIBUTION	I SYSTEM	1	Α	Υ				
				WITHIN 5 SER			Α					
		UPSTRE	AM	WITHIN 5 SER	VICE CON	V	Α					
00700 E	ENTRY POINT	3		ENTRY POINT			Α					
47742	AUTIL HA	_		VAILL HA								

CT0321203 - CVS PLAZA **Contact Information** Organization Name Job Title Mr. Peter J. Lapointe The Colvest Group Ltd. Vice President Mailing Address Line One Mailing Address Line Two Zip Code State 1259 East Columbus Ave Springfield MA 01105 **Business Phone** Fax Mobile Phone Emergency Phone Email Address Extension 213 860-983-3129 PLAPointe@thecolvestgroup.com

WELL #1

47712 WELL #1

INTERCONNECTION -

48421

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	d Con	npl	liance S	, Schedul	le	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0321213	DUNKIN DONUTS				NC	25	Р	GW
Local Address (	where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
3516 MAIN STR	REET	Connections			1			
Towns Served:	COVENTRY	·					·	

Connecticut Department of Public Health Drinking Water Section

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

#### Please note the following:

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

End of schedule

	Conne	ecticu	t Departn	nent of	f Public	Health	Drin	king	Water 9	Section	
	Comm		er Quality								
PWS ID	PWS Nan		er quarrey	1.10111	or mg u		<u> </u>				Primary Source
CT0321214	PATRIOT	S PARK -	COMMUNITY C	ENTER			N	С	25	L	GW
Local Addres	ss (where app	licable)			Service	Resident	ial Co	mmercial	Industrial	Combine	ed Agricultural
124 LAKE ST	REET				Connection	ns		1			
Towns Serve	ed: COVENTRY	,								'	
				Monit	oring Red	quiremer	its				
Water Syst	em Facility:	DISTRIE	BUTION SYSTE	M (WSF I	D: 00600)						
<b>Total Colif</b>	orm (3100)								1 r	outine (R	Γ) per quarter
Sampli	ng Point (Sam	pling Poi	int ID)			Monitorin	g Perio	od Col	lection Perio	od Com	pliance Status
Select f	from Inventor	of Active	e Sampling Poin	ts		10/1/23 - 1	12/31/	23			Complete
						1/1/24 - 3	3/31/2	4			Complete
						4/1/24 - 6	5/30/2	4			
						7/1/24 - 9	9/30/2	4			
Physical Pa	arameters (I	PPS)							1 r	outine (R	Γ) per quarter
Sampli	ng Point (Sam	pling Poi	int ID)			Monitorin	g Perio	od Col	lection Perio	od Com	pliance Status
Select f	from Inventor	of Active	e Sampling Poin	ts		10/1/23 - 1	12/31/	23			Complete
						1/1/24 - 3	3/31/2	4			Complete
						4/1/24 - 6	5/30/2	4			
						7/1/24 - 9	9/30/2	4			
Water Syst	em Facility:	ENTRY	POINT (WSF I	D: 00700)							
Nitrate An	d Nitrite (N	OX)								1 routine	(RT) per year
Sampli	ng Point (Sam	pling Poi	int ID)			Monitorin	g Perio	od Col	lection Perio	od Com	pliance Status
ENTRY	POINT (3)					1/1/23 - 1	2/31/2	23			Complete
						1/1/24 - 1	2/31/2	24			Complete
						1/1/25 - 1	2/31/2	25			_
		٧	<b>Vater Syste</b>	m Facil	ity and S	ampling I	Point	Inven	tory		
Water								Tot	al Lead ar	nd	
-	Vater System	Facility	Samp	_	Sampling F				orm Coppe		Stage
Facility ID				ID	Description		Sta	tus Ru	le Rule Ti	er Asbesto	os WQP 2 DBPR
00600 D	DISTRIBUTION	SYSTEM		4	DISTRIBUTI		Α	١.			
			DOW	'NSTREAM	WITHIN 5 S	SERVICE CON	A	١			
			UP	STREAM	WITHIN 5 S	SERVICE CON	Α	١			
00700 E	NTRY POINT			3	ENTRY POI	NT	Α	١			
49417 V	VELL 1			2	WELL 1		Α	١			
				Con	itact Info	rmation					
Name				0	rganization					Job Titl	e
Mr. John Els	sesser			To	own Hall				Town Mana	ger	
Mailing Add	ress Line One		Mail	ing Addres	s Line Two				City	State	Zip Code
1712 Main S	Street							Coventry	/	СТ	06238
Business P	Phone Exte	nsion	Fax	Mobi	ile Phone	Emergency	Phone	Email Ac	ldress	•	
960 742	C224		960 742 9011					ILI CLCCL	D @ COVENT	DVCT ODC	

860-742-8911

Contact Role(s): Administrative Contact, Legal Contact

860-742-6324

Schedule Generation Date: 4/3/2024 Page 27

JELSESSER@COVENTRYCT.ORG

PWS ID	PWS Name					Classif	ication	Population	Owner Type	<b>Primary Source</b>
CT0321214	PATRIOTS PARK - C	OMMUN	ITY CENTER		<u> </u>	N	С	25	L	GW
ocal Address (v	vhere applicable)			Service	Residen	tial Co	mmerci	al Industri	al Combine	ed Agricultura
24 LAKE STREET				Connection	ıs		1			
Towns Served: <b>C</b>	COVENTRY									
Jame C				Organization					Job Title	9
vame				U						
				<u> </u>						
Name Coventry Mailing Address	Line One		Mailing Addr					City	State	Zip Code
Coventry	Line One		Mailing Addr					City	State	Zip Code

CD block all Datality Water Coart

#### 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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End of schedule

	Connectic	ut Departme	nt of	f Public	Health	Drir	nking V	Water	Section	n	
	Wat	ter Quality M	onit	oring a	nd Com	nlia	nce Sc	hedule	e		
PWS ID	PWS Name	goronia y		011118 011						pe Pr	imary Source
CT0321224	COVENTRY SENI	OR CENTER				N		25	L		GW
	(where applicable)			Service	Resident		mmercial	Industria		ined	Agricultural
124 LAKE STR				Connection			1				7.6
Towns Served											
		N	lonit	oring Red	quireme	nts					
Water Syste	m Facility: <b>DISTR</b>	IBUTION SYSTEM	(WSF I	D: 00600)							
<b>Total Colifo</b>	rm (3100)							1	routine	(RT) p	er quarter
Samplin	g Point (Sampling P	oint ID)			Monitorin	ng Perio	od Coll	ection Peri	iod Co	mpli	ance Status
Select fr	om Inventory of Acti	ve Sampling Points			10/1/23 -	12/31/	'23			Co	mplete
					1/1/24 -	3/31/2	4			Co	mplete
					4/1/24 -	6/30/2	4				
					7/1/24 -	9/30/2	.4				
Physical Pa	rameters (PPS)							1	routine	(RT) p	er quarter
Samplin	g Point (Sampling P	oint ID)			Monitorin	ng Perio	od Coll	ection Peri	iod Co	mpli	ance Status
Select fr	om Inventory of Acti	ive Sampling Points			10/1/23 -	12/31/	'23			Co	mplete
					1/1/24 -	3/31/2	4			Co	mplete
					4/1/24 -	6/30/2	4				
					7/1/24 -	9/30/2	4				
Water Syste	m Facility: ENTRY	POINT (WSF ID: 0	0700)								
Nitrate And	Nitrite (NOX)								1 routi	ne (R	T) per year
Samplin	g Point (Sampling P	oint ID)			Monitorin	ng Perio	od Coll	ection Peri	iod Co	mpli	ance Status
ENTRY P	OINT (3)				1/1/23 - 1	12/31/2	23			Co	mplete
					1/1/24 - 1	12/31/2	24			Co	mplete
					1/1/25 - 1	12/31/2	25				
		Water System	Facil	ity and Sa	ampling	Point	t Inven	tory			
Water							Tota				
_	ater System Facility			Sampling P				rm Copp			Stage
Facility ID		ID		Description			tus Rul	e Rule I	Tier Asbe	stos	WQP 2 DBPR
00600 DI	STRIBUTION SYSTEM			DISTRIBUTION			4				
				WITHIN 5 S			4				
		UPSTR	EAM	WITHIN 5 S			4				
	TRY POINT	3		ENTRY POIN	NT	ŀ	4				
49421 W	ELL 1	2		WELL 1		ŀ	4				
				tact Info	rmation						
Name				rganization					Job 7	Γitle	
Mr. John Else		T.		own Hall				Town Man			
Mailing Addre		Mailing A	Addres	s Line Two				City	Sta	te	Zip Code
1712 Main St				1			Coventry		C-	Γ	06238
Business Ph	one Extension	Fax	Mobi	ile Phone	Emergency	Phone	Email Ad	dress			

JELSESSER@COVENTRYCT.ORG

860-742-8911

Contact Role(s): Administrative Contact, Legal Contact

860-742-6324

PWS ID	PWS Name					Classif	ication	Population	Owner Type	<b>Primary Source</b>
CT0321224	COVENTRY SENIOR	CENTER				N	С	25	L	GW
ocal Address (\	where applicable)			Service	Residen	tial Co	mmercia	al Industri	al Combine	d Agricultura
124 LAKE STREE	Т	Connection	IS		1					
Towns Served:	COVENTRY									
				Organization					Job Title	2
Name				0.80						
				0.80200.0						
Name Coventry Mailing Address	Line One		Mailing Addr					City	State	Zip Code
Coventry	Line One		Mailing Addr					City	State	Zip Code

Compositions Department of Dublic Health Drinking Water Coation

#### 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
CT0321244	WALGREEN'S PHARMACY-COVENTRY				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
1630 BOSTON T	URNPIKE - COVENTRY	Connections			1			

Towns Served: COVENTRY

**Compliance Schedule Activity** 

CROSS CONNECTION SURVEY REPORT

Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	•		
Total Coliform (3100)	100)	1	ting (DT) nor month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	tine (RT) per month  Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23	Conection Feriod	Complete
Select from inventory of Active Sampling Forms	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Dhusical Davamatava (DDC)	10/1/24 - 10/31/24	1	tine (DT) new meanth
Physical Parameters (PPS)  Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	tine (RT) per month  Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23	Conection Period	Complete
Select from inventory of Active Sampling Points	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24 6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
Water System Facility FNTDY DOINT (MCF ID: 00700)	10/1/24 - 10/31/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)		4	(DT)
Nitrate And Nitrite (NOX)	Adapte atom D. 1. I		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		

Water System	Eacility and	l Sampling	Point	Inventory
Avarei Systeiii	racilly all	i Saillullie	PUILL	HIVEHLOIV

**Other Compliance Schedules** 

**Due Date** 

3/1/2025

**Achieved Date** 

Water			Total Lead and	
System	Water System Facility	Sampling Point Sampling Point	Coliform Copper	Stage

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	onnectic	ut Depa	rtment o	f Public	Health	Dri	nking '	Water	Section	
	Wat	ter Qua	lity Monit	toring a	nd Com	ıplia	nce So	chedul	е	
PWS ID P\	WS Name					Classif	ication P	opulation	Owner Type	Primary Source
CT0321244 W	ALGREEN'S PH	ARMACY-CO	VENTRY			Ν	IC	25	Р	GW
Local Address (whe	ere applicable)			Service	Residen	tial Co	mmercial	Industria	l Combine	d Agricultur
1630 BOSTON TUR	NPIKE - COVEN	TRY		Connection	ns		1			
Towns Served: CO\	/ENTRY				1	'				
Facility ID	•		ID	Description	า	Sto	itus Rul	e Rule	Tier Asbesto	s WQP 2 DBI
00600 DISTRIB	UTION SYSTEM		4	DISTRUBUT	TION SYSTEN		4			
			BR001	AFTER FILTI	ER UNIT		A Y			
			DOWNSTREAM	1 WITHIN 5 S	SERVICE CON	۱ ،	4			
			JANITOR RM	JANITOR RO	OOM SINK		<b>Α</b> Υ			
			PHARMACY	PHARMACY	Y SINK		<b>4</b> Ү			
			PHOTO DEPT	PHOTO DEF	PT SINK		A Y			
			UPSTREAM	WITHIN 5 S	SERVICE CON	۱ ،	4			
00700 ENTRY F	POINT		3	ENTRY POI	NT	ı	4			
56595 WELL# 1	l		2	WELL# 1			4			
			Cor	ntact Info	rmation	1				
Name			0	)rganization					Job Title	:
Walgreens Corpor	ate Office									
Mailing Address Lir	ne One		Mailing Addres	ss Line Two				City	State	Zip Code
1419 Lake Cook Rd			Ms #L390				Deerfield		IL	60015
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	Phone	Email Ad	dress		
Contact Role(s): L	egal Contact									
Name				Organization					Job Title	!
Mr. Kirit Patel				Valgreens				Store Man		
Mailing Address Lir	ne One		Mailing Addres	ss Line Two				City	State	Zip Code
1630 Boston Tpke							Coventry		CT	06238
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	Phone				
860-742-5389							MGR.119	19@store	walgreens.co	om
Contact Role(s):	dministrative (	Contact								
Name				Organization				····	Job Title	
Clifton Forbes	0			Valgreens				Reg Facility		7: 0 1
Mailing Address Lir	ne Une		Mailing Addres	ss Line I wo			Cl	City	State	Zip Code
148 Eastern Blvd	F. A		Suite 400	the Die e	F	DI	Glastonb		СТ	06033
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	Pnone				
774-249-2308	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						clitton.fo	rpes@wal	greens.com	
Contact Role(s): C	wner									

#### Please note the following:

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

End of schedule

	Connecticut Department of Public Health Drinking Water Section								
	Water Quality Monit	oring and	d Con	ıpl	liance S	Schedul	e		
PWS ID PWS Name Classification Population Owner Type Primary Sou						Primary Source			
CT0321234	STORRS COMMUNITY CHURCH	STORRS COMMUNITY CHURCH				25	Р	GW	
Local Address (w	vhere applicable)	Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural	
100 TOLLAND TE	PKE	Connections			1				
Towns Served: C	COVENTRY					,	·		
	Monito	oring Requ	ireme	nts	3				

Towns Served: COVENTRY					
M	onitoring Req	uirement	ts		
Water System Facility: <b>DISTRIBUTION SYSTEM</b> (	WSF ID: 00600)				
Total Coliform (3100)				1 rc	outine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	<b>Collection Perio</b>	d Compliance Status
Select from Inventory of Active Sampling Points		10/1/23 - 12	2/31/23		Complete
		1/1/24 - 3,	/31/24		
		4/1/24 - 6,	/30/24		
		7/1/24 - 9,	/30/24		
Physical Parameters (PPS)				1 rc	outine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	d Compliance Status
Select from Inventory of Active Sampling Points		10/1/23 - 12	2/31/23		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: 0	0700)				
Nitrate And Nitrite (NOX)					1 routine (RT) per year
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	
ENTRY POINT (3)		1/1/23 - 12	2/31/23		Complete
		1/1/24 - 12	2/31/24		
		1/1/25 - 12	2/31/25		
Public	Notification	Requiren	nents		
	Compliance	Notice	Public	Notification	PN Certification
Violation/Situation	Period	Tier	Poquiro	d Dorformed	Due to DDU Pecaived

Public Notification Requirements										
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>										
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Total Coliform M&R Violation	1/1/21 - 3/31/21	3	5/21/2022		5/31/2022					
hysical Parameters M&R Violation 1/1/21 - 3/31/21 3 5/21/2022 5/31/2022										

	Wa	ter System Facili	ity and Sampling F	oint In	vento	ry			
Water System	Water System Facility		Sampling Point		Total Coliform				Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
57051	WELL 1	2	WELL 1	Α					
57053	TREATMENT PLANT								

37033 INLATIVI	LINI I LAINI								
			C	ontact Info	ormation				
Name				Organization			Job Title		
Dr. John Cuyler				Storrs Comm	unity Church		Pastor		
Mailing Address Lin	e One		Mailing Add	lress Line Two			City	State	Zip Code
90 Tolland Turnpike						Coventry	1	СТ	06238
Business Phone	Extension	Fax	N	lobile Phone	Emergency Phone	Email Ad	dress		
060 050 5071					960 042 7601	ctarrock	الممطم هماميا	+ممامط	

C	onnecticu	t Depa	rtment of	Public 1	Health	Drir	iking	Water	Section	
	Wate	er Qua	lity Monite	oring ar	nd Con	nplia	nce S	chedul	e	
PWS ID P	WS Name					Classifi	ication	Population	Owner Type	Primary Source
CT0321234 S	ORRS COMMUNITY CHURCH					N	С	25	Р	GW
Local Address (where applicable)					Residen	itial Co	mmercia	al Industri	al Combin	ed Agricultural
100 TOLLAND TPK	E			Connections	S		1			
Towns Served: CO	VENTRY					·				
000-030-30/1	\		-1.0		000-942	-7091	Storrsci	านา ตาเพรมตุ	giobai.riet	
Contact Role(s):	Administrative Co	intact, Leg								
Name			Or	ganization					Job Titl	e
Mr. Kenneth Adar	ns		Sto	orrs Commur	nity Church	า		Treasurer		
Mailing Address Li	ne One		Mailing Address	Line Two				City	State	Zip Code
90 Tolland Turnpik	(e						Covent	ry	СТ	06238
Business Phone	Extension	Fax	Mobil	e Phone I	Emergency	/ Phone	Email A	ddress	·	
860-858-5071							officest	orrschurch	@gmail.com	
Contact Role(s): L	egal Contact									

#### Please note the following:

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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	

	<u> </u>			<u> </u>			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0321254	1657 BOSTON TURNPIKE - COVENTRY			NC	203	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
		Connections		1			

Towns Served: COVENTRY			
Monitoring	g Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	600)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	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		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	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)			
Nitrate (1040)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	10/1/23 - 12/31/23		Complete
Nitrate (1040)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		
Nitrite (1041)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete

	Connecticut Department	of Public H	lealth	D	rinking	Water	Section	
	Water Quality Mo	nitoring and	d Con	npl	liance S	Schedul	le	
PWS ID PWS Name					ssification	Population	Owner Type	Primary Source
CT0321254	1657 BOSTON TURNPIKE - COVENTRY				NC	203	Р	GW
Local Address	(where applicable)	Service	Residen	tial	Commercia	al Industri	al Combin	ed Agricultural
		Connections			1			

Towns Served: COVENTRY

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

Nitrite (1041) 1 routine (RT) per year Sampling Point (Sampling Point ID) **Compliance Status Monitorina Period Collection Period** 

1/1/25 - 12/31/25

	Wa	ater System Facili	ity and Sampling P	oint Ir	vento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
59590	WELL 1	2	WELL 1	Α					
50506	TDEATMENT DI ANT								

TREATMENT PLANT

			(	Contact Inf	ormation					
Name				Organization			Job Title			
Mr. Shafique Ahme	ed			1657 Boston	Turnpike, LLC					
Mailing Address Line One Mailing Add				dress Line Two			City	State	Zip Code	
531 River Road						Lisbon CT				
Business Phone	Extension	Fax	1	Mobile Phone	Emergency Phone	Email Add	lress			
860-742-4241			(	646-280-8522		faststorel	lc@gmail.c	om		
Contact Role(s): O	wner									
Name				Organization	1			Job Title		
Mr. Umair Manzoo	r			1657 Boston	Turnpike, LLC	E	Business Ov	vner		
Mailing Address Lin	e One		Mailing Ad	dress Line Two			City	State	Zip Code	
531 River Road						Lisbon		СТ	06351	
Business Phone	Extension	Fax	1	Mobile Phone	Emergency Phone	Email Add	Iress			
			8	860-405-5444		broadmax	dlc@outloo	ok.com		
					+					

Contact Role(s): Administrative Contact, Legal Contact

#### Please note the following:

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

End of schedule

	Connecticut 1	Department of	Public He	alth D	rinki	ing W	ater Se	ection	
	Water	<b>Quality Monit</b>	oring and	Comp	lianc	e Sch	edule		
PWS ID	PWS Name							ner Type P	rimary Source
CT032126	dollar general, co	OVENTRY, CT			NC	2	25	Р	GW
Local Add	ress (where applicable)			esidential	Comm	nercial Ir	ndustrial	Combined	l Agricultural
	TON TURNPIKE		Connections					1	
Towns Ser	rved: COVENTRY								
			oring Requir	ement	S				
	stem Facility: DISTRIBU	HON SYSTEM (WSFT	D: 00600)				1		
	liform (3100) pling Point (Sampling Point )	(חו	0.4	onitoring i	Dariod	Collect	ı roı ion Period		per quarter iance Status
_	ct from Inventory of Active S			/1/23 - 12		Conect	ion renou		omplete
36166	cention inventory of Active 3	ampling rollies		1/23 12/ 1/24 - 3/3					omplete
				/1/24 - 6/3					J.III prece
				/1/24 - 9/3					
Physical	Parameters (PPS)						1 ro	utine (RT)	per quarter
Samj	oling Point (Sampling Point	ID)	M	onitoring	Period	Collect	ion Period	Compl	iance Status
Selec	ct from Inventory of Active S	ampling Points	10,	/1/23 - 12,	/31/23			Co	omplete
				/1/24 - 3/3				Co	omplete
				/1/24 - 6/3					
				/1/24 - 9/3	30/24				
	stem Facility: ENTRY PO	INT (WSF ID: 00700)							
	And Nitrite (NOX)							=	RT) per year
	pling Point (Sampling Point	(טו		onitoring		Collect	ion Period		iance Status
ENTE	RY POINT (3)			1/23 - 12/ 1/24 - 12/	-			C	omplete
				1/24 - 12/ 1/25 - 12/					
Water Sv	stem Facility: IN BETWE	FN GAC TRFATMENT		•					
•	Chemicals (VOCS)		11212113 (1131	D. 02110	-1		1	l special (	SP) per year
_	pling Point (Sampling Point	ID)	М	onitoring	Period	Collect		•	iance Status
	ETWEEN GAC TREATMENT FI			1/23 - 12/					
		· · · ·		1/24 - 12/					
			1/	1/25 - 12/	31/25				
Water Sy	stem Facility: WELL (W	SF ID: 62162)							
Organic	Chemicals (VOCS)						1	L special (	SP) per year
Samj	pling Point (Sampling Point	ID)	M	onitoring	Period	Collect	ion Period	Compl	iance Status
WELI	L (2)			1/23 - 12/					
			·	1/24 - 12/					
				1/25 - 12/					
	Wa	ter System Facili	ty and Sam <sub>l</sub>	oling Po	oint Ir	ivento	ry		
Water						Total	Lead and		_
System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description			Coliform Rule		Achastas	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRI	RUTION	Status A	Y	nuie Hel	ASDESIOS	VVQF Z DDPK
00000	DISTRIBUTION STSTEIN		WITHIN 5 SERVI		A	Υ			
		UPSTREAM	WITHIN 5 SERVI		A	Y			
		OLOTIVE	J JLINVI		- / \	•			

**ENTRY POINT** 

Α

Υ

3

00700

62107

**ENTRY POINT** 

TREATMENT PLANT

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source			
CT0321264	DOLLAR GENERAL, COVENTRY, CT				NC	25	Р	GW			
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural			
1600 BOSTON	I TURNPIKE	Connections					1				
Towns Served	: COVENTRY										

Water System Facility and Sampling Point Inventory

Connecticut Department of Public Health Drinking Water Section

		water 5	Jace III I d	acility a	iiu J		110 111	Vento	ı y		
Water System Wo Facility ID	ater System Facility	2	Sampling P ID		oling Po		tatus	Total Coliform Rule		Asbestos	Stage WQP 2 DBPI
	BETWEEN GAC TREA	TMENT									
62162 W	ELL		2	WELL	=		Α				
				Contact	Info	rmation					
Name				Organiza	ation					Job Title	
Kristin Elliott			Dollar General					Environmental Servic			
Mailing Addre	ess Line One		Mailing Ad	dress Line	Two			С	ity	State	Zip Code
100 Mission F	Ridge						Go	odlettsvil	le	TN	37072
Business Ph	one Extension	Fax	1	Mobile Pho	ne	Emergency Phor	e Em	ail Addre	ess		
615-855-5	365						Enν	vironmen	tal Services	Manager	EnvCompliance
Contact Role(	s): Administrative (	Contact	·								
Name				Organiza	ation					Job Title	
Elaine Saraga	S			Dceg LL0	С						
Mailing Addre	ess Line One		Mailing Address Line Two					С	ity	State	Zip Code
7 Shadow Lar	ne						And	dover		MA	01810
Business Ph	one Extension	Fax	ı	Mobile Pho	ne	Emergency Phor	e Em	ail Addre	ess		
978-475-2	102						Ela	ineSaraga	as@icloud.c	om	
Contact Role(	s): Owner		,				-				

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

End of schedule

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Schedule Generation Date: 4/3/2024

	Co	onnectic	ut Depa	rtment of	Public	Health	Drir	nking	Wate	r Se	ction		
			•	ity Monit				_					
PWS ID	PW	/S Name	- Contract	10) 1101110	011118		<u> </u>				ner Type P	rimary Source	
CT032128	84 CA	SSIDY HILL VII	NEYARD				N		25		P	GW	
Local Add	ress (whe	re applicable)			Service	Residen	tial Co	mmercia	Indust	trial	Combined	Agricultural	
454 CASSI	IDY HILL R	OAD			Connectio	ns					1		
Towns Ser	rved: COV	ENTRY											
				Monito	oring Re	quireme	nts						
Water Sy	stem Fac	ility: DISTR	IBUTION SY	STEM (WSF II	D: 00600)								
<b>Total Co</b>	liform (3	3100)								1 rou	itine (RT)	per quarter	
Samj	pling Poin	t (Sampling P	oint ID)			Monitori	ng Peri	od Co	llection P	Period	Compl	iance Status	
Selec	ct from Inv	entory of Acti	ve Sampling	Points		10/1/23 -					Co	mplete	
						4/1/24 -							
						7/1/24 -	9/30/2	.4					
-		ers (PPS)										per quarter	
-		t (Sampling P	-		Monitoring Period				Collection Period Con			ompliance Status	
Selec	ct from Inv	entory of Acti	ve Sampling	Points		10/1/23 -					Co	omplete	
						4/1/24 -							
						7/1/24 -	9/30/2	.4					
		•	POINT (W	SF ID: 00700)									
		te (NOX)									-	RT) per year	
_		t (Sampling P	oint ID)			Monitori			llection P	Period		iance Status	
ENTF	RY POINT (	3)				1/1/23 -					Co	omplete	
						1/1/24 -	-						
						1/1/25 -							
			Water Sy	stem Facili	ity and S	ampling	Poin	t Inver	itory				
Water								Tot		d and			
System	_	stem Facility	3	Sampling Point				Colif		pper		Stage	
Facility ID		ITION (0)(0TEN		ID .	Description			tus Ru		ie i ier	Aspestos	WQP 2 DBPR	
00600	DISTRIBL	JTION SYSTEM		4		ISTRIBUTION		4 Y					
			,	BS1	BASE SINK			4 Y					
				DOWNSTREAM				Α Y					
00700	ENTRY D	OINT		UPSTREAM		SERVICE CON		<u> </u>					
00700	ENTRY P	JINI		3	ENTRY POI	IN I		<u> </u>					
62494	WELL	FNIT		2	WELL		,	4					
62498	TREATM	ENI											
				Con	tact Info	ormation							
Name				Or	rganization						Job Title		
Ms. Carol													
Mailing A				Mailing Address	s Line Two				City		State	Zip Code	
454 Cassio				<u> </u>				Coventr			СТ	06238	
Busines	s Phone	Extension	Fax	Mobi	le Phone	Emergency	Phone	Email Ad	ddress				

cchipkin@comcast.net

860-498-1024

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

Connecticut Department of Public Health	Drinking	, Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
PWS Name	Classification	Population	Owner Type	Prin

PWS ID	PWS Name				Classification	Population	Owner Type	<b>Primary Source</b>
CT0321284	CASSIDY HILL VINEYARD				NC	25	Р	GW
Local Address (where applicable)			Service	Residen	tial Commerci	al Industri	al Combine	ed Agricultural
454 CASSIDY HILL ROAD			Connections				1	

Towns Served: COVENTRY

#### 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