	Connecticut Department of Public Health Drinking Water Section										
Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source			
CT0560132	FIRST CONGREGATIONAL CHURCH OF G	RANBY			NC	40	Р	GW			
Local Address (where applicable)	Commerci	al Industri	al Combin	ed Agricultural						
219 NORTH GR	ANBY ROAD			1							

Towns Served: GRANBY			
Monitori	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
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 - WELL 2 (WSF ID: 0	00701)		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT - WELL 2 (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25	_	

Other	Compliance Schedules

Compliance Schedule Activity

CROSS CONNECTION EXEMPTION

3/1/2022

	Wat	er System Facili	ty and Sampling Po	oint Ir	nvento	У		
Water System	Water System Facility	Samplina Point	Sampling Point		Total Coliform	Lead and Copper		Stage
Facility ID		ID	Description	Status	Dula		Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	1	UNTILITY ROOM	Α	Υ	2		
		2	BOYS ROOM	Α	Υ	2		
		3	GIRLS ROOM	Α	Υ	2		
		4	KITCHEN	Α	Υ	2	Υ	
		5	LADIES ROOM	Α	Υ	2	Υ	
		6	MEN'S ROOM	Α	Υ	2		
		7	SOUTHEAST OUTSIDE TA	Α	Υ	2		
		8	NORTHWEST OUTSIDE TA	Α	Υ	2		
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00701	ENTRY POINT - WELL 2	3	ENTRY POINT - WELL 2	Α				
58343	WELL 2	2	WELL 2	Α				

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

	Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name		Classification Population Owner Type Pr			Primary Source				
CT0560132	FIRST CONGREGATIONAL CHURCH OF GRANE	ЗҮ			NC	40	Р	GW		
Local Address (v	Local Address (where applicable)				Commercia	al Industria	al Combine	ed Agricultural		
219 NORTH GRA	NBY ROAD	Connections			1					

Connecticut Department of Public Health Drinking Water Section

			Co	ontact Inf	ormation					
Name				Organization	1			Job Title	<u> </u>	
Mr. Jerry Kimble				First Congre	gational Church		Senior Trustee			
Mailing Address Lin	e One		Mailing Addr	ress Line Two		City State				
219 North Granby F	ld.					Granby	by CT 06			
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ac	ldress			
860-730-6027					860-306-2146	jerry.kim	nble@sbcglobal.	net		
Contact Role(s): A	dministrative	Contact, Leg	al Contact							
Name				Organization	1			Job Title	9	
First Congregationa	l Church of G	ranby								
Mailing Address Lin	e One		Mailing Addr	ress Line Two			City	State	Zip Code	
215 North Granby F	Rd					Granby		СТ	06035-1302	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ac	ldress			
Contact Role(s): Le	gal Contact, C	Owner								

Please note the following:

Towns Served: GRANBY

- 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 H	lealth	Dı	rinking	g W	ater	Sec	tion	
	Water Quality Mor				7	_				
PWS ID	PWS Name								r Type Pr	imary Sourc
CT0565033	GRANBY COMMONS				NC		43	ı	Р	GW
Local Address	(where applicable)	Service	Residen	ntial	Commerc	ial lı	ndustria	I C	ombined	Agricultura
518 SALMON E	BROOK STREET	Connections			9					
Towns Served:	GRANBY							·		
	Mor	nitoring Requ	iireme	nts	;					
Water Systen	n Facility: DISTRIBUTION SYSTEM (WS	SF ID: 00600)								
Total Colifor	m (3100)						1	routi	ine (RT) p	er quarter
Sampling	Point (Sampling Point ID)		Monitori	ing F	Period (Collect	tion Peri	iod	Compli	ance Status
Select fro	m Inventory of Active Sampling Points		10/1/23 -	- 12/	31/23				Coi	mplete
			1/1/24						Coi	mplete
			4/1/24	- 6/3	0/24					
			7/1/24	- 9/3	0/24					
Physical Para	ameters (PPS)						1	routi	ine (RT) p	er quarter
Sampling	Point (Sampling Point ID)		Monitori	ing F	Period (Collect	tion Peri	iod	Compli	ance Status
Select fro	m Inventory of Active Sampling Points		10/1/23 -	- 12/	31/23				Coi	mplete
			1/1/24	- 3/3	1/24				Coi	mplete
			4/1/24	- 6/3	0/24					
			7/1/24	- 9/3	0/24					
Water Systen	n Facility: ENTRY POINT (WSF ID: 007	00)								
Nitrate (104	10)						1	routi	ine (RT) p	er quarter
Sampling	Point (Sampling Point ID)		Monitori	ing F	Period (Collect	tion Peri	iod	Compli	nce Status
ENTRY PC	DINT (3)		10/1/23 -	- 12/	31/23				Coi	mplete
			1/1/24 -	- 3/3	1/24				Соі	mplete
			4/1/24	- 6/3	0/24					
			7/1/24	- 9/3	0/24					
Nitrite (104	1)							1 rc	outine (R	T) per year
Sampling	Point (Sampling Point ID)		Monitori	ing F	Period (Collect	tion Peri	iod	Compli	ance Status
ENTRY PC	DINT (3)		1/1/23 -	12/3	31/23				Coi	mplete
			1/1/24 -	12/3	31/24				Coi	mplete
			1/1/25 -	12/3	31/25					
	Other	r Compliance	Scher	lule	es					

 Compliance Schedule Activity
 Due Date
 Achieved Date

 CROSS CONNECTION EXEMPTION
 3/1/2024

	Water System Facility and Sampling Point Inventory												
Water System	Water System Facility	Sampling Point ID	Sampling Point Description		Total Coliform	Lead and Copper	Ashastas		Stage				
Facility ID 00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	<u>Status</u> A	Rule Y	Kule Her	Asbestos	WQP	Z DBPK				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α									
		UPSTREAM	WITHIN 5 SERVICE CON	Α									
00700	ENTRY POINT	3	ENTRY POINT	Α									
10745	WELL 1	2	WELL 1	Α									
50142	WELL 2	2	WELL 2	Α									
57100	ATMOSPHERIC TANK												
57102	BOOSTER PUMP					·							

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	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
PWS Name	Classification	Population	Owner Type	Primary

PWS ID	PWS Name			Classification	Population	Owner Type	e Primary Source
CT0565033	GRANBY COMMONS			NC	43	Р	GW
Local Address (v	where applicable)	Service	Residen	tial Commer	cial Industr	ial Combin	ned Agricultural
518 SALMON BI	ROOK STREET	Connections		9			

DIAKE ID

				Contact Inf	ormation					
Name				Organization	ı			Job Title		
Ms. Lani Liu-Helisch				Yinglisch Gro	Yinglisch Group, LLC					
Mailing Address Line One Mailing Add			Address Line Two			City	State	Zip Code		
40 Ellen Street						Norwalk			06851	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Add	ress			
203-722-2451		203-939-2	1609		860-268-4790	liulani@la	wtoyou.org			

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

Please note the following:

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

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 D	epartmen	t of Public l	Health	Drinki	ng V	Water S	Section	
		•	onitoring ar			_			
PWS ID	PWS Name	Quality 1.10	micoring ar	id doil	1			wner Type Pr	imary Source
CT056002		T - GRANRY			NC	011 110	25	P P	GW
	ress (where applicable)	, GRAITE	Service	Resident		ercial	Industrial	Combined	Agricultural
Local Adai	ress (where applicable)		Connections		1		maastriar	Combined	7 Ignicalitata
Towns Ser	ved: GRANBY				'				
		Mo	onitoring Req	uireme	nts				
Water Sy	stem Facility: DISTRIBUTI	ON SYSTEM (V	VSF ID: 00600)						
Total Col	liform (3100)						1 r	outine (RT) բ	er quarter
Samp	oling Point (Sampling Point ID	<i>)</i>		Monitorii	ng Period	Coll	ection Perio	od Compli	ance Status
Selec	t from Inventory of Active Sar	npling Points		10/1/23 -	12/31/23			Coi	mplete
				1/1/24 -	3/31/24			Coi	mplete
				4/1/24 -	6/30/24				
				7/1/24 -	9/30/24				
Physical	Parameters (PPS)						1 r	outine (RT) բ	er quarter
Samp	oling Point (Sampling Point ID))		Monitorii	ng Period	Coll	ection Perio	od Complic	ance Status
Selec	t from Inventory of Active Sar	mpling Points		10/1/23 -	12/31/23			Coi	mplete
				1/1/24 -	3/31/24			Coi	mplete
				4/1/24 -	6/30/24				
				7/1/24 -	9/30/24				
Water Sy	stem Facility: ENTRY POI	NT (WSF ID: 00	700)						
Nitrate A	And Nitrite (NOX)							1 routine (R	T) per year
Samp	oling Point (Sampling Point ID))		Monitorii	ng Period	Coll	ection Perio		ance Status
ENTR	RY POINT (3)			1/1/23 - 3	12/31/23			Coi	mplete
				1/1/24 - 3	12/31/24			Coi	mplete
				1/1/25 - :	12/31/25				
		Public	Notification	Require	ments				
			Compliance	Notice	Publ	ic Noti	<u>ification</u>	PN Cert	<u>fication</u>
Violation/	'Situation		Period	Tier	Requir	ed	Performed	Due to DPH	Received
Total Colif	orm M&R Violation		4/1/11 - 6/30/11	2	2/9/20	12		2/19/2012	
Physical Pa	arameters M&R Violation		4/1/11 - 6/30/11	3	2/9/20	12		2/19/2012	
	Wat	er System F	acility and Sa	mpling	Point In	vent	tory		
Water						Tota	al Lead ai	nd	
System	Water System Facility		Point Sampling Po	int		Colifo			Stage
Facility ID		ID	Description		Status	Rul	e Rule Ti	ier Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO		Α	Υ			
			REAM WITHIN 5 SE						
		UPSTRE							
00700	ENTRY POINT	3	ENTRY POIN	Т	Α				
20948	WELL	2	WELL		A				
			Contact Infor	mation					
Name			Organization					Job Title	
			1				_		

Mailing Address Line Two

Mobile Phone 860-670-1343

Fax

Owner

City

Granby

Emergency Phone Email Address

State

 CT

Zip Code

06035

Ms. Sophia Kioukis

Business Phone

134 Notch Road

Mailing Address Line One

Extension

	Connecticut Department of Public Health Drinking Water Section										
	Water	Qua	lity Moni	toring a	nd Con	nplia	nce S	Schedul	e		
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source	
CT0560024	565 SALMON BROOK	ST - GF	ANBY			N	С	25	Р	GW	
ocal Address (w	here applicable)			Service	Residen	tial Co	mmerci	al Industri	al Combine	ed Agricultural	
				Connection	IS		1				
Towns Served: G	RANBY					'		'			
Contact Role(s):	Administrative Cont	act, Leg	al Contact, Ow	ner							
Name			C	Organization					Job Title	9	
Kioukis Inc											
Mailing Address	ine One		Mailing Addres	ss Line Two				City	State	Zip Code	
565 Salmon Broo	k St						Granby	/	СТ	06060	
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	Phone	Email A	Address			
Contact Role(s):	Owner			-			•				

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this 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 Classification Population Owner Type Primary Source										
CT0560044	THE CAMBRIDGE HOUSE				NC	40	Р	GW		
Local Address (v	vhere applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural		
357 SALMON BE	257 SALMON BROOK STREET Connections									
Towns Served: (owns Served: GRANBY									

357 SALMON BROOK STREET		Connections	1	-		
Towns Served: GRANBY						
	Monito	oring Requirement	ts			
Water System Facility: DISTRIBUTION SY	STEM (WSF II	D: 00600)				
Total Coliform (3100)					1 rou	tine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collecti	on Period	Compliance Status
Select from Inventory of Active Sampling F	Points	10/1/23 - 12	2/31/23			Complete
		1/1/24 - 3/	/31/24			Complete
		4/1/24 - 6/	/30/24			
		7/1/24 - 9/	/30/24			
Physical Parameters (PPS)					1 rou	tine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collecti	on Period	Compliance Status
Select from Inventory of Active Sampling R	Points	10/1/23 - 12	2/31/23			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 (W	SF ID: 00700)					
Nitrate (1040)					1 rou	tine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collecti	on Period	Compliance Status
ENTRY POINT (3)		10/1/23 - 12	2/31/23			Complete
		1/1/24 - 3/	/31/24			Complete
		4/1/24 - 6/	/30/24			
		7/1/24 - 9/	/30/24			
Nitrite (1041)					1	routine (RT) per year
Sampling Point (Sampling Point ID)		Monitoring	Period	Collecti	on 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 Sy	stem Facili	ty and Sampling P	oint In	ventor	у	
Water				Total	Lead and	
		Sampling Point		Coliform		Stage
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α	Υ		
		WITHIN 5 SERVICE CON	Α			
	UPSTREAM	WITHIN 5 SERVICE CON	Α			
00700 ENTRY POINT	3	ENTRY POINT	Α			
20950 WELL	2	WELL	Α			
62011 TREAMENT PLANT						

62011 TREAMENT PLANT							
	Co	ontact Info	ormation				
Name Organization Job Title							
Mr. Scott Riley	Bradley Brew	Pub, LLC	Managing Member				
Mailing Address Line One	Mailing Add	lress Line Two			City	State	Zip Code
357 Salmon Brook Street				Granby		СТ	06035
Business Phone Extension Fax	Me	obile Phone	Emergency Phone	Email Ac	ddress		

	dominocited Department of Laboration Dimming Water Beetien										
Water Quality Monitoring and Compliance Schedule											
PWS ID PWS Name						Classification		Population	Owner Type	Primary Source	
CT0560044 THE CAMBRIDGE HOUSE							NC	40	Р	GW	
Local Address (w	here applicable)			Service	Resider	itial	Commerci	al Industri	al Combine	ed Agricultural	
357 SALMON BR	OOK STREET			Connections			1				
Towns Served: G	RANBY					·		·	·		
860-653-2739			scott@	cbh.beer							

Connecticut Department of Public Health Drinking Water Section

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

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

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

	C		1 D 1	-1 (יוו מי	II1.1 F		1	T A 7			
	Co		ut Departme								ection	
		Wat	ter Quality M	l onit	oring a	nd Comp	oliai	nce So	che	dule		
PWS ID	PW	'S Name									vner Type	Primary Source
CT056006	4 GR	ANBY MOTEL					N		25		Р	GW
Local Addı	ress (wher	e applicable)			Service	Residentia	l Cor	nmercial	Ind	ustrial	Combine	d Agricultural
551 SALM					Connection	ns		1				
Towns Ser	ved: GRAI	NBY										
			N	/lonite	oring Red	quirement	ts					
Water Sy	stem Fac	ility: DISTR	IBUTION SYSTEM	(WSF II	D: 00600)							
Total Co	liform (3	100)								1 ro	utine (RT) per quarter
Samp	oling Point	: (Sampling P	oint ID)			Monitoring	Perio	d Col	lectio	n Period	d Comp	liance Status
Selec	t from Inv	entory of Acti	ve Sampling Points			10/1/23 - 12	2/31/2	23			C	Complete
						1/1/24 - 3,	/31/24	4			C	Complete
						4/1/24 - 6,	/30/24	4				
						7/1/24 - 9,	/30/24	4				
Physical	Paramet	ers (PPS)								1 ro	utine (RT) per quarter
Samp	oling Point	: (Sampling Po	oint ID)			Monitoring	Perio	od Col	lectio	n Period	d Comp	liance Status
Selec	t from Inv	entory of Acti	ve Sampling Points			10/1/23 - 12	2/31/2	23			C	Complete
						1/1/24 - 3,	/31/24	4			C	Complete
						4/1/24 - 6,	/30/24	4				
						7/1/24 - 9,	/30/2	4				
Water Sy	stem Fac	ility: ENTRY	POINT (WSF ID:	00700)								
Nitrate A	And Nitri	e (NOX)								1	L routine ((RT) per year
Samp	oling Point	: (Sampling P	oint ID)			Monitoring	Perio	od Col	lectio	n Period	d Comp	liance Status
ENTR	RY POINT (3)				1/1/23 - 12	/31/2	.3			C	Complete
						1/1/24 - 12	/31/2	4			C	Complete
						1/1/25 - 12	/31/2	.5				_
			Water System	Facili	ity and Sa	ampling P	oint	Inven	tory	,		
Water								Tota		ead and		
		stem Facility			Sampling P			_		Copper		Stage
Facility ID			IL		Description		Stat			Rule Tie	r Asbesto.	s WQP 2 DBPR
00600	DISTRIBU	TION SYSTEM			DISTRIBUTION		Α					
					WITHIN 5 S		Α					
			UPSTI			ERVICE CON	Α					
00700	ENTRY PO	JINI			ENTRY POIN	VI	Α					
20951	WELL		2		WELL		Α					
					tact Info	rmation						
Name					rganization						Job Title	!
Mr. Muku			I		ranby Motel			I				
Mailing Ac			Mailing	Address	s Line Two				City	<u>'</u>	State	Zip Code
551 Salmo								Granby			СТ	06035
Business	s Phone	Extension	Fax	Mobi	le Phone	Emergency P	hone	Email Ad	dress			

860-653-2553

Contact Role(s): Administrative Contact, Legal Contact

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

	Water Quarrey 1-1	4 0011	mphanee semedate						
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source	
CT0560064	GRANBY MOTEL		NC	25	Р	GW			
Local Address (Local Address (where applicable)			ntial	Commerci	al Industri	al Combine	ed Agricultural	
551 SALMON B	Connections			1					

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

	Co	onnectic	ut Depart	tment of	Public	Health	Drin	ıking	Wat	ter Se	ection	
		Wa	ter Qualit	tv Monit	oring ar	nd Com	nplia	nce S	ched	dule		
PWS ID	PW	/S Name		- J	- 0 -		Classifi				ner Type	Primary Source
CT0560074	4 490	SALMON BE	ROOK STREET				N		25		Р	GW
		e applicable)			Service	Residen	tial Co	mmercia	I Indi	ustrial	Combine	
		- /			Connection			1				8
Towns Ser	ved: GRA	NBY										
				Monito	oring Req	quireme	nts					
Water Sys	stem Fac	ility: DISTR	RIBUTION SYS	TEM (WSF II	D: 00600)							
Total Col	liform (3	3100)								1 ro	utine (RT) per quarter
Samp	oling Poin	t (Sampling P	oint ID)			Monitori	ng Perio	od Co	llectio	n Period	l Comp	liance Status
Selec	t from Inv	entory of Act	ive Sampling Po	oints		10/1/23 -	12/31/	23			(Complete
						1/1/24 -	3/31/2	4			(Complete
						4/1/24 -	6/30/2	4				
						7/1/24 -	9/30/2	4				
Physical	Paramet	ers (PPS)								1 ro	utine (RT) per quarter
Samp	oling Poin	t (Sampling P	oint ID)			Monitori	ng Perio	od Co	llectio	n Period	l Comp	liance Status
Selec	t from Inv	entory of Act	ive Sampling Po	oints		10/1/23 -	12/31/	23			(Complete
						1/1/24 -	3/31/2	4			(Complete
						4/1/24 -	6/30/2	4				
						7/1/24 -	9/30/2	4				
Water Sys	stem Fac	ility: ENTR	Y POINT (WS	F ID: 00700)								
Nitrate A	And Nitri	te (NOX)								1	routine	(RT) per year
Samp	oling Poin	t (Sampling P	oint ID)			Monitori	ng Perio	od Co	llectio	n Period		oliance Status
ENTR	Y POINT (3)				1/1/23 -	12/31/2	23			(Complete
						1/1/24 -	12/31/2	24			(Complete
						1/1/25 -	12/31/2	25				
			Water Sys	tem Facili	ity and Sa	ampling	Point	t Inver	itory	,		
Water			-					Tot	al L	ead and	1	
System	Water Sy	stem Facility	Sa	mpling Point	Sampling Po	oint		Colif	orm	Copper		Stage
Facility ID)			ID	Description		Sta	tus Ru	ile i	Rule Tie	r Asbesto	s WQP 2 DBPR
00600	DISTRIBL	ITION SYSTEM	1	4	DISTRIBUTIO	ON SYSTEM	A	۱ ۱	′			
			DO	OWNSTREAM	WITHIN 5 SE	ERVICE CON	N /	A				
				UPSTREAM	WITHIN 5 SE	ERVICE CON	N /	4				
00700	ENTRY P	TNIC		3	ENTRY POIN	JT	P	4				
20952	WELL			2	WELL		Þ	4				
				Con	tact Info	rmation						
Name				Or	ganization						Job Title	
Mr. Ronak	k Patel				ısi LLC				Mem	ber		
Mailing Ad	ddress Lin	e One	M	ailing Address	s Line Two				City	,	State	Zip Code
496 Salmo								Granby	-		СТ	06035
Business	s Phone	Extension	Fax	Mobi	le Phone	Emergency	Phone	Email Ad	ddress		-	
			1					1				

ronakpatel724@gmail.com

973-479-0673

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

Connecticut Department of Public Health	_			tion	
Water Quality Monitoring and Con	npliance S	Schedul	e		
	el 161 11	- 1	_	_	

				0		1				
PWS ID	PWS Name					Classif	fication P	opulation	Owner Type	Primary Source
CT0560074	496 SALMON BROOK	STREET				N	1C	25	Р	GW
Local Address (Local Address (where applicable)			Service	Resider	tial Co	ommercial	Industri	al Combine	ed Agricultural
				Connections			1			

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 H	ealth D	rinl	king	Wat	er Se	ection	
		Quality Monit				_				
PWS ID	PWS Name	Quality Monit	oring and						ner Type I	Primary Source
CT0560084				0.0	NC		25		Р	GW
Local Addr	ress (where applicable)		Service	Residential		mercia	I Indu	strial	Combined	d Agricultural
23 GRIFFIN			Connections			1				a la
	ved: GRANBY									
		Monito	oring Requi	irements	S					
Water Sy:	stem Facility: DISTRIBU	TION SYSTEM (WSF II	D: 00600)							
Total Col	liform (3100)							1 ro	utine (RT)	per quarter
Samp	oling Point (Sampling Point	ID)	/	Monitoring I	Period	d Co	llection	Period	Comp	liance Status
Selec	t from Inventory of Active S	ampling Points	1	0/1/23 - 12,	/31/2	3			С	omplete
				1/1/24 - 3/3	31/24				С	omplete
				4/1/24 - 6/3	30/24					
				7/1/24 - 9/3	30/24					
Physical	Parameters (PPS)							1 ro	utine (RT)	per quarter
_	oling Point (Sampling Point	ID)	/	Monitoring I	Period	d Co	llection	Period		liance Status
Selec	t from Inventory of Active S	sampling Points	1	0/1/23 - 12,	3			C	omplete	
				1/1/24 - 3/3	31/24				С	omplete
				4/1/24 - 6/3	30/24					
				7/1/24 - 9/3	30/24					
Water Sy:	stem Facility: ENTRY PC	DINT (WSF ID: 00700)								
Nitrate A	And Nitrite (NOX)							1	routine (RT) per year
	oling Point (Sampling Point	ID)	/	Monitoring I	Period	d Co	llection	Period	-	liance Status
	Y POINT (3)	·		L/1/23 - 12/						omplete
	. ,			 L/1/24 - 12/						omplete
				 L/1/25 - 12/	-					· · ·
		Other Co	ompliance							
Compliand	ce Schedule Activity		-	Due	Date	•	A	chieved	Date	
RESPOND	TO SANITARY SURVEY			4/21	/2007	7				
RESPOND	TO SANITARY SURVEY			10/1	8/201	.5				
	Wa	ater System Facili	tv and San	npling Po	oint	Inver	itorv			
Water			o, and can	.66		Tot		ead and	1	
System	Water System Facility	Sampling Point	Sampling Poin	t		Colif		Copper		Stage
Facility ID		ID	Description		Statu	0.			Asbestos	WQP 2 DBPR
=	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	A	γ	,			
		DOWNSTREAM			Α					
		UPSTREAM	WITHIN 5 SERV	/ICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT		Α					
20953	WELL	2	WELL		Α					
			tact Inform	nation						
Name			ganization						Job Title	
Mr. Jim Lo	ong		e Church							
	ddress Line One	Mailing Address					City		State	Zip Code

Mobile Phone

860-550-0747

CT

Granby

James.long13@gmail.com

Emergency Phone Email Address

06035

23 Griffin Rd

Business Phone

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

Connecticut Department of Public Health	Drinkin	ıg V	Vater	Sec	tion	
Water Quality Monitoring and Com	npliance	Scł	nedul	e		
						\mathbf{T}

		<u> </u>		0 -		I-				
PWS ID	PWS Name					Clas	ssification	Population	Owner Type	Primary Source
CT0560084	LIFE CHURCH						NC	25	Р	GW
Local Address (where applicable)		9	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
23 GRIFFIN ROA	3 GRIFFIN ROAD						1			

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 Name PWS ID** Classification | Population | Owner Type | Primary Source HIGH MEADOW DAY CAMP LLC NC 25 GW CT0560094 Local Address (where applicable) Commercial Industrial Service Residential Combined Agricultural Connections 311 NORTH GRANBY ROAD 1

Towns Served: GRANBY

Monitorir	ng Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0	0600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	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	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	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23	4/1-9/30	Complete
	1/1/24 - 12/31/24	4/1-9/30	
	1/1/25 - 12/31/25	4/1-9/30	
Other Com	pliance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate
RESPOND TO SANITARY SURVEY	11/18/2023	12/11/202	23
RESPOND TO SANITARY SURVEY	11/18/2023	12/11/202	23
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	3/1/2024	2/27/202	4
SEASONAL START UP COMPLETION	5/1/2024		

Wa	iter System Facili	ity and Sampling P	oint Ir	nvento	ry		
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPF
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
	KST	KITCHEN	Α	Υ			
	UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700 ENTRY POINT	3	ENTRY POINT	Α				
20954 WELL 4	2	WELL 4	Α				
22883 WELL 2	2	WELL 2	Α				
22884 WELL 3	2	WELL 3	Α				
55262 WELL 1	2	WELL 1	Α				
55264 HYDROPNEUMATIC TANK							

	Co	ontact Informatio	n			
Name		Organization			Job Title	
Ms. Carole Cunningham						
Mailing Address Line One	Mailing Addr	ess Line Two		City	State	Zip Code
P.O. Box 338			Cheshii	·e	СТ	06410

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	Connecticut Department of Public Health Drinking Water Section													
	Wat	ter Qua	lity M	onit	oring a	nd Con	nplia	nce S	chedul	e				
PWS ID P	WS Name						Classif	cation	Population	Owner T	/pe P	rimary Source		
CT0560094 H	IIGH MEADOW	DAY CAMP	LLC				N	С	25	Р		GW		
Local Address (wh	ere applicable)				Service	Resider	ntial Co	mmercia	al Industri	al Com	bined	Agricultural		
311 NORTH GRANBY ROAD Connections 1														
Towns Served: GR	ANBY									'		-		
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	y Phone	Email A	ddress					
203-272-5358		203-272-	6247											
Contact Role(s):	Legal Contact		·											
Name				Org	ganization					Job	Title			
Mr. Michael F. Cu	nningham			Но	liday Hill				Vp					
Mailing Address Li	ine One		Mailing A	ddress	Line Two				City	St	ate	Zip Code		
1120 South Main S	Street							Cheshir	·e	(Т	06410		
Business Phone	Extension	Fax		Mobile	e Phone	Emergency	y Phone	Email A	ddress	,				
203-272-5358		203-272-	6247			203-525	-2936	mike@	holidayhill.c	com				
Contact Role(s):	Administrative	Contact, Ow	ner		*									

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

	Connectic	ut Depa	rtment of	f Public	Health	Drii	nking	Water	Section	
	Wa	ter Oual	ity Monit	oring a	nd Com	plia	nce S	chedul	e	
PWS ID	PWS Name			011118						Primary Source
CT0560104	GRANBY JEHOVA	AH'S WITNES	SES				IC .	25	Р	GW
	vhere applicable)			Service	Resident		ommercial		l Combine	
121 NORTH GRA				Connection			1			7 18 100 100 100
Towns Served: 0										
			Monit	oring Re	quiremer	nts				
Water System	Facility: DISTR	IBUTION SY	STEM (WSF I	D: 00600)						
Total Coliforn	n (3100)							1	routine (R) per quarter
Sampling F	Point (Sampling P	oint ID)			Monitorin	ng Peri	iod Col	llection Per	iod Com	pliance Status
Select from	Inventory of Act	ive Sampling	Points		10/1/23 -	12/31/	/23			Complete
					1/1/24 -	3/31/2	24			Complete
					4/1/24 -	6/30/2	24			
					7/1/24 -	9/30/2	24			
Physical Para	meters (PPS)							1	routine (R1) per quarter
Sampling F	Point (Sampling P	oint ID)			Monitorin	ng Peri	iod Col	llection Per	-	pliance Status
Select from	Inventory of Act	ive Sampling	Points		10/1/23 -	12/31,	/23			Complete
					1/1/24 -	3/31/2	24			Complete
					4/1/24 -	6/30/2	24			
					7/1/24 -	9/30/2	24			
Water System	Facility: ENTR'	Y POINT (W	SF ID: 00700)							
Nitrate And N	litrite (NOX)	<u> </u>							1 routine	(RT) per year
	Point (Sampling P	oint ID)			Monitorin	ng Peri	iod Col	llection Per		pliance Status
ENTRY POI					1/1/23 - 1	_				Complete
	. ,				1/1/24 - 1					Complete
					1/1/25 - 1					· -
		Water Sy	stem Facil	ity and S	ampling	Poin	t Inven	itory		
Water							Tot	al Lead (and	
System Water	er System Facility	9	Sampling Point	Sampling F	Point		Colife	orm Copp	er	Stage
Facility ID			ID	Description	า	Sto	atus Ru	le Rule	Tier Asbesto	os WQP 2 DBPR
00600 DISTI	RIBUTION SYSTEM	1	4	DISTRIBUTI	ION SYSTEM		A Y	•		
			DOWNSTREAM	WITHIN 5 S	SERVICE CON	,	A			
			UPSTREAM	WITHIN 5 S	SERVICE CON	,	A			
00700 ENTR	RY POINT		3	ENTRY POI	NT	,	A			
20955 WELI	-		2	WELL			A			
			Con	tact Info	rmation					
Name			0	rganization					Job Titl	e
Mr. Douglas C.	Rackliff				nesses-Granb	у				
Mailing Address			Mailing Addres	s Line Two				City	State	Zip Code
90 Old Country							East Gra		СТ	06026
Business Phor		Fax	Mob	ile Phone	Emergency	Phone			<u> </u>	
860-651-586		860-651-5	865		- ,			k@cox.net		
		II.			II.					

Contact Role(s): Legal Contact

(Jonnecticu	t Depa	i unent o	Public	пеани	וווע	ikilig	water	Section	ı
	Wate	er Qua	lity Monit	toring ar	nd Con	nplia	nce S	chedul	le	
PWS ID F	PWS Name					Classif	ication	Population	Owner Type	Primary Source
CT0560104	GRANBY JEHOVAH	'S WITNES	SES			N	С	25	Р	GW
Local Address (wh	nere applicable)			Service	Residen	tial Co	mmercia	al Industri	al Combin	ed Agricultur
121 NORTH GRAN	NBY ROAD			Connection	S		1			
Towns Served: GF	RANBY			"					'	
Name			О	rganization					Job Tit	le
Mr. Kenneth N. C	Caesar		Je	ehovahs Witne	esses					
Mailing Address L	ine One		Mailing Addres	s Line Two				City	State	Zip Code
121 North Granby	y Rd						Granby		СТ	06035
Business Phone	e Extension	Fax	Mob	ile Phone	e Email Address					
			860-	670-9967			KNCAE	191@gmail.	com	
Contact Role(s):	Owner		1	<u>'</u>			1			
Name			O	rganization					Job Tit	le
Mr. Brian Michau	ıd		G	ranby Jehoval	h's Witness	ses				
Mailing Address L	ine One		Mailing Addres	ss Line Two				City	State	Zip Code
121 North Granby	y Road						Granby		СТ	06035
Business Phone	e Extension	Fax	Mob	ile Phone	Emergency	Phone	Email A	ddress	'	
860-490-5660							carmed	ic@msn.co	m	
							-1			

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact

Please note the following:

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

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

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

End of schedule

	Commontia	ut Dama	*****	C Dk.li. a	Haalkk	Dada	1-: 1	Makar	Cookios	_	
	Connectic	•								1	
	Wa	ter Qual	lity Monit	oring a	nd Con	plia	nce So	chedule	9		
PWS ID	PWS Name									e Pri	mary Source
CT0560124	OLD MILL POND	VILLAGE				N		31	Р		GW
Local Address (v	where applicable)			Service	Residen	tial Co	mmercial	Industria	l Combi	ned	Agricultural
383 SALMON B				Connectio			1				8
Towns Served:											
			Monit	oring Po	quireme	ntc					
Water System	Facility: DISTR	IBUTION SY			quireine	1113					
Total Coliforn	n (3100)							1	routine (F	₹T) p	er quarter
Sampling	Point (Sampling P	oint ID)			Monitori	ng Peri	od Col	lection Per	iod Cor	nplia	nce Status
Select fron	n Inventory of Act	ive Sampling	Points		10/1/23 -	12/31/	23			Cor	nplete
					1/1/24 -	3/31/2	4			Cor	nplete
					4/1/24 -	6/30/2	4				
					7/1/24 -	9/30/2	4				
Physical Para	meters (PPS)							1	routine (F	RT) p	er quarter
Sampling I	Point (Sampling P	oint ID)			Monitori	ng Perio	od Col	lection Per	iod Cor	nplia	nce Status
Select from	n Inventory of Act	ive Sampling	Points		10/1/23 -	12/31/	23			Cor	nplete
					1/1/24 -	3/31/2	4			Cor	nplete
					4/1/24 -	6/30/2	4				
					7/1/24 -	9/30/2	4				
Water System	Facility: ENTRY	Y POINT (W	/SF ID: 00700)								
Nitrate And N	litrite (NOX)								1 routin	e (R	Γ) per year
Sampling	Point (Sampling P	oint ID)			Monitori	ng Perio	od Col	lection Per	iod Cor	nplia	nce Status
ENTRY POI	NT (3)				1/1/23 -	12/31/2	23			Cor	nplete
					1/1/24 -	12/31/2	24			Cor	nplete
					1/1/25 -	12/31/2	25				
			Other C	omplian	ce Sched						
Compliance Sch						Due Da		Achiev	red Date		
RESPOND TO SA	ANITARY SURVEY				4	/20/20	07				
		Water Sy	stem Facil	ity and S	ampling	Point	t Inven	tory			
Water							Tota	al Lead o	and		
*	er System Facility		Sampling Point				Colifo				Stage
Facility ID			ID	Description		Sta			Tier Asbes	tos I	NQP 2 DBPR
00600 DIST	RIBUTION SYSTEM		4		ION SYSTEM						
			DOWNSTREAM								
			UPSTREAM		SERVICE CON						
	RY POINT		3	ENTRY POI	NT		4				
20957 WEL	L		2	WELL			4				
			Con	itact Info	ormation						
Name			0	rganization					Job Ti	tle	
Mr. Joseph R. R	adwilowicz										
Mailing Address	Line One		Mailing Addres	s Line Two				City	State	9	Zip Code
South Loomis S	treet						Southwid	ck	MA		01077
Business Pho	ne Extension	Fax	Mob	ile Phone	Emergency	Phone	Email Ad	dress			
413-569-014	0										

Contact Role(s): Owner

	Connectic	ut Depa	irtment (of Public	Health	ı Drii	ıking	g Water	Section	
	Wat	ter Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedul	le	
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source
CT0560124	OLD MILL POND	VILLAGE				N	IC	31	Р	GW
Local Address (wi	nere applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combin	ed Agricultural
383 SALMON BRO	OOK STREET			Connection	ns		1			
Towns Served: GI	RANBY					,		,		
Name				Organization					Job Titl	e
Ms. Kim M. Radv	vilowicz							Manager	/ Owner	
Mailing Address I	ine One		Mailing Addr	ess Line Two				City	State	Zip Code
383 Salmon Broo	k Street						Granby	/	СТ	06035
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	y Phone	Email A	Address	,	
860-653-3433		860-653-	9767		413-569	-0140	OMPV3	383@yahoo	.com	
Contact Role(s):	Administrative	Contact, Leg	gal Contact, O	wner			•			

Please note the following:

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

	Со	nnectic	ut Depai	rtment o	f Public	Health	Drir	nking '	Water	Secti	ion	
		Wat	ter Oual	ity Moni	toring a	nd Com	nolia	nce So	chedule	<u>e</u>		
PWS ID	PW	S Name	oor Quar	10111	0011119						Type P	rimary Source
CT0560134			ANT CHURCH				N		25	P	. , pc .	GW
		e applicable)		<u>'</u>	Service	Residen		mmercial	_		nbined	
605 SALMO					Connectio		ciai co	1	maastria		Поппец	7.61.04.04.41
Towns Serv												
				Monit	oring Re	quireme	nts					
Water Sys	tem Faci	lity: DISTR	IBUTION SY	STEM (WSF	ID: 00600)							
Total Coli	iform (3	100)							1	routine	e (RT)	per quarter
Samp	ling Point	(Sampling P	oint ID)			Monitori	ng Peri	od Col	lection Peri	iod	Compli	ance Status
Select	from Inve	entory of Acti	ve Sampling I	Points		10/1/23 -	12/31/	'23			Со	mplete
						1/1/24 -	3/31/2	4			Со	mplete
						4/1/24 -	6/30/2	.4				
						7/1/24 -	9/30/2	.4				
Physical F	Paramete	ers (PPS)							1	routine	e (RT)	per quarter
Samp	ling Point	(Sampling P	oint ID)			Monitori	ng Peri	od Col	lection Per	iod	Compli	ance Status
Select	from Inve	entory of Acti	ve Sampling I	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 Sys	stem Faci	lity: ENTRY	POINT (W	SF ID: 00700)							
Nitrate A	nd Nitrit	e (NOX)								1 rou	tine (F	RT) per year
Samp	ling Point	(Sampling P	oint ID)			Monitori	ng Peri	od Col	lection Per	iod	Compli	ance Status
ENTR\	Y POINT (3	3)				1/1/23 -	12/31/2	23			Co	mplete
						1/1/24 -	12/31/2	24			Co	mplete
						1/1/25 -	12/31/2	25				
			Water Sy	stem Facil	lity and S	Sampling	Point	t Inven	tory			
Water			_					Total				
-	Water Sy:	stem Facility	5	ampling Point ID				_	orm Copp		L L	Stage
Facility ID	DISTRIBUTE	TION! 6\/6TEN			Description			tus Ru		iler Asi	bestos	WQP 2 DBPR
00600	DISTRIBO	TION SYSTEM		4		ION SYSTEM		A Y				
			L	OOWNSTREAM				Α				
00700	ENITRY DO	NAIT		UPSTREAM		SERVICE CON		<u>م</u>				
	ENTRY PC	JIN I		3	ENTRY POI	IIN I		٩				
20958	WELL			2	WELL			4				
						ormation						
Name					Organization						Title	
Ms. Marth					ilgrim Coven	ant Church			Chairperso			
Mailing Ad				Mailing Addres	ss Line Two				City		tate	Zip Code
605 Salmor			_					Granby			CT	06035
Business	Phone	Extension	Fax	Mob	ile Phone	Emergency	Phone	Email Ad	dress			

webmaster@pilgrimcovenantchurch.org

860-653-9984

860-653-3800

Contact Role(s): Administrative Contact

	Connectic	ut Depa	rtmen	t of	Public	Health	Dri	nking	Water	Section	
	Wat	ter Qual	ity Mo	onite	oring ai	nd Con	nplia	ince S	Schedul	le	
PWS ID P	WS Name						Classi	fication	Population	Owner Type	Primary Source
CT0560134 P	ILGRIM COVEN	ANT CHURCH	1				1	NC .	25	Р	GW
Local Address (wh	ere applicable)				Service	Resider	ntial Co	ommercial Industri		al Combine	ed Agricultural
605 SALMON BRO	OK STREET				Connection	S		1			
Towns Served: GR	ANBY					,				1	
Name				Or	ganization					Job Title	е
Mr. Gregory Sikes	}			Pil	grim Covena	int Church			Chairpers	on	
Mailing Address L	ine One		Mailing A	ddress	Line Two				City	State	Zip Code
605 Salmon Brook	Dtreet							Granby	1	СТ	06035
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	y Phone	Email A	Address		
860-653-3800		860-653-9	984			860-668	-0159	webma	ster@pilgri	mcovenantch	urch.org
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.

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

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

End of schedule

	•	nt of Public H			•	_			CCIOII	
PWS ID	Water Quality Mo	onitoring an	a Con		ssification				or Typo	Primary Source
CT0560174	ST. THERESE ROMAN CATHOLIC CHURC	CH COBB		Cla	NC	25		OWI	P P	GW
	where applicable)	Service	Residen	+ial	Commerc		dustria	al .	Combine	
120 WEST GRAN		Connections	Residei	itiai	1	iai iii	ustri	11	Combine	- Agricultura
Towns Served: (90111100110110			1					
TOWNS SERVEG.		onitorina Dom	.:							
Water System	Facility: DISTRIBUTION SYSTEM (onitoring Requ	iireme	ents	<u> </u>					
Total Coliforn	, , , , , , , , , , , , , , , , , , ,						2	rou	tine (RT) per quarter
	Point (Sampling Point ID)		Monitori	ina F	Period (Collectio			-	oliance Status
	n Inventory of Active Sampling Points		10/1/23							Complete
	,		1/1/24							I
			4/1/24							
			7/1/24							
Physical Para	meters (PPS)						2	rou	tine (RT) per quarter
Sampling I	Point (Sampling Point ID)		Monitori	ing F	Period (Collectio			-	oliance Status
Select fron	n Inventory of Active Sampling Points		10/1/23 -	- 12/	31/23				(Complete
			1/1/24	- 3/3	1/24					
			4/1/24	- 6/3	0/24					
			7/1/24 -	- 9/3	0/24					
Water System	Facility: ENTRY POINT - WELL 1 (V	VSF ID: 00700)								
Nitrate (1040	0)						1	rou	tine (RT) per quarter
Sampling I	Point (Sampling Point ID)		Monitori	ing F	Period (Collectio	on Per	riod	Comp	oliance Status
ENTRY POI	NT (3)		10/1/23 -	- 12/	31/23				(Complete
			1/1/24	- 3/3	1/24					
			4/1/24	- 6/3	0/24					
			7/1/24	- 9/3	0/24					
Nitrite (1041)							1	routine	(RT) per year
	Point (Sampling Point ID)		Monitori			Collectio	on Per	riod		oliance Status
ENTRY POI	NT (3)		1/1/23 -						(Complete
			1/1/24 -		-					
			1/1/25 -	12/3	31/25					
•	Facility: ENTRY POINT - WELL 2 (V	VSF ID: 00702)								
Nitrate (1040	•								=) per quarter
	Point (Sampling Point ID)		Monitori			Collectio	on Per	riod		oliance Status
ENTRY POI	NT - WELL 2 (3)		10/1/23 -						(Complete
			1/1/24							
			4/1/24							
A.I. I. /			7/1/24	- 9/3	0/24					(n=\
Nitrite (1041			Manit	in	louis d					(RT) per year
	Point (Sampling Point ID)		Monitori			Collectio	n Per	100		Complete
ENTRY POI	NT - WELL 2 (3)		1/1/23 - 1/1/24 -						(Complete
			1/1/24 -		•					
			111123 -	12/3	J1/43					

Description

Sampling Point Sampling Point

ID

Total

Coliform

Rule

Status

Lead and

Stage

Rule Tier Asbestos WQP 2 DBPR

Copper

Water

Facility ID

System Water System Facility

	Water Quality Moni	toring and	d Con	npl	iance S	Schedul	e	
PWS ID	WS ID PWS Name				ssification	Population	Owner Type	Primary Source
CT0560174	ST. THERESE ROMAN CATHOLIC CHURCH C	ORP.			NC	25	Р	GW
Local Address (v	Service	Resider	ntial Commerc		al Industri	al Combine	ed Agricultural	
120 WEST GRAN	Connections			1				

Connecticut Department of Public Health Drinking Water Section

	Water System Facility and Sampling Point Inventory											
Water System Facility IL	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							
		4-WELL1	DISTRIBUTION SYSTEM	Α	Υ							
		4-WELL2	DISTRIBUTION SYSTEM	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								

ENTRY POINT

WELL#1

WELL#2

Organization

Mobile Phone

ENTRY POINT - WELL 2

Α

Α

Α

Α

				Contact In	formation					
Name				Organizatio	n		Job Title			
Mr. Thomas Ptaszy	nski			Roman Cath	Roman Catholic Church					
Mailing Address Lin	e One	Address Line Two	ess Line Two			State	Zip Code			
120 W. Granby Rd						Granby		СТ	06035	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress			
860-653-3371		860-653-	5780		860-653-3889					
Contact Role(s): A	dministrative	Contact								

Contact Role(s): Legal Contact, Owner

Extension

St. Theresa Roman Catholic Church Corp

ENTRY POINT - WELL 1

ENTRY POINT - WELL 2

WELL #1

WELL #2

Please note the following:

Mailing Address Line One

120 W Granby Rd

Business Phone

Towns Served: GRANBY

00700

00702

20962

23102

Name

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

Mailing Address Line Two

3

3

2

2

2. 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.

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

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

End of schedule

Zip Code

06035-2907

Job Title

State

City

Granby

Emergency Phone Email Address

	Co	nnectic	ut Depai	rtment of	Public	Health	Drir	nking	Wat	ter Se	ection	
		Wa	ter Oual	ity Monit	oring a	nd Com	plia	nce S	che	dule		
PWS ID	PW	'S Name	C		0						ner Type	Primary Source
CT0560234		SHY HILL ORC	HARD				N		25		Р	GW
		e applicable)			Service	Resident	ial Co	mmercia	l Ind	ustrial	Combine	
29 & 33 BU					Connection			5				0
Towns Serv	ed: GRAN	NBY										
				Monito	oring Re	quireme	nts					
Water Syst	tem Fac	ility: DISTR	IBUTION SY	STEM (WSF I	D: 00600)							
Total Coli	form (3	100)								1 ro	utine (RT)	per quarter
Sampl	ling Point	: (Sampling P	oint ID)			Monitorii	ng Perio	od Co	llectio	n Period	Comp	liance Status
Select	from Inv	entory of Act	ve Sampling	Points		10/1/23 -	12/31/	'23			C	omplete
						1/1/24 -	3/31/2	4			C	omplete
						4/1/24 -	6/30/2	4				
						7/1/24 -	9/30/2	4		-		
Physical P	Paramet	ers (PPS)								1 ro	utine (RT	per quarter
Sampl	ling Point	: (Sampling P	oint ID)			Monitorii	ng Perio	od Co	llectio	n Period	Comp	liance Status
Select	from Inv	entory of Act	ive Sampling	Points		10/1/23 -	12/31/	′23			C	omplete
						1/1/24 -	3/31/2	4			C	omplete
						4/1/24 -						
						7/1/24 -	9/30/2	4				
Water Syst	tem Fac	ility: ENTR	POINT (W	'SF ID: 00700)								
Nitrate A	nd Nitrit	e (NOX)								1	routine (RT) per year
Sampl	ling Point	: (Sampling P	oint ID)			Monitorii	ng Perio	od Co	llectio	n Period	Comp	liance Status
ENTRY	POINT (3)				1/1/23 -	12/31/2	23			C	omplete
						1/1/24 - :						omplete
						1/1/25 - :	12/31/2	25				
			Water Sy	stem Facili	ity and S	ampling	Point	t Inver	ntory	•		
Water								Tot	tal L	ead and	1	
- /	Water Sy	stem Facility	S	Sampling Point				Colif		Copper		Stage
Facility ID				ID	Description	1	Sta	itus Ru	ıle i	Rule Tiei	Asbesto	s WQP 2 DBPR
00600	DISTRIBU	TION SYSTEM		4		ION SYSTEM		۱ ۸	1			
			1	DOWNSTREAM				4				
				UPSTREAM	WITHIN 5 S	SERVICE CON	<i> </i>	4				
00700 E	ENTRY PO	DINT		3	ENTRY POI	NT		4				
57462	WELL # 1			2	WELL #1			4				
				Con	tact Info	rmation						
Name				Oı	rganization						Job Title	
Mr. Allen G	G. Clark								Owne	er		
Mailing Add	dress Line	e One		Mailing Address	s Line Two				City	•	State	Zip Code
29 Bushyhil	ll Road							Granby			СТ	06026
Business	Phone	Extension	Fax	Mobi	le Phone	Emergency	Phone	Email A	ddress			
1				1				1				

860-653-9046

copperflats@hotmail.com

860-716-3240

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

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

	1101001 & 0101110) 1		• • • • • •	- P	0 0 1 1 0 0 1 0 1		
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0560234	BUSHY HILL ORCHARD		NC	25	Р	GW	
Local Address (Local Address (where applicable)			ntial Commerc	cial Industri	al Combine	ed Agricultural
29 & 33 BUSHY	Connections		5				
T	CDANIDY						

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

	0		. D		D 11:	TT 1.1	D :	1				
	Co		ut Departmen					•				
		Wat	ter Quality Mo	onite	oring a	nd Com	ıplia	ince So	<u>chedule</u>			
PWS ID	PWS	S Name					Classif	fication P	opulation O	wner Type	Primary Source	
CT0560244	4 HOL	COMB FARM	15				١	NC	25	Р	GW	
Local Addr	ess (where	e applicable)			Service	Resident	tial Co	ommercial	Industrial	Combine	d Agricultural	
113 SIMSB	URY ROAD)			Connection	ns		2				
Towns Serv	ved: GRAN	ВҮ										
			Me	onito	oring Red	quireme	nts					
Water Sys	stem Faci	lity: DISTR	IBUTION SYSTEM (\	NSF I	D: 00600)							
Total Col	iform (3:	100)							1 re	outine (RT	per quarter	
Samp	ling Point	(Sampling Po	oint ID)			Monitorii	ng Peri	iod Col	lection Perio	d Comp	liance Status	
Select	t from Inve	entory of Acti	ve Sampling Points			10/1/23 -	12/31	/23		C	omplete	
						1/1/24 -	3/31/2	24			omplete	
						4/1/24 -						
						7/1/24 -	9/30/2	24				
Physical	Paramete	ers (PPS)							1 r	outine (RT	per quarter	
Samp	ling Point	(Sampling Po	oint ID)			Monitorii	ng Peri	iod Col	lection Perio	d Comp	liance Status	
Select	Select from Inventory of Active Sampling Points					10/1/23 -	12/31	/23	Complete			
						1/1/24 -	3/31/2	24		C	omplete	
						4/1/24 -	6/30/2	24				
						7/1/24 -	9/30/2	24				
Water Sys	stem Faci	lity: ENTRY	POINT (WSF ID: 00	700)								
Nitrate A	nd Nitrit	e (NOX)								1 routine	RT) per year	
Samp	ling Point	(Sampling Po	oint ID)			Monitorii	ng Peri	iod Col	lection Perio	d Comp	liance Status	
ENTR'	Y POINT (3)				1/1/23 - :	12/31/	′23		C	omplete	
						1/1/24 - :	12/31/	′ 24		C	omplete	
						1/1/25 - :	12/31/	['] 25				
			Water System F	acili	ty and Sa	ampling	Poin	t Inven	tory			
Water								Tota	al Lead an	nd		
-		stem Facility			Sampling P			Colife			Stage	
Facility ID			ID		Description			atus Ru		er Asbesto	s WQP 2 DBPR	
00600	DISTRIBUT	TION SYSTEM			DISTRIBUTION			A Y				
					WITHIN 5 S			Α				
			UPSTRE	AM	WITHIN 5 S	ERVICE CON		Α				
00700	ENTRY PO	INT	3		ENTRY POIN	NT		Α				
23097	WELL #1		2		WELL #1			Α				
				Cont	tact Info	rmation						
Name				Or	ganization					Job Title		
Mr. Willian	m F Smith								Town Mana	ger		
Mailing Ad	ldress Line	One	Mailing A	ddress	Line Two				City	State	Zip Code	
Town Hall			15 North	Granby	y Road			Granby		СТ	06035	
Business	Phone	Extension	Fax	Mobil	e Phone	Emergency	Phone	e Email Ad	dress			
060.04			060 652 0047			000 050		·111· C				

860-653-8947

860-844-5300

Contact Role(s): Legal Contact, Owner

Schedule Generation Date: 4/3/2024 Page 27

860-653-5335

williamfsmith@granby-ct.gov

C	Connectic	ut Depa	rtmei	nt of	Public	Health	ı Drii	nking	g Water	Section		
	Wat	ter Qua	lity M	onite	oring a	nd Con	nplia	nce S	Schedul	le		
PWS ID P	WS Name						Classif	ication	Population	Owner Type	Prir	nary Source
CT0560244 H	OLCOMB FARM	1S					N	IC	25	Р		GW
Local Address (wh	ere applicable)				Service	Resider	Residential Cor		al Industri	al Combine	ed	Agricultural
113 SIMSBURY RO	13 SIMSBURY ROAD					IS		2				
Towns Served: GR	ANBY											
Name				Or	Organization					Job Titl	е	
Mr. Chris Faria				To	Town of Granby				Deputy Director Pw			
Mailing Address Li	ne One		Mailing A	Address	ress Line Two			City		State	7	Zip Code
15 North Granby F	Rd							Granby	/	СТ		06035
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	y Phone	Email A	Address	,		
860-653-8960	553-8960 860-653-8959					860-982	-6732	cfaria@granby-ct.gov				
Contact Role(s):	Administrative	Contact			'							

contact Role(s). Administrative Conta

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

	Co		•	rtment of ity Monit				,	_		ection		
			tei Quai	ity Monit	or mg a				_				
PWS ID		Name					Classifi					Prin	nary Source
CT0565064		T ACRES OR	CHARDS				N		2		Р		GW
		applicable)			Service	Resident	ial Co	mmer	cial In	dustrial	Combine	ed /	Agricultural
130 LOST A					Connection	1S		1					
Towns Serv	ed: GRAN	ВҮ											
				Monit	oring Red	quiremer	nts						
Water Sys	tem Facil	ity: DISTR	RIBUTION SY	STEM (WSF I	D: 00600)								
Total Coli	iform (31	.00)								1 rc	utine (R1	⁻) pe	r quarter
Sampl	ling Point	(Sampling P	oint ID)			Monitorin	g Perio	od (Collecti	on Perio	d Com	plian	ce Status
Select	from Inve	ntory of Act	ive Sampling	Points		10/1/23 - :	12/31/	23			(Com	olete
						1/1/24 - 3	3/31/2	4			(Com	olete
						4/1/24 - (6/30/2	4					-
						7/1/24 - 9	9/30/2	4					
Physical F	Paramete	rs (PPS)								1 rc	utine (R1	⁻) pe	r quarter
Sampl	ling Point	(Sampling P	oint ID)			Monitorin	g Perio	od (Collecti	on Perio	d Com	plian	ce Status
Select	from Inve	ntory of Act	ive Sampling	Points		10/1/23 - :	12/31/	23			(Com	olete
						1/1/24 - 3	3/31/2	4			(Com	olete
						4/1/24 - (6/30/2	4					
						7/1/24 - 9	9/30/2	4					
Water Sys	tem Facil	ity: ENTR	Y POINT (W	/SF ID: 00700)									
Nitrate A	nd Nitrite	(NOX)								:	1 routine	(RT)	per year
		(Sampling P	oint ID)			Monitorin	a Perio	od (Collecti	on Perio		-	ce Status
_	POINT (3					1/1/23 - 1							olete
		<u>'</u>				1/1/24 - 1							olete
													_
			Water Sv	stem Facil	ity and Sa				entor	'V			
Water									Total	Lead an	d		
	Water Sys	tem Facility		Sampling Point	Sampling P	oint			liform	Copper			Stage
Facility ID				ID	Description	1	Sta	tus	Rule			s W	QP 2 DBPR
00600	DISTRIBUT	ION SYSTEM	1	4	DISTRIBUTION	ON	Α						
				DOWNSTREAM	WITHIN 5 S	ERVICE CON	Α	Ą					
				UPSTREAM	WITHIN 5 S	ERVICE CON	A	A					
00700	ENTRY PO	INT		3	ENTRY POIN	NT	Α	4					
49459	WELL 1			2	WELL 1		Д	4					
					tact Info	rmation							
Name					rganization						Job Title	2	
Mr. Gregor	rv Rennett				st Acres Rea	Estate IIC			Owi	ner	300 110		
Mailing Add	-			Mailing Addres		i Lotate, LLC	•		Cit		State	7	ip Code
iviaiiiig Au	aress Line	Offic		5 Appletree Lar				North	Granb	•	CT		06060
Business	Phone	Extension	Fax		le Phone	Emergency	Dhono			-	CI		
Dusiliess		LYCEIISIOII	гах	IVIODI	ie Filolie	Lineigency	i iioiie	Lillall	Audies				

860-462-3215

860-324-7872

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

Greg@LostAcresOrchard.onmicrosoft.com

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

	Tractor & didirey 1 1011110	911118 6111	0. 0011	pridired :	901100101		
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0565064	LOST ACRES ORCHARDS	NC	25	Р	GW		
Local Address (w	Local Address (where applicable)			tial Commerci	ial Industri	al Combine	ed Agricultural
130 LOST ACRES	ROAD	Connections		1			
Towns Served: C	GRANBY						

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

Name			rganization	Illation				Job Title	<u> </u>				
02703 TRI	TAINIENI I LANI	Con	tact Infor	mation									
	EATMENT PLANT					•							
	IL 1	2	WELL 1	<u> </u>									
00700 EN	TRY POINT	3	ENTRY POIN		Α								
		UPSTREAM	WITHIN 5 SE		Α								
00600 DIS	TRIBUTION SYSTEM	4 DOWNSTREAM	DISTRIBUTIO		Α Α								
Facility ID	TRIBUTION SYSTEM	Sampling Point ID	Description		Sta				Stage s WQP 2 DBPF				
Water						Tota							
	Wate	er System Facili	ity and Sa	mpling P	oint	Invent	tory						
				1/1/25 - 12	2/31/2	25			-				
	· ,			1/1/24 - 12									
ENTRY PO				1/1/23 - 12/31/23					Complete				
	Point (Sampling Point ID)			Monitoring	a Perio	od Coll	ection Peri		oliance Status				
	Nitrite (NOX)	(00700)						1 routing	(RT) per year				
Mater System	n Facility: ENTRY POIN	T (MSE ID: 00700)		7/1/24-9	, 30/2	7							
				4/1/24 - 6 7/1/24 - 9									
				1/1/24 - 3									
Select fro	om Inventory of Active Sam	pling Points		10/1/23 - 1									
	Point (Sampling Point ID)			Monitoring			ection Peri	od Comp	Compliance Status				
_	ameters (PPS)						1	-) per quarter				
				7/1/24 - 9	/30/2	4							
				4/1/24 - 6									
22.300.110	2 22 7 22 300 2000	1 0 3		1/1/24 - 3									
	<pre>Point (Sampling Point ID) In Inventory of Active Sam</pre>			<i>Monitoring</i> 10/1/23 - 1		ection Peri	oa Comp	oliance Status					
Total Colifor	•							-) per quarter				
Water Syster	m Facility: DISTRIBUTIO	ON SYSTEM (WSF II	D: 00600)										
		Monito	oring Req	uiremen	ts								
Towns Served	GRANBY												
175 BARNDOOR HILLS RD Connections								2					
Local Address	(where applicable)		Service	Residentia	al Co	mmercial	Industria	Combine	d Agricultura				
CT0565074	JULIEN'S FARM STORE				N		30	Р	GW				
			Water Quality Monitoring and Complian PWS Name Classific						cation Population Owner Type Primary Source				

Contact Role(s): Administrative Contact, Legal Contact

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

				0		1			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
CT0565074	JULIEN'S FARM STORE	•				NC	30	Р	GW
Local Address (where applicable)			Service	Residential Commerci		ial Industri	ial Combine	ed Agricultural	
175 BARNDOOR HILLS RD			Connections				2		

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