

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0770014	GIRL SCOUTS OF CT - CAMP MERRIE-WOOD	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
650 GARDNER STREET				1			
Towns Served: MANCHESTER							

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete	
	12/1/23 - 12/31/23		Complete	
	1/1/24 - 1/31/24			
	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			

Total Coliform (3100)		3 repeat (RP) per period		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	12/14/23 - 12/19/23		Complete	

Physical Parameters (PPS)		1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete	
	12/1/23 - 12/31/23		Complete	
	1/1/24 - 1/31/24			
	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 And Nitrite (NOX)		1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
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 Facility: **WELL (WSF ID: 21330)**

E. Coli (3014)		1 triggered (TG) per period		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0770014	GIRL SCOUTS OF CT - CAMP MERRIE-WOOD	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
650 GARDNER STREET				1			
Towns Served: MANCHESTER							

Monitoring Requirements

Water System Facility: **WELL (WSF ID: 21330)**

E. Coli (3014)	1 triggered (TG) per period
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>
<i>Collection Period</i>	<i>Compliance Status</i>
WELL (2)	12/13/23 - 12/19/23 Complete

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		BJ00393	BATHROOM SINK	A	Y			
		BJ97479	BATHROOM	A	Y			
		BK05616	MAIN CABIN	A	Y			
		BK81502	KITCHEN	A	Y			
		BN19076	TROOP HOUSE	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21330	WELL	2	WELL	A				

Contact Information

Name			Organization			Job Title		
Girl Scouts of America, Inc.								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
340 Washington Street						Hartford	CT	06106
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-522-0163								

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

Name			Organization			Job Title		
Sheena Young			Girl Scouts of Ct			Director		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
20 Washington Ave						North Haven	CT	06473
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-239-2922	3321				property@gsofct.org			

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

Please note the following:

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

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

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

End of schedule

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0770124	UNITARIAN UNIVERSALIST CHURCH	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
153 VERNON ST WEST				1			
Towns Served: MANCHESTER							

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	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 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete		
	1/1/24 - 3/31/24		Complete		
	4/1/24 - 6/30/24				
	7/1/24 - 9/30/24				

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

Nitrate And Nitrite (NOX)		1 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete		
	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25				

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	9/5/2021	
CROSS CONNECTION SURVEY REPORT	3/1/2022	
CROSS CONNECTION SURVEY REPORT	3/1/2023	
CROSS CONNECTION SURVEY REPORT	3/1/2024	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Total Coliform MCL Violation	8/1/10 - 8/31/10	2	10/13/2010		10/23/2010	
Total Coliform MCL Violation	7/1/11 - 9/30/11	2	9/8/2011		9/18/2011	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>		<i>Asbestos WQP 2 DBPR</i>		<i>Stage</i>
					Y	1	2	3	4	5
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y					
		DOWNSTREAM	WITHIN 5 SERVICE CON	A						
		UPSTREAM	WITHIN 5 SERVICE CON	A						
00700	ENTRY POINT	3	ENTRY POINT	A						
21334	WELL	2	WELL	A						

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0770124	UNITARIAN UNIVERSALIST CHURCH	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
153 VERNON ST WEST				1			

Towns Served: MANCHESTER

Contact Information

Name	Organization	Job Title			
Unitarian Universalist Society East					
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code	
153 Vernon Street West		Manchester	CT	06040	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-464-5151					

Contact Role(s): **Owner**

Name	Organization	Job Title			
Ms. Jane Osborn	Unitarian Universalist Church	Sexton			
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code	
153 West Vernon Street		Manchester	CT	06040	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-646-5151		860-649-1565			sexton@uuse.org

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

Name	Organization	Job Title			
Peggy Webbe	Unitarian Universalist Church	President			
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
					peggywebbe@gmail.com

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0770134	801A HARTFORD ROAD	NC	33	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
				4			

Towns Served: MANCHESTER

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

Physical Parameters (PPS)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

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

Nitrate (1040)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Total Coliform MCL Violation	10/1/14 - 12/31/14	2	3/7/2015		3/17/2015	
Nitrate M&R Violation	7/1/18 - 9/30/18	3	11/19/2019		11/29/2019	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22950	WELL #1	2	WELL	A				

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0770134	801A HARTFORD ROAD	NC	33	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
			4				

Towns Served: MANCHESTER

Contact Information

Name		Organization			Job Title		
Mr. Mohamed A. Hassan		Tony's Pizza			Tenant 803 Htfd. Rd.		
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
803 Hartford Road					Manchester	CT	06040
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-649-3640							

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

Name		Organization			Job Title		
Concept Technologies LLC							
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
1 Liberty Square					New Britain	CT	06051
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		

Contact Role(s): **Owner**

Name		Organization			Job Title		
Ms. Shalini Chanduptla		Concept Technologies LLC			Partner		
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
79 East Center Street					Manchester	CT	06040
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		

Contact Role(s): **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.

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0779074	MANCHESTER CONG. OF JEHOVAHS WITNESSES	NC	222	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
214 NEW BOLTON ROAD				1			
Towns Served: MANCHESTER							

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

Physical Parameters (PPS)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
56544	WELL 1	2	WELL 1	A				

Contact Information

Name			Organization			Job Title		
Mr. Keith Ribera			Manchester Jehovahs Witnesses			Chairman		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
325 Vernon St						Manchester	CT	06042
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
			860-268-7904		kmribera@gmail.com			
Contact Role(s): Legal Contact								

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
CT0779074	MANCHESTER CONG. OF JEHOVAHS WITNESSES	NC	222	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
214 NEW BOLTON ROAD				1				
Towns Served: MANCHESTER								
Name			Organization			Job Title		
Mr. Darrell Wilcox			Kingd. H. of Jehovah Witnesses					
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
214 New Bolton Road						Manchester	CT	06042
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-730-3792			860-209-5871	860-209-5871	darrellwilcox@hotmail.com			
Contact Role(s): Administrative Contact								

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this 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		
CT0779094	622 MIDDLE TURNPIKE EAST	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
622 MIDDLE TNPK EAST				1			

Towns Served: MANCHESTER

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

Physical Parameters (PPS)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	9/15/2017	
RESPOND TO SANITARY SURVEY	6/12/2022	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00501	WELL 1	2	WELL 1	A				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
			DS DISTRIBUTION	A	Y			
			UPSTREAM WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				

Contact Information

Name			Organization			Job Title		
Mr. Peter F. Grady								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
380 Bidwell St						Manchester	CT	06040
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-432-2016			860-966-8094		gradytavern@msn.com			

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
CT0779094	622 MIDDLE TURNPIKE EAST	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
622 MIDDLE TNPKE EAST				1				
Towns Served: MANCHESTER								
Contact Role(s): Administrative Contact								
Name			Organization			Job Title		
Mr. Robert A Parrott			622 Middle Turnpike					
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
622 Middle Turnpike West						Manchester	CT	06040
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
Contact Role(s): 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.

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

<i>End of schedule</i>
