	Connecticut Department of Water Quality Monit				U			1		
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Pri	mary Source	
СТ0770014	GIRL SCOUTS OF CT - CAMP MERRIE-WOOD				NC	25	Р		GW	
Local Address (where applicable)	Service	Residen	itial	Commercia	al Industri	al Combin	ed	Agricultural	
650 GARDNER S	50 GARDNER STREET Connections 1									

Towns Served: MANCHESTER			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	00)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	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		
	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 rep	eat (RP) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	12/14/23 - 12/19/23		Complete
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	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		
	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 re	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 Facility: WELL (WSF ID: 21330)			
E. Coli (3014)		1 trigge	red (TG) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status

Connecticut Department of Public Health Drinki Water Quality Monitoring and Compliance											on	
PWS ID	DV	WS Name	tei Quai	ity Mon	illul ilig a	illu Coll	_				Typo Br	imary Source
CT0770014		IRL SCOUTS OF	CT - CAMP N	//FRRIF-WOC	חר		N		25	P	Type FI	GW
		ere applicable)	CI CAIII I	TEINIE WOO	Service	Resider		mmercial	Industria		nbined	Agricultural
650 GARDI	•				Connection			1				7.8.104.144
		NCHESTER										
				Mon	itoring Re	quireme	ents					
Water Sys	stem Fa	cility: WELL	(WSF ID: 2:			•						
E. Coli (3	3014)								11	riggere	d (TG)	per period
-		nt (Sampling P	oint ID)			Monitor	ing Peri	od Coll	ection Per			ance Status
WELL	. (2)					12/13/23	- 12/19	/23			Со	mplete
			Water Sy	stem Fac	cility and S	Sampling	Point	t Invent	ory			
Water								Tota	I Lead	and		
-		System Facility			nt Sampling			Colifo	т Сорр	oer		Stage
Facility ID				ID	Descriptio			tus Rule	e Rule	Tier Asi	bestos	WQP 2 DBPR
00600	DISTRIB	UTION SYSTEM	1	4		TION SYSTEM	1 4	Α Υ				
				BJ00393	BATHROO		F					
				BJ97479	BATHROO		A	Α Υ				
				BK05616	MAIN CAB	SIN	F					
				BK81502	KITCHEN		A					
				BN19076	TROOP HO		A	Α Υ				
					M WITHIN 5			4				
				UPSTREAM		SERVICE CO						
	ENTRY F	POINT		3	ENTRY PO	INT	, ,	4				
21330	WELL			2	WELL		ļ.	4				
				Co	ontact Info	ormation	1					
Name					Organization					Jok	Title	
Girl Scouts	of Ame	rica, Inc.										
Mailing Ad	ldress Lir	ne One		Mailing Addr	ess Line Two				City	S	tate	Zip Code
340 Washi								Hartford			СТ	06106
Business		Extension	Fax	Mo	obile Phone	Emergency	y Phone	Email Add	Iress			
860-522												
	ole(s): L	egal Contact, (Owner									
Name					Organization					Job	Title	
Sheena Yo	ung				Girl Scouts of	Ct		ļ	Director	1		

Contact Role(s): Administrative Contact

Extension

3321

Please note the following:

Mailing Address Line One

20 Washington Ave

Business Phone

203-239-2922

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

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 06473

City

property@gsofct.org

North Haven

Emergency Phone Email Address

State

CT

Connecticut Departmen	it of Public H	Iealth I)rinki:	ng Water	Section	
Water Quality Mo	onitoring an	d Comr	oliance	e Schedule	9	
PWS ID PWS Name	<u> </u>				Owner Type Prima	ary Source
CT0770124 UNITARIAN UNIVERSALIST CHURCH			NC	25	P	GW
Local Address (where applicable)	Service	Residentia	Comme	ercial Industria	I Combined A	gricultural
153 VERNON ST WEST	Connections		1			
Towns Served: MANCHESTER		1				-
Me	onitoring Requ	uirement	ts			
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)					
Total Coliform (3100)				1	routine (RT) per	quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Per	od Complianc	e Status
Select from Inventory of Active Sampling Points		10/1/23 - 12			Comp	lete
		1/1/24 - 3/			Comp	lete
		4/1/24 - 6/	/30/24			
		7/1/24 - 9/	/30/24			
Physical Parameters (PPS)				1	routine (RT) per	quarter
Sampling Point (Sampling Point ID)		Monitoring		Collection Per		
Select from Inventory of Active Sampling Points		10/1/23 - 12			Comp	
		1/1/24 - 3/			Comp	lete
		4/1/24 - 6/				
		7/1/24 - 9/	/30/24			
Water System Facility: ENTRY POINT (WSF ID: 00)700)					
Nitrate And Nitrite (NOX)					1 routine (RT)	
Sampling Point (Sampling Point ID)		Monitoring		Collection Per	•	
ENTRY POINT (3)		1/1/23 - 12			Comp	
	-	1/1/24 - 12		_	Comp	lete
		1/1/25 - 12				
Oth	er Compliance	Schedu	les			
Compliance Schedule Activity		Du	e Date	Achiev	ed Date	
RESPOND TO SANITARY SURVEY		9/5	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 R	Requiren	nents			
	Compliance	Notice -:		<u>c Notification</u>	PN Certific	
Violation/Situation	Period	Tier	Require			Received
Total Coliform MCL Violation	8/1/10 - 8/31/10	2	10/13/20		10/23/2010	
Total Coliform MCL Violation	7/1/11 - 9/30/11	2	9/8/20		9/18/2011	
Water System F	acility and Sai	mpling P	oint in	ventory		
Water	Daint Carrollon D-1	· · ·		Total Lead o		64
System Water System Facility Sampling Facility ID ID	Point Sampling Poi Description	πι		Coliform Copp Rule Rule T	er Tier Asbestos WC	Stage OP 2 DRPR
racincy is	Description		Status	nuie nuie i	iei Maneatoa VVC	Zi Z DDFK

ENTRY POINT

DOWNSTREAM WITHIN 5 SERVICE CON

WELL

UPSTREAM

3

2

DISTRIBUTION SYSTEM

WITHIN 5 SERVICE CON

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Α

Α

Α

Α

00600 DISTRIBUTION SYSTEM

ENTRY POINT

WELL

00700

21334

C	omecuc	ut Depa.	LUITE	ant of I ublic	i caitii i	וווע	ikilig	vvaler .	bechon	
	Wa	ter Qual	ity N	Monitoring a	nd Com	plia	nce So	chedule		
PWS ID P	WS Name				(Classif	ication P	opulation C	wner Type	Primary Sourc
CT0770124 U	NITARIAN UNI	VERSALIST CH	HURCH			N	С	25	Р	GW
Local Address (wh	ere applicable)			Service	Residenti	al Co	mmercial	Industrial	Combine	d Agricultura
153 VERNON ST W	'EST			Connection	ns		1			
Towns Served: MA	NCHESTER			1	'					'
				Contact Info	rmation					
Name				Organization					Job Title	
Unitarian Univers	alist Society Ea	st								
Mailing Address Li	ne One		Mailing	Address Line Two				City	State	Zip Code
153 Vernon Street	West						Manches	ster	СТ	06040
Business Phone	Extension	Fax		Mobile Phone	Emergency F	hone	Email Ad	dress		
860-464-5151										
Contact Role(s):	Owner									
Name				Organization					Job Title	
Ms. Jane Osborn				Unitarian Univ	ersalist Chur	ch		Sexton		
Mailing Address Li	ne One		Mailing	Address Line Two				City	State	Zip Code
153 West Vernon	Street						Manches	ster	СТ	06040
Business Phone	Extension	Fax		Mobile Phone	Emergency F	hone	Email Ad	dress		
860-646-5151		860-649-1	.565				sexton@	uuse.org		
Contact Role(s):	Administrative	Contact								
Name				Organization					Job Title	
Peggy Webbe				Unitarian Univ	ersalist Chur	ch		President		

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Legal Contact Please note the following:

Extension

Mailing Address Line One

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

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

State

City

peggywebbe@gmail.com

Emergency Phone Email Address

	Connecticut De	partmen	it of Pu	ıblic H	ealth	Dr	inkir	ng V	Vater	Se	ction	
	Water Qı	iality Mo	onitori	ng and	d Con	npl	iance	Sch	nedul	e		
PWS ID	PWS Name					Clas	ssificatio	n Por	oulation	Owr	ner Type I	Primary Source
СТ0770134	801A HARTFORD ROAD						NC		33		Р	GW
Local Address (v	where applicable)		Ser	vice	Residen	itial	Comme	rcial	Industria	al	Combined	d Agricultural
			Cor	nnections			4					
Towns Served:	MANCHESTER											
		M	onitorin	ig Requ	ireme	nts						
Water System	Facility: DISTRIBUTION	SYSTEM (WSF ID: 00	0600)								
Total Coliforn	•								1	rou	itine (RT)	per quarter
	Point (Sampling Point ID)			I	Monitori	ing P	eriod	Colle	ction Pei	riod	Comp	liance Status
Select from	n Inventory of Active Samp	ing Points			.0/1/23 -						С	omplete
					1/1/24 -		-					
					4/1/24 -							
					7/1/24 -	- 9/3	0/24					
-	meters (PPS)											per quarter
	Point (Sampling Point ID)				Monitori			Colle	ction Pei	riod		liance Status
Select fron	n Inventory of Active Samp	ing Points			.0/1/23 -						С	omplete
					1/1/24 -							
					4/1/24 -							
	E 19	/a=.=			7/1/24 -	- 9/3	0/24					
-	Facility: ENTRY POINT	(WSF ID: 00	0700)									
Nitrate (1040	•							- "				per quarter
	Point (Sampling Point ID)				Monitori			Colle	ction Pe	riod		liance Status
ENTRY POI	INT (3)			1	.0/1/23 -						C	omplete
					1/1/24 -							
					4/1/24 -							
Nituata And N	lituite (NOV)				7/1/24 -	- 9/3	0/24			1		DT\
Nitrate And N	Point (Sampling Point ID)			,	Monitori	ina D	ariad	Collo	ction Pei		-	RT) per year liance Status
ENTRY POI					1/1/23 -			Cone	ction Per	iou		omplete
ENTRY POI	1141 (3)				1/1/23 - 1/1/24 -						C	ompiete
					1/1/25 -		-					
		Public	Notific				-					
		i abiic	Comp		Notice			Notifi	ication		DN Cor	rtification
Violation/Situa	ıtion		Per		Tier		Require		erforme	4 D	ue to DPF	
Total Coliform				12/31/14	2		3/7/201		crjorme		3/17/2015	
Nitrate M&R Vi			7/1/18 -	<u> </u>	3	1	1/19/20				1/29/2019	
		System F							orv			
Water		3,3001111	somey (5411	9			Total		and		
	er System Facility	Sampling	Point San	npling Poin	t		C	olifori				Stage
Facility ID	-	ID		cription			Status	Rule			Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DIS	TRIBUTION	SYSTEM		Α	Υ				

ENTRY POINT

WITHIN 5 SERVICE CON

Α

Α

Α

Α

DOWNSTREAM WITHIN 5 SERVICE CON

WELL

UPSTREAM

3

2

00700 ENTRY POINT

22950 WELL #1

	Wat	ter Qual	ity Monitoring a	nd Comp	liance S	chedul	e	
PWS ID	PWS Name			Cla	assification	Population	Owner Type	Primary Source
СТ0770134	801A HARTFORD	ROAD			NC	33	Р	GW
Local Address (w	here applicable)		Service	Residential	Commercia	l Industri	al Combine	d Agricultural
			Connection	ns	4			
Towns Served: N	ANCHESTER			1				1
			Contact Info	rmation				
Name			Organization				Job Title	<u> </u>
Mr. Mohamed A	. Hassan		Tony's Pizza			Tenant 80	3 Htfd. Rd.	
Mailing Address	Line One		Mailing Address Line Two			City	State	Zip Code
803 Hartford Roa	ıd				Manche	ster	СТ	06040
Business Phone	Extension	Fax	Mobile Phone	Emergency Ph	one Email A	ddress		
860-649-3640								
Contact Role(s):	Administrative	Contact, Owr	ner					
Name			Organization				Job Title	2

Connecticut Department of Public Health Drinking Water Section

Concept Technologies LLC

Mailing Address Line One

1 Liberty Square

Business Phone

Contact Role(s): O	wner		·						
Name				Organization				Job Title	
Ms. Shalini Chandu	ptla			Concept Tech	nologies LLC		Partner		
Mailing Address Line	e One		Mailing Ad	ddress Line Two			City	State	Zip Code
79 East Center Stree	et					Manche:	ster	СТ	06040
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress		

Contact Role(s): Legal Contact, Owner

Extension

Please note the following:

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

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

State

CT

City

New Britain

Emergency Phone Email Address

Zip Code

06051

	Connecticut Do	epartment of	Public H	ealth	Dr	inki	ng V	Vater S	Section	n	
	Water Q	Juality Monit	oring and	d Com	pli	ianc	e Scł	nedule			
PWS ID	PWS Name				Clas	sificati	on Po	oulation O	wner Ty	pe Pi	imary Sourc
СТ077907	MANCHESTER CONG. O	F JEHOVAHS WITNES	SES			NC		222	Р		GW
Local Add	ress (where applicable)		Service	Resident	tial	Comm	ercial	Industrial	Comb	ined	Agricultura
214 NEW	BOLTON ROAD		Connections			1					
Towns Se	rved: MANCHESTER										<u>'</u>
		Monit	oring Requ	ireme	nts						
Water Sy	stem Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)								
Total Co	oliform (3100)							1 r	outine	(RT)	er quartei
Sam	pling Point (Sampling Point ID)		1	Monitorii	ng Po	eriod	Colle	ction Perio	od Co	ompli	ance Status
Selec	ct from Inventory of Active Sam	pling Points	1	10/1/23 -	12/3	31/23				Со	mplete
				1/1/24 -	3/31	L/24					
				4/1/24 -	6/30)/24					
				7/1/24 -	9/30)/24					
Physical	Parameters (PPS)							1 r	outine	(RT)	oer quartei
Sam	pling Point (Sampling Point ID)		1	Monitorii	ng Po	eriod	Colle	ction Perio	od Co	ompli	ance Status
Selec	ct from Inventory of Active Sam	pling Points	1	10/1/23 -	12/3	31/23				Со	mplete
				1/1/24 -	3/31	L/24					
				4/1/24 -	6/30)/24					
				7/1/24 -	9/30	0/24					
Water Sy	stem Facility: ENTRY POIN	T (WSF ID: 00700)									
Nitrate A	And Nitrite (NOX)								1 routi	ne (R	T) per yea
Sam	pling Point (Sampling Point ID)		1	Monitorii	ng Po	eriod	Colle	ction Perio	od Co	ompli	ance Status
ENTF	RY POINT (3)			1/1/23 - :	12/3	1/23				Со	mplete
				1/1/24 - :	12/3	1/24					
				1/1/25 - :	12/3	1/25					
	Wate	er System Facil	ity and San	npling	Poi	int In	vent	ory			
Water							Total	Lead ar	nd		
-	Water System Facility	Sampling Point		nt			Colifor				Stage
Facility IE		ID	Description			Status	Rule	Rule Ti	er Asbe	estos	WQP 2 DBF
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION			Α					
		DOWNSTREAM				Α					
		UPSTREAM	WITHIN 5 SER	VICE CON	I	Α					
00700	ENTRY POINT	3	ENTRY POINT			Α					
56544	WELL 1	2	WELL 1			Α					
		Con	tact Inforn	nation							
Name		0	rganization						Job ⁻	Γitle	
Mr. Keith	Ribera	M	anchester Jeho	ovahs Wit	tness	ses	С	hairman			
Mailing A	ddress Line One	Mailing Addres	s Line Two					City	Sta	te	Zip Code
325 Verno	on St					Ma	ncheste	er	C.	Γ	06042

Emergency Phone Email Address

kmribera@gmail.com

Mobile Phone

860-268-7904

Business Phone

Contact Role(s): Legal Contact

Extension

Fax

	ionnecticu	t Depa	rtment o	of Public	Health	Drir	ıkıng	g Water	Section	l	
	Wate	er Qua	lity Moni	toring a	nd Con	nplia	nce S	Schedu	le		
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Primary Sou	ırce
CT0779074 N	MANCHESTER CO	NG. OF JEH	OVAHS WITNE	SSES		N	IC	222	Р	GW	
Local Address (wh	ere applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combin	ed Agricult	ural
214 NEW BOLTON	ROAD			Connection	ıs		1				
Towns Served: MA	ANCHESTER				'			'	,	1	
Name			C	Organization					Job Titl	е	
Mr. Darrell Wilcox	<		ŀ	Kingd. H. of Jel	hovah Witr	nesses					
Mailing Address Li	ne One		Mailing Addre	ss Line Two				City	State	Zip Code	<u>,</u>
214 New Bolton R	oad						Manch	ester	СТ	06042	
Business Phone	Extension	Fax	Mol	oile Phone	Emergency	/ Phone	Email A	Address		,	
860-730-3792			860	-209-5871	860-209	-5871	darrell	wilcox@hot	mail.com		
Contact Role(s):	Administrative Co	ontact	'								

CD Lite Health Detail to Marco C.

Please note the following:

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 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	cut Department of	f Duhlic U	Aalth	Dri	nkin	σ Μα	tor C	Acti	ion	
		iter Quality Monit				`	_		ecu	1011	
PWS ID	PWS Name	iter Quality Monn	orning and	a Con					wnor.	Tuno Dr	imary Sourc
CT077909		DNDIVE EACT				NC	25		wner	Type Pr	GW
	ress (where applicable)		Service	Residen		ommero		dustrial	-	nbined	Agricultura
	LE TNPK EAST		Connections	Resideii	tiai Ct	1	lai IIIC	Justriai	COI	IIbilieu	Agricultura
	ved: MANCHESTER										
TOWIIS SEI	ved. MANCHESTER	Monit	oring Requ	ireme	nts						
Water Sv	stem Facility: DISTI	RIBUTION SYSTEM (WSF I			1103						
•	liform (3100)	MIDOTION OTOTEM (WO. 1	2.00000					1 r	outin	e (RT) i	per quarter
	oling Point (Sampling F	Point ID)		Monitori	na Per	iod (Collectio	on Perio			ance Status
	et from Inventory of Ac			10/1/23 -							
	,			1/1/24 -							
				4/1/24 -							
				7/1/24 -							
Physical	Parameters (PPS)			., _,	-,,			1 r	outin	e (RT) ı	per quarter
-	oling Point (Sampling I	Point ID)		Monitori	na Per	iod (Collectio	on Perio			ance Status
	ct from Inventory of Ac			10/1/23 -							
	,	1 0		1/1/24 -							
				4/1/24 -							
				7/1/24 -							
Water Sy	stem Facility: ENTR	Y POINT (WSF ID: 00700)									
Nitrate A	And Nitrite (NOX)								1 rou	tine (R	T) per year
Samp	oling Point (Sampling F	Point ID)		Monitori	ng Per	iod (Collectio	on Perio	d	Compli	ance Status
ENTR	RY POINT (3)			1/1/23 -	12/31/	/23				Со	mplete
				1/1/24 -	12/31/	/24					
				1/1/25 -	12/31/	/25					
		Other C	ompliance	Sched	ules						
Complian	ce Schedule Activity			L	Due Do	ate		Achieve	d Date	е	
RESPOND	TO SANITARY SURVEY			9	/15/20	017					
RESPOND	TO SANITARY SURVEY			6	/12/20	022					
		Water System Facil	ity and Sar	npling	Poin	t Inve	entor	у			
Water						7	otal	Lead an	d		
System	Water System Facility			nt			liform	Coppe			Stage
Facility ID)	ID	Description		Sto	atus	Rule	Rule Ti	er As	bestos	WQP 2 DBP
00501	WELL 1	2	WELL 1			Α					
00600	DISTRIBUTION SYSTEM	VI 4	DISTRIBUTION	I SYSTEM		Α	Υ				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	1	Α					
		DS	DISTRIBUTION	1		Α	Υ				
		UPSTREAM	WITHIN 5 SER	VICE CON	J	Α					
00700	ENTRY POINT	3	ENTRY POINT			Α					
		Cor	tact Inforr	nation							
Name		0	rganization						Jol	b Title	
Mr. Peter	F. Grady										
Mailing Ad	ddress Line One	Mailing Addres	s Line Two				Cit	У	S	tate	Zip Code

Mobile Phone

860-966-8094

Manchester

gradytavern@msn.com

Emergency Phone Email Address

CT

06040

380 Bidwell St

Business Phone

860-432-2016

Extension

Fax

C	Connecticut	Depa	rtment of	Public	Health	Drin	iking	Water	Section	
	Wate	r Qua	lity Monite	oring ar	nd Con	nplia	nce S	Schedul	le	
PWS ID P	WS Name					Classifi	cation	Population	Owner Type	Primary Source
СТ0779094 6	22 MIDDLE TURNE	PIKE EAST	•			N	С	25	Р	GW
Local Address (wh	ere applicable)			Service	Residen	tial Co	mmercia	al Industri	al Combine	ed Agricultural
622 MIDDLE TNPK	EAST			Connection	S		1			
Towns Served: MA	NCHESTER					'		'	1	-
Contact Role(s):	Administrative Cor	ntact								
Name			Or	ganization					Job Titl	е
Mr. Robert A Parr	ott		62	2 Middle Tur	npike					
Mailing Address Li	ne One		Mailing Address	Line Two				City	State	Zip Code
622 Middle Turnpi	ke West						Manch	ester	СТ	06040
Business Phone	Extension	Fax	Mobil	e Phone	Emergency	/ Phone	Email A	ddress		
Contact Role(s): L	egal Contact. Owr	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