|                                    | Connecticut Department<br>Water Quality Mor |                             |                | 0                        | ection                   |
|------------------------------------|---|-----------------------------|----------------|--------------------------|--------------------------|
| PWS ID                             | PWS Name                                    | intornig and C              | <b>A</b>       |                          | ner Type Primary Source  |
|                                    | SHADY GLEN RESTAURANT                       |                             | NTNC           |                          | P GW                     |
|                                    |   | Convice Desi                |                |                          |                          |
| Local Address (w<br>840 EAST MIDDL |   | Service Resi<br>Connections | 1              | mercial Industrial       | Combined Agricultura     |
| Towns Served: N                    |   | connections                 | L              |                          |                          |
| Towns Served. Iv                   |   | eitoring Dogwiror           | n o n t o      |                          |                          |
| Water System (                     | Facility: DISTRIBUTION SYSTEM (W            | nitoring Requirer           | nents          |                          |                          |
| Chlorine Resid                     |   | 51 12.000007                |                | 1 roi                    | utine (RT) per quarter   |
|                                    | oint (Sampling Point ID)                    | Moni                        | toring Period  | Collection Period        | Compliance Status        |
|                                    | Inventory of Active Sampling Points         |                             | 24 - 3/31/24   |                          | Complete                 |
|                                    |   |                             | 24 - 6/30/24   |                          |                          |
|                                    |   |                             | 24 - 9/30/24   |                          |                          |
| Chlorine Resid                     | lual (1012)                                 |                             | , ,            | 3 ro                     | outine (RT) per month    |
|                                    | oint (Sampling Point ID)                    | Moni                        | toring Period  | Collection Period        | Compliance Status        |
|                                    | Inventory of Active Sampling Points         |                             | 23 - 11/30/23  |                          | Complete                 |
| <b>Chlorine Resid</b>              | · · · ·                                     |                             |                |                          | utine (RT) per quarter   |
|                                    | oint (Sampling Point ID)                    | Moni                        | toring Period  | <b>Collection Period</b> | <b>Compliance Status</b> |
| Select from                        | Inventory of Active Sampling Points         | 10/1/                       | 23 - 12/31/23  |                          | Complete                 |
| Asbestos (109                      | 94)   |                             |                | 1 routir                 | ne (RT) per nine years   |
| Sampling P                         | oint (Sampling Point ID)                    | Moni                        | toring Period  | <b>Collection Period</b> | Compliance Status        |
| Select from                        | Inventory of Active Sampling Points         | 1/1/2                       | 0 - 12/31/28   |                          |                          |
| Total Haloacet                     | tic Acids (2456)                            |                             |                | 1                        | routine (RT) per year    |
|                                    | oint (Sampling Point ID)                    | Moni                        | toring Period  | <b>Collection Period</b> | <b>Compliance Status</b> |
| KITCHEN HA                         | AND SINK (4004)                             | 1/1/2                       | 3 - 12/31/23   | 8/1-8/31                 | Complete                 |
|                                    |   | 1/1/2                       | 4 - 12/31/24   | 8/1-8/31                 |                          |
|                                    |   | 1/1/2                       | 25 - 12/31/25  | 8/1-8/31                 |                          |
| <b>Total Trihalom</b>              | nethanes (2950)                             |                             |                | 1                        | routine (RT) per year    |
| Sampling P                         | oint (Sampling Point ID)                    | Moni                        | toring Period  | <b>Collection Period</b> | <b>Compliance Status</b> |
| BASEMENT                           | WEST (4003)                                 | 1/1/2                       | 3 - 12/31/23   | 8/1-8/31                 | Complete                 |
|                                    |   | 1/1/2                       | 4 - 12/31/24   | 8/1-8/31                 |                          |
|                                    |   | 1/1/2                       | 25 - 12/31/25  | 8/1-8/31                 |                          |
| <b>Total Coliform</b>              | (3100)                                      |                             |                | 1 rou                    | utine (RT) per quarter   |
| Sampling P                         | oint (Sampling Point ID)                    | Moni                        | toring Period  | <b>Collection Period</b> | <b>Compliance Status</b> |
| Select from                        | Inventory of Active Sampling Points         | 10/1/                       | 23 - 10/31/23  |                          | Complete                 |
|                                    |   | 1/1/                        | 24 - 3/31/24   |                          | Complete                 |
|                                    |   | 4/1/                        | 24 - 6/30/24   |                          |                          |
|                                    |   | 7/1/                        | 24 - 9/30/24   |                          |                          |
| <b>Total Coliform</b>              | (3100)                                      |                             |                | 3 r                      | epeat (RP) per period    |
|                                    | oint (Sampling Point ID)                    |                             | toring Period  | <b>Collection Period</b> | <b>Compliance Status</b> |
| Select from                        | Inventory of Active Sampling Points         | 10/19                       | /23 - 10/24/23 | 3                        | Complete                 |
| Total Coliform                     | (3100)                                      |                             |                | 3 temporary ro           | outine (TR) per month    |
| Sampling P                         | oint (Sampling Point ID)                    | Moni                        | toring Period  | <b>Collection Period</b> | <b>Compliance Status</b> |
| Select from                        | Inventory of Active Sampling Points         | 11/1/                       | 23 - 11/30/23  |                          | Complete                 |
| Lead And Copp                      |   |                             |                |                          | e (RT) per six months    |
|                                    | oint (Sampling Point ID)                    |                             | toring Period  | Collection Period        | <b>Compliance Status</b> |
| Select from                        | Inventory of Active Sampling Points         |                             | 3 - 12/31/23   |                          | Complete                 |
|                                    |   | 1/1/                        | 24 - 6/30/24   |                          |                          |

|                 | Connecticut Department                | of Public I                                  | lealth Drii                        | nking    | Water Se         | ection                 |
|-----------------|---------------------------------------|--|------------------------------------|----------|------------------|------------------------|
|                 | Water Quality Mon                     | nitoring an                                  | d Complia                          | ance S   | chedule          |                        |
| PWS ID          | PWS Name                              | 0  | <b>A</b>                           |          |                  | ner Type Primary Sourc |
| СТ0770072       | SHADY GLEN RESTAURANT                 |  | N                                  | TNC      | 30               | P GW                   |
| Local Address ( | where applicable)                     | Service                                      | Residential Co                     | ommercia | al Industrial    | Combined Agricultura   |
| 840 EAST MIDE   | DLE TURNPIKE                          | Connections                                  | 1                                  |          |                  |                        |
| Towns Served:   | MANCHESTER                            |  | · · ·                              |          |                  |                        |
|                 | Mo                                    | nitoring Req                                 | uirements                          |          |                  |                        |
| Water System    | Facility: DISTRIBUTION SYSTEM (W      | SF ID: 00600)                                |                                    |          |                  |                        |
| Lead And Co     | pper (PBCU)                           |  |                                    |          | 5 routir         | ne (RT) per six months |
| Sampling        | Point (Sampling Point ID)             |  | Monitoring Per                     | iod Co   | ollection Period | Compliance Status      |
|                 |                                       |  | 7/1/24 - 12/31/                    | /24      |                  |                        |
| -               | imeters (PPS)                         |  |                                    |          |                  | utine (RT) per quarter |
|                 | Point (Sampling Point ID)             |  | Monitoring Per                     |          | ollection Period |                        |
| Select from     | m Inventory of Active Sampling Points |  | 10/1/23 - 12/31                    | -        |                  | Complete               |
|                 |                                       |  | 1/1/24 - 3/31/2                    |          |                  | Complete               |
|                 |                                       |  | 4/1/24 - 6/30/2                    |          |                  |                        |
| Water System    | Facility: ENTRY POINT (WSF ID: 007    | <u>/////////////////////////////////////</u> | 7/1/24 - 9/30/2                    | 24       |                  |                        |
|                 | emicals (IOCS)                        | 00,  |                                    |          | 1 routin         | e (RT) per three years |
| -               | Point (Sampling Point ID)             |  | Monitoring Per                     | iod Co   | ollection Period |                        |
| ENTRY PO        |                                       |  | 1/1/23 - 12/31/                    |          |                  |                        |
|                 |                                       |  | 1/1/26 - 12/31/                    |          |                  |                        |
| Nitrate And I   | Nitrite (NOX)                         |  |                                    |          | 1 ro             | utine (RT) per quarter |
| Sampling        | Point (Sampling Point ID)             |  | Monitoring Per                     | iod Co   | ollection Period |                        |
| ENTRY PO        | INT (3)                               |  | 10/1/23 - 12/31                    | /23      |                  | Complete               |
|                 |                                       |  | 1/1/24 - 3/31/2                    | 24       |                  |                        |
|                 |                                       |  | 4/1/24 - 6/30/2                    | 24       |                  |                        |
|                 |                                       |  | 7/1/24 - 9/30/2                    | 24       |                  |                        |
| -               | erbicides and PCBs-Phase II (SOC2)    |  |                                    |          |                  | e (RT) per three years |
|                 | Point (Sampling Point ID)             |  | Monitoring Per                     |          | ollection Period | Compliance Status      |
| ENTRY PO        | INT (3)                               |  | 1/1/23 - 12/31/                    |          |                  |                        |
|                 |                                       |  | 1/1/26 - 12/31/                    | /28      |                  | (                      |
| -               | erbicides and PCBs-Phase V (SOC5)     |  |                                    |          |                  | e (RT) per three years |
|                 | Point (Sampling Point ID)             |  | Monitoring Per                     |          | ollection Period | Compliance Status      |
| ENTRY PO        | INT (3)                               |  | 1/1/23 - 12/31/<br>1/1/26 - 12/31/ |          |                  |                        |
| Organic Char    | nicals (VOCS)                         |  | 1/1/20-12/31/                      | 20       | 1 routin         | e (RT) per three years |
| -               | Point (Sampling Point ID)             |  | Monitoring Peri                    | iod Co   | ollection Period |                        |
| ENTRY PO        |                                       |  | 1/1/23 - 12/31/                    |          |                  |                        |
|                 | (0)                                   |  | 1/1/26 - 12/31/                    |          |                  |                        |
| Water System    | Facility: WELL 1 (WSF ID: 10366)      |  | ··· //                             |          |                  |                        |
| E. Coli (3014   |                                       |  |                                    |          | 1 trig           | gered (TG) per period  |
| Sampling        | Point (Sampling Point ID)             |  | Monitoring Per                     | iod Co   | ollection Period | Compliance Status      |
| WELL 1 (2       | )                                     |  | 10/18/23 - 10/24                   | 4/23     |                  | Complete               |
| Water System    | Facility: WELL 2 (WSF ID: 10990)      |  |                                    |          |                  |                        |
| E. Coli (3014   | )                                     |  |                                    |          | 1 trig           | gered (TG) per period  |
|                 | Point (Sampling Point ID)             |  | Monitoring Per                     |          | ollection Period |                        |
| WELL 2 (2       | )                                     |  | 10/18/23 - 10/24                   | 4/23     |                  | Complete               |
|                 |                                       |  |                                    |          |                  |                        |

|                 | Conne        | -               | partment of        |              |            |       |            | -       |           |       | ction    |        |             |
|-----------------|--------------|-----------------|--------------------|--------------|------------|-------|------------|---------|-----------|-------|----------|--------|-------------|
|                 |              | Water Qu        | ality Monit        | oring an     | d Con      | npl   | ianc       | e Scl   | nedul     | e     |          |        |             |
| PWS ID          | PWS Nam      | ie              |                    |              |            | Clas  | ssificatio | on Po   | pulation  | Owr   | ner Type | Prim   | ary Source  |
| СТ0770072       | SHADY GI     | LEN RESTAURAN   | т                  |              |            |       | NTNC       |         | 30        |       | Р        |        | GW          |
| Local Address ( | where appl   | icable)         |                    | Service      | Residen    | itial | Comm       | ercial  | Industri  | al    | Combine  | d A    | gricultural |
| 840 EAST MIDD   | DLE TURNPII  | KE              |                    | Connections  | 1          |       |            |         |           |       |          |        |             |
| Towns Served:   | MANCHEST     | ER              |                    |              |            |       |            |         |           |       |          |        |             |
|                 |              |                 | Monit              | oring Requ   | iireme     | nts   | ;          |         |           |       |          |        |             |
| Water System    | Facility:    | WELL 2 (WSF     | ID: 10990)         |              |            |       |            |         |           |       |          |        |             |
| E. Coli (3014   | )            |                 |                    |              |            |       |            |         | 1         | . rou | tine (RT | ) per  | quarter     |
| Sampling        | Point (Sam   | pling Point ID) |                    |              | Monitori   | ing P | Period     | Colle   | ction Pe  | riod  | Com      | oliand | e Status    |
| WELL 2 (2)      | )            |                 |                    |              | 10/1/23 -  | - 12/ | 31/23      |         |           |       | (        | Comp   | lete        |
|                 |              |                 |                    |              | 1/1/24 -   | - 3/3 | 1/24       |         |           |       |          |        |             |
|                 |              |                 |                    |              | 4/1/24 -   | - 6/3 | 0/24       |         |           |       |          |        |             |
|                 |              |                 |                    |              | 7/1/24 -   | - 9/3 | 0/24       |         |           |       |          |        |             |
|                 | Moi          | nthly Water     | System Facil       | ity (WSF) I  | .evel N    | Лor   | nitorii    | ng Re   | quire     | mei   | nts      |        |             |
| Water System    | Facility:    | ENTRY POINT     | (WSFID: 00700)     |              |            |       |            |         | -         |       |          |        |             |
| Analyte         | ,            |                 | quirement (Summ    | ary Type)    | Ope        | ratir | ng Limit   |         |           | _     | Samples  | Rea/   | Month       |
| Chlorine        |              | _               | orine Residual Moi |              |            |       | n: .2 M    |         |           |       |          | Daily  |             |
| Start Date:     | 1/1/2002     | .,              |                    |              | nce Histo  |       |            |         | ting Lim  | i+    | Monit    |        | r           |
|                 |              |                 |                    |              | ing Perio  |       |            | -       | liance St |       |          | -      | e Status:   |
|                 |              |                 |                    | 11/1/20      | 23 - 11/3  | 0/20  | )23        |         |           |       |          |        |             |
|                 |              |                 |                    | 12/1/20      | 23 - 12/3  | 1/20  | )23        |         |           |       |          |        |             |
|                 |              |                 |                    | 1/1/202      | 4 - 1/31/2 | 2024  | Ļ          |         |           |       |          |        |             |
|                 |              |                 |                    | 2/1/202      | 4 - 2/29/2 | 2024  | ŀ          |         |           |       |          |        |             |
|                 |              |                 |                    | 3/1/202      | 4 - 3/31/2 | 2024  | ŀ          |         |           |       |          |        |             |
| Analyte         |              | Monitoring Re   | quirement (Summ    | ary Type)    | Оре        | ratir | ng Limit   |         |           |       | Samples  | Req/   | Month       |
| рН              |              | Entry Point pH  | Monitoring (PHRD   | ))           | Min        | imur  | m: 7.0 F   | РΗ      |           |       |          | 4      |             |
| Start Date:     | 7/1/2003     |                 |                    | Complia      | nce Histo  | ory:  |            | Opera   | ting Lim  | it    | Monit    | oring  | 5           |
|                 |              |                 |                    | Monitor      | ing Perio  | d     |            | Comp    | liance St | atus: | Comp     | iance  | e Status:   |
|                 |              |                 |                    |              | 23 - 11/3  |       |            |         |           |       |          |        |             |
|                 |              |                 |                    |              | 23 - 12/3  | -     |            |         |           |       |          |        |             |
|                 |              |                 |                    |              | 4 - 1/31/2 |       |            |         |           |       |          |        |             |
|                 |              |                 |                    |              | 4 - 2/29/2 |       |            |         |           |       |          |        |             |
|                 |              |                 |                    |              | 4 - 3/31/2 |       |            |         |           |       |          |        |             |
|                 |              |                 | Other C            | ompliance    | Sched      | lule  | es         |         |           |       |          |        |             |
| Compliance Scl  | hedule Acti  | vity            |                    |              |            |       | Date       |         | Achie     | ved   | Date     |        |             |
| CROSS CONNEC    | CTION SURV   | YEY REPORT      |                    |              |            | 3/1/  | 2024       |         |           |       |          |        |             |
| SUBMIT LEAD S   | SERVICE LIN  | E INVENTORY     |                    |              |            |       | 6/2024     |         |           |       |          |        |             |
| COMPLETE INIT   | TIAL LSL INV |                 |                    |              |            |       | 5/2024     |         |           |       |          |        |             |
|                 |              | Water           | System Facil       | ity and Sar  | npling     | Po    | int In     | vent    | ory       |       |          |        |             |
| Water           |              |                 |                    |              |            |       |            | Total   |           | and   |          |        |             |
|                 | er System I  | Facility        | Sampling Point     |              | nt         |       |            | Colifor |           |       |          | _      | Stage       |
| Facility ID     |              |                 | ID                 | Description  |            |       | Status     | Rule    | Rule      | Tier  | Asbesto  | s W    | QP 2 DBPR   |
| 00600 DIST      | RIBUTION S   | SYSTEM          | 2001               | WELL #1 RAW  |            |       | Р          |         |           |       |          |        |             |
|                 |              |                 | 2002               | WELL #2 RAW  |            |       | P          |         |           |       |          |        |             |
|                 |              |                 | 3003               | FINISH ENTER |            |       | P          |         |           |       |          |        |             |
| 1               |              |                 | /1                 |              | コートマトレビトリン | 1     | Δ          | v       |           |       |          |        |             |

DISTRIBUTION SYSTEM

А

Y

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|                  |                   | · ·  | 0           |         |      |                |           |            |                       |
|------------------|-------------------|------|-------------|---------|------|----------------|-----------|------------|-----------------------|
| PWS ID           | PWS Name          |      |             |         | Cla  | ssification Po | opulation | Owner Type | <b>Primary Source</b> |
| СТ0770072        | SHADY GLEN RESTAU | RANT |             |         |      | NTNC           | 30        | Р          | GW                    |
| Local Address (v | where applicable) |      | Service     | Residen | tial | Commercial     | Industri  | al Combine | ed Agricultural       |
| 840 EAST MIDD    | LE TURNPIKE       |      | Connections | 1       |      |                |           |            |                       |
| Towns Served:    | MANCHESTER        |      | ·           |         |      | ·              |           |            |                       |

| Wa   | ter System Facili    | ity and Sampling P            | oint Ir | ivento                    | ſY                              |          |                     |
|--|----------------------|-------------------------------|---------|---------------------------|---------------------------------|----------|---------------------|
| Water<br>System Water System Facility<br>Facility ID | Sampling Point<br>ID | Sampling Point<br>Description | Status  | Total<br>Coliform<br>Rule | Lead and<br>Copper<br>Rule Tier | Asbestos | Stage<br>WQP 2 DBPR |
|  | 4001                 | BASEMENT EAST                 | Р       |                           | 1                               |          |                     |
|  | 4002                 | BASEMENT MIDDLE               | Р       |                           | 1                               |          |                     |
|  | 4003                 | BASEMENT WEST                 | А       |                           | 1                               |          | Y                   |
|  | 4004                 | KITCHEN HAND SINK             | А       |                           | 1                               |          | Y                   |
|  | 4005                 | KITCHEN SLOP SINK             | Р       |                           | 1                               |          |                     |
|  | DOWNSTREAM           | WITHIN 5 SERVICE CON          | А       |                           |                                 |          |                     |
|  | UPSTREAM             | WITHIN 5 SERVICE CON          | А       |                           |                                 |          |                     |
| 00700 ENTRY POINT                                    | 3                    | ENTRY POINT                   | А       |                           |                                 |          |                     |
| 10990 WELL 2   | 2                    | WELL 2                        | А       |                           |                                 |          |                     |
|  |                      |                               |         |                           |                                 |          |                     |

1332 SHADY GLEN TP

### **Certified Operator Information**

| Water System Facility: | SHADY GLEN TP | (WSF ID: 1332) |
|------------------------|---------------|----------------|
|------------------------|---------------|----------------|

| Facility Classification: CLASS 1 TR | acility Classification: CLASS 1 TREATMENT PLANT |   |            |  |  |  |  |  |  |  |
|-------------------------------------|---|---|------------|--|--|--|--|--|--|--|
| Operator Name                       | <b>Operator Type</b>                            | Certification(s)                          | Expiration |  |  |  |  |  |  |  |
| NIGRO, JR., VICTOR N.               | CHIEF OPERATOR                                  | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2024  |  |  |  |  |  |  |  |
|                                     |   | DISTRIBUTION SYSTEM OPERATOR - CLASS III  | 6/30/2026  |  |  |  |  |  |  |  |
| NIGRO, SCOTT A.                     | ASSIGNED OPERATOR                               | DISTRIBUTION SYSTEM OPERATOR - CLASS I    | 6/30/2025  |  |  |  |  |  |  |  |
|                                     |   | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2026  |  |  |  |  |  |  |  |

### **Contact Information**

| Name                                |               |              |               | Organization  | 1               | Job Title                |               |  |          |
|-------------------------------------|---------------|--------------|---------------|---------------|-----------------|--------------------------|---------------|--|----------|
| Mr. William Hoch                    |               |              |               | Shady Glen I  | nc.             | Owner                    |               |  |          |
| Mailing Address Line One Mailing Ad |               |              |               | ress Line Two |                 |                          | City S        |  | Zip Code |
| 840 East Middle Tui                 | rnpike        |              |               |               |                 | Manchester CT            |               |  | 06040    |
| <b>Business Phone</b>               | Extension     | Fax          | М             | obile Phone   | Emergency Phone | Email Ad                 | Email Address |  |          |
| 860-649-4245                        |               | 860-646-     | 2993          |               | 860-649-4245    | 5 hoch.william@yahoo.com |               |  |          |
| Contact Role(s): Ad                 | dministrative | Contact, Leg | al Contact, C | wner          | -               |                          |               |  |          |

### Please note the following:

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

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 Departmen                  |                |               | U         |             |           | on      |                   |  |
|---------------------|--|----------------|---------------|-----------|-------------|-----------|---------|-------------------|--|
| PWS ID              | Water Quality Mo                       | onitoring an   | <b>1</b>      |           |             |           | ino Dr  | imany Source      |  |
| CT0779023           | HIGHLAND PARK MARKET MANCHESTE         |                | Cld           | NTNC      | 34          | P         | pe Pr   | imary Sourc<br>GW |  |
|                     | (where applicable)                     | Service        | Residential   | Commercia |             |           | bined   | Agricultura       |  |
| 349 WETHERA         |  | Connections    |               | Commercia | i muusui    |           | unieu   | Agricultura       |  |
|                     | : MANCHESTER                           |                | <b>⊥</b>      |           |             |           |         |                   |  |
| Towns Served        |  | onitoring Requ | uiromonte     | •         |             |           |         |                   |  |
| Water Syster        | m Facility: DISTRIBUTION SYSTEM (V     |                | unements      | ,         | _           | _         |         |                   |  |
| Asbestos (1         |  | ,              |               |           | 1 ro        | utine (R  | T) per  | nine years        |  |
| -                   | g Point (Sampling Point ID)            |                | Monitoring F  | Period Co | llection Pe | -         |         | ance Status       |  |
|                     | om Inventory of Active Sampling Points |                | 1/1/20 - 12/3 |           |             |           |         | mplete            |  |
| Total Colifo        | · · · ·                                |                |               |           | 1           | routine   |         | er quartei        |  |
|                     | g Point (Sampling Point ID)            |                | Monitoring F  | Period Co | llection Pe |           |         | ance Status       |  |
|                     | om Inventory of Active Sampling Points |                | 10/1/23 - 12/ |           |             |           |         | mplete            |  |
|                     |  |                | 1/1/24 - 3/3  |           |             |           |         | •                 |  |
|                     |  |                | 4/1/24 - 6/3  |           |             |           |         |                   |  |
|                     |  |                | 7/1/24 - 9/3  |           |             |           |         |                   |  |
| Lead And Co         | opper (PBCU)                           |                |               |           |             | 5 rout    | ine (R  | T) per year       |  |
| Sampling            | g Point (Sampling Point ID)            |                | Monitoring F  | Period Co | llection Pe |           | • • • • |                   |  |
| Select fro          | om Inventory of Active Sampling Points |                | 1/1/23 - 12/3 | 31/23     | 6/1-9/30    |           | Со      | mplete            |  |
|                     |  |                | 1/1/24 - 12/3 | 31/24     | 6/1-9/30    |           |         |                   |  |
|                     |  |                | 1/1/25 - 12/3 | 31/25     | 6/1-9/30    |           |         |                   |  |
| <b>Physical Par</b> | rameters (PPS)                         |                |               |           | 1           | routine   | (RT) p  | oer quarter       |  |
| Sampling            | g Point (Sampling Point ID)            |                | Monitoring F  | Period Co | llection Pe | riod C    | omplie  | ance Status       |  |
| Select fro          | om Inventory of Active Sampling Points |                | 10/1/23 - 12/ | /31/23    |             |           | Со      | mplete            |  |
|                     |  |                | 1/1/24 - 3/3  | 31/24     |             |           |         |                   |  |
|                     |  |                | 4/1/24 - 6/3  | 0/24      |             |           |         |                   |  |
|                     |  |                | 7/1/24 - 9/3  | 0/24      |             |           |         |                   |  |
| Water Syster        | m Facility: ENTRY POINT (WSF ID: 00    | 700)           |               |           |             |           |         |                   |  |
| Inorganic Ch        | hemicals (IOCS)                        |                |               |           | 1 rou       | utine (RT | ) per t | hree years        |  |
| Sampling            | g Point (Sampling Point ID)            |                | Monitoring F  | Period Co | llection Pe | riod C    | omplie  | ance Status       |  |
| ENTRY PO            | OINT (3)                               |                | 1/1/22 - 12/3 | 31/24     |             |           |         |                   |  |
|                     |  |                | 1/1/25 - 12/3 | 31/27     |             |           |         |                   |  |
| Nitrate And         | Nitrite (NOX)                          |                |               |           |             | 1 rout    | ine (R  | T) per year       |  |
|                     | g Point (Sampling Point ID)            |                | Monitoring F  |           | llection Pe | riod C    | omplie  | ance Status       |  |
| ENTRY PO            | OINT (3)                               |                | 1/1/23 - 12/3 | 31/23     |             |           | Со      | mplete            |  |
|                     |  |                | 1/1/24 - 12/3 | 31/24     |             |           |         |                   |  |
|                     |  |                | 1/1/25 - 12/3 | 31/25     |             |           |         |                   |  |
|                     | Herbicides and PCBs-Phase II (SOC2)    |                |               |           | 1 rou       | -         |         | hree years        |  |
|                     | g Point (Sampling Point ID)            |                | Monitoring F  |           | llection Pe | riod C    | ompli   | ance Status       |  |
| ENTRY PO            | OINT (3)                               |                | 1/1/23 - 12/3 |           |             |           |         |                   |  |
|                     |  |                | 1/1/26 - 12/3 | 31/28     |             |           |         |                   |  |
| -                   | Herbicides and PCBs-Phase V (SOC5)     |                |               |           |             | -         |         | hree years        |  |
|                     | g Point (Sampling Point ID)            |                | Monitoring F  |           | llection Pe | riod C    | omplie  | ance Status       |  |
| ENTRY PO            | OINT (3)                               |                | 1/1/23 - 12/3 |           |             |           |         |                   |  |
|                     |  |                | 1/1/26 - 12/3 | 31/28     |             |           |         |                   |  |
| -                   | emicals (VOCS)                         |                |               |           |             |           | -       | T) per year       |  |
| Sampling            | g Point (Sampling Point ID)            |                | Monitoring F  | Period Co | llection Pe | riod C    | omplie  | ance Status       |  |

|  | Wa              | ter Qual                                | ity Monit      | oring a               | nd Com               | iplia    | nce Sc         | hedul      | e             |                                  |
|--|-----------------|---|----------------|-----------------------|----------------------|----------|----------------|------------|---------------|----------------------------------|
| PWS ID F   | WS Name         | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |                | 0                     |                      |          |                |            | Owner Type    | Primary Sour                     |
| CT0779023 H  | IIGHLAND PARH   | MARKET M                                | ANCHESTER RE   | LLC                   |                      | NT       | NC             | 34         | Р             | GW                               |
| ocal Address (wh                                   | ere applicable) |   |                | Service               | Residen              | tial Co  | mmercial       | Industria  | l Combine     | d Agricultu                      |
| 349 WETHERALL S                                    | STREET          |   |                | Connection            | ns 1                 |          |                |            |               |                                  |
| Fowns Served: M                                    | ANCHESTER       |   |                |                       |                      |          |                |            |               |                                  |
|  |                 |   |                | oring Red             | quireme              | nts      |                |            |               |                                  |
| Water System F                                     |                 | Y POINT (W                              | SF ID: 00700)  |                       |                      |          |                |            |               | <b>7</b>                         |
| Organic Chemic                                     |                 | oint (D)                                |                |                       | Monitori             | na Dori  | ad Call        | ection Per | -             | RT) per yea                      |
| ENTRY POIN   | int (Sampling P |   |                |                       | Monitori<br>1/1/23 - | -        |                | ection Per | -             | <i>liance Statu</i> s<br>omplete |
|  | (5)             |   |                |                       | 1/1/23 -             |          |                |            | L             | ompiete                          |
|  |                 |   |                |                       | 1/1/24 -             |          |                |            |               |                                  |
|  |                 |   | Other C        | omolion               |                      |          | 2.5            |            |               |                                  |
|  | 1.1. A.1. 11    |   | Other C        | omplian               |                      |          | 4 -            |            |               |                                  |
| Compliance Scher                                   | ,               | S E\/ALLIATIC                           |                |                       |                      | Due Da   |                | Achiev     | ved Date      |                                  |
| DISTRIBUTION SYS                                   |                 | .5 EVALUATIO                            | JIN            |                       |                      | /15/20   |                |            |               |                                  |
| RESPOND TO SAN                                     |                 | ORT                                     |                | 1/13/2022<br>3/1/2024 |                      |          |                |            |               |                                  |
| SUBMIT LEAD SER                                    |                 |   |                |                       |                      | D/16/202 |                |            |               |                                  |
|  |                 |   |                |                       |                      | )/16/20  |                |            |               |                                  |
|  |                 |   | stem Facil     | ity and S             |                      |          |                | tory       |               |                                  |
| Mater  |                 | water Sy                                |                | ity and S             | amping               | FUIII    |                | -          | uu d          |                                  |
| Water<br>System Water                              | System Facility | 9                                       | Sampling Point | Sampling P            | Point                |          | Tota<br>Colifo |            |               | Stag                             |
| Facility ID  |                 |   | ID             | Description           |                      | Sta      | tus Rule       |            | Tier Asbestos |                                  |
| 00600 DISTRI                                       | BUTION SYSTEM   |   | 4              | DISTRIBUTI            | ON SYSTEM            |          | <b>А Ү</b>     |            |               |                                  |
|  |                 |   | DOWNSTREAM     | WITHIN 5 S            | SERVICE CON          | J A      | 4              |            |               |                                  |
|  |                 |   | MM01           | PATTIE ROO            | ОМ                   | A        | A Y            | 1          |               | Y                                |
|  |                 |   | MM02           | CUTTING R             | OOM                  | A        | A Y            | 1          |               | Y                                |
|  |                 |   | MM03           | RETAIL                |                      | A        | A Y            | 1          |               | Y                                |
|  |                 |   | MM04           | OFFICE BAT            | THROOM               | A        | A Y            | 1          | Y             | Y                                |
|  |                 |   | MM05           | DOCK                  |                      | A        | A Y            | 1          | Y             | Y                                |
|  |                 |   | UPSTREAM       | WITHIN 5 S            | SERVICE CON          | N 4      | 4              |            |               |                                  |
| 00700 ENTRY  | POINT           |   | 3              | ENTRY POI             | NT                   | A        | 4              |            |               |                                  |
| 10368 WELL   |                 |   | 2              | WELL                  |                      | 4        | ۹              |            |               |                                  |
|  |                 |   | Con            | tact Info             | rmation              |          |                |            |               |                                  |
| Name   |                 |   | 0              | rganization           |                      |          |                |            | Job Title     |                                  |
| Mr. Timothy Dev                                    | anney           |   | Hi             | ighland Park          | Market               |          |                | Co-Preside | ent           |                                  |
| Mailing Address L                                  | ine One         |   | Mailing Addres | s Line Two            |                      |          |                | City       | State         | Zip Code                         |
| 349 Wetherell St.                                  |                 |   |                |                       |                      |          | Manches        |            | СТ            | 06040                            |
|  | Extension       | Fax                                     |                | ile Phone             | Emergency            |          |                |            |               |                                  |
| Business Phone                                     |                 |   | 4 7 7          |                       | 000 041              | 1220     | tdevanne       | v@highlar  | ndparkmarket  | com                              |
| Business Phone<br>860-646-4277<br>Contact Role(s): |                 | 860-649-8                               | 51//           |                       | 860-841-             | 1320     | tuc vanne      | yeingina   |               |                                  |

|                           | -                 | <b>v v v v</b> | - /       |        | - 0-         |                                       | <u> </u> |                 |             | -            |                |  |  |
|---------------------------|-------------------|----------------|-----------|--------|--------------|---------------------------------------|----------|-----------------|-------------|--------------|----------------|--|--|
| PWS ID                    | PWS Name          |                |           |        |              |                                       | Classi   | fication        | Population  | Owner Type   | Primary Source |  |  |
| СТ0779023                 | HIGHLAND PARH     | MARKET N       | IANCHEST  | TER RE | LLC          |                                       | N        | TNC             | 34          | Р            | GW             |  |  |
| Local Address (w          | here applicable)  |                |           |        | Service      | Reside                                | ntial C  | ommerci         | al Industri | al Combin    | ed Agricultur  |  |  |
| 349 WETHERALL             | STREET            |                |           |        | Connection   | IS 1                                  | 1        |                 |             |              |                |  |  |
| Towns Served: N           | ANCHESTER         |                |           |        |              |                                       | I        |                 |             |              |                |  |  |
| Name                      |                   |                |           | 0      | rganization  |                                       |          |                 | Job Title   |              |                |  |  |
| Ms. Mina Dusava           | age               |                |           | Hi     | ighland Park | ghland Park Market Facilities Manager |          |                 |             |              |                |  |  |
| Mailing Address           | Line One          |                | Mailing A | Addres | s Line Two   | City                                  |          |                 | City        | City State   |                |  |  |
| 349 Wetherell St          |                   |                |           |        |              |                                       |          | Manch           | ester       | СТ           | 06040          |  |  |
| Business Phone            | e Extension       | Fax            |           | Mobi   | ile Phone    | Emergenc                              | y Phone  | e Email Address |             |              |                |  |  |
| 860-646-4277 860-649-8177 |                   |                |           |        |              | 860-205                               | -4626    | mina@           | highlandpa  | rkmarket.con | า              |  |  |
| Contact Role(s):          | Administrative    | Contact        |           |        |              |                                       |          |                 |             |              |                |  |  |
|                           | La II a contra ac |                |           |        |              |                                       |          |                 |             |              |                |  |  |

### 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                | t of Public H  | lealth      | D       | rinkir  | ng V  | Nater S      | Sect   | tion      |               |
|-----------------|---------------------------------------|----------------|-------------|---------|---------|-------|--------------|--------|-----------|---------------|
|                 | Water Quality Mo                      | nitoring an    | d Con       | npl     | liance  | Sc    | hedule       |        |           |               |
| PWS ID          | PWS Name                              | 0              |             |         |         |       |              |        | Type Pi   | rimary Source |
| СТ0779073       | BIRCH MOUNTAIN SCHOOL                 |                |             |         | NTNC    |       | 83           | Р      | •         | GW            |
| Local Address ( | where applicable)                     | Service        | Resider     | ntial   | Comme   | rcial | Industrial   | Со     | mbined    | Agricultural  |
| 645 BIRCH MO    | UNTAIN ROAD                           | Connections    |             |         | 1       |       |              |        |           |               |
| Towns Served:   | MANCHESTER                            |                |             |         |         |       |              |        |           |               |
|                 | Мо                                    | nitoring Requ  | uireme      | nts     | ;       |       |              |        |           |               |
| Water System    | n Facility: DISTRIBUTION SYSTEM (W    | /SF ID: 00600) |             |         |         |       |              |        |           |               |
| Asbestos (10    | 094)                                  |                |             |         |         |       | 1 rou        | tine ( | (RT) per  | nine years    |
|                 | Point (Sampling Point ID)             |                | Monitor     | ing F   | Period  | Coll  | ection Perio |        |           | ance Status   |
| Select from     | m Inventory of Active Sampling Points |                | 1/1/20 -    | 12/3    | 31/28   |       |              |        |           |               |
| Total Colifor   | m (3100)                              |                |             |         |         |       | 1 r          | outir  | ne (RT)   | per quarter   |
|                 | Point (Sampling Point ID)             |                | Monitor     | ing F   | Period  | Coll  | ection Perio |        |           | ance Status   |
|                 | m Inventory of Active Sampling Points |                | 10/1/23     | _       |         |       |              |        |           | mplete        |
|                 | , , , , , ,                           |                | 1/1/24      |         |         |       |              |        |           | mplete        |
|                 |                                       |                | 4/1/24      |         |         |       |              |        |           |               |
|                 |                                       |                | 7/1/24      |         |         |       |              |        |           |               |
| Lead And Co     | pper (PBCU)                           |                | , ,         | - / -   | - /     |       | 5 rout       | ine (  | RT) per   | six months    |
|                 | Point (Sampling Point ID)             |                | Monitor     | ing F   | Period  | Coll  | ection Perio | -      |           | ance Status   |
|                 | m Inventory of Active Sampling Points |                | 7/1/23 -    |         |         |       |              |        |           |               |
|                 |                                       |                | 1/1/24      |         |         |       |              |        |           |               |
|                 |                                       |                | 7/1/24 -    |         |         |       |              |        |           |               |
| Physical Para   | ameters (PPS)                         |                | , ,         |         | - ,     |       | 1 r          | outir  | ne (RT) i | per quarter   |
| -               | Point (Sampling Point ID)             |                | Monitor     | ina F   | Period  | Coll  | ection Perio |        |           | ance Status   |
|                 | m Inventory of Active Sampling Points |                | 10/1/23     | _       |         |       |              |        |           | mplete        |
|                 |                                       |                | 1/1/24      |         |         |       |              |        |           | mplete        |
|                 |                                       |                | 4/1/24      |         | -       |       |              |        |           |               |
|                 |                                       |                | 7/1/24      |         |         |       |              |        |           |               |
| Water System    | n Facility: ENTRY POINT (WSF ID: 00)  | 700)           |             | -,-     | -,      |       |              |        |           |               |
|                 | emicals (IOCS)                        | ,              | _           |         | _       |       | 1 rout       | ino (F | RT) nor f | three years   |
| -               | Point (Sampling Point ID)             |                | Monitor     | ina P   | Period  | Coll  | ection Perio | -      |           | ance Status   |
| ENTRY PO        |                                       |                | 1/1/21 -    |         |         | com   |              | 74     |           | mplete        |
|                 |                                       |                | 1/1/24 -    |         |         |       |              |        | 60        | mpiete        |
|                 |                                       |                | 1/1/27 -    |         |         |       |              |        |           |               |
| Nitrate And     | Nitrite (NOX)                         |                | -, -, -, -  | /~      |         |       |              | 1      | utine (P  | T) per year   |
|                 | Point (Sampling Point ID)             |                | Monitor     | ina P   | Period  | Coll  | ection Perio |        | -         | ance Status   |
| ENTRY PO        |                                       |                | 1/1/23 -    |         |         | 001   |              |        |           | mplete        |
|                 |                                       |                | 1/1/24 -    |         |         |       |              |        | 0         | mpiete        |
|                 |                                       |                | 1/1/24 -    |         |         |       |              |        |           |               |
| Pesticidae 4    | erbicides and PCBs - Phase II & V (SO | (5)            | -, -, 25 -  | /-      | 51,25   |       | 1 rout       | ino (s | RT) nor ( | three years   |
|                 | Point (Sampling Point ID)             | ,              | Monitor     | ina P   | Period  | Coll  | ection Perio | -      |           | ance Status   |
| ENTRY PO        |                                       |                | 1/1/23 -    | _       |         | 0011  |              |        | ee.npii   |               |
|                 |                                       |                | 1/1/26 -    |         |         |       |              |        |           |               |
| Organic Chor    | micals (VOCS)                         |                | -, -, 20    | /-      | - 1, 20 |       | 1 rout       | ine (s | RT) nor t | three years   |
| -               | Point (Sampling Point ID)             |                | Monitor     | ina P   | Period  | Coll  | ection Perio | -      |           | ance Status   |
| ENTRY PO        |                                       |                | 1/1/23 -    | _       |         | 0011  |              |        | Compil    |               |
|                 |                                       |                | 1/1/26 -    |         |         |       |              |        |           |               |
|                 |                                       |                | -1 -1 -20 - | - 1 - 1 | 5 1/ 20 |       |              |        |           |               |

|                            | Comm        | ation t Dans       | atras are to a |                        |             |                    |                    | ator (    | 'a ati are      |             |                 |
|----------------------------|-------------|--------------------|----------------|------------------------|-------------|--------------------|--------------------|-----------|-----------------|-------------|-----------------|
|                            | Conne       | cticut Depa        |                |                        |             |                    | 0                  |           |                 |             |                 |
|                            |             | Water Qual         | ity Monit      | coring an              |             |                    |                    |           |                 |             |                 |
| PWS ID                     | PWS Nam     |                    |                |                        | C           | lassificat         |                    |           | wner Type       |             |                 |
| СТ0779073                  |             | DUNTAIN SCHOOL     |                |                        |             | NTNC               |                    | 33        | Р               | GW          |                 |
| Local Address (\           |             |                    |                | Service<br>Connections | Residentia  |                    |                    | ndustrial | Combine         | d Agricu    | ultura          |
| 645 BIRCH MOL              |             |                    |                | Connections            |             | 1                  | _                  |           |                 |             |                 |
| Towns Served: I            |             |                    |                |                        |             |                    | _                  |           |                 |             |                 |
|                            | Mor         | nthly Water Sy     | stem Facil     | lity (WSF) l           | evel Mo     | onitori            | ng Req             | luirem    | ents            |             |                 |
| Water System               | Facility:   | ENTRY POINT (WS    | SFID: 00700)   |                        |             |                    |                    |           |                 |             |                 |
| Analyte                    |             | Monitoring Require | ement (Summ    | ary Type)              | Opera       | ting Limi          | t                  |           | Samples         | Req/Mor     | nth             |
| рН                         |             | Entry Point pH Mo  | nitoring (PHR  | ))                     | Minim       | um: 7.0            | PH                 |           |                 | 4           |                 |
| Start Date:                | 4/1/2006    |                    |                |                        | nce Histor  | y:                 | Operati            | ng Limit  | Monit           | -           |                 |
|                            |             |                    |                |                        | ing Period  |                    | Complia            | nce Stat  | us: Comp        | iance Sta   | tus:            |
|                            |             |                    |                |                        | 23 - 11/30/ |                    |                    |           |                 |             |                 |
|                            |             |                    |                |                        | 23 - 12/31/ |                    |                    |           |                 |             |                 |
|                            |             |                    |                |                        | 4 - 1/31/20 |                    |                    |           |                 |             |                 |
|                            |             |                    |                |                        | 4 - 2/29/20 |                    |                    |           |                 |             |                 |
|                            |             |                    |                |                        | 4 - 3/31/20 |                    |                    |           |                 |             |                 |
|                            |             |                    | Other C        | ompliance              | Schedu      | lles               |                    |           |                 |             |                 |
| Compliance Sch             |             |                    |                |                        | -           | le Date            |                    | Achieve   | ed Date         |             |                 |
|                            |             | NOTICE CERTIFICAT  | E              |                        |             | 28/2023            |                    |           |                 |             |                 |
| CROSS CONNEC               |             |                    |                |                        |             | 1/2024             |                    |           |                 |             |                 |
| SUBMIT LEAD S              |             |                    |                |                        |             | 16/2024            |                    |           |                 |             |                 |
| COMPLETE INIT              | IAL LSL INV | ENTORY             |                |                        |             | 16/2024            |                    |           |                 |             |                 |
|                            |             |                    |                | tification R           | equiren     |                    |                    |           |                 |             |                 |
|                            |             |                    | 0              | Compliance             | Notice      |                    | <u>ic Notifica</u> |           |                 | ertificatio |                 |
| Violation/Situa            |             |                    |                | <b>Period</b> 1/1/24 - | Tier        | Requi              |                    | rformed   | Due to DP       |             | eived           |
| Lead and Coppe             |             |                    |                |                        | 3           | 2/5/20             |                    |           | 2/15/202        | 5           |                 |
|                            |             | water Sy           | stem Facil     | ity and Sai            | npling P    | oint ir            |                    | -         |                 |             |                 |
| Water                      | er System F | acility 0          | ampling Doint  | Sampling Poi           | nt          |                    | Total<br>Coliform  | Lead a    |                 |             | Ctores          |
| System Wate<br>Facility ID | er system r | aciiity 5          | ID             | Description            | n.          | Charles            | Coliform<br>Rule   |           | r<br>er Asbesto |             | Stage<br>7 DRPF |
|                            | RIBUTION S  | YSTEM              | 4              | DISTRIBUTIO            | SYSTEM      | <u>Status</u><br>A | Y                  |           |                 |             |                 |
|                            |             |                    | BCKBTH         | BACK BATH              |             | A                  | Ŷ                  | N         |                 |             |                 |
|                            |             |                    | BM1            | RES                    |             | A                  | Ŷ                  |           |                 |             |                 |
|                            |             |                    | BM2            | LITTLE RS              |             | А                  | Y                  |           |                 |             |                 |
|                            |             |                    | BM3            | LF BATH                |             | А                  | Y                  |           |                 |             |                 |
|                            |             |                    | BM4            | BREAK ROOM             |             | А                  | Y                  |           |                 |             |                 |
|                            |             |                    | BM5            | BM5                    |             | А                  | Y                  |           |                 |             |                 |
|                            |             | I                  | OOWNSTREAM     | WITHIN 5 SEF           | VICE CON    | А                  |                    |           |                 |             |                 |
|                            |             |                    | KITCH          | KITCHEN SIN            | (           | А                  | Y                  | Ν         |                 |             |                 |
|                            |             |                    | LDSBTH         | LADIES BATH            |             | А                  | Y                  | Ν         |                 |             |                 |
|                            |             |                    | MB5            | RIGHT CENTE            | R SINK      | А                  | Y                  |           |                 |             |                 |
|                            |             |                    | MNSBTH         | MENS BATH              | CIN!!       | A                  | Y                  | N         |                 |             |                 |
|                            |             |                    | MNSFKT         | MENS FRONT             |             | A                  | Y                  | N         | .,              | .,          |                 |
|                            |             |                    | PRESCH         | PRESCHOOL S            |             | A                  | Y                  | N         | Y               | Y           |                 |
| 00700 5117                 |             |                    | UPSTREAM       | WITHIN 5 SEF           |             | A                  |                    |           |                 |             |                 |
| 00700 ENTF                 | RY POINT    |                    | 3              | ENTRY POINT            |             | A                  |                    |           |                 |             |                 |

| C                                   | onnectic          | it Dena       | rtmer       | nt of    | Public       | Heal        | th Di      | rinking         | Water       | Section      |                |
|-------------------------------------|-------------------|---------------|-------------|----------|--------------|-------------|------------|-----------------|-------------|--------------|----------------|
| C                                   |                   | er Qual       |             |          |              |             |            | Ŭ               |             |              |                |
| PWS ID PW                           | /S Name           | lei Quai      |             | omu      | or mg a      |             |            |                 |             |              | Primary Source |
|                                     | RCH MOUNTA        |               |             |          |              |             | Cid        | NTNC            |             | P            | GW             |
| Local Address (when                 |                   |               |             |          | Service      | Rosid       | dential    |                 |             |              | -              |
| 645 BIRCH MOUNT                     |                   |               |             |          | Connectio    |             | icittai    | 1               |             | Combine      | Agricultural   |
| Towns Served: MAN                   |                   |               |             |          |              | -           |            | <b>–</b>        |             |              |                |
| Towns Served. MAT                   |                   | Water Sy      | istem l     | Eacili   | ity and 9    | Samnli      | ησ Ρη      | int Inve        | ntory       |              |                |
| Water                               |                   | water Sy      | JStemi      | acm      | ity and s    | ampin       | 1610       |                 | tal Lead o  | und          |                |
|                                     | stem Facility     |               | Samplina    | Point    | Sampling     | Point       |            |                 | form Copp   |              | Stage          |
| Facility ID                         | ,                 |               | ID          |          | Descriptio   |             |            | -               |             |              | s WQP 2 DBPF   |
| 10970 WELL                          |                   |               | 2           |          | WELL         |             |            | A               |             |              |                |
| 48342 TREATM                        | ENT PLANT         |               |             |          |              |             |            |                 |             |              |                |
|                                     |                   |               | Certi       | fied     | Operate      | or Info     | rmati      | ion             |             |              |                |
| Water System Fac                    | ility: TREAT      | MENT PLA      |             |          | -            |             |            |                 |             |              |                |
| Facility Classificatio              |                   |               | -           |          | 0042)        |             |            |                 |             |              | Certification  |
| Operator Name Operator Type         |                   |               |             |          |              | Certifico   | ntion(s)   | 1               |             |              | Expiration     |
| JACKSON IV, SHELBY P CHIEF OPERATOR |                   |               |             |          |              |             |            |                 | RATOR - CLA | ASS III      | 6/3/2024       |
|                                     |                   |               |             |          |              | -           |            |                 | OPERATOR    |              | 12/31/2024     |
| KLOBUKOWSKI, STE                    | VEN J.            |               | ASSIGNE     | D OPE    | RATOR        |             |            |                 | OPERATOR    |              | 6/30/2025      |
|                                     |                   |               |             | Con      | tact Info    | ormati      | <u> </u>   |                 |             |              |                |
| Name                                |                   |               |             | -        | rganization  | ormati      | •          |                 |             | Job Title    |                |
| Ms. Jenifer Minicuc                 | ci                |               |             |          | rch Mounta   | ain Dav So  | hool       |                 | President   |              |                |
| Mailing Address Lin                 | -                 |               | Mailing A   |          | s Line Two   |             |            |                 | City        | State        | Zip Code       |
| 645 Birch Mountain                  |                   |               |             |          |              |             |            | Manche          |             | СТ           | 06040          |
| Business Phone                      | Extension         | Fax           |             | Mobi     | le Phone     | Emerge      | ncv Pho    | one Email A     |             |              |                |
| 860-649-2067                        |                   | 860-649-2     | 2139        |          |              |             | 45-175     |                 |             | chool@gmail. | com            |
| Contact Role(s): Ad                 | dministrative (   | Contact, Leg  | al Contac   | t        |              |             |            |                 |             |              |                |
| Name                                |                   | ,             |             |          | rganization  |             |            |                 |             | Job Title    |                |
| Mr. Ryan J Orsini                   |                   |               |             |          | rch Mounta   | ain Day So  | hool       |                 | Owner / Di  | rector       |                |
| Mailing Address Lin                 | e One             |               | Mailing A   | ddres    | s Line Two   |             |            |                 | City        | State        | Zip Code       |
| 645 Birch Mountain                  | Road              |               |             |          |              |             |            | Manche          | ester       | СТ           | 06040          |
| Business Phone                      | Extension         | Fax           |             | Mobi     | le Phone     | Emerge      | ncy Pho    | one Email A     | ddress      | · · · · ·    |                |
| 860-649-2067                        |                   | 860-649-2     | 2139        |          |              | 860-4       | 62-013     | 2 birchmo       | ountaindays | chool@gmail. | com            |
| Contact Role(s): <b>O</b>           | wner              |               |             |          |              |             |            |                 |             |              |                |
| Please note the foll                | owing:            |               |             |          |              |             |            |                 |             |              |                |
| 1. The residual disin               | fectant concent   | ration must b | e measure   | d at the | e same locat | ion and tin | ne as ead  | ch total colifo | orm sample. |              |                |
| 2. If a Collection Per              | iod is specified, | all water qua | lity sample | s must   | be collected | during the  | e specifie | ed period.      |             |              |                |
|                                     | 10 1 10 C         |               |             |          |              |             |            |                 |             |              |                |

Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related 3. 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 o<br>Water Quality Moni                     |                                   |                         |      |        | 0      |                       |      | ection        |                                     |
|----------------|--|-----------------------------------|-------------------------|------|--------|--------|-----------------------|------|---------------|-------------------------------------|
| PWS ID         | PWS Name   | toring all                        |                         |      |        |        |                       |      |               | rimary Source                       |
| CT0779093      | CTWC - BUCKLAND ROAD SERVICE AREA                                  |                                   |                         |      | NTNC   | 711 PC | 25                    | 0    | P             | SWP                                 |
|                | (where applicable)   | Service                           | Resident                |      | Comme  | rcial  | Industri              | ial  | F<br>Combined | -                                   |
| BUCKLAND RO    |  | Connections                       | Resident                | liai | 5      | rcial  | muusti                | a    | Compilieu     | Agricultura                         |
|                | MANCHESTER   |                                   |                         |      | J      |        |                       |      |               |                                     |
| TOWINS SELVED. |  | haring Dage                       | iromo                   | -    |        |        |                       |      |               |                                     |
| Water System   | n Facility: DISTRIBUTION SYSTEM (WSF                               | t <b>oring Requ</b><br>ID: 00600) | inemei                  | nts  | )      | -      |                       | _    |               |                                     |
| Chlorine Res   | idual (1012)   |                                   |                         |      |        |        |                       | 1 rc | outine (RT)   | per month                           |
| Sampling       | Point (Sampling Point ID)  |                                   | Monitoriı               | ng P | Period | Coll   | ection Pe             | riod | l Compl       | iance Status                        |
| Select from    | m Inventory of Active Sampling Points                              |                                   | 11/1/23 -               | 11/  | 30/23  |        |                       |      | Co            | omplete                             |
|                |  |                                   | 12/1/23 -               | 12/  | 31/23  |        |                       |      | Co            | omplete                             |
|                |  |                                   | 1/1/24 -                | 1/3  | 1/24   |        |                       |      | Co            | omplete                             |
|                |  |                                   | 2/1/24 -                | 2/2  | 9/24   |        |                       |      | Co            | omplete                             |
|                |  |                                   | 3/1/24 -                | 3/3  | 1/24   |        |                       |      | Co            | omplete                             |
| Asbestos (10   | 094)   |                                   |                         |      |        |        | 1 rc                  | outi | ne (RT) pe    | r nine years                        |
| Sampling       | Point (Sampling Point ID)  |                                   | Monitorii               | ng P | Period | Coll   | ection Pe             | riod | Compl         | iance Status                        |
| Select from    | m Inventory of Active Sampling Points                              |                                   | 1/1/20 - 2              | 12/3 | 31/28  |        |                       |      |               |                                     |
|                | etic Acids (2456)  |                                   |                         |      |        |        | 1                     | l ro |               | per quarter                         |
| Sampling       | Point (Sampling Point ID)  |                                   | Monitoriı               |      |        | Coll   | ection Pe             | riod | l Compl       | iance Status                        |
| LOWES-31       | 1 BUCKLAND HILLS DR (3045)   |                                   | 10/1/23 -               |      |        |        | .1/1-11/3             |      |               | omplete                             |
|                |  |                                   | 1/1/24 -                | -    |        |        | 2/1-2/28              |      | Co            | omplete                             |
|                |  |                                   | 4/1/24 -                | -    |        |        | 5/1-5/31              |      |               |                                     |
|                |  |                                   | 7/1/24 -                | 9/3  | 0/24   |        | 8/1-8/31              |      |               |                                     |
|                | methanes (2950)  |                                   |                         |      |        |        |                       |      |               | per quarter                         |
|                | Point (Sampling Point ID)  |                                   | Monitorii               | -    |        |        | ection Pe             |      |               | iance Status                        |
| TARGET-1       | 25 BUCKLAND HILLS DR (3046)  |                                   | 10/1/23 -               |      |        |        | .1/1-11/3             |      |               | omplete                             |
|                |  |                                   | 1/1/24 -                | -    |        |        | 2/1-2/28              |      | Co            | omplete                             |
|                |  |                                   | 4/1/24 -                | -    |        |        | 5/1-5/31              |      |               |                                     |
|                |  |                                   | 7/1/24 -                | 9/3  | 0/24   |        | 8/1-8/31              |      |               |                                     |
| Total Colifor  |  |                                   |                         |      |        |        |                       |      |               | per month                           |
|                | Point (Sampling Point ID)  |                                   | Monitori                |      |        | Coll   | ection Pe             | riod |               | iance Status                        |
| Select from    | m Inventory of Active Sampling Points                              |                                   | 11/1/23 -               |      |        |        |                       |      |               | omplete                             |
|                |  |                                   | 12/1/23 -               |      |        |        |                       |      |               | omplete                             |
|                |  |                                   | 1/1/24 -                |      |        | _      |                       |      |               | omplete                             |
|                |  |                                   | 2/1/24 -                |      |        |        |                       |      |               | omplete                             |
|                |  |                                   | 3/1/24 -                |      |        |        |                       |      | Сс            | omplete                             |
|                |  |                                   | 4/1/24 -                |      |        |        |                       |      |               |                                     |
|                |  |                                   | 5/1/24 -                |      |        |        |                       |      |               |                                     |
|                |  |                                   | 6/1/24 -                |      |        |        |                       |      |               |                                     |
|                |  |                                   | 7/1/24 -                |      |        |        |                       |      |               |                                     |
|                |  |                                   | 8/1/24 -                | -    |        |        |                       |      |               |                                     |
|                |  |                                   | 9/1/24 -                |      |        |        |                       |      |               |                                     |
|                |  |                                   | 10/1/24 -               | 10/  | 51/24  |        |                       | -    |               | )                                   |
| Lead And Co    | ••••••   |                                   | Monitori                | n    | Doriod | Cell   | action D-             |      | -             | RT) per year<br><i>iance Status</i> |
|                | Point (Sampling Point ID)<br>m Inventory of Active Sampling Points |                                   | Monitorii<br>1/1/23 - 1 |      |        |        | ection Pe<br>6/1-9/30 |      |               | omplete                             |
| Select If O    | m inventory of Active Sampling Points                              |                                   | 1/1/23 - 1/1/24 - 1     |      | -      | _      | 6/1-9/30              |      |               | mpiete                              |
|                |  |                                   | 1/1/24                  | 12/3 | 51/24  |        | 0/1-9/30              | 1    |               |                                     |

|                                   | Connecticut De              | -                          | Public Health<br>oring and Cor |        |                    | <u> </u>                  |            | ction      |                  |
|-----------------------------------|-----------------------------|----------------------------|--------------------------------|--------|--------------------|---------------------------|------------|------------|------------------|
| DIALCID                           |                             |                            | of fing and Cor                |        |                    |                           |            |            |                  |
| PWS ID                            | PWS Name                    |                            |                                | Cia    | ssificatio         |                           |            |            | rimary Sour      |
| CT0779093                         | CTWC - BUCKLAND ROAD        | SERVICE AREA               | Comico                         | atial. | NTNC               |                           | 25         | P          | SWP              |
|                                   | (where applicable)          |                            | Service Resider                | ntial  | Comme              | ercial Ir                 | ndustrial  | Combined   | Agricultu        |
| BUCKLAND RC                       |                             |                            | connections                    |        | 5                  |                           |            |            |                  |
| Towns Served                      | I: MANCHESTER               | Monite                     | oring Requireme                | onto   | :                  |                           |            |            |                  |
| Water Syste                       | m Facility: DISTRIBUTION    |                            |                                | 51113  |                    | _                         |            |            |                  |
|                                   | opper (PBCU)                |                            |                                |        |                    |                           | 5          | routine (  | RT) per yea      |
|                                   | g Point (Sampling Point ID) |                            | Monitor                        | rina F | Period             | Collect                   | ion Period | -          | iance Status     |
|                                   | <u> </u>                    |                            | 1/1/25 -                       | _      |                    |                           | 1-9/30     |            |                  |
| Physical Par                      | rameters (PPS)              |                            | _, _,                          | ,      | ,                  | -7                        |            | utine (RT  | ) per mont       |
| -                                 | g Point (Sampling Point ID) |                            | Monitor                        | rina F | Period             | Collect                   | ion Period | -          | iance Status     |
|                                   | om Inventory of Active Samp | ling Points                | 11/1/23                        | _      |                    |                           |            | -          | omplete          |
|                                   | ,p                          | <u> </u>                   | 12/1/23                        |        |                    |                           |            |            | omplete          |
|                                   |                             |                            | 1/1/24                         |        |                    |                           |            |            | omplete          |
|                                   |                             |                            | 2/1/24                         |        |                    |                           |            |            | omplete          |
|                                   |                             |                            | 3/1/24                         |        | -                  |                           |            |            | omplete          |
|                                   |                             |                            | 4/1/24                         |        |                    |                           |            |            |                  |
|                                   |                             |                            | 5/1/24                         | - 5/3  | 1/24               |                           |            |            |                  |
|                                   |                             |                            | 6/1/24                         | - 6/3  | 0/24               |                           |            |            |                  |
|                                   |                             |                            | 7/1/24                         | - 7/3  | 1/24               |                           |            |            |                  |
|                                   |                             |                            | 8/1/24                         | - 8/3  | 1/24               |                           |            |            |                  |
|                                   |                             |                            | 9/1/24                         | - 9/3  | 0/24               |                           |            |            |                  |
|                                   |                             |                            | 10/1/24                        | - 10/  | /31/24             | _                         |            | . <u> </u> |                  |
|                                   |                             | Other Co                   | ompliance Sche                 | dule   | es                 |                           |            |            |                  |
| Compliance S                      | chedule Activity            |                            |                                | Due    | Date               |                           | Achieved   | Date       |                  |
| SUBMIT LEAD                       | SERVICE LINE INVENTORY      |                            | -                              | 10/16  | 5/2024             |                           |            |            |                  |
| COMPLETE IN                       | IITIAL LSL INVENTORY        |                            | ,<br>-                         | 10/16  | 5/2024             |                           |            |            |                  |
| CROSS CONNE                       | ECTION SURVEY REPORT        |                            |                                | 3/1/   | 2025               |                           |            |            |                  |
|                                   | Water                       | <sup>.</sup> System Facili | ty and Sampling                | g Po   | oint Inv           | vento                     | ry         |            |                  |
| Water<br>System Wa<br>Facility ID | ater System Facility        | Sampling Point<br>ID       | Sampling Point<br>Description  |        |                    | Total<br>Coliform<br>Rule |            |            | Stag<br>WQP 2 DB |
|                                   | STRIBUTION SYSTEM           | 3045                       | LOWES-31 BUCKLAND              |        | <u>Status</u><br>A |                           | N          | Y          | Y                |
|                                   |                             | 3045-1                     | ORECK STORE                    |        | A                  | Y                         | N          |            | 1                |
|                                   |                             | 3045A                      | 31 BCKLND-KIT                  |        | A                  | •                         | N          |            |                  |
|                                   |                             | 3045B                      | 31 BCKLND - BATH               |        | A                  |                           | N          |            |                  |
|                                   |                             | 3046                       | TARGET-125 BUCKLAN             | ٧D     | A                  | Y                         | N          |            | Y                |
|                                   |                             | 3046A                      | 125 BCKLND - KIT               |        | A                  | •                         | N          |            | •                |
|                                   |                             | 3046B                      | 125 BCKLND - BATH              |        | A                  |                           | N          |            |                  |
|                                   |                             | 3047                       | VIT SHOP-105 BUCK              |        | A                  | Y                         | N          |            |                  |
|                                   |                             | 3047A                      | 105 BCKLND - KIT               |        | A                  |                           | N          |            |                  |
|                                   |                             | 3047B                      | 105 BCKLND - BATH              |        | A                  |                           | N          |            |                  |
|                                   |                             | 3048                       | MN WHS-194 BUCK                |        | A                  | Y                         | N          |            |                  |
|                                   |                             | 3048A                      | 95 BCKLND - KIT                |        | A                  | •                         | N          |            |                  |
|                                   |                             | 3048B                      | 95 BCKLND - BATH               |        | A                  |                           | N          |            |                  |
|                                   |                             | 4                          | DISTRIBUTION SYSTEM            | N      | A                  |                           |            |            |                  |
|                                   |                             | •                          |                                |        |                    |                           |            |            |                  |

| Сс                                 | onnectic        | ut Depa       | rtment of           | Public          | Health        | Drir     | nking       | Wa         | ter       | Se     | ction        |                |
|------------------------------------|-----------------|---------------|---------------------|-----------------|---------------|----------|-------------|------------|-----------|--------|--------------|----------------|
|                                    |                 | <b>.</b>      | lity Monit          |                 |               |          | 0           |            |           |        |              |                |
| PWS ID PW                          | /S Name         | tor Quida     |                     |                 |               |          |             |            |           |        | ner Type P   | rimary Source  |
|                                    | WC - BUCKLAI    | ND ROAD SE    | RVICE AREA          |                 |               |          | NC          | 2          |           |        | P            | SWP            |
| Local Address (whe                 |                 |               |                     | Service         | Resident      |          | mmercia     | al In      | dustria   | al     | Combined     | Agricultura    |
| BUCKLAND ROAD                      |                 |               |                     | Connection      | IS            |          | 5           | -          |           |        |              | 0              |
| Towns Served: MAN                  | NCHESTER        |               |                     |                 |               |          |             |            |           |        |              |                |
|                                    |                 | Water Sy      | /stem Facili        | ity and Sa      | ampling       | Point    | t Inve      | ntor       | у         |        |              |                |
| Water                              |                 |               |                     | -               |               |          |             | tal        | -<br>Lead | and    |              |                |
| System Water Sy                    | ystem Facility  | 2             | Sampling Point      | Sampling P      | oint          |          | Coli        | form       | Сорр      | ber    |              | Stage          |
| Facility ID                        |                 |               | ID                  | Description     |               | Sta      | itus R      | ule        | Rule      | Tier   | Asbestos     | WQP 2 DBPI     |
|                                    |                 |               | DOWNSTREAM          | WITHIN 5 S      | ERVICE CON    | I A      | 4           |            |           |        |              |                |
|                                    |                 |               | UPSTREAM            | WITHIN 5 S      | ERVICE CON    | I A      | 4           |            |           |        |              |                |
| 57781 INTERCO<br>CTWC W            | NNECTION - C    | T0473011-     |                     |                 |               |          |             |            |           |        |              |                |
| 57783 INTERCO                      | NNECTION -      | DEPT          |                     |                 |               |          |             |            |           |        |              |                |
|                                    |                 |               | Certified           | Operato         | r Inform      | ation    | ı           |            |           |        |              |                |
| Water System Fac                   | cility: DISTR   | IBUTION SY    | STEM (WSF II        | D: 00600)       |               |          |             |            |           |        |              |                |
| Facility Classificatio             | on: SMALL WA    | TER SYSTEM    |                     |                 |               |          |             |            |           |        |              | Certification  |
|                                    |                 |               |                     |                 |               |          |             | Expiration |           |        |              |                |
| GREEN, III, CLIFFOR                | D               |               | CHIEF OPERATO       | DR              | DISTRIBUTIO   | ON SYS   | TEM OPE     | ERATC      | R - CL    | ASS    |              | 3/31/2026      |
|                                    |                 |               | Con                 | tact Info       | rmation       |          |             |            |           |        |              |                |
| Name                               |                 |               | Or                  | rganization     |               |          |             |            |           |        | Job Title    |                |
| Mr. Craig J. Patla                 |                 |               | Co                  | onnecticut W    | ater Compa    | any      |             | Vp,        | Servic    | e De   | livery       |                |
| Mailing Address Lin                | e One           |               | Mailing Address     |                 |               |          |             | Cit        |           |        | State        | Zip Code       |
| 93 West Main Stree                 | t               |               |                     |                 |               |          | Clinton     |            | -         |        | СТ           | 06413          |
| Business Phone                     | Extension       | Fax           | Mobi                | le Phone        | Emergency     | Phone    | Email A     | ddres      | S         |        |              |                |
| 860-664-6140                       |                 |               |                     |                 | 800-391-2     | 1924     | craig.pa    | atla@o     | ctwate    | er.co  | m            |                |
| Contact Role(s): Le                | gal Contact, C  | )wner         |                     | I               |               |          |             |            |           |        |              |                |
| Name                               | -               |               | Or                  | rganization     |               |          |             |            |           |        | Job Title    |                |
| Mr. Paul C. Lowry                  |                 |               | Co                  | onnecticut W    | ater Compa    | any      |             | Mar        | nager     |        |              |                |
| Mailing Address Lin                | e One           |               | Mailing Address     | s Line Two      |               |          |             | Cit        | :y        |        | State        | Zip Code       |
| 93 W Main Street                   |                 |               |                     |                 |               |          | Clinton     |            | -         |        | СТ           | 06413          |
| <b>Business Phone</b>              | Extension       | Fax           | Mobi                | le Phone        | Emergency     | Phone    | Email A     | ddres      | S         |        |              |                |
| 860-292-2809                       |                 | 860-654-1     | 1903                |                 | 800-208-      |          | ctwcdp      |            |           | wate   | er.com       |                |
| Contact Role(s): A                 | dministrative   | Contact       |                     | I               |               |          | 1           |            |           |        |              |                |
| Please note the fol                | lowing:         |               |                     |                 |               |          |             |            |           |        |              |                |
| 1. The residual disin              | -               | ration must b | e measured at the   | e same locatio  | n and time as | s each t | otal colifo | orm sa     | mple.     |        |              |                |
| 2. If a Collection Per             |                 |               |                     |                 |               |          |             |            |           |        |              |                |
|                                    |                 |               | ay be required (i.e |                 |               |          |             | nedule     | is subje  | ect to | hange ar     | id any related |
| <ol><li>Depending on res</li></ol> | and, adultional | intering int  |                     | e. repeat of co | initiation se | unpics   | . 11115 501 | cuure      |           |        | s chunge, ui |                |

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

End of schedule

|                      | Connecticut Department                              |  | 0                        | ection                   |
|----------------------|---|--|--------------------------|--------------------------|
|                      |   | nitoring and Compliance                    |                          |                          |
| PWS ID               | PWS Name  |  |                          | ner Type Primary Source  |
| CT0779083            | ELISABETH M. BENNET ACADEMY                         | NTNC                                       | 536                      | L SWP                    |
|                      | (where applicable)                                  | Service Residential Comme<br>Connections 1 | ercial Industrial        | Combined Agricultura     |
| 1151 MAIN ST         |   | Connections 1                              |                          |                          |
| Towns Served:        | MANCHESTER  |  |                          |                          |
|                      |   | nitoring Requirements                      |                          |                          |
| -                    | n Facility: DISTRIBUTION SYSTEM (W<br>sidual (1012) | SF ID: 00600)                              | 1 го                     | outine (RT) per month    |
|                      | Point (Sampling Point ID)                           | Monitoring Period                          | Collection Period        | Compliance Status        |
|                      | om Inventory of Active Sampling Points              | 11/1/23 - 11/30/23                         |                          | Complete                 |
|                      |   | 12/1/23 - 12/31/23                         |                          | Complete                 |
|                      |   | 1/1/24 - 1/31/24                           |                          | Complete                 |
|                      |   | 2/1/24 - 2/29/24                           |                          | Complete                 |
| Asbestos (1          | 094)  |  | 1 routir                 | ne (RT) per nine years   |
| -                    | Point (Sampling Point ID)                           | Monitoring Period                          | Collection Period        | Compliance Status        |
|                      | m Inventory of Active Sampling Points               | 1/1/20 - 12/31/28                          |                          | <b>,</b>                 |
|                      | cetic Acids (2456)                                  | ,,, - ,-, -                                | 1 roı                    | utine (RT) per quarter   |
|                      | Point (Sampling Point ID)                           | Monitoring Period                          | Collection Period        | Compliance Status        |
|                      | ATER COOLER (B4C001)                                | 10/1/23 - 12/31/23                         | 12/1-12/31               | Complete                 |
|                      | , , , , , , , , , , , , , , , , , , ,               | 1/1/24 - 3/31/24                           | 3/1-3/31                 |                          |
|                      |   | 4/1/24 - 6/30/24                           | 6/1-6/30                 |                          |
|                      |   | 7/1/24 - 9/30/24                           | 9/1-9/30                 |                          |
| <b>Total Trihald</b> | omethanes (2950)                                    |  | 1 rou                    | utine (RT) per quarter   |
| Sampling             | Point (Sampling Point ID)                           | Monitoring Period                          | <b>Collection Period</b> | <b>Compliance Status</b> |
| BARNARD              | OWATER COOLER (B4B001)                              | 10/1/23 - 12/31/23                         | 12/1-12/31               | Complete                 |
|                      |   | 1/1/24 - 3/31/24                           | 3/1-3/31                 |                          |
|                      |   | 4/1/24 - 6/30/24                           | 6/1-6/30                 |                          |
|                      |   | 7/1/24 - 9/30/24                           | 9/1-9/30                 |                          |
| <b>Total Colifor</b> | m (3100)  |  | 1 ro                     | outine (RT) per month    |
| Sampling             | Point (Sampling Point ID)                           | Monitoring Period                          | <b>Collection Period</b> | <b>Compliance Status</b> |
| Select fro           | m Inventory of Active Sampling Points               | 11/1/23 - 11/30/23                         |                          | Complete                 |
|                      |   | 12/1/23 - 12/31/23                         |                          | Complete                 |
|                      |   | 1/1/24 - 1/31/24                           |                          | Complete                 |
|                      |   | 2/1/24 - 2/29/24                           |                          | Complete                 |
|                      |   | 3/1/24 - 3/31/24                           |                          |                          |
|                      |   | 4/1/24 - 4/30/24                           |                          |                          |
|                      |   | 5/1/24 - 5/31/24                           |                          |                          |
|                      |   | 6/1/24 - 6/30/24                           |                          |                          |
|                      |   | 7/1/24 - 7/31/24                           |                          |                          |
|                      |   | 8/1/24 - 8/31/24                           |                          |                          |
|                      |   | 9/1/24 - 9/30/24                           |                          |                          |
|                      | /   | 10/1/24 - 10/31/24                         |                          | ()                       |
|                      | opper (PBCU)  |  |                          | e (RT) per six months    |
|                      | Point (Sampling Point ID)                           | Monitoring Period                          | Collection Period        | Compliance Status        |
| Select fro           | m Inventory of Active Sampling Points               | 7/1/23 - 12/31/23                          |                          | Complete                 |
|                      |   | 1/1/24 - 6/30/24                           |                          |                          |
|                      |   | 7/1/24 - 12/31/24                          |                          |                          |

#### **Connecticut Department of Public Health Drinking Water Section** Water Quality Monitoring and Compliance Schedule PWS ID **PWS Name** Classification Population Owner Type Primary Source CT0779083 ELISABETH M. BENNET ACADEMY NTNC 536 L SWP Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 1151 MAIN STREET 1 Towns Served: MANCHESTER **Monitoring Requirements** Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) **Physical Parameters (PPS)** 1 routine (RT) per month Sampling Point (Sampling Point ID) Monitorina 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 Complete 2/1/24 - 2/29/24 Complete 3/1/24 - 3/31/24 4/1/24 - 4/30/24 5/1/24 - 5/31/24 6/1/24 - 6/30/24 7/1/24 - 7/31/24 8/1/24 - 8/31/24 9/1/24 - 9/30/24 10/1/24 - 10/31/24 Monthly Water System Facility (WSF) Level Monitoring Requirements Water System Facility: TREATMENT PLANT (WSFID: 57792) Monitoring Requirement (Summary Type) Samples Reg/Month Analyte **Operating Limit** pН Entry Point pH Monitoring (PHRD) Minimum: 7.0 PH 4 **Compliance History:** Start Date: 9/1/2011 Monitoring **Operating Limit Monitoring Period Compliance Status: Compliance Status:** 11/1/2023 - 11/30/2023 12/1/2023 - 12/31/2023 1/1/2024 - 1/31/2024 2/1/2024 - 2/29/2024 3/1/2024 - 3/31/2024 Analvte Monitoring Requirement (Summary Type) **Operating Limit** Samples Reg/Month <spaces> ( ) Maximum: 7.6 PH 4 pН **Compliance History:** Start Date: 9/1/2011 Monitoring **Operating Limit Monitoring Period Compliance Status: Compliance Status:** 11/1/2023 - 11/30/2023 12/1/2023 - 12/31/2023 1/1/2024 - 1/31/2024 2/1/2024 - 2/29/2024 3/1/2024 - 3/31/2024 **Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date** SWTS 1: PWS TO RECOMMEND SOWT 1/31/2024 1/31/2024 CCTS 1: PWS TO RECOMMEND OCCT 1/31/2024 1/31/2024 SUBMIT LEAD CONSUMER NOTICE CERTIFICATE 3/30/2024

|                  |                    | C C     |     | 0           |         | 1    |             |             |            | (    |              |
|------------------|--------------------|---------|-----|-------------|---------|------|-------------|-------------|------------|------|--------------|
| PWS ID           | PWS Name           |         |     |             |         | Cla  | ssification | Population  | Owner Type | e Pr | imary Source |
| СТ0779083        | ELISABETH M. BENNE | T ACADI | EMY |             |         |      | NTNC        | 536         | L          |      | SWP          |
| Local Address (w | vhere applicable)  |         |     | Service     | Residen | tial | Commerci    | al Industri | al Combin  | ed   | Agricultural |
| 1151 MAIN STRE   | ET                 |         |     | Connections |         |      | 1           |             |            |      |              |
| Towns Served: N  | <b>MANCHESTER</b>  |         |     |             |         |      |             |             |            |      |              |

| Other Compliance Schedules            |            |               |  |  |  |  |  |  |  |  |  |  |
|---------------------------------------|------------|---------------|--|--|--|--|--|--|--|--|--|--|
| Compliance Schedule Activity          | Due Date   | Achieved Date |  |  |  |  |  |  |  |  |  |  |
| SWTS 2: DWS REVIEW & APPROVAL OF SOWT | 6/27/2024  |               |  |  |  |  |  |  |  |  |  |  |
| CCTS 2: DWS REVIEW & APPROVAL OF OCCT | 6/30/2024  |               |  |  |  |  |  |  |  |  |  |  |
| SUBMIT LEAD SERVICE LINE INVENTORY    | 10/16/2024 |               |  |  |  |  |  |  |  |  |  |  |
| COMPLETE INITIAL LSL INVENTORY        | 10/16/2024 |               |  |  |  |  |  |  |  |  |  |  |
| CROSS CONNECTION SURVEY REPORT        | 3/1/2025   |               |  |  |  |  |  |  |  |  |  |  |
| CCTS 5: PWS OCCT INSTALLATION         | 6/30/2025  |               |  |  |  |  |  |  |  |  |  |  |

| Water System Facility and Sampling Point Inventory |                       |                      |                               |        |                           |                                 |          |                    |  |  |  |  |
|--|-----------------------|----------------------|-------------------------------|--------|---------------------------|---------------------------------|----------|--------------------|--|--|--|--|
| Water<br>System<br>Facility ID                     | Water System Facility | Sampling Point<br>ID | Sampling Point<br>Description | Status | Total<br>Coliform<br>Rule | Lead and<br>Copper<br>Rule Tier | Asbestos | Stage<br>WQP 2 DBP |  |  |  |  |
| 00600  | DISTRIBUTION SYSTEM   | 4                    | DISTRIBUTION SYSTEM           | А      |                           |                                 |          |                    |  |  |  |  |
|  |                       | B4117                | BARNARD OFFICE                | А      | Y                         | 1                               |          |                    |  |  |  |  |
|  |                       | B4B001               | BARNARD WATER<br>COOLER       | A      | Y                         |                                 |          | Y                  |  |  |  |  |
|  |                       | B4B004               | BARNARD FAC LAV               | А      | Y                         | 2                               |          |                    |  |  |  |  |
|  |                       | B4B016               | BARNARD CUSTODIAL             | А      |                           | 2                               |          |                    |  |  |  |  |
|  |                       | B4B100               | BARNARD WATER CONUR           | А      |                           | 2                               |          |                    |  |  |  |  |
|  |                       | B4B104               | BARNARD FAC LAV               | А      |                           | 2                               |          |                    |  |  |  |  |
|  |                       | B4B113               | BARNARD SCIENCE LAB           | А      |                           | 2                               |          |                    |  |  |  |  |
|  |                       | B4B116               | BARNARD CUSTODIAL             | А      |                           | 2                               |          |                    |  |  |  |  |
|  |                       | B4B206               | BARNARD-SCIENCE LAV           | А      | Y                         | 2                               |          |                    |  |  |  |  |
|  |                       | B4B211               | BARNARD SCIENCE LAV           | А      | Y                         | 2                               |          |                    |  |  |  |  |
|  |                       | B4B213               | BARNARD SCIENCE LAV           | А      | Y                         | 2                               |          |                    |  |  |  |  |
|  |                       | B4C001               | CONE WATER COOLER             | А      | Y                         | 2                               |          | Y                  |  |  |  |  |
|  |                       | B4C011               | CONE BOYS LR LAV              | А      | Y                         | 2                               |          |                    |  |  |  |  |
|  |                       | B4C024               | CONE-CHANGING LAV             | А      | Y                         | 2                               |          |                    |  |  |  |  |
|  |                       | B4C101               | CONE-WATER COOLER             | А      | Y                         | 2                               |          |                    |  |  |  |  |
|  |                       | B4C104               | CONE HC LAV                   | А      | Y                         | 2                               |          |                    |  |  |  |  |
|  |                       | B4C107               | CONE LIBRARY WK RM            | А      | Y                         | 2                               |          |                    |  |  |  |  |
|  |                       | B4C204               | CONE CHANGING LAV             | А      | Y                         | 2                               |          |                    |  |  |  |  |
|  |                       | B4CH100              | CHENEY COOLER                 | А      |                           | 1                               |          |                    |  |  |  |  |
|  |                       | B4CH107              | CHENEY CLASSROOM              | А      |                           | 1                               |          |                    |  |  |  |  |
|  |                       | B4CH1HC              | CHENEY HC LAV                 | А      |                           | 1                               |          |                    |  |  |  |  |
|  |                       | B4CH201              | CHENEY COOICV                 | А      |                           | 1                               |          |                    |  |  |  |  |
|  |                       | B4CH209              | CHENEY CISS ROOM              | А      |                           | 1                               |          |                    |  |  |  |  |
|  |                       | B4CH20FI             | CHENEY CICSS ROOM             | А      |                           | 1                               |          |                    |  |  |  |  |
|  |                       | <b>B4CHNURSE</b>     | CHENEY NURSE                  | А      |                           | 1                               |          |                    |  |  |  |  |
|  |                       | B4CHZHC              | CHENEY HC LAV                 | А      |                           | 1                               |          |                    |  |  |  |  |
|  |                       | B4CN207              | CHENEY CICSS ROOM             | А      |                           | 1                               |          |                    |  |  |  |  |
|  |                       | B4F001               | FRANKLIN COOLER               | А      |                           | 2                               |          |                    |  |  |  |  |

|                  |                    |          |    | 0           |         | 1     |             |             |            |                 |
|------------------|--------------------|----------|----|-------------|---------|-------|-------------|-------------|------------|-----------------|
| PWS ID           | PWS Name           |          |    |             |         | Cla   | ssification | Population  | Owner Type | Primary Source  |
| СТ0779083        | ELISABETH M. BENNE | ET ACADE | MY |             |         |       | NTNC        | 536         | L          | SWP             |
| Local Address (v | where applicable)  |          |    | Service     | Resider | ntial | Commerci    | al Industri | al Combine | ed Agricultural |
| 1151 MAIN STR    | EET                |          |    | Connections |         |       | 1           |             |            |                 |
| Towns Served: I  | MANCHESTER         |          |    |             |         |       |             |             |            |                 |

|                                | Wa  | ter System Facili    | ity and Sampling P            | oint Ir | vento                     | Ъ                               |          |                             |
|--------------------------------|---|----------------------|-------------------------------|---------|---------------------------|---------------------------------|----------|-----------------------------|
| Water<br>System<br>Facility ID | Water System Facility                       | Sampling Point<br>ID | Sampling Point<br>Description | Status  | Total<br>Coliform<br>Rule | Lead and<br>Copper<br>Rule Tier | Asbestos | Stage<br>WQP 2 DBPR         |
|                                |   | B4F004               | FRANKLIN LAV                  | A       |                           | 2                               |          |                             |
|                                |   | B4F009               | FRANKLIN ART LAB              | А       |                           | 2                               |          |                             |
|                                |   | B4F014               | FRANKLIN TECH LAB             | А       |                           | 2                               |          |                             |
|                                |   | B4F101               | FRAN WATER COOLER             | А       | Y                         | 2                               |          |                             |
|                                |   | B4F104               | FRAN FACULTY LAV              | А       | Y                         | 2                               |          |                             |
|                                |   | B4F107               | FRANKLIN-NURSE                | А       | Y                         | 2                               |          |                             |
|                                |   | B4F111               | FRANK SCIENCE LAB             | А       | Y                         | 2                               |          |                             |
|                                |   | B4F117               | FRANKLIN NURSE                | А       | Y                         | 2                               |          |                             |
|                                |   | B4F201               | FRANK WATER COOLER            | А       | Y                         | 2                               |          |                             |
|                                |   | B4F213               | FRANK SCIENCE LAB             | А       | Y                         | 2                               |          |                             |
|                                |   | B4R103               | REC WATER COOLER              | А       | Y                         | 2                               |          |                             |
|                                |   | B4R107               | REC FACULTY LAV               | А       | Y                         | 2                               |          |                             |
|                                |   | B4R112               | REC DIST KITCHEN              | А       |                           | 2                               |          |                             |
|                                |   | B4R207               | REC FACULTY LAV               | А       | Y                         | 2                               |          |                             |
|                                |   | B4RSTR20             | RECREATION COOLER             | А       | Y                         | 2                               |          |                             |
|                                |   | DOWNSTREAM           | WITHIN 5 SERVICE CON          | А       |                           |                                 |          |                             |
|                                |   | UPSTREAM             | WITHIN 5 SERVICE CON          | А       |                           |                                 |          |                             |
|                                | INTERCONNECTION -<br>CT0770021 - MANCHESTER |                      |                               |         |                           |                                 |          |                             |
| 57792                          | TREATMENT PLANT                             | B3RAW                | ENTRY POINT RAW               | А       |                           |                                 |          |                             |
|                                |   | B3TREAT              | ENTRY POINT TREATED           | А       |                           |                                 |          |                             |
|                                |   | Certified            | <b>Operator Informa</b>       | tion    |                           |                                 |          |                             |
| Water Sys                      | stem Facility: DISTRIBUT                    | ION SYSTEM (WSF II   | D: 00600)                     |         |                           |                                 |          |                             |
| Facility Cla<br>Operator l     | assification:<br>Name                       | <b>Operator Typ</b>  | e Certification(              | s)      |                           |                                 |          | Certification<br>Expiration |
| GRANT, SH                      | IANE  | CHIEF OPERATO        | DR WATER TREAT                | IMENT P | LANT OPE                  | RATOR - CL                      | ASS II   | 9/30/2026                   |
|                                |   |                      | DISTRIBUTION                  | SYSTEM  | 1 OPERATO                 | DR - CLASS I                    | I        | 9/30/2026                   |
| Water Sys                      | stem Facility: TREATMEI                     | NT PLANT (WSF ID: 5  | 7792)                         |         |                           |                                 |          |                             |
| Facility Cla                   | assification: CLASS 1 TREATI                | MENT PLANT           |                               |         |                           |                                 |          | Certification               |
| Operator I                     | Name  | <b>Operator Typ</b>  | e Certification(              | s)      |                           |                                 |          | Expiration                  |
| GRANT, SH                      | IANE  | CHIEF OPERATO        | OR WATER TREAT                | IMENT P | LANT OPE                  | RATOR - CL                      | ASS II   | 9/30/2026                   |
|                                |   |                      | DISTRIBUTION                  | SYSTEM  | 1 OPERATO                 | DR - CLASS I                    | I        | 9/30/2026                   |
| PETITTI, AI                    | NDY   | ASSIGNED OPER        | RATOR DISTRIBUTION            | SYSTEM  | 1 OPERAT                  | DR - CLASS I                    |          | 6/30/2025                   |
|                                |   |                      | WATER TREAT                   | IMENT P | LANT OPE                  | RATOR - CL                      | ASS I    | 12/31/2025                  |

|                  |                             | 0           |         |       |             |             |            |     |              |
|------------------|-----------------------------|-------------|---------|-------|-------------|-------------|------------|-----|--------------|
| PWS ID           | PWS Name                    |             |         | Cla   | ssification | Population  | Owner Type | Pri | mary Source  |
| СТ0779083        | ELISABETH M. BENNET ACADEMY |             |         |       | NTNC        | 536         | L          |     | SWP          |
| Local Address (w | here applicable)            | Service     | Residen | itial | Commerci    | al Industri | al Combin  | ed  | Agricultural |
| 1151 MAIN STRE   | ET                          | Connections |         |       | 1           |             |            |     |              |
| Towns Served: N  | /ANCHESTER                  |             |         |       | ·           | ·           | ·          |     |              |

#### **Contact Information** Organization Name Job Title Ms. Laren Clancy Manchester Public Schools Dir of Finance & Mgt Mailing Address Line One Mailing Address Line Two City State Zip Code 06042 45 North School Street Manchester CT **Business Phone** Extension **Mobile Phone Emergency Phone** Email Address Fax 860-647-3444 klclancy@mpspride.org Contact Role(s): Administrative Contact Name Organization Job Title Mr. Matt Geary Manchester Public Schools Supt of Schools Mailing Address Line One Mailing Address Line Two Zip Code City State 45 North School Street Manchester CT 06042 **Business Phone** Extension Fax **Mobile Phone** Emergency Phone Email Address 860-647-3441 mgeary@mpspride.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