

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0770072</b>	<b>SHADY GLEN RESTAURANT</b>	NTNC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
840 EAST MIDDLE TURNPIKE			1				
Towns Served: MANCHESTER							

### Monitoring Requirements

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

**Chlorine Residual (1012)** **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

**Chlorine Residual (1012)** **3 routine (RT) per month**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete

**Chlorine Residual (1012)** **4 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete

**Asbestos (1094)** **1 routine (RT) per nine years**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		

**Total Haloacetic Acids (2456)** **1 routine (RT) per year**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
KITCHEN HAND SINK (4004)	1/1/23 - 12/31/23	8/1-8/31	Complete
	1/1/24 - 12/31/24	8/1-8/31	
	1/1/25 - 12/31/25	8/1-8/31	

**Total Trihalomethanes (2950)** **1 routine (RT) per year**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
BASEMENT WEST (4003)	1/1/23 - 12/31/23	8/1-8/31	Complete
	1/1/24 - 12/31/24	8/1-8/31	
	1/1/25 - 12/31/25	8/1-8/31	

**Total Coliform (3100)** **1 routine (RT) per quarter**

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

**Total Coliform (3100)** **3 repeat (RP) per period**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/19/23 - 10/24/23		Complete

**Total Coliform (3100)** **3 temporary routine (TR) per month**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete

**Lead And Copper (PBCU)** **5 routine (RT) per six months**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/23 - 12/31/23		Complete
	1/1/24 - 6/30/24		

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0770072</b>	<b>SHADY GLEN RESTAURANT</b>	NTNC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
840 EAST MIDDLE TURNPIKE			1				

Towns Served: MANCHESTER

### Monitoring Requirements

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

<b>Lead And Copper (PBCU)</b>	<b>5 routine (RT) per six months</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	7/1/24 - 12/31/24		
<b>Physical Parameters (PPS)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

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

<b>Inorganic Chemicals (IOCS)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
<b>Nitrate And Nitrite (NOX)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
<b>Pesticides, Herbicides and PCBs-Phase II (SOC2)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
<b>Pesticides, Herbicides and PCBs-Phase V (SOC5)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
<b>Organic Chemicals (VOCS)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		

Water System Facility: **WELL 1 (WSF ID: 10366)**

<b>E. Coli (3014)</b>	<b>1 triggered (TG) per period</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 1 (2)	10/18/23 - 10/24/23		Complete

Water System Facility: **WELL 2 (WSF ID: 10990)**

<b>E. Coli (3014)</b>	<b>1 triggered (TG) per period</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 2 (2)	10/18/23 - 10/24/23		Complete

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0770072</b>	<b>SHADY GLEN RESTAURANT</b>	NTNC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
840 EAST MIDDLE TURNPIKE			1				
Towns Served: MANCHESTER							

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		4001	BASEMENT EAST	P		1		
		4002	BASEMENT MIDDLE	P		1		
		4003	BASEMENT WEST	A		1		Y
		4004	KITCHEN HAND SINK	A		1		Y
		4005	KITCHEN SLOP SINK	P		1		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10990	WELL 2	2	WELL 2	A				
1332	SHADY GLEN TP							

## Certified Operator Information

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

**Facility Classification:** CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification 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			Job Title	
<b>Mr. William Hoch</b>		Shady Glen Inc.			Owner	
Mailing Address Line One		Mailing Address Line Two			City	State
840 East Middle Turnpike					Manchester	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-649-4245		860-646-2993		860-649-4245	hoch.william@yahoo.com	

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

**Please note the following:**

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

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

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

**End of schedule**

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0779023</b>	<b>HIGHLAND PARK MARKET MANCHESTER RE LLC</b>	NTNC	34	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
349 WETHERALL STREET			1				

Towns Served: MANCHESTER

### Monitoring Requirements

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

#### Asbestos (1094) 1 routine (RT) per nine years

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		Complete

#### Total Coliform (3100) 1 routine (RT) per quarter

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

#### Lead And Copper (PBCU) 5 routine (RT) per year

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/23 - 12/31/23	6/1-9/30	Complete
	1/1/24 - 12/31/24	6/1-9/30	
	1/1/25 - 12/31/25	6/1-9/30	

#### Physical Parameters (PPS) 1 routine (RT) per quarter

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

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

#### Inorganic Chemicals (IOCS) 1 routine (RT) per three years

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/22 - 12/31/24		
	1/1/25 - 12/31/27		

#### Nitrate And Nitrite (NOX) 1 routine (RT) per year

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

#### Pesticides, Herbicides and PCBs-Phase II (SOC2) 1 routine (RT) per three years

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		

#### Pesticides, Herbicides and PCBs-Phase V (SOC5) 1 routine (RT) per three years

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		

#### Organic Chemicals (VOCS) 1 routine (RT) per year

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0779023</b>	<b>HIGHLAND PARK MARKET MANCHESTER RE LLC</b>	NTNC	34	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
349 WETHERALL STREET			1				

Towns Served: MANCHESTER

## Monitoring Requirements

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

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

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
DISTRIBUTION SYSTEM MATERIALS EVALUATION	6/15/2020	
RESPOND TO SANITARY SURVEY	1/13/2022	
CROSS CONNECTION SURVEY REPORT	3/1/2024	
SUBMIT LEAD SERVICE LINE INVENTORY	10/16/2024	
COMPLETE INITIAL LSL INVENTORY	10/16/2024	

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		MM01	PATTIE ROOM	A	Y	1		Y
		MM02	CUTTING ROOM	A	Y	1		Y
		MM03	RETAIL	A	Y	1		Y
		MM04	OFFICE BATHROOM	A	Y	1	Y	Y
		MM05	DOCK	A	Y	1	Y	Y
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10368	WELL	2	WELL	A				

## Contact Information

Name		Organization			Job Title		
<b>Mr. Timothy Devanney</b>		Highland Park Market			Co-President		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
349 Wetherell St.					Manchester	CT	06040
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-646-4277		860-649-8177		860-841-1328	tdevanney@highlandparkmarket.com		

Contact Role(s): **Owner**

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
<b>CT0779023</b>	<b>HIGHLAND PARK MARKET MANCHESTER RE LLC</b>	NTNC	34	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
349 WETHERALL STREET			1					
Towns Served: MANCHESTER								
Name			Organization			Job Title		
<b>Ms. Mina Dusavage</b>			Highland Park Market			Facilities Manager		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
349 Wetherell St.						Manchester	CT	06040
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-646-4277		860-649-8177		860-205-4626	mina@highlandparkmarket.com			
Contact Role(s): <b>Administrative Contact</b>								

**Please note the following:**

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

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0779073</b>	<b>BIRCH MOUNTAIN SCHOOL</b>	NTNC	83	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
645 BIRCH MOUNTAIN ROAD				1			

Towns Served: MANCHESTER

### Monitoring Requirements

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

<b>Asbestos (1094)</b>	<b>1 routine (RT) per nine years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		
<b>Total Coliform (3100)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
<b>Lead And Copper (PBCU)</b>	<b>5 routine (RT) per six months</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/23 - 12/31/23		
	1/1/24 - 6/30/24		
	7/1/24 - 12/31/24		
<b>Physical Parameters (PPS)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Water System Facility: <b>ENTRY POINT (WSF ID: 00700)</b>			
<b>Inorganic Chemicals (IOCS)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/21 - 12/31/23		Complete
	1/1/24 - 12/31/26		
	1/1/27 - 12/31/29		
<b>Nitrate And Nitrite (NOX)</b>	<b>1 routine (RT) per year</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		
<b>Pesticides, Herbicides and PCBs - Phase II &amp; V (SOCS)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		
<b>Organic Chemicals (VOCS)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/23 - 12/31/25		
	1/1/26 - 12/31/28		

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0779073	BIRCH MOUNTAIN SCHOOL	NTNC	83	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
645 BIRCH MOUNTAIN ROAD				1			

Towns Served: MANCHESTER

## Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **ENTRY POINT (WSFID: 00700)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7.0 PH	4
<b>Start Date:</b> 4/1/2006		<b>Compliance History:</b>	<b>Operating Limit</b>
		<b>Monitoring Period</b>	<b>Compliance Status:</b>
		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
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	9/28/2023	
CROSS CONNECTION SURVEY REPORT	3/1/2024	
SUBMIT LEAD SERVICE LINE INVENTORY	10/16/2024	
COMPLETE INITIAL LSL INVENTORY	10/16/2024	

## Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Lead and Copper M&R Violation	1/1/24 -	3	2/5/2025		2/15/2025	

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		BCKBTH	BACK BATH	A	Y	N		
		BM1	RES	A	Y			
		BM2	LITTLE RS	A	Y			
		BM3	LF BATH	A	Y			
		BM4	BREAK ROOM	A	Y			
		BM5	BM5	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		KITCH	KITCHEN SINK	A	Y	N		
		LDSBTH	LADIES BATH	A	Y	N		
		MB5	RIGHT CENTER SINK	A	Y			
		MNSBTH	MENS BATH	A	Y	N		
		MNSFKT	MENS FRONT SINK	A	Y	N		
		PRESCH	PRESCHOOL SINK	A	Y	N	Y	Y
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0779073</b>	<b>BIRCH MOUNTAIN SCHOOL</b>	NTNC	83	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
645 BIRCH MOUNTAIN ROAD				1			
Towns Served: MANCHESTER							

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
10970	WELL	2	WELL	A				
48342	TREATMENT PLANT							

## Certified Operator Information

**Water System Facility:** TREATMENT PLANT (WSF ID: 48342)

**Facility Classification:** CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
JACKSON IV, SHELBY P	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III WATER TREATMENT PLANT OPERATOR - CLASS IV	6/3/2024 12/31/2024
KLOBUKOWSKI, STEVEN J.	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS IV	6/30/2025

## Contact Information

Name		Organization			Job Title		
<b>Ms. Jenifer Minicucci</b>		Birch Mountain Day School			President		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
645 Birch Mountain Road					Manchester	CT	06040
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-649-2067		860-649-2139		860-645-1751	birchmountaindayschool@gmail.com		

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

Name		Organization			Job Title		
<b>Mr. Ryan J Orsini</b>		Birch Mountain Day School			Owner / Director		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
645 Birch Mountain Road					Manchester	CT	06040
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-649-2067		860-649-2139		860-462-0132	birchmountaindayschool@gmail.com		

**Contact Role(s):** Owner

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

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0779093</b>	<b>CTWC - BUCKLAND ROAD SERVICE AREA</b>	NTNC	25	P	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
BUCKLAND ROAD				5			

Towns Served: MANCHESTER

### Monitoring Requirements

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

#### Chlorine Residual (1012) 1 routine (RT) per month

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete

#### Asbestos (1094) 1 routine (RT) per nine years

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		

#### Total Haloacetic Acids (2456) 1 routine (RT) per quarter

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
LOWES-31 BUCKLAND HILLS DR (3045)	10/1/23 - 12/31/23	11/1-11/30	Complete
	1/1/24 - 3/31/24	2/1-2/28	Complete
	4/1/24 - 6/30/24	5/1-5/31	
	7/1/24 - 9/30/24	8/1-8/31	

#### Total Trihalomethanes (2950) 1 routine (RT) per quarter

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
TARGET-125 BUCKLAND HILLS DR (3046)	10/1/23 - 12/31/23	11/1-11/30	Complete
	1/1/24 - 3/31/24	2/1-2/28	Complete
	4/1/24 - 6/30/24	5/1-5/31	
	7/1/24 - 9/30/24	8/1-8/31	

#### Total Coliform (3100) 1 routine (RT) per month

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
9/1/24 - 9/30/24			
10/1/24 - 10/31/24			

#### Lead And Copper (PBCU) 5 routine (RT) per year

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/23 - 12/31/23	6/1-9/30	Complete
	1/1/24 - 12/31/24	6/1-9/30	

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0779093	CTWC - BUCKLAND ROAD SERVICE AREA	NTNC	25	P	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
BUCKLAND ROAD				5			

Towns Served: MANCHESTER

## Monitoring Requirements

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

**Lead And Copper (PBCU) 5 routine (RT) per year**

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
	1/1/25 - 12/31/25	6/1-9/30	

**Physical Parameters (PPS) 1 routine (RT) per month**

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SUBMIT LEAD SERVICE LINE INVENTORY	10/16/2024	
COMPLETE INITIAL LSL INVENTORY	10/16/2024	
CROSS CONNECTION SURVEY REPORT	3/1/2025	

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule	Asbestos Rule Tier	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	3045	LOWES-31 BUCKLAND HI	A	N	Y	Y
		3045-1	ORECK STORE	A	Y	N	
		3045A	31 BCKLND-KIT	A	N		
		3045B	31 BCKLND - BATH	A	N		
		3046	TARGET-125 BUCKLAND	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	A			

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0779093</b>	<b>CTWC - BUCKLAND ROAD SERVICE AREA</b>	NTNC	25	P	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
BUCKLAND ROAD				5			

Towns Served: MANCHESTER

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
57781	INTERCONNECTION - CT0473011-CTWC WESTERN							
57783	INTERCONNECTION - MANCHESTER WATER DEPT							

## Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration
GREEN, III, CLIFFORD	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	3/31/2026

## Contact Information

Name		Organization			Job Title	
<b>Mr. Craig J. Patla</b>		Connecticut Water Company			Vp, Service Delivery	
Mailing Address Line One		Mailing Address Line Two			City	State
93 West Main Street					Clinton	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-664-6140				800-391-1924	craig.patla@ctwater.com	

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

Name		Organization			Job Title	
<b>Mr. Paul C. Lowry</b>		Connecticut Water Company			Manager	
Mailing Address Line One		Mailing Address Line Two			City	State
93 W Main Street					Clinton	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-292-2809		860-654-1903		800-208-5700	ctwcdphadmin@ctwater.com	

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

**Please note the following:**

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

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

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

**End of schedule**

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

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0779083</b>	<b>ELISABETH M. BENNET ACADEMY</b>	NTNC	536	L	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1151 MAIN STREET				1			

Towns Served: MANCHESTER

### Monitoring Requirements

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

#### Chlorine Residual (1012) 1 routine (RT) per month

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete

#### Asbestos (1094) 1 routine (RT) per nine years

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		

#### Total Haloacetic Acids (2456) 1 routine (RT) per quarter

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
CONE WATER 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	

#### Total Trihalomethanes (2950) 1 routine (RT) per quarter

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
BARNARD WATER 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	

#### Total Coliform (3100) 1 routine (RT) per month

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

#### Lead And Copper (PBCU) 20 routine (RT) per six months

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/23 - 12/31/23		Complete
	1/1/24 - 6/30/24		
	7/1/24 - 12/31/24		

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0779083</b>	<b>ELISABETH M. BENNET ACADEMY</b>	NTNC	536	L	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
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		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		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)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7.0 PH	4
<b>Start Date:</b> 9/1/2011		<b>Compliance History:</b>	<b>Monitoring Compliance Status:</b>
		<b>Monitoring Period</b>	<b>Compliance Status:</b>
		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	
<b>Analyte</b>	<b>Monitoring Requirement (Summary Type)</b>	<b>Operating Limit</b>	<b>Samples Req/Month</b>
pH	<spaces> ( )	Maximum: 7.6 PH	4
<b>Start Date:</b> 9/1/2011		<b>Compliance History:</b>	<b>Monitoring Compliance Status:</b>
		<b>Monitoring Period</b>	<b>Compliance Status:</b>
		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	

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

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0779083</b>	<b>ELISABETH M. BENNET ACADEMY</b>	NTNC	536	L	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1151 MAIN STREET				1			

Towns Served: MANCHESTER

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
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

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

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0779083</b>	<b>ELISABETH M. BENNET ACADEMY</b>	NTNC	536	L	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1151 MAIN STREET				1			
Towns Served: MANCHESTER							

## Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		B4F004	FRANKLIN LAV	A		2		
		B4F009	FRANKLIN ART LAB	A		2		
		B4F014	FRANKLIN TECH LAB	A		2		
		B4F101	FRAN WATER COOLER	A	Y	2		
		B4F104	FRAN FACULTY LAV	A	Y	2		
		B4F107	FRANKLIN-NURSE	A	Y	2		
		B4F111	FRANK SCIENCE LAB	A	Y	2		
		B4F117	FRANKLIN NURSE	A	Y	2		
		B4F201	FRANK WATER COOLER	A	Y	2		
		B4F213	FRANK SCIENCE LAB	A	Y	2		
		B4R103	REC WATER COOLER	A	Y	2		
		B4R107	REC FACULTY LAV	A	Y	2		
		B4R112	REC DIST KITCHEN	A		2		
		B4R207	REC FACULTY LAV	A	Y	2		
		B4RSTR20	RECREATION COOLER	A	Y	2		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				

57790	INTERCONNECTION - CT0770021 - MANCHESTER							
57792	TREATMENT PLANT	B3RAW	ENTRY POINT RAW	A				
		B3TREAT	ENTRY POINT TREATED	A				

## Certified Operator Information

Water System Facility: <b>DISTRIBUTION SYSTEM (WSF ID: 00600)</b>			
<b>Facility Classification:</b>			
Operator Name	Operator Type	Certification(s)	Certification Expiration
GRANT, SHANE	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2026
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	9/30/2026
Water System Facility: <b>TREATMENT PLANT (WSF ID: 57792)</b>			
<b>Facility Classification:</b> CLASS 1 TREATMENT PLANT			
Operator Name	Operator Type	Certification(s)	Certification Expiration
GRANT, SHANE	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2026
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	9/30/2026
PETITTI, ANDY	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2025
		WATER TREATMENT PLANT OPERATOR - CLASS I	12/31/2025

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0779083</b>	<b>ELISABETH M. BENNET ACADEMY</b>	NTNC	536	L	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1151 MAIN STREET				1			

Towns Served: MANCHESTER

## Contact Information

Name	Organization	Job Title		
<b>Ms. Laren Clancy</b>	Manchester Public Schools	Dir of Finance & Mgt		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
45 North School Street		Manchester	CT	06042
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
860-647-3444				
Email Address				
klclancy@mpspride.org				

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

Name	Organization	Job Title		
<b>Mr. Matt Geary</b>	Manchester Public Schools	Supt of Schools		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
45 North School Street		Manchester	CT	06042
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
860-647-3441				
Email Address				
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**

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