	Сс		•	rtment o				Ŭ				n		
			ter Qual	ity Monit	coring a									
PWS ID		S Name										pe Pi	rimary Source	
CT079121		P EASTERN D	DISTRICT HEA	DQUARTERS			N			53	S		GW	
		e applicable)			Service	Resident	ial Co	mmercia	al Ir	dustrial	Comb	ined	Agricultura	
	RON ROAD				Connectio	ns 5								
Towns Se	rved: MAR	LBOROUGH												
Mator C	ustom Foo	litur DICTR	IDUTION CV			quiremer	nts							
	oliform (3	•	IBUTION 31	STEM (WSF)	D: 00600)					1 r	outing	DT\	per quarter	
	-	: (Sampling Po	oint ID)			Monitorin	a Perio	nd Co	ollect	ion Perio			ance Status	
		entory of Acti		Points		10/1/23 -			Jiicot	1011 1 6110	<i>a c c</i>		mplete	
		circoi y 017 toti	ve sampining			1/1/24 - :							mplete	
						4/1/24 -								
						7/1/24 - 9								
Physical	l Paramet	ers (PPS)					<u>, , , , , , , , , , , , , , , , , , , </u>			1 r	outine	RT)	per quarter	
-		(Sampling P	oint ID)			Monitorin	g Perio	od Co	ollect	ion Perio			ance Status	
Sele	ct from Inv	entory of Acti	ive Sampling	Points	10/1/23 - 12/31/23			23				Complete		
						1/1/24 - :	3/31/2	4				Со	mplete	
						4/1/24 -	6/30/2	4						
						7/1/24 - 9	9/30/2	4						
Water Sy	ystem Fac	ility: ENTRY	POINT (W	SF ID: 00700)										
Nitrate	And Nitrit	e (NOX)									1 routi	ne (R	T) per year	
Sam	pling Point	(Sampling Po	oint ID)			Monitorin	g Perio	od Co	ollect	ion Perio	d Co	mpli	ance Status	
ENTI	RY POINT (3)				1/1/23 - 1						Со	mplete	
						1/1/24 - 1						Со	mplete	
						1/1/25 - 1	.2/31/2	25						
			Water Sy	stem Facil	ity and S	Sampling	Point	Inve	nto	ry				
Water System Facility II		stem Facility	9	Sampling Point ID	Sampling Description		Sta	Coli	tal form ule	Coppe	r	stos	Stage WQP 2 DBPI	
00600	DISTRIBU	TION SYSTEM		101	MAIN OFF	ICE SINK	A		Υ					
				102	BROWN H	OUSE SINK	A	١	Υ					
				103	SALMON S	HOP KITCHEN	N A	١	Υ					
				104	SALMON S	HOP BR SINK	A	١	Υ					
				4	DISTRIBUT	ION SYSTEM	Α	١	Υ					
				DOWNSTREAM	WITHIN 5	SERVICE CON	Α	١						
				UPSTREAM	WITHIN 5	SERVICE CON	Α	١						
00700	ENTRY PO	DINT		3	ENTRY POI	NT	Α	١						
10760	WELL #1			2	WELL #1		Α	١						
				Cor	tact Info	ormation								
Name					rganization						Job 1	itle		
Mr. David	d Coolev				eep-Engine	ering Unit			Sur	v Civil Er				
	ddress Line	one		Mailing Addres		0				ity	Sta	te	Zip Code	
	t Hill Road	. 5.1.0		amily riddics	2 2 1 1 1 1 1			Portlan		~1	C		06480	
_ 55 5.54	s Phone	Extension	Fax		ile Phone	Emergency	Dhana							

860-424-3333

david.cooley@ct.gov

860-205-7552

860-344-2560

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

860-342-2215

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

				<u> </u>		1			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
СТ0791213	DEEP EASTERN DISTRI	CT HEAD	QUARTERS			NC	53	S	GW
Local Address (where applicable)		Service	Residential Commerci		ial Industri	ial Combine	ed Agricultural		
209 HEBRON ROAD		Connections	tions 5						

Please note the following:

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

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

End of schedule

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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0790014	AMERICAN LEGION POST 197				NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
128 EAST HAMPTON ROAD		Connections			1			

Towns Served: MARLBOROUGH

Business Phone

Extension

Monitoring	Requ	irements
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Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100)		1 rou				
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					
	7/1/24 - 9/30/24					

Physical Parameters (PPS)		1 rout	ine (RT) per quarter
•		11000	ille (KT) 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)
------------------------	--------------------	-----------------

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

Other Compliance Schedules

Compliance Schedule Activity Due Date Achieved Date

CORRECTIVE ACTION/CORRECTIVE ACTION PLAN 12/4/2017

Fax

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	tage DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	А	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
21371	WELL	2	WELL	Α				
61715	POLY ATM STORAGE TANK							
61733	POLY ATM STORAGE TANK							
61734	POLY ATM STORAGE TANK							

Contact Information										
Name	Organization			Job Title						
Mr. Bernard J. Hoyland	American Legi	on Post 197	Commande	r						
Mailing Address Line One Mailing Addr		Address Line Two		City	State	Zip Code				
PO Box 178			Marlb	orough	СТ	06447				

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.

Emergency Phone Email Address

Mobile Phone

	dominocitous populations of Lubino Housem Brimming Water bootion										
Water Quality Monitoring and Compliance Schedule											
PWS ID PWS Name			Classification		Population	Owner Type	Primary Source				
CT0790014 AMERICAN LEGION POST 197						NC	25	Р	GW		
Local Address (v	where applicable)		Service	Resider	ntial	Commerci	ial Industri	ial Combin	ed	Agricultural	
128 EAST HAME	PTON ROAD		Connections			1					
Towns Served: MARLBOROUGH											
860-295-781	.0										

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

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

End of schedule

	Сс	nnectic	ut Depa	rtmen	t of	Public	Health I	Orin	kin	g Wa	ater S	Section	on		
		Wat	ter Qual	lity Mo	nit	oring a	nd Com	olia	nce	Sche	edule	<u> </u>			
PWS ID	PW	'S Name							cation	_	lation O		/pe F	Primary	Source
CT079004	4 J&S	ENTERPRISE	LLC					N	С	2	5	Р		GV	V
Local Addr	ress (wher	e applicable)				Service	Residentia	al Coi	mmerc	ial In	dustrial	Com	bined	Agric	ultural
394 NORT	H MAIN S	TREET				Connection	ns		1						
Towns Ser	ved: MAR	LBOROUGH													
				Mo	onite	oring Red	quiremen	ts							
Water Sy	stem Fac	ility: DISTR	IBUTION SY	YSTEM (V	VSF I	D: 00600)									
Total Col	liform (3	100)									1 r	outine	(RT)	per qu	arter
Samp	oling Poin	t (Sampling Po	oint ID)				Monitoring	y Perio	od (Collecti	ion Perio	od C	omp	liance S	tatus
Selec	t from Inv	entory of Acti	ive Sampling	Points			10/1/23 - 1	2/31/	23				C	omplete	ز
							1/1/24 - 3	/31/2	4				C	omplete	į
							4/1/24 - 6	/30/2	4						
							7/1/24 - 9	/30/2	4						
Physical	Paramet	ers (PPS)									1 r	outine	(RT)	per qu	arter
Samp	oling Poin	t (Sampling P	oint ID)				Monitoring	g Perio	od (Collecti	ion Perio	od C	omp	liance S	tatus
Selec	t from Inv	entory of Acti	ive Sampling	Points			10/1/23 - 1	2/31/	23				С	omplete	<u> </u>
							1/1/24 - 3	/31/2	4				С	omplete	<u> </u>
							4/1/24 - 6	/30/2	4						
							7/1/24 - 9	/30/2	4						
Water Sy	stem Fac	ility: ENTRY	Y POINT (W	VSF ID: 00	700)										
Nitrate A	And Nitri	te (NOX)										1 rout	ine (RT) per	year
Samp	oling Poin	t (Sampling Po	oint ID)				Monitoring	y Perio	od (Collecti	ion Perio	od C	omp	liance S	tatus
ENTR	RY POINT (3)					1/1/23 - 12	2/31/2	23	Complet			omplete	į	
							1/1/24 - 12	2/31/2	24				C	omplete	<u> </u>
							1/1/25 - 12	2/31/2	25						
			Water Sy	ystem F	acili	ity and S	ampling F	oint	Inve	entor	У				
Water										otal	Lead a				
System	_	stem Facility	3		Point	Sampling P				liform	Coppe			14/00	Stage
Facility ID				ID		Description		Sta	tus	Rule	Rule II	ier Asb	estos	WQP .	2 DBPR
00600	DISTRIBU	TION SYSTEM		4			ON SYSTEM	Δ		Υ					
							ERVICE CON	Δ							
00700				UPSTRE	AM		ERVICE CON	Α							
00700	ENTRY PO	DINT		3		ENTRY POI	VT	Δ							
21373	WELL			2		WELL		Δ	١						
						tact Info	rmation								
Name						rganization						Job	Title		
Mr. Moha				I		S Enterprise	Inc.				sident				
Mailing Ac				Mailing A	ddres	s Line Two				Ci	ty		ate	Zip Co	
1075 New										etown		C	T	064	57
Business	s Phone	Extension	Fax		Mobi	le Phone	Emergency P	hone	Email	Addres	SS				

jdsgasway@hotmail.com

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

860-883-9660

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

				0						
PWS ID	PWS Name					Clas	ssification	Population	Owner Type	Primary Source
СТ0790044	J&S ENTERPRISE LLC						NC	25	Р	GW
Local Address (where applicable)			Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural	
394 NORTH MA	IN STREET			Connections			1			

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- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

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

End of schedule

	Co	onnectic	ut Depa	irtment of	Public	Health	Drir	nkin	g Wa	ater S	ection	
		Wa	ter Oua	lity Monit	oring a	nd Com	nnlia	nce	Sche	edule		
PWS ID	PW	/S Name	tor qua	1104 1101110			Classifi		_		vner Type	Primary Source
CT0790094		LOWSHIP CO	MMUNITY (HURCH			N		-	25	P	GW
		re applicable)			Service	Residen		mmero		ndustrial	Combine	
24 SOUTH		с аррпсавіс)			Connection		ciai co	1	Jiai III	idastriai	Combine	a Agricultural
		RLBOROUGH										
TOWIIS SET	ved. IVIAI	LEBOROUGH		D.(:+-	D							
					oring Req	luireme	nts					
		•	RIBUTION S	YSTEM (WSF I	D: 00600)							
Total Col	-	-									=) per quarter
_		t (Sampling P				Monitori	_		Collect	ion Period		oliance Status
Selec	t from Inv	entory of Act	ive Sampling	Points		10/1/23 -						Complete
						1/1/24 -					(Complete
						4/1/24 -						
						7/1/24 -	9/30/2	24				
Physical	Paramet	ers (PPS)								1 ro	utine (RT) per quarter
Samp	oling Poin	t (Sampling P	oint ID)			Monitori			Collect	ion Period	d Comp	oliance Status
Selec	t from Inv	entory of Act	ive Sampling	Points		10/1/23 -	12/31/	/23			(Complete
						1/1/24 -	3/31/2	24			(Complete
						4/1/24 -	6/30/2	24				
						7/1/24 -	9/30/2	24				
Water Sys	stem Fac	cility: ENTR	Y POINT (V	VSF ID: 00700)								
Nitrate A	And Nitri	te (NOX)								1	Lroutine	(RT) per year
Samp	oling Poin	t (Sampling P	oint ID)			Monitori	ng Peri	od (Collect	ion Period	d Comp	oliance Status
ENTR	Y POINT (3)				1/1/23 -	12/31/2	23			(Complete
						1/1/24 -	12/31/2	24			(Complete
						1/1/25 -	12/31/2	25				
			Water S	ystem Facili	itv and Sa	ampling	Point	t Inve	entoi	rv		
Water				•	- 1	ı - <u>0</u>			Total	Lead and	4	
System	Water S	stem Facility	,	Sampling Point	Sampling Po	oint				Copper		Stage
Facility ID)			ID	Description		Sta		Rule			s WQP 2 DBPR
00600	DISTRIBL	JTION SYSTEM	1	4	DISTRIBUTION	ON SYSTEM		4	Υ			
				DOWNSTREAM	WITHIN 5 SI	ERVICE CON	1 /	Д				
				UPSTREAM	WITHIN 5 SI	ERVICE CON	J /	4				
00700	ENTRY P	TNIC		3	ENTRY POIN	IT	ŀ	4				
	WELL			2	WELL			4				
				Con	tact Info	rmation						
Name					rganization	mation					Job Title	
	ly K Nicho	ale.			rganization ellowship Cor	nm Church			۸۵۰	min. Assist		<u>:</u>
Ms. Wend	-					iiii. Cilurch	1					7in Codo
Mailing Ad		e One		Mailing Address	s Line Two			N / 10 ml l -		ity	State	Zip Code
24 South R		Evtoncion	Face	N 4 = !- :	lo Dhone	Emoracias	Dhans		orough		СТ	06447
Business	rnone	Extension	Fax	IVIODI	le Phone	Emergency	Prione	Emall	Audres	55		

860-295-9629

FCCEFREE@gmail.com

860-295-0844

Contact Role(s): Administrative Contact

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

	गा वारवा व्यवसार्ग गावासर	0. 0011	ipmamoo.	901100101			
PWS ID	PWS Name				Population	Owner Type	Primary Source
СТ0790094	FELLOWSHIP COMMUNITY CHURCH	NC	25	Р	GW		
Local Address (v	Local Address (where applicable)			ntial Commerci	al Industri	al Combine	ed Agricultural
24 SOUTH ROAD		Connections		1			
1							

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

End of schedule

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name	8 -						Primary Source		
CT0790124 HARTFORD COUNTY 4-H CAMP					NC	25	Р	GW		
Local Address (w	here applicable)	Service	Residential		Commerci	al Industri	al Combine	ed Agricultural		
247 SOUTH ROAD		Connections			1					
Towns Served: N	//ARLBOROUGH									

Monitor	ing Requirements					
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)					
Total Coliform (3100)		1 routine (RT) per quart				
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24					
	7/1/24 - 9/30/24					
Physical Parameters (PPS)		1 routine (RT) per qua				
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24					
	7/1/24 - 9/30/24					
Water System Facility: ENTRY POINT - WELL 1 (WSF ID: 0	00700)					
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
ENTRY POINT - WELL 1 (3)	1/1/23 - 12/31/23		Complete			
	1/1/24 - 12/31/24					
	1/1/25 - 12/31/25					
Water System Facility: ENTRY POINT - WELL 2 (WSF ID: 0	00701)					
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
ENTRY POINT - WELL 2 (3)	1/1/23 - 12/31/23		Complete			
	1/1/24 - 12/31/24					
	1/1/25 - 12/31/25					

Other Compliance Schedules										
Compliance Schedule Activity	Due Date	Achieved Date								
CROSS CONNECTION SURVEY REPORT	3/1/2015									
CROSS CONNECTION SURVEY REPORT	3/1/2016									
CROSS CONNECTION SURVEY REPORT	3/1/2017									
CROSS CONNECTION SURVEY REPORT	3/1/2018									
CROSS CONNECTION SURVEY REPORT	3/1/2019									
CROSS CONNECTION SURVEY REPORT	3/1/2020									
CROSS CONNECTION SURVEY REPORT	3/1/2021									
CROSS CONNECTION SURVEY REPORT	3/1/2022									
SEASONAL START UP COMPLETION	4/1/2024									

Water System Facility and Sampling Point Inventory										
Stage /QP 2 DBPR										

	Water Quality Monit	oring and	d Con	npl	liance S	, Schedul	e	
PWS ID	PWS ID PWS Name				ssification	Population	Owner Type	Primary Source
СТ0790124	HARTFORD COUNTY 4-H CAMP				NC	25	Р	GW
Local Address (where applicable)	Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural
247 SOUTH ROAD		Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: MARLBOROUGH

	Water System Facility and Sampling Point Inventory										
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		age OBPR		
00701	ENTRY POINT - WELL 2	3	ENTRY POINT - WELL 2	Α							
21381	WELL 1 (MAIN WELL)	2	WELL	Α							
55013	WELL 2 (AUXILIARY WELL)	2	WELL 2	Α							

				Contact ini	ormation				
Name				Organization	1			Job Title	9
Mr. William Bradle	у			Hartford Cou	ınty 4-H Camp	Camp Caretaker			
Mailing Address Lin	e One		Mailing Ad	ddress Line Two			City State		Zip Code
Camp Caretaker		Road		South W	'indsor	СТ	06074-2410		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress		
						wbradle	y247@gmail	l.com	
Contact Role(s): Ac	dministrative (Contact							
Name				Organization	1			Job Title	9
Ms. Cathy Dillon-O	rduz			Hartford Cou	ınty 4-H Camp		President		
Mailing Address Lin	e One		Mailing Ad	ddress Line Two			City	State	Zip Code
Hartford County 4-H	H Camp Presid	ent	428 Pleasa	ant Valley Road		South W	'indsor	CT	06074
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	dress		
				860-462-1534		korduz@	Patt.net		

Contact Role(s): Legal Contact

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

End of schedule

Schedule Generation Date: 4/3/2024

Page 10

	C	onnectic	ut Depar	rtment of	Public	Health	Drir	nking V	Nater So	ection	
			•	ity Monit				_			
PWS ID	PV	VS Name	- Zudi							ner Type P	rimary Source
CT0790174	4 LIE	BERTY BANK					N		25	Р	GW
Local Addr	ess (whe	re applicable)			Service	Residen	tial Co	mmercial	Industrial	Combined	Agricultural
26 EAST H					Connection			1			0
		RLBOROUGH									
				Monito	oring Red	quireme	nts				
Water Sys	stem Fa	cility: DISTR	IBUTION SYS	STEM (WSF I	D: 00600)						
Total Col	liform (3100)							1 ro	utine (RT)	per quarter
Samp	oling Poin	nt (Sampling Po	oint ID)			Monitori	ng Peri	od Coll	ection Period	l Compl	iance Status
Select	t from In	ventory of Acti	ve Sampling F	Points		10/1/23 -	12/31/	'23		Co	omplete
						1/1/24 -	3/31/2	4		Co	omplete
						4/1/24 -	6/30/2	4			
						7/1/24 -	9/30/2	.4			
Physical	Parame	ters (PPS)							1 ro	utine (RT)	per quarter
Samp	oling Poin	nt (Sampling Po	oint ID)			Monitori	ng Peri	od Coll	ection Period	l Compl	iance Status
Select	t from In	ventory of Acti	ve Sampling F	Points		10/1/23 -	12/31/	′23		Co	omplete
						1/1/24 -	3/31/2	.4		Co	omplete
						4/1/24 -	6/30/2	.4			
						7/1/24 -	9/30/2	.4			
Water Sys	stem Fa	cility: ENTRY	POINT (W	SF ID: 00700)							
Nitrate A	and Nitri	ite (NOX)							1	routine (RT) per year
Samp	oling Poin	nt (Sampling Po	oint ID)			Monitori	ng Peri	od Coll	ection Period	=	iance Status
ENTR	Y POINT	(3)				1/1/23 -	12/31/2	23		Co	omplete
						1/1/24 -	12/31/2	24		Co	omplete
						1/1/25 -	12/31/2	25			_
			Water Sy	stem Facili	ity and S	ampling	Point	t Invent	tory		
Water								Tota	ıl Lead and	1	
System	Water S	ystem Facility	S	ampling Point	Sampling P	Point		Colifo	rm Copper		Stage
Facility ID				ID	Description)	Sta	tus Rule	e Rule Tie	r Asbestos	WQP 2 DBPR
00600	DISTRIB	JTION SYSTEM		4	DISTRIBUTI	ON SYSTEM	A	Y A			
				OWNSTREAM	WITHIN 5 S	ERVICE CON	N /	4			
				UPSTREAM	WITHIN 5 S	ERVICE CON	N A	4			
00700	ENTRY P	OINT		3	ENTRY POI	NT	A	4			
21385	WELL			2	WELL		A	4			
				Con	tact Info	rmation					
Name				01	rganization					Job Title	
Ms. Melin	da A. St.	John		Lil	perty Bank						
Mailing Ad	ldress Lin	e One	P	Mailing Address	s Line Two				City	State	Zip Code
315 Main 9	Street		F	P. O. Box 2700				Middleto	wn	СТ	06457
Business	Phone	Extension	Fax	Mobi	le Phone	Emergency	Phone	Email Add	dress	•	

860-395-7221

mstjohn@liberty-bank.com

860-344-7324

Contact Role(s): Owner

C	onnecticı	ıt Depa	rtment	of Public	Health	Drir	ıking	, Water	Section	
	Wat	er Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedul	e	
PWS ID P\	NS Name					Classif	ication	Population	Owner Type	Primary Source
CT0790174 LI	BERTY BANK					N	IC	25	Р	GW
Local Address (whe	ocal Address (where applicable)				Resider	ntial Co	mmerci	al Industri	al Combine	ed Agricultural
26 EAST HAMPTON	ROAD			Connection	ns		1			
Towns Served: MA	RLBOROUGH			'	'				1	
Name				Organization					Job Titl	e
Ms. Kristen Gitche	II			Liberty Bank				Mgr 3Rd I	Party Svcs	
Mailing Address Lir	ne One		Mailing Addr	ess Line Two				City	State	Zip Code
26 E. Hampton Rd							Marlbo	rough	СТ	06447
Business Phone	Extension	Fax	Mo	obile Phone	Emergency	y Phone	Email A	Address	1	
860-344-7214							kgitche	ll@gmail.co	m	
Contact Role(s): A	dministrative (Contact. Leg	al Contact							

Please note the following:

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
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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 Dep	nartment o	f Public H	[ealth	Dri	nking	Water S	ection	
	*	ality Moni				U		cction	
PWS ID	PWS Name	lancy Mon	toring and	u Com				wner Tyne	Primary Source
CT079020		STAURANT				NC	25	P	GW
	ress (where applicable)		Service	Residen		ommercia		Combine	
	NDENCE DRIVE		Connections	residen	ciai c	1	- maastriar	Combine	7 18 110 411 411
	rved: MARLBOROUGH								
		Monit	toring Requ	iireme	nts				
Water Sy	stem Facility: DISTRIBUTION	SYSTEM (WSF	ID: 00600)						
Total Co	liform (3100)						1 rc	outine (RT) per quarter
Sam	pling Point (Sampling Point ID)			Monitori	ng Pei	riod Co	llection Perio	d Comp	oliance Status
Selec	ct from Inventory of Active Sampli	ng Points		10/1/23 -	12/31	L/23		(Complete
				1/1/24 -	3/31/	′24		(Complete
				4/1/24 -	6/30/	′24			
				7/1/24 -	9/30/	′24			
Physical	Parameters (PPS)						1 rc	outine (RT) per quarter
Sam	pling Point (Sampling Point ID)			Monitori	ng Pei	riod Co	llection Perio	d Comp	oliance Status
Selec	ct from Inventory of Active Sampl	ng Points		10/1/23 -	12/31	L/23		(Complete
				1/1/24 -	3/31/	′24		(Complete
				4/1/24 -	6/30/	′24			
				7/1/24 -	9/30/	′24			
Water Sy	stem Facility: ENTRY POINT	(WSF ID: 00700)						
Nitrate A	And Nitrite (NOX)							1 routine	(RT) per year
Sam	pling Point (Sampling Point ID)			Monitori	ng Pei	riod Co	llection Perio	d Comp	oliance Status
ENTR	RY POINT (3)			1/1/23 -	12/31	/23		(Complete
				1/1/24 -	12/31	/24		(Complete
			_	1/1/25 -	12/31	/25			
	Water	System Faci	lity and Sar	npling	Poir	nt Inver	ntory		
Water							tal Lead an	-	
System	Water System Facility		t Sampling Poi	nt		Colif			Stage
Facility ID		ID	Description		St	tatus Ru		er Asbesto	s WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	11	DISH SINK	L CVCTER A		A \			
		4	DISTRIBUTION			Α \			
			1 WITHIN 5 SER			A			
22722		UPSTREAM	WITHIN 5 SER		J	A			
00700	ENTRY POINT	3	ENTRY POINT			A			
21388	WELL	2	WELL			Α			
56843	TREATMENT PLANT								
		Co	ntact Inform	nation					
Name		C	Organization					Job Title	2
Mr. Nikol	aos Aivaliotis	N	∕Iarlborough Piz	za Restau	ırant		Owner		
Mailing Ad	ddress Line One	Mailing Addre	ss Line Two				City	State	Zip Code
7 Indepen	idence Dr					Marlbor	ough	СТ	06447

Mobile Phone

Emergency Phone Email Address

860-295-8970

Business Phone

860-295-8181

Extension

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

Fax

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

	2 2 2 2	- 0 -		r			
PWS ID PWS Name C				Classification	Population	Owner Type	Primary Source
СТ0790204	MARLBOROUGH PIZZA RESTAURANT	NC	25	Р	GW		
Local Address (v	vhere applicable)	Service	Resider	ntial Commerci	al Industri	al Combine	ed Agricultural
7 INDEPENDENC	Connections		1				

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

End of schedule

	C			. L . J	C D l. l.: -	II lel-	Dada	.1.3	[C4		
	C		ut Departmen								ion	
			ter Quality Mo	onit	coring a	na Com						
PWS ID	P	WS Name							-	Owner	Type P	rimary Source
CT079023		IARLBOROUGH	TOWN HALL				N	IC	38	L		GW
Local Add	dress (who	ere applicable)			Service	Residen	tial Co	mmercial	Industria	al Co	mbined	Agricultural
26 NORTI	H MAIN S	TREET			Connection	ns		1				
Towns Se	rved: MA	RLBOROUGH										
			M	onit	oring Red	quireme	nts					
Water Sy	ystem Fa	cility: DISTR	IBUTION SYSTEM (NSF I	D: 00600)							
	oliform (•							1	routir	• •	per quarter
Sam	pling Poi	nt (Sampling P	oint ID)			Monitori	ng Peri	od Col	lection Per	riod	Compli	ance Status
Sele	ct from Ir	ventory of Acti	ve Sampling Points			10/1/23 -					Со	mplete
						1/1/24 -	3/31/2	24			Co	mplete
						4/1/24 -	6/30/2	.4				
						7/1/24 -	9/30/2	.4				
Physical	l Parame	eters (PPS)							1	routir	ne (RT)	per quarter
Sam	pling Poi	nt (Sampling P	oint ID)			Monitori	ng Peri	od Col	lection Per	riod	Compli	ance Status
Sele	ct from Ir	ventory of Acti	ve Sampling Points			10/1/23 -	12/31/	′ 23			Co	mplete
						1/1/24 -	3/31/2	24			Co	mplete
						4/1/24 -	6/30/2	24				
						7/1/24 -	9/30/2	24				
Water Sy	ystem Fa	cility: ENTRY	POINT (WSF ID: 00	700)								
		rite (NOX)								1 ro	-	RT) per year
Sam	pling Poi	nt (Sampling P	oint ID)			Monitori			lection Per	riod	Compli	ance Status
ENT	RY POINT	(3)				1/1/23 -						mplete
						1/1/24 -	12/31/	24			Co	mplete
						1/1/25 -	12/31/	25				
			Water System F	acil	ity and Sa	ampling	Poin	t Inven	tory			
Water								Tot	al Lead	and		
System		System Facility		Point	Sampling P			Colife				Stage
Facility II	D		ID		Description	1	Sta	itus Ru	le Rule	Tier A	sbestos	WQP 2 DBPR
00600	DISTRIB	UTION SYSTEM	4		DISTRIBUTI	ON SYSTEM	,	4 Y				
			DOWNSTI	REAM	WITHIN 5 S	ERVICE CON	N /	4				
			UPSTRE	AM	WITHIN 5 S	ERVICE CON	N /	4				
00700	ENTRY I	POINT	3		ENTRY POI	NT	,	4				
21390	WELL		2		WELL		,	4				
				Con	tact Info	rmation						
Name				0	rganization					Jo	b Title	
Mr. Jame	es G Karre	nberg		To	own of Marlk	orough			Chief Sani	tarian		
Mailing A	ddress Li	ne One	Mailing A	ddres	s Line Two				City	!	State	Zip Code
26 North			P O Box 2					Marlbor	ough		СТ	06447
Busines	ss Phone	Extension	Fax	Mob	ile Phone	Emergency	Phone				-	
1								1				

860-675-1210

HEALTHDEPT@MARLBOROUGHCT.COM

860-295-0317

860-295-6202

Contact Role(s): Administrative Contact

(Connecticut Department of Public Health Drinking Water Section										
	Wat	ter Quality N	Monit	oring ar	nd Con	nplia	ance S	chedul	e		
PWS ID F	PWS Name					Classi	fication	Population	Owner Type	Primary Source	
CT0790234	MARLBOROUGH	TOWN HALL				ı	NC	38	L	GW	
Local Address (where applicable) Service				Resider	tial C	ommercia	al Industri	al Combine	ed Agricultural		
26 NORTH MAIN STREET				Connection	S		1				
Towns Served: M	ARLBOROUGH				1				1		
Name			Or	ganization					Job Titl	e	
Ms. Catherine D.	Gaudinski		То	wn of Marlb	orough			First Selec	tman		
Mailing Address L	ine One	Mailing	g Address	s Line Two				City	State	Zip Code	
26 North Main St	reet	P.O. Bo	ox 29				Marlbo	rough	СТ	06447-0029	
Business Phone	Extension	Fax	Mobil	le Phone	Emergency	/ Phone	e Email A	ddress			
860-295-6204		860-295-0317					firstsele	ectman@ma	arlboroughct.	net	
Contact Role(s):	Legal Contact		1	<u>'</u>			1				

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

End of schedule

	Connecticut Departn					_		ction	
	Water Quality	MOIII	oring and				_		
PWS ID	PWS Name			Cl		-	Owr	ner Type Pr	imary Source
СТ0790274	CHATEAU LE GARI				NC	25		Р	GW
Local Address	(where applicable)		Service	Residentia	Commer	cial Industri	al	Combined	Agricultural
303 SOUTH M	AIN STREET		Connections		1				
Towns Served	: MARLBOROUGH								
		Monit	oring Requ	iirement	S				
Water Syster	m Facility: DISTRIBUTION SYSTE	M (WSF I	D: 00600)						
Total Colifo	rm (3100)					1	rou	tine (RT) p	er quarter
Sampling	Point (Sampling Point ID)			Monitoring	Period	Collection Pe	riod	Compli	ance Status
Select fro	om Inventory of Active Sampling Poin	ts		10/1/23 - 12	2/31/23				
				1/1/24 - 3/	31/24				
				4/1/24 - 6/	30/24				
				7/1/24 - 9/	30/24				
Physical Par	ameters (PPS)					1	rou	tine (RT) p	er quarter
Sampling	Point (Sampling Point ID)			Monitoring	Period	Collection Pe	riod	Compli	ance Status
Select fro	om Inventory of Active Sampling Poin	ts		10/1/23 - 12	2/31/23				
				1/1/24 - 3/	31/24				
				4/1/24 - 6/	30/24				
				7/1/24 - 9/	30/24				
Water Syster	m Facility: ENTRY POINT (WSF I	D: 00700)							
Nitrate And	Nitrite (NOX)						1	routine (R	T) per year
Sampling	Point (Sampling Point ID)			Monitoring	Period	Collection Pe	riod	Compli	ance Status
ENTRY PO	DINT (3)			1/1/23 - 12,	/31/23				
				1/1/24 - 12,	/31/24				
				1/1/25 - 12,	/31/25				_
		Other C	ompliance	Schedul	les				
Compliance S	chedule Activity		•		e Date	Achie	ved I	Date	
	CTION SURVEY REPORT			3/1	./2024				
	Pu	blic Not	tification R	equirem	ents				
			Compliance	Notice		Notification		PN Cert	ification
Violation/Situ	ation		Period	Tier	Required	=	d D	ue to DPH	Received
Physical Parar	neters M&R Violation	7/1	/22 - 9/30/22	3	9/18/202			9/28/2024	
	M&R Violation		/22 - 9/30/22	3	9/18/202			9/28/2024	
Nitrate And N	itrite M&R Violation		23 - 12/31/23	3	3/12/202			3/22/2025	
	Water Syste			nnling D					
Water	water syste	iii i acii	ity ana sai	iipiiiig i		Total Lead	and		
	iter System Facility Samp	olina Point	Sampling Poi	nt		oliform Cop			Stage
Facility ID	3411	ID	Description	-		-		Asbestos	WQP 2 DBPR
	TRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	A	Υ			<u> </u>
	TRY POINT	3	ENTRY POINT		A	-			
21394 WE		2	WELL		A				
21334 VVL				nation	A				
N.			tact Inform	nation				1 1	
Name		0	rganization					Job Title	

Mailing Address Line Two

Zip Code

06447

State

CT

City

Marlborough

Mr. Gary Crump

303 South Main St

Mailing Address Line One

Connecticut Department of Public Health Drinking Water Section										
Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name					Classification F		Population	Owner Type	Primary Source
CT0790274 CHATEAU LE GARI								25	Р	GW
Local Address (w	here applicable)			Service	Residen	tial (Commerci	al Industri	al Combine	ed Agricultural
303 SOUTH MAIN	N STREET			Connection	S		1			
Towns Served: N	1ARLBOROUGH				·					
Business Phone	e Extension	Fax	Mobil	le Phone	Emergency	Phor	ne Email A	Address		
860-467-6296					860-559-	1457	garyl@	chateaulega	ari.com	
Contact Role(s): Administrative Contact Owner										

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

End of schedule

	Connecticut Department	of Public H	ealth	D	rinking	Water	Section	1	
	Water Quality Mor	nitoring and	d Con	ıpl	iance S	Schedul	e		
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	e Pr	imary Source
СТ0790354	ST JOHN FISHER CHURCH			NC	25	Р		GW	
Local Address (where applicable) Service			Residen	tial	Commerci	al Industri	al Combin	ned	Agricultural
JONES HOLLOW ROAD Con					1				
Towns Served: I	MARLBOROUGH					·			
	Mor	nitoring Requ	ireme	nts	;				
Water System	Facility: DISTRIBUTION SYSTEM (WS	SF ID: 00600)							
Total Coliforn	n (3100)					1	routine (F	(T)	er quarter
Sampling I	Point (Sampling Point ID)		Monitori	ing F	Period C	ollection Pe	riod Con	nplic	ance Status
Select from	n Inventory of Active Sampling Points		10/1/23 -	12/	31/23			Cor	mplete
			1/1/24	3/3	1/24			Cor	mplete
			4/1/24	6/3	0/24				
			7/1/24	9/3	0/24				
Physical Para	meters (PPS)					1	routine (F	RT) p	er quarter

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		Complete		
	4/1/24 - 6/30/24				
	7/1/24 - 9/30/24				

Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		

Other Compliance Schedules

Compliance Schedule ActivityDue DateAchieved DateRESPOND TO SANITARY SURVEY10/28/2018

	W	ater System Facili	ity and Sampling P	oint Ir	vento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21402	WELL	2	WELL	Α			·		
55498	TREATMENT PLANT								

		Co	ontact Inf	ormation				
Name				l			Job Title	
ch Corporation								
One		Mailing Addr	1ailing Address Line Two			City	State	Zip Code
				Marlborough		СТ	06447	
Extension	Fax	Mo	bile Phone	Emergency Phone	e Email Address			
_	One Extension	One Extension Fax	Ch Corporation One Mailing Addr	One Mailing Address Line Two Extension Fax Mobile Phone	One Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone	One Mailing Address Line Two Marlboroug Extension Fax Mobile Phone Emergency Phone Email Address Address Emergency Phone Email Emergency Phone Email Emergency Phone	One Mailing Address Line Two City Marlborough Extension Fax Mobile Phone Emergency Phone Email Address	One Mailing Address Line Two City State Marlborough CT

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

C	Jonnectic	ut Depa	rument	. 01	Public	пеани	וועו	nking	water	sec	uon	
	Wa	ter Qua	lity Mo	nit	oring ar	nd Con	nplia	ince S	chedul	e		
PWS ID P	WS Name						Classi	fication [opulation	Owne	r Type I	Primary Source
CT0790354 S	T0790354 ST JOHN FISHER CHURCH					ſ	NC	25		Р	GW	
Local Address (wh	ere applicable)				Service	Resider	ntial Co	ommercia	l Industri	al C	Combined	d Agricultura
JONES HOLLOW R	OAD	.D			Connection	S		1				
Towns Served: MA	ARLBOROUGH									,		
Name Organization											Job Title	
Mr. Arthur J. Audet St. John Fisher Church								Administr	ator			
Mailing Address L	ine One		Mailing Add	Nailing Address Line Two					City State			Zip Code
30 Jones Hollow R	oad			Marlb				Marlbor	ough		CT	06447
Business Phone	Extension	Fax	N	∕lobil	e Phone	Emergency	/ Phone	Email A	ddress			
860-295-0001		860-295-8	3682			860-295	-0067	stjohnfish@aol.com				
Contact Role(s):	Legal Contact											
Name				Or	ganization						Job Title	
Reverend Thomas J Sas St. John Fisher Church							Pastor					
Mailing Address L	ine One		Mailing Add	Mailing Address Line Two					City State			Zip Code
30 Jones Hollow R	load							Marlbor	ough		СТ	06447
Business Phone	Extension	Fax	N	∕lobil	e Phone	Emergency	/ Phone	Email A	ddress			
860-295-0001		860-295-8	3682					stjohnfis	sher30@ya	hoo.co	om	

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact

Please note the following:

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

End of schedule

Connecticut Department			U		ction	
Water Quality Mon PWS ID PWS Name					nor Typo Dr	imary Source
CT0790374 MARLBOROUGH PROFESSIONAL CENTER		NC		25	P P	GW
	Service Residenti				•	
Local Address (where applicable)	Service Residential Connections			idustrial	Combined	Agricultural
9-11 SO. MAIN STREET	Connections		1			
Towns Served: MARLBOROUGH						
Water System Facility: DISTRIBUTION SYSTEM (WS	itoring Requiremen FID: 00600)	ts				
Total Coliform (3100)	,			1 roı	ıtine (RT) r	er quarter
Sampling Point (Sampling Point ID)	Monitoring	n Period	Collect	ion Period		ance Status
Select from Inventory of Active Sampling Points	10/1/23 - 1					mplete
Science from inventory of Active Sampling Formes	1/1/24 - 3					nplete
	4/1/24 - 6					
	7/1/24 - 9					
Physical Parameters (PPS)	//1/24 - 9	, 50, 24		1 ro:	ıtino (DT) =	er quarter
Sampling Point (Sampling Point ID)	Monitoring	n Pariod	Collect	ion Period		ince Status
Select from Inventory of Active Sampling Points	10/1/23 - 1		Conect	ion Periou		nplete
Select from inventory of Active Sampling Points						
	1/1/24 - 3				Cor	nplete
	4/1/24 - 6					
	7/1/24 - 9	/30/24				
Water System Facility: ENTRY POINT (WSF ID: 0070	0)					
Nitrate And Nitrite (NOX)					-	T) per year
Sampling Point (Sampling Point ID)	Monitoring	y Period	Collect	ion Period	Complic	ance Status
ENTRY POINT (3)	1/1/23 - 12	2/31/23			Cor	mplete
	1/1/24 - 12	2/31/24				
	1/1/25 - 1	2/31/25				
Water System Facility: WELL 2 (WSF ID: 21404)						
E. Coli (3014)				1 rou	ıtine (RT) p	er quarter
Sampling Point (Sampling Point ID)	Monitoring	Period	Collect	ion Period		ance Status
WELL 2 (2)	10/1/23 - 1	2/31/23			Cor	nplete
	1/1/24 - 3					nplete
	4/1/24 - 6					T
	7/1/24 - 9					
Water System Fac	ility and Sampling F	· ·	nvento	ſy		
Water			Total	Lead and		
System Water System Facility Sampling Poi	nt Sampling Point		Coliform	Copper		Stage
Facility ID ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTION SYSTEM	Α	Υ			
DOWNSTREA	M WITHIN 5 SERVICE CON	Α				
UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700 ENTRY POINT 3	ENTRY POINT	Α				
21404 WELL 2 2	WELL 2	Α				
57627 TREATMENT PLANT						
62483 ATMOSPHERIC STORAGE						
JE 133 ATTRIOSITIENTO STOTAGE						

62484 ATMOSPHERIC STORAGE

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0790374	MARLBOROUGH PROFESSIONAL CENTER			NC	25	Р	GW
Local Address (v	where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
9-11 SO. MAIN	STREET	Connections		1			

				Contact Inf	ormation			
Name				Organization	l		Job Title	
Mr. Michael Thibod	leau			Marlborough	n Prof Center	Manager		
Mailing Address Lin	e One		Mailing A	Address Line Two		City	State	Zip Code
21 Portland Road						Marlborough	СТ	06447
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-978-1513		860-295-9	9189		860-295-9189	dougt21@comcast.net		

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.

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

End of schedule

	Connecticut Department of Water Quality Monit				U			
PWS ID	PWS Name	<u> </u>						Primary Source
CT0790454 MARLBOROUGH COUNTRY BARN# 1				NC		25	Р	GW
Local Address (w	here applicable)	Service	Residen	tial Comm	ercia	l Industri	al Combine	ed Agricultural
45 NORTH MAIN	STREET	Connections		3				
Towns Served: N	1ARLBOROUGH	·		·		·	·	

Towns Served: MARLBOROUGH			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	00)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		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		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		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		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		

		1,1,23 12	,,51,25			
P	ublic Notification Re	equiren	nents			
	Compliance	Notice	<u>Public No</u>	<u>tification</u>	PN Certi	<u>fication</u>
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Physical Parameters M&R Violation	10/1/08 - 12/31/08	3	3/9/2010		3/19/2010	
Physical Parameters M&R Violation	1/1/09 - 3/31/09	3	6/1/2010		6/11/2010	

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

PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
СТ0790454	MARLBOROUGH COUNTRY BARN# 1				NC	25	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
45 NORTH MAI	N STREET	Connections			3			

	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	WQP	Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
21412	WELL #1	2	WELL #1	Α								

			Co	ontact Inf	ormation				
Name				Organization	1	Job Title			
Ms. Karly Zirkenba	ch		Country Barr	n Properties	Owner				
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
91 Bull Hill Road						Colchest	er	СТ	06415
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	ldress		
860-918-2901				karlyattl	nebarn@gma	ail.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.

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

End of schedule

Schedule Generation Date: 4/3/2024

	Connecticut Department	of Public H	lealth	Dı	rinking	, Water	Section		
	Water Quality Mor	nitoring an	d Con	npl	liance S	Schedul	e		
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source	
CT0798024 SADLER'S RESTAURANT NC 25 P GV									
Local Address (\	vhere applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural	
61 NORTH MAII	N STREET	Connections			2				
Towns Served: MARLBOROUGH									
Monitoring Requirements									

Towns Served: MARLBOROUGH	-		1
Monitor	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		
Other Cor	npliance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate
L1 ASSESSMENT (MULTIPLE TC+)	2/5/2022		
L1 ASSESSMENT (MULTIPLE TC+)	4/14/2023		

	W	ater System Facili	ity and Sampling P	oint Ir	vento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
56266	WELL #2	2	WELL #2	Α					
56270	ATMOSPHERIC TANK								

		Co	ontact Inf	ormation				
			Organization	l	Job Title			
erty			Sadler¿S Res	taurant	Chef / Owner			
e One		Mailing Addr	ess Line Two			City	State	Zip Code
		P. O. Box 433	}		Marlbor	ough	СТ	06447
Extension	Fax	Мо	bile Phone	Emergency Phone	e Email Address			
				860-977-1364	mrkhags	@aol.com		
	e One	e One	erty e One Mailing Addr P. O. Box 433	Organization Sadler¿S Res e One Mailing Address Line Two P. O. Box 433	P. O. Box 433 Extension Fax Mobile Phone Emergency Phone	Organization Sadler¿S Restaurant e One Mailing Address Line Two P. O. Box 433 Marlbon Extension Fax Mobile Phone Emergency Phone Email Ac	Organization Sadler¿S Restaurant Chef / Owner One Mailing Address Line Two P. O. Box 433 Marlborough Extension Fax Mobile Phone Emergency Phone Email Address	Organization Job Title Sadler¿S Restaurant Chef / Owner e One Mailing Address Line Two City State P. O. Box 433 Marlborough CT Extension Fax Mobile Phone Emergency Phone Email Address

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
DM/S Name	Classification	Population	Owner Type	Drir

			0		1				
PWS ID	PWS Name				Classif	fication P	opulation	Owner Type	Primary Source
СТ0798024	SADLER'S RESTAURAI	NT			١	NC	25	Р	GW
Local Address (v	where applicable)		Service	Residen	tial Co	ommercial	Industri	al Combine	ed Agricultural
61 NORTH MAII	N STREET		Connections			2			

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

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

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

End of schedule

	Connecticut D	enartment of	Public H	ealth D	rinb	ing V	Vator	· So	ction	
		Quality Monit							Ction	
PWS ID	PWS Name	Zuality Mollit	ornig and		ssificat			_	ner Type I	Primary Source
CT0798034	JESSICA'S GARDEN			0.0	NC		36		Р	GW
	ss (where applicable)		Service	Residential	1	nercial	Industr	ial	Combined	
198 E HAMP			Connections						1	
	ed: MARLBOROUGH									
		Monito	oring Requi	irements	5					
Water Syst	em Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)							
Total Colif	orm (3100)						;	1 rou	itine (RT)	per quarter
Sampli	ng Point (Sampling Point ID)	٨	/lonitoring F	Period	Colle	ection Pe	eriod	Comp	liance Status
Select f	from Inventory of Active Sam	npling Points	1	0/1/23 - 12/	/31/23				С	omplete
				1/1/24 - 3/3	31/24					
				4/1/24 - 6/3	80/24					
				7/1/24 - 9/3	80/24					
Physical Pa	arameters (PPS)						:	1 rou	itine (RT)	per quarter
Sampli	ng Point (Sampling Point ID))	٨	∕lonitoring F	Period	Colle	ection Pe	eriod	Comp	liance Status
Select f	from Inventory of Active Sam	npling Points	1	0/1/23 - 12/	/31/23				С	omplete
				1/1/24 - 3/3	31/24					
				4/1/24 - 6/3	30/24					
				7/1/24 - 9/3	30/24					
Water Syst	em Facility: ENTRY POIN	IT (WSF ID: 00700)								
Nitrate An	d Nitrite (NOX)							1	routine (RT) per year
Sampli	ng Point (Sampling Point ID)	٨	∕lonitoring F	Period	Colle	ection Pe	eriod	Comp	liance Status
ENTRY	POINT (3)		1	L/1/23 - 12/3	31/23				С	omplete
			1	L/1/24 - 12/3	31/24					
			1	1/1/25 - 12/3	31/25					
	Wate	er System Facili	ity and Sam	pling Po	int l	nvent	ory			
Water						Total	l Lead	and		
	Vater System Facility	Sampling Point		t		_	т Сор	-		Stage
Facility ID		ID	Description		Status	_s Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600 D	ISTRIBUTION SYSTEM	4	DISTRIBUTION		Α					
		DOWNSTREAM			Α					
		UPSTREAM	WITHIN 5 SERV	/ICE CON	Α					
00700 E	NTRY POINT	3	ENTRY POINT		Α					
59406 W	VELL 1	2	WELL 1		Α					
62070 T	REATMENT PLANT									
		Con	tact Inform	nation						
Namo		Ot	ganization						Job Title	
Name		0.								
Ms. Jessica (Carroll		ssica's Garden							
Ms. Jessica (Carroll ress Line One						City		State	Zip Code

Emergency Phone Email Address

jessica@jessicasgarden.net

860-604-3332

Mobile Phone

Business Phone

860-295-1685

Extension

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

Fax

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

					1			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
СТ0798034	JESSICA'S GARDEN				NC	36	Р	GW
Local Address (v	vhere applicable)		Service	Residen	tial Commerci	al Industri	al Combine	ed Agricultural
198 E HAMPTON	N RD		Connections				1	

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

End of schedule

									_	
	Connecticut Do	•					_		ection	
	Water Q	Quality Monit	oring and	d Com	ıplia	ance	Sch	edule		
PWS ID	PWS Name				Classi	ficatio	n Popu	lation Ov	vner Type	Primary Source
СТ0798054	THE FARM AT CARTER I	HILL			1	NC	3	31	Р	GW
Local Addre	ess (where applicable)		Service	Residen	tial C	ommei	rcial Ir	ndustrial	Combine	d Agricultura
86 EAST HA	AMPTON RD		Connections						1	
Towns Serv	ved: MARLBOROUGH									
		Monito	oring Requ	ireme	nts					
Water Sys	tem Facility: DISTRIBUTION	ON SYSTEM (WSF I	D: 00600)							
Total Coli	iform (3100)							1 rc	utine (RT) per quarter
Sampl	ling Point (Sampling Point ID)			Monitori	ng Per	riod	Collect	ion Period	d Comp	oliance Status
Select	from Inventory of Active Sam	pling Points	:	.0/1/23 -	12/31	./23			(Complete
				1/1/24 -	3/31/	24			(Complete
				4/1/24 -	6/30/	24				
				7/1/24 -	9/30/	24				
Physical F	Parameters (PPS)							1 rc	utine (RT) per quarter
Sampl	ling Point (Sampling Point ID)			Monitori	ng Per	riod	Collect	ion Period	d Comp	oliance Status
Select	from Inventory of Active Sam	pling 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 Sys	tem Facility: ENTRY POIN	T (WSF ID: 00700)								
Nitrate (1040)							1 rc	utine (RT) per quarter
Sampl	ling Point (Sampling Point ID)			Monitori	ng Per	riod	Collect	ion Period	d Comp	oliance Status
ENTRY	Y POINT (3)		:	.0/1/23 -	12/31	./23			(Complete
				1/1/24 -	3/31/	24				Complete
				4/1/24 -	6/30/	24				
				7/1/24 -	9/30/	24				
Nitrite (1	1041)							:	1 routine	(RT) per year
Sampl	ling Point (Sampling Point ID)			Monitori	ng Per	riod	Collect	ion Period	d Comp	oliance Status
ENTRY	Y POINT (3)			1/1/23 -	12/31/	/23			(Complete
				1/1/24 -	12/31/	/24			(Complete
				1/1/25 -	12/31,	/25				
	Wate	er System Facili	ity and Sar	npling	Poin	nt Inv	ento	ry		
Water							Total	Lead an		
•	Water System Facility	Sampling Point		nt		C	oliform			Stage
Facility ID		ID	Description		St	atus	Rule	Rule Tie	r Asbesto	s WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM		Α	Υ			
		DOWNSTREAM	WITHIN 5 SER	VICE CON	N	Α				
		UPSTREAM	WITHIN 5 SER	VICE CON	١	Α				
00700	ENTRY POINT	3	ENTRY POINT			Α				
60015	WELL 1	2	WELL 1			Α				
		Con	tact Inforr	nation	1					
Name		Oı	rganization						Job Title	
Ms. Hazel I	Luchatz									

State

CT

City

Marlborough

Emergency Phone Email Address

Zip Code

06447

Mailing Address Line Two

Mobile Phone

Mailing Address Line One

Extension

Fax

78 East Hampton Road

Business Phone

	Connecticut Department of Fublic Health Drinking Water Section									
Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source		
CT0798054	THE FARM AT CARTER HILL				NC	31	Р	GW		
Local Address (w	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural		
86 EAST HAMPTON RD Connections							1			
Towns Served: N	owns Served: MARLBOROUGH									

Connecticut Department of Public Health Drinking Water Section

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

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

End of schedule

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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0798064	BESTWAY FOOD & FUEL				NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
2-4 PORTLAND	RD, MARLBOROUGH	Connections			1			

Towns Served: MARLBOROUGH

Monitoring	Requirements
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Water System Facility:	DISTRIBUTION SYSTEM	(WSF ID: 00600)
------------------------	---------------------	-----------------

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

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

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

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

Public Notification Requirements										
	Compliance	Notice	e <u>Public Notification</u> <u>PN Certificat</u>							
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Physical Parameters M&R Violation	7/1/21 - 9/30/21	3	11/9/2022		11/19/2022					
Total Coliform M&R Violation	7/1/21 - 9/30/21	3	12/1/2022		12/11/2022					
Total Coliform M&R Violation	1/1/22 - 3/31/22	3	5/12/2023		5/22/2023					
Total Coliform M&R Violation	10/1/21 - 12/31/21	3	5/12/2023		5/22/2023					
Physical Parameters M&R Violation	10/1/21 - 12/31/21	3	5/12/2023		5/22/2023					
Physical Parameters M&R Violation	1/1/22 - 3/31/22	3	5/12/2023		5/22/2023					

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	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
62229	MAIN WELL	2	MAIN WELL	Α					
62231	BLADDER TANK								

	Contact Information			
Name	Organization		Job Titl	e
Mr. Ahmed Choudhry	Bestway Food & Fuel	Owner		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code

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.

	Connecticu	ut Depa	rtment of	Public F	l ealth	Drir	ıking	g Water	Section	
	Wat	ter Qual	lity Monit	oring an	d Con	nplia	nce S	Schedul	e	
PWS ID PWS Name						Classif	ication	Population	Owner Type	Primary Source
CT0798064 BESTWAY FOOD & FUEL						N	IC	25	Р	GW
Local Address (where applicable) Service Resid				Residen	itial Co	mmercial Industri		al Combin	ed Agricultural	
2-4 PORTLAND RI	D, MARLBOROUG	6H		Connections			1			
Towns Served: M	ARLBOROUGH							·		
z4 isileb Koau							iviaribo	rougn	CI	00447
Business Phone Extension Fax Mobile Phone Emergence					mergency	y Phone Email Address				
860-608-9636							bestwa	ay411@yaho	o.com	
Contact Polo(c):	Administrative (Contact Log	al Contact Own	or						

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

Please note the following:

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End of schedule