

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0850102	OUR LADY OF THE ROSARY CHAPEL	NC	39	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
15 PEPPER STREET	2				

Towns Served: MONROE

Monitoring Requirements

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

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	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Monthly Water System Facility (WSF) Level Monitoring Requirements

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
CT0850102	OUR LADY OF THE ROSARY CHAPEL	NC	39	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
15 PEPPER STREET		2			Agricultural

Towns Served: MONROE

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 PH	4
Start Date: 1/1/2003		Compliance History:	
		Monitoring Period	Operating Limit
		8/1/2025 - 8/31/2025	
		9/1/2025 - 9/30/2025	
		10/1/2025 - 10/31/2025	
		11/1/2025 - 11/30/2025	
		12/1/2025 - 12/31/2025	
			Monitoring Compliance Status:

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION EXEMPTION	3/1/2030	

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 2 DBPR	Stage
					Y	1	Y	1	Y
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A					
		OLOTRC 1000	CHURCH 3RD FLR LVG	A	Y	1			
		OLOTRC 1001	CHURCH 3RD LFR SINK	A	Y	1			
		OLOTRC 1002	CHURCH 3RD FLR LIVIN	A	Y	1			
		OLOTRC 101	BASEMENT SAMPLE TAP	A	Y	1			
		OLOTRC 200	KITCHEN SINK RECTORY	A	Y	1			
		OLOTRC 300	RECTORY BTH CHAPEL	A		1			
		OLOTRC 301	RECTORY SH CHAPL RM	A		1			
		OLOTRC 400	RECTORY LIV AREA TUB	A	Y	1			
		OLOTRC 401	RECOTRY LIV SINK 1	A	Y	1			
		OLOTRC 402	RECOTRY LIV SINK 2	A	Y	1			
		OLOTRC 500	RECOTRY 2ND FL BDRM	A	Y	1			
		OLOTRC 600	RECOTRY ATTIC BDRM	A	Y	1			
		OLOTRC 601	RECTORY ATTIC BDRM	A	Y	1			Y
		OLOTRC 700	CHURCH BSMT GRLS RM	A	Y	1			
		OLOTRC 701	CURCH BSMT BOYS RM	A	Y	1			
		OLOTRC 800	CHURCH BSMT STAF KT	A	Y	1			
		OLOTRC 900	CHURCH 2ND FLR RM1	A	Y	1			
		OLOTRC 901	CHURCH 2ND FLR RM2	A	Y	1			
		OLOTRC 902	CHURCH 2ND FLR RM3	A	Y	1			
		OLOTRC 903	CHURCH 2ND FLR LAUN	A	Y	N			
00700	ENTRY POINT	OTRC 401	GENERATED BY BATCH	A	Y				
		UPSTREAM	WITHIN 5 SERVICE CON	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
CT0850102	OUR LADY OF THE ROSARY CHAPEL	NC	39	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
15 PEPPER STREET		2			

Towns Served: MONROE

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
10405	WELL	2	WELL	A				
45123	TREATMENT PLANT							

Certified Operator Information

Water System Facility: TREATMENT PLANT (WSF ID: 45123)

Facility Classification: CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
GRANT, SHANE	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II DISTRIBUTION SYSTEM OPERATOR - CLASS II	9/30/2026 9/30/2026
PETITTI, ANDY	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I WATER TREATMENT PLANT OPERATOR - CLASS I	6/30/2028 12/31/2028

Contact Information

Name	Organization	Job Title		
Mr. Joseph Rotunda	Orthodox Roman Cath Movement	President		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
Our Lady of The Rosary Chapel	15 Pepper Street	Monroe	CT	06468
Business Phone	Extension	Fax	Mobile Phone	Email Address
203-261-6531				

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

Name	Organization	Job Title		
Mr. William Bouton	Our Lady of The Rosary Chapel	Administrative		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
15 Pepper Street		Monroe	CT	06468
Business Phone	Extension	Fax	Mobile Phone	Email Address
203-673-9855			203-874-2782	wdbouton@gmail.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

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
CT0850024	BEACON HILL EVANGELICAL FREE CHURCH	NC	33	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
371 OLD ZOAR ROAD	Connections		2		

Towns Served: MONROE

Monitoring Requirements

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

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	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: **WELL #1** (WSF ID: 21478)

E. Coli (3014)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL 1 (2)	8/1/25 - 8/31/25		
	9/1/25 - 9/30/25		

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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
CT0850024	BEACON HILL EVANGELICAL FREE CHURCH	NC	33	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
371 OLD ZOAR ROAD	Connections		2		

Towns Served: MONROE

Monitoring Requirements

Water System Facility: WELL #1 (WSF ID: 21478)

E. Coli (3014)	Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
		10/1/25 - 10/31/25		Complete
		11/1/25 - 11/30/25		Complete
		12/1/25 - 12/31/25		Complete
		1/1/26 - 1/31/26		
		2/1/26 - 2/28/26		
		3/1/26 - 3/31/26		
		4/1/26 - 4/30/26		
		5/1/26 - 5/31/26		
		6/1/26 - 6/30/26		
		7/1/26 - 7/31/26		

Water System Facility: WELL 2 (WSF ID: 61020)

E. Coli (3014)	Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
	WELL 2 (2)	8/1/25 - 8/31/25		Complete
		9/1/25 - 9/30/25		Complete
		10/1/25 - 10/31/25		Complete
		11/1/25 - 11/30/25		Complete
		12/1/25 - 12/31/25		Complete
		1/1/26 - 1/31/26		
		2/1/26 - 2/28/26		
		3/1/26 - 3/31/26		
		4/1/26 - 4/30/26		
		5/1/26 - 5/31/26		
		6/1/26 - 6/30/26		
		7/1/26 - 7/31/26		

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification Required	Public Notification Performed	PN Certification Due to DPH	PN Certification Received
E. Coli M&R Violation	9/1/25 - 9/30/25	3	12/30/2026		1/9/2027	
E. Coli M&R Violation	7/1/25 - 7/31/25	3	12/30/2026		1/9/2027	
E. Coli M&R Violation	8/1/25 - 8/31/25	3	12/30/2026		1/9/2027	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos Rule Tier	WQP 2 DBPR Stage
					Coliform	Copper Rule Tier		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		Y	
		BH001	KIT SNK TRP LWR LEV	A	Y			

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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
CT0850024	BEACON HILL EVANGELICAL FREE CHURCH	NC	33	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
371 OLD ZOAR ROAD	Connections		2		

Towns Served: MONROE

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
					Y	Y	Y	Y
		BH002	RR MENS LOWER LEVEL	A	Y			
		BH003	RR LADIES LOWER LVL	A	Y			
		BH004	KITCHENETTE MAIN FLR	A	Y			
		BH005	RR LADY RM MAIN FLR	A	Y			
		BH006	RR MENS RM MAIN FLR	A	Y			
	DOWNSTREAM		WITHIN 5 SERVICE CON	A				
	UPSTREAM		WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21478	WELL #1	2	WELL 1	A				
61020	WELL 2	2	WELL 2	A				
63186	UV TREATMENT							

Contact Information

Name	Organization	Job Title		
Mr. James Duncan	Beacon Hill Evangelical Church	Snr Property Manager		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
Beacon Hill Church	371 Old Zoar Road	Monroe	CT	06468
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
203-268-8521		203-452-9126	203-627-8006	
				deacons@beaconhillchurch.org

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

Name	Organization	Job Title		
Mr. Richard Dennis	Beacon Hill Evangelical Free C	Deacon		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
Beacon Hill Evangelical Free Church	371 Old Zoar Road	Monroe	CT	06468
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
203-885-5318				
				richdennis74@gmail.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

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

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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
CT0850054	DUCHESS OF MONROE	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
134 MAIN STREET			1		

Towns Served: MONROE

Monitoring Requirements

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

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

1 routine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: WELL (WSF ID: 21481)

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					Rule	Tier		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOM001	KIT HAND SNK FRONT	A	Y		Y	
		DOM002	KIT HAND SNK BACK	A	Y		Y	
		DOM003	KIT HAND SNK M	A	Y		Y	
		DOM004	RR MENS RR	A	Y		Y	
		DOM005	RR LADY ROOM	A	Y		Y	
		DOM006	KIT SNK SINGLE	A	Y		Y	
		DOM007	KIT SNK TRPL SNK	A	Y		Y	
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	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
CT0850054	DUCHESS OF MONROE	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
134 MAIN STREET			1		

Towns Served: MONROE

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR	
00700	ENTRY POINT	3	ENTRY POINT	A				
21481	WELL	2	WELL	A				
56747	TREATMENT PLANT							

Contact Information

Name	Organization	Job Title
Mr. Louis Berkowitz	Duchess of Monroe	
Mailing Address Line One	Mailing Address Line Two	City
134 Main Street		Monroe
Business Phone	Extension	Fax
203-452-0197		
Mobile Phone		Emergency Phone
		Email Address

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

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<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
CT0850064	179 MAIN STREET - MONROE	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined

Towns Served: MONROE

Monitoring Requirements

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

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

1 routine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: WELL (WSF ID: 21482)

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	6/5/2011	
RESPOND TO SANITARY SURVEY	8/31/2016	
RESPOND TO SANITARY SURVEY	12/5/2021	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Total Coliform M&R Violation	4/1/13 - 6/30/13	2	10/17/2013		10/27/2013	
Total Coliform M&R Violation	7/1/13 - 9/30/13	2	2/16/2014		2/26/2014	
Physical Parameters M&R Violation	4/1/13 - 6/30/13	3	9/17/2014		9/27/2014	
Physical Parameters M&R Violation	7/1/13 - 9/30/13	3	1/17/2015		1/27/2015	
Total Coliform M&R Violation	1/1/15 - 3/31/15	2	8/5/2015		8/15/2015	
Total Coliform M&R Violation	4/1/15 - 6/30/15	2	10/24/2015		11/3/2015	

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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
CT0850064	179 MAIN STREET - MONROE	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
		1			

Towns Served: MONROE

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Physical Parameters M&R Violation	4/1/15 - 6/30/15	3	9/23/2016		10/3/2016	
Physical Parameters M&R Violation	10/1/23 - 12/31/23	3	5/1/2025		5/11/2025	
Total Coliform M&R Violation	10/1/23 - 12/31/23	3	5/1/2025		5/11/2025	
Total Coliform M&R Violation	7/1/23 - 9/30/23	3	5/1/2025		5/11/2025	
Physical Parameters M&R Violation	7/1/23 - 9/30/23	3	5/1/2025		5/11/2025	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total		Lead and Copper		Stage
				Status	Coliform Rule	Rule Tier	Asbestos	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		BP001	KIT HAND SNK FRONT	A	Y			Y
		BP002	KIT HAND SNK MIDDLE	A	Y			Y
		BP003	KIT HAND SNK BACK	A	Y			Y
		BP004	KIT SNK SINGLE	A	Y			Y
		BP005	KIT SNK TRPL SNK	A	Y			Y
		BP006	RR MENS RR	A	Y			Y
		BP007	RR LADY ROOM	A	Y			Y
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		KSHS	KIT HAND SNK	A	Y			Y
		RR	RR GENERIC RR	A	Y			Y
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21482	WELL	2	WELL	A				

Contact Information

Name	Organization	Job Title
Mr. Charles T. Rega		
Mailing Address Line One	Mailing Address Line Two	City
179 Main Street		State
Business Phone	Extension	Zip Code
203-261-8499	203-268-2114	

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

Name	Organization	Job Title
Ms. Rega L. Sage	Dba Out Front Farm	Co-Owner
Mailing Address Line One	Mailing Address Line Two	City
D/B/A Out Front Farm	179 Main Street	State
Business Phone	Extension	Zip Code
203-261-8499		

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

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
CT0850064	179 MAIN STREET - MONROE	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined

Towns Served: MONROE

Name	Organization	Job Title		
Ms. Gena R. Newman		Co-Owner		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
D/B/A Out Front Farm	179 Main Street	Monroe	CT	06468
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
				Email Address

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

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
CT0850084	LAKE ZOAR DRIVE IN	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
215 ROOSEVELT DR			1		

Towns Served: MONROE

Monitoring Requirements

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

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		Complete
	4/1/26 - 6/30/26		

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		Complete
	4/1/26 - 6/30/26		

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

1 routine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		Complete
	1/1/27 - 12/31/27		

Water System Facility: WELL (WSF ID: 21484)

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		Complete
	4/1/26 - 6/30/26		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		LZD001	TRIPLE SINK	A	Y		Y	
		LZD002	HAND SINK BACK	A	Y		Y	
		LZD003	HAND SINK FRONT	A	Y		Y	
		LZD004	RR GENERIC RR	A	Y		Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21484	WELL	2	WELL	A				
61122	TREATMENT PLANT							

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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
CT0850084	LAKE ZOAR DRIVE IN	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
215 ROOSEVELT DR			1		

Towns Served: MONROE

Contact Information

Name	Organization	Job Title		
Mr. Robert P. Defeo	Lake Zoar Drive-In	Manager		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
PO Box 76		Stevenson	CT	06491
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone Email Address
			203-535-6418	Zoarbeach@gmail.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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0850094	MONROE AMOCO (G & M AUTO)	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
172, 176, 178 MAIN STREET	Connections		1		

Towns Served: MONROE

Monitoring Requirements

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

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	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Total Coliform (3100)	3 repeat (RP) per period		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/23/25 - 8/28/25		Complete

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	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: **WELL** (WSF ID: 21485)

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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
CT0850094	MONROE AMOCO (G & M AUTO)	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
172, 176, 178 MAIN STREET	Connections		1		

Towns Served: MONROE

Monitoring Requirements

Water System Facility: WELL (WSF ID: 21485)

E. Coli (3014)		1 triggered (TG) per period		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
WELL (2)	8/22/25 - 8/28/25		Complete	
E. Coli (3014)			1 routine (RT) per month	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
WELL (2)	8/1/25 - 8/31/25		Complete	
	9/1/25 - 9/30/25		Complete	
	10/1/25 - 10/31/25		Complete	
	11/1/25 - 11/30/25		Complete	
	12/1/25 - 12/31/25		Complete	
	1/1/26 - 1/31/26			
	2/1/26 - 2/28/26			
	3/1/26 - 3/31/26			
	4/1/26 - 4/30/26			
	5/1/26 - 5/31/26			
	6/1/26 - 6/30/26			
	7/1/26 - 7/31/26			

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2020	
CROSS CONNECTION SURVEY REPORT	3/1/2024	
CROSS CONNECTION SURVEY REPORT	3/1/2025	
CROSS CONNECTION SURVEY REPORT	3/1/2026	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total	Lead and	Stage	
					Coliform Rule	Copper Rule Tier		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		MA001	HAND SINK #1	A	Y		Y	
		MA002	TRIPLE SINK	A	Y		Y	
		MA003	SLOP SINK	A	Y		Y	
		MA004	RR GENERIC RR	A	Y		Y	
		MA005	HAND SINK #2	A			Y	
00700	ENTRY POINT	UPSTREAM	WITHIN 5 SERVICE CON	A				
		3	ENTRY POINT	A				
21485	WELL	2	WELL	A				

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0850094	MONROE AMOCO (G & M AUTO)	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
172, 176, 178 MAIN STREET	Connections		1		

Towns Served: MONROE

Contact Information

Name	Organization	Job Title		
Mr. Soubhi Toma	Monroe Highmart LLC	Owner		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
172 Main St		Monroe	CT	06468
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone Email Address
203-115-2916		203-445-2916		203-500-9299 mobilhighmart172@outlook.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

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0850104	CRESCENT VILLAGE	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
115 MAIN STREET			1		

Towns Served: MONROE

Monitoring Requirements

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

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		7/1/25 - 9/30/25		Complete
		10/1/25 - 12/31/25		Complete
		1/1/26 - 3/31/26		
		4/1/26 - 6/30/26		
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		7/1/25 - 9/30/25		Complete
		10/1/25 - 12/31/25		Complete
		1/1/26 - 3/31/26		
		4/1/26 - 6/30/26		

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

Nitrate And Nitrite (NOX)		1 routine (RT) per year		
Sampling Point (Sampling Point ID)		Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)		1/1/25 - 12/31/25		Complete
		1/1/26 - 12/31/26		
		1/1/27 - 12/31/27		

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Total Coliform MCL Violation	10/1/15 - 12/31/15	2	1/10/2016		1/20/2016	
Total Coliform MCL Violation	12/1/15 - 12/31/15	2	1/14/2016		1/24/2016	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform		Lead and Copper		Stage WQP 2 DBPR
				Status	Rule	Rule Tier	Asbestos	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		CV001	UNIT 1 A FIRST FLOOR	A	Y			Y
		CV002	UNIT 1 B FIRST FLOOR	A	Y			Y
		CV003	UNIT 2 FIRST FLOOR	A	Y			Y
		CV004	UNIT 5 FIRST FLOOR	A	Y			Y
		CV005	UNIT 7 A FIRST FLOOR	A	Y			Y
		CV006	UNIT 8 FITST FLOOR	A	Y			Y
		CV007	UNIT 9 FIRST FLOOR	A	Y			Y
		CV008	UNIT 3 SECOND FLOOR	A	Y			Y
		CV009	UNIT 4A SECOND FLOOR	A	Y			Y
		CV010	UNIT 4 SECOND FLOOR	A	Y			Y
		CV011	UNIT 6 SECOND FLOOR	A	Y			Y

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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
CT0850104	CRESCENT VILLAGE	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
115 MAIN STREET			1		

Towns Served: MONROE

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
					Y	Y	Y	Y
		CV012	UNIT 7B SECOND FLOOR	A	Y			
		CV013	UNIT 10 SECOND FLOOR	A	Y			
		CV014	UNIT 11 SECOND FLOOR	A	Y			
		CV015	UNIT 12 SECOND FLOOR	A	Y			
	DOWNSTREAM	WITHIN 5 SERVICE CON		A				
	UPSTREAM	WITHIN 5 SERVICE CON		A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21486	WELL	2	WELL	A				
61987	TREATMENT PLANT							

Contact Information

Name	Organization	Job Title		
Mr. John Kalas	Tide Water Group	Property Owner		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
115 Main Street		Monroe	CT	06468
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
203-459-2500		203-459-9778		203-459-2500

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

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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
CT0850154	AMERICAN PIE	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
150 MAIN STREET			1		

Towns Served: MONROE

Monitoring Requirements

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

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

1 routine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: WELL (WSF ID: 21491)

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					Rule	Tier		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		AP001	SINGLE SINK	A	Y		Y	
		AP002	HAND SINK	A	Y		Y	
		DOWNSTREAM	WITHIN 5 SERVICE CON	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
CT0850154	AMERICAN PIE	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
150 MAIN STREET			1		

Towns Served: MONROE

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total	Lead and Coliform	Copper Rule	Asbestos Rule Tier	Stage WQP 2	DBPR
					Coliform	Copper Rule	Asbestos Rule Tier	Stage WQP 2	DBPR	
	UPSTREAM	WITHIN 5 SERVICE CON		A						
00700	ENTRY POINT	3	ENTRY POINT	A						
21491	WELL	2	WELL	A						
55126	TREATMENT PLANT									

Contact Information

Name	Organization	Job Title		
Mr. David Chuckta	Chucks' Corner LLC	Owner/Member		
Mailing Address Line One PO Box 393	Mailing Address Line Two	City	State	Zip Code
Business Phone 203-915-3005	Extension	Fax	Mobile Phone	Emergency Phone
				Email Address dafill145@yahoo.com

Contact Role(s): Legal Contact, Owner

Name	Organization	Job Title		
Mr. Leo Zeko	American Pie	Restaurant Owner		
Mailing Address Line One 150 Main Street	Mailing Address Line Two	City	State	Zip Code
Business Phone 203-268-0200	Extension	Fax	Mobile Phone	Emergency Phone
				Email Address leozeko1@yahoo.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

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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
CT0850174	MONROE FOOD MART	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
145 MAIN STREET			1		

Towns Served: MONROE

Monitoring Requirements

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

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	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: WELL (WSF ID: 48654)

E. Coli (3014)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification Due to DPH	Received
			Required	Performed		
E. Coli M&R Violation	1/1/25 - 3/31/25	3	10/1/2026		10/11/2026	

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 Status		Asbestos Rule Tier	Stage WQP 2 DBPR
				Coliform Status	Lead Rule Status	Copper Rule Status	Asbestos Rule Tier		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A					
		MFM001	KIT SNK TRPL SNK	A	Y			Y	
		MFM002	KIT HAND SNK BACK	A	Y			Y	
		MFM003	KIT HAND SNK FRONT R	A	Y			Y	
		MFM004	RR GENERIC RR	A	Y			Y	

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
CT0850174	MONROE FOOD MART	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
145 MAIN STREET			1		

Towns Served: MONROE

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2	DBPR
					Coliform Rule	Copper Rule Tier	Asbestos	WQP 2	DBPR
		MFM005	MOP SINK	A	Y				
		MFM006	KIT HAND SNK FRONT L	A	Y				
		UPSTREAM	WITHIN 5 SERVICE CON	A					
00700	ENTRY POINT	3	ENTRY POINT	A					
48654	WELL	2	WELL	A					
63171	UV TREATMENT								

Contact Information

Name	Organization	Job Title
Mr. Joseph McCormick	Chestnut Petroleum Distributor	Ehs Director
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
536 Main Street		New Paltz NY 12561
Business Phone	Extension	Fax
845-256-0162		
Mobile Phone		Emergency Phone
		845-256-5020 jmccormick@cpdgroup.com
Contact Role(s):	Administrative Contact	
Name	Organization	Job Title
Mr. Rajiv Mehta	Rs Monroe Realty LLC	Property Owner
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
16 Arbor Lane		Mahwah NJ 07430
Business Phone	Extension	Fax
973-332-8762		
Mobile Phone		Emergency Phone
		Email Address rajivmehta2015.rm@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

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
CT0859054	DUNKIN DONUTS	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
135 MAIN STREET			1		

Towns Served: MONROE

Monitoring Requirements

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

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

1 routine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform		Lead and Copper Rule Tier	Asbestos	WQP 2 DBPR Stage
				Status	Rule			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A	Y			
		DD001	TRIPLE SINK	A	Y		Y	
		DD002	RR MENS RR	A	Y		Y	
		DD003	RR LADY ROOM	A	Y		Y	
		DD004	HAND SINK #1	A	Y		Y	
		DD005	HAND SINK #2	A	Y		Y	
		DD006	HAND SINK #3	A	Y		Y	
		DD007	HAND SINK #4	A	Y		Y	
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
48861	WELL	2	WELL	A				
55415	TREATMENT PLANT							

Contact Information

Name	Organization	Job Title
Mr. Setu Kalaria	Monroe Coffee, LLC	General Manager
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
135 Main St		Monroe CT 06468

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
CT0859054	DUNKIN DONUTS				NC	25	P	GW
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
135 MAIN STREET					1			
Towns Served: MONROE								
155 Main St.				MONROE	C1	00400		
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
865-242-5837				973-332-8762	setu.kalariya@gmail.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

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
CT0859053	THE WATerview	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
215 ROOSEVELT AVENUE	Connections		1		

Towns Served: MONROE

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	4/1/26 - 6/30/26		
Total Coliform (3100)	3 repeat (RP) per period		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	12/5/25 - 12/10/25		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	1/1/26 - 1/31/26		
Physical Parameters (PPS)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: WELL 1 (WSF ID: 48889)

E. Coli (3014)	1 triggered (TG) per period		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 1 (2)	12/4/25 - 12/10/25		

Water System Facility: WELL 2 (WSF ID: 48891)

E. Coli (3014)	1 triggered (TG) per period		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 2 (2)	12/4/25 - 12/10/25		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2025	

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A	Y		

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
CT0859053	THE WATerview	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
215 ROOSEVELT AVENUE			1		

Towns Served: MONROE

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2	DBPR
		DOWNSTREAM	WITHIN 5 SERVICE CON	A					
		UPSTREAM	WITHIN 5 SERVICE CON	A					
00700	ENTRY POINT	3	ENTRY POINT	A					
48889	WELL 1	2	WELL 1	A					
48891	WELL 2	2	WELL 2	A					
52078	ATMOSPHERIC STORAGE								
62287	TREATMENT FACILITY								

Contact Information

Name	Organization	Job Title		
Mr. Bryan Gilmour	Fairfield Catering Group	Purchasing Manager		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
506 Candlewood Lake Road		Brookfield	CT	06804
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
			203-984-5087	Email Address bg@fairfieldcaterers.com

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

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<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
CT0859064	ROUTE 34 PLAZA - MONROE	NC	49	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
230 ROOSEVELT DRIVE		6			

Towns Served: MONROE

Monitoring Requirements

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

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

1 routine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: WELL #1 (WSF ID: 54538)

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL #1 (2)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Total Coliform MCL Violation	10/1/14 - 12/31/14	2	11/30/2014		12/10/2014	
Total Coliform MCL Violation	12/1/14 - 12/31/14	2	3/1/2015		3/11/2015	
Total Coliform MCL Violation	1/1/15 - 1/31/15	2	3/7/2015		3/17/2015	
Total Coliform MCL Violation	2/1/15 - 2/28/15	2	4/9/2015		4/19/2015	
Total Coliform MCL Violation	3/1/15 - 3/31/15	2	6/3/2015		6/13/2015	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform			Lead and Copper			Stage WQP 2 DBPR
				Status	Rule	Rule Tier	Asbestos	Lead	Copper	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION DOWNSTREAM WITHIN 5 SERVICE CON	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
CT0859064	ROUTE 34 PLAZA - MONROE	NC	49	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
230 ROOSEVELT DRIVE		6			

Towns Served: MONROE

Water System Facility and Sampling Point Inventory

Water System Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP 2 DBPR	Stage
	RT34P001	DUNKIN HS 1	A	Y				
	RT34P002	DUNKIN HS 2	A	Y				
	RT34P003	DUNKIN HS 3	A	Y				
	RT34P004	POST OFFIC UNISEX BR	A	Y				
	UPSTREAM	WITHIN 5 SERVICE CON	A					
00700	ENTRY POINT	3	ENTRY POINT	A				
54538	WELL #1	2	WELL #1	A				
61178	TREATMENT PLANT							

Contact Information

Name		Organization			Job Title		
Mr. Emanuel Pinheiro		Fifth Realty, LLC			Owner		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
400 Washington Street					Westwood	MA	02090
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-993-4420			781-718-4971		mannypinheiro@gmail.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

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
CT0859074	588 MONROE TNPK	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
588 MONROE TURNPIKE					1

Towns Served: MONROE

Monitoring Requirements

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

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		7/1/25 - 9/30/25		Complete
		10/1/25 - 12/31/25		Complete
		1/1/26 - 3/31/26		
		4/1/26 - 6/30/26		

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		7/1/25 - 9/30/25		Complete
		10/1/25 - 12/31/25		Complete
		1/1/26 - 3/31/26		
		4/1/26 - 6/30/26		

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

Nitrate And Nitrite (NOX)		1 routine (RT) per year		
Sampling Point (Sampling Point ID)		Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)		1/1/25 - 12/31/25		Complete
		1/1/26 - 12/31/26		
		1/1/27 - 12/31/27		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	WQP 2 DBPR	Stage
					Rule	Tier			
00501	WELL 1	2	WELL 1	A					
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y				
		DDH001	NAIL SALON	A	Y		Y		
		DDH002	RR FRONT	A	Y		Y		
		DDH003	HAND SINK FRONT	A	Y		Y		
		DDH004	MASSAGE ROOM	A	Y		Y		
		DDH005	FACIAL ROOM	A	Y		Y		
		DDH006	WAX ROOM NO 1	A	Y		Y		
		DDH007	WAX ROOM NO 2	A	Y		Y		
		DDH008	RR BACK	A	Y		Y		
		DDH009	RR 1ST FL VIDEO PROD	A	Y		Y		
		DDH010	RR 2ND FLOOR	A	Y		Y		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A					
		UPSTREAM	WITHIN 5 SERVICE CON	A					
00700	ENTRY POINT	3	ENTRY POINT	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
CT0859074	588 MONROE TNPK	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
588 MONROE TURNPIKE					1

Towns Served: MONROE

Contact Information

Name	Organization	Job Title		
Mr. Gaetano Marra, Jr.	Marracorp Commercial Holdings	Member		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
588 Monroe Turnpike		Monroe	CT	06468
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone Email Address
203-693-1185		203-693-1146	203-627-8726	gaetanomarrahomes@gmail.com

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0859094	MONROE LITTLE LEAGUE BEARDSLEY FIELDS	NC	25	L	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
67 CROSS HILL ROAD	Connections		1		

Towns Served: MONROE

Monitoring Requirements

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

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	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	8/29/2018	
RESPOND TO SANITARY SURVEY	5/4/2025	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	4/2/23 - 5/15/25	2	11/12/2023		11/22/2023	
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	4/2/24 - 5/15/25	2	9/5/2024		9/15/2024	
E. Coli M&R Violation	4/17/25 -	3	10/1/2026		10/11/2026	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Stage
					Rule Tier	Asbestos	
00600	DISTRIBUTION SYSTEM	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
CT0859094	MONROE LITTLE LEAGUE BEARDSLEY FIELDS	NC	25	L	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
67 CROSS HILL ROAD			1		

Towns Served: MONROE

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point		Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
		ID	Description		Rule Tier	WQD		
		BF001	CONCESSION STAND	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
58261	WELL	2	WELL	A				

Contact Information

Name	Organization	Job Title
Little League Baseball of Monroe, Inc		
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
PO Box 339		Monroe CT 06468
Business Phone	Extension	Fax Mobile Phone Emergency Phone Email Address

Contact Role(s):	Owner	Organization	Job Title
Name	Mr. Ryan Driscoll	Little League Beardsley	Past President
Mailing Address Line One	Mailing Address Line Two	City State Zip Code	
PO Box 339		Monroe CT 06468	
Business Phone	Extension	Fax Mobile Phone Emergency Phone Email Address	
		203-858-0471	rdriscoll@monroelittleleague.org

Contact Role(s):	Administrative Contact	Organization	Job Title
Name	Mr. Jonathan Derosa	Monroe Little League	President
Mailing Address Line One	Mailing Address Line Two	City State Zip Code	
PO Box 339		Monroe CT 06468	
Business Phone	Extension	Fax Mobile Phone Emergency Phone Email Address	
781-910-0623			jderosa@monroelittleleague.org

Contact Role(s):	Legal Contact
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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

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<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
CT0859104	241 ROOSEVELT DRIVE	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined

Towns Served: MONROE

Monitoring Requirements

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

1 routine (RT) per month			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		Complete
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

1 routine (RT) per month			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		Complete
	1/1/26 - 1/31/26		Complete
	2/1/26 - 2/28/26		
	3/1/26 - 3/31/26		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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

1 routine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2026	

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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
CT0859104	241 ROOSEVELT DRIVE	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
					1

Towns Served: MONROE

Water System Facility and Sampling Point Inventory							
Water System Facility ID	Water System Facility	Sampling Point	Sampling Point	Status	Total Coliform	Lead and Copper Rule	Stage
		ID	Description		Rule Tier	Asbestos	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		HP005	HANDSINK 1	A	Y		
		HP007	COFFEE PREP	A	Y		
		HP009	3 BAY SINK	A	Y		
		HP010	MENS ROOM	A	Y		
		HP012	LADIES ROOM	A	Y		
00700	ENTRY POINT	HP014	HANDSKIN 2	A	Y		
		UPSTREAM	WITHIN 5 SERVICE CON	A			
58501	WELL 2	3	ENTRY POINT	A			
		2	WELL 2	A			

Contact Information

Name	Organization	Job Title
Mr. Arthur Weeden	Pmg	Manager
Mailing Address Line One	Mailing Address Line Two	City
2900 Telestar Ct		State
Business Phone	Extension	Zip Code
508-725-6024		

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

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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
CT0859114	500 PURDY HILL ROAD	NC	35	L	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined

Towns Served: MONROE

Monitoring Requirements

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

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

1 routine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: **WELL 1 (WSF ID: 60098)**

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL 1 (2)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility and Sampling Point Inventory						
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule Tier
					Rule	Asbestos
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y	
		DOWNSTREAM	WITHIN 5 SERVICE CON	A		
		PH001	BUILD 1 DENT LAB SNK	A	Y	
		PH002	BUILD 1 DENT RR1	A	Y	Y

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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
CT0859114	500 PURDY HILL ROAD	NC	35	L	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
					1

Towns Served: MONROE

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
					Y	Y	Y	Y
		PH003	BUILD 1 DENT RR2	A	Y			
		PH004	BUILD 1 DENT RR3	A	Y			
		PH005	BUILD 1 INS RR1	A	Y			
		PH006	BUILD 1 INS RR2	A	Y			
		PH007	BUILD1 CMS 2ND FL RR	A	Y			
		PH008	BUILD1 3RD FL STO RR	A	Y			
		PH009	BUILD2 ENGINEERG RR1	A	Y			
		PH010	BUILD2 ENGINEERG RR2	A	Y			
		PH011	BUILD2 CHIRO RR1	A	Y			
		PH012	BUILD2 CHIRO RR2	A	Y			
		PH013	B2 ENGIN KITCHEN	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
60098	WELL 1	2	WELL 1	A				
60413	TREATMENT PLANT							

Contact Information

Name	Organization	Job Title
Mr. Thomas Diblasi	Charberry Square Condo Assoc	Property Manager
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
500 Purdy Hill Road, Suite 10		Monroe CT 06468
Business Phone	Extension	Fax
203-452-1331	108	203-268-8103
Mobile Phone		Emergency Phone
		203-988-2523
Email Address		
		TomD@DiBlasi-Engrs.com
Contact Role(s):	Administrative Contact	
Name	Organization	Job Title
Mr. Jon D. Chady	Chararry Square Condo Assoc	President
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
500 Purdy Hill Rd.	Unit #3	Monroe CT 06468
Business Phone	Extension	Fax
203-452-0239		
Mobile Phone		Emergency Phone
		jdcdmd@sbcglobal.net
Email Address		
Contact Role(s):	Legal Contact	
Name	Organization	Job Title
Charbarry Square Condominium Association		
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
500 Purdy Hill Rd.	Unit #3	Monroe CT 06468
Business Phone	Extension	Fax
203-452-0239		
Mobile Phone		Emergency Phone
		jdcdmd@sbcglobal.net
Email Address		
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
CT0859114	500 PURDY HILL ROAD	NC	35	L	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined Agricultural

Towns Served: MONROE

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0859134	GREAT HOLLOW LAKE	NC	35	L	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
454 PURDY HILL					4

Towns Served: MONROE

Monitoring Requirements

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

1 routine (RT) per month			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

1 routine (RT) per month			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

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

1 routine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: WELL 1 (WSF ID: 61004)

1 routine (RT) per month			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL 1 (2)	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification Required	PN Certification Due to DPH	Received
E. Coli M&R Violation	10/1/25 - 10/31/25	3	1/20/2027	1/30/2027	
Physical Parameters M&R Violation	10/1/25 - 10/31/25	3	1/20/2027	1/30/2027	

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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
CT0859134	GREAT HOLLOW LAKE	NC	35	L	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
454 PURDY HILL					4

Towns Served: MONROE

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Total Coliform M&R Violation	10/1/25 - 10/31/25	3	1/20/2027		1/30/2027	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					Rule	Rule Tier	WQD	DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		GHL001	LADIES ROM	A	Y			
		GHL002	SLOP SINK GARAGE	A	Y			
		GHL003	HAND SINK	A	Y			
		GHL004	MENS RR	A				
00700	ENTRY POINT	UPSTREAM	WITHIN 5 SERVICE CON	A				
		3	ENTRY POINT	A				
61004	WELL 1	2	WELL 1	A				
62957	TREATMENT PLANT - UV							

Contact Information

Name	Organization	Job Title
Mr. Terrence Rooney	Town of Monroe	First Selectman
Mailing Address Line One	Mailing Address Line Two	City
7 Fan Hill Rd		Monroe
Business Phone	Extension	State
203-452-2821		Zip Code
Email Address		
		Firstselectman@monroect.gov

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

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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
CT0859144	1565 MONROE TURNPIKE, LLC	NC	45	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1565 MONROE TURNPIKE			1		

Towns Served: MONROE

Monitoring Requirements

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

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		7/1/25 - 9/30/25		Complete
		10/1/25 - 12/31/25		Complete
		1/1/26 - 3/31/26		
		4/1/26 - 6/30/26		

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		7/1/25 - 9/30/25		Complete
		10/1/25 - 12/31/25		Complete
		1/1/26 - 3/31/26		
		4/1/26 - 6/30/26		

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

Nitrate And Nitrite (NOX)		1 routine (RT) per year		
Sampling Point (Sampling Point ID)		Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)		1/1/25 - 12/31/25		Complete
		1/1/26 - 12/31/26		
		1/1/27 - 12/31/27		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	WQP 2 DBPR	Stage
					Rule	Tier			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A	Y				
		UPSTREAM	WITHIN 5 SERVICE CON	A	Y				
00700	ENTRY POINT	3	ENTRY POINT	A					
62819	WELL 1	2	WELL 1	A					
62824	TREATMENT PLANT								

Contact Information

Name	Organization			Job Title		
Mr. Anthony Galbo	1565 Monroe Turnpike, LLC.					
Mailing Address Line One	Mailing Address Line Two			City	State	Zip Code
193 Sturgess Road				Fairfield	CT	06824
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
					amgalbo@gmail.com	

Contact Role(s): Administrative Contact, Legal Contact

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0859144	1565 MONROE TURNPIKE, LLC	NC	45	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1565 MONROE TURNPIKE			1		

Towns Served: MONROE

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

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