Connecticut Department of Public Health	Drinking	g Water	Section					
Water Quality Monitoring and Compliance Schedule								
PWS Name	Classification	Population	Owner Type	Primary				

PWS ID PWS Name C				Clas	ssification	Population	Owner Type	Primary Source
CT0850102 OUR LADY OF THE ROSARY CHAPEL					NC	39	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
15 PEPPER STREET		Connections	2					

Towns Served: MONROE	,		
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	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		
Total Coliform (3100)		3 rep	peat (RP) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/4/24 - 1/9/24		Complete
	2/21/24 - 2/27/24		Complete
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		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		
Water System Facility: WELL (WSF ID: 10405)			

	Connecticut Department o	f Public H	lealth	l Di	rinking	g Water	Section	
	Water Quality Moni	toring an	d Con	npl	liance S	Schedul	le	
PWS ID	PWS Name				ssification	Population	Owner Type	Primary Source
СТ0850102	OUR LADY OF THE ROSARY CHAPEL				NC	39	Р	GW
Local Address	(where applicable)	Service	Residen	ntial	Commerci	al Industri	al Combin	ed Agricultural
15 PEPPER ST	REET	Connections	2					

15 PEPPER STREET	Com	2		
Towns Served: MONROE				
	Monitoring	g Requirements		
Water System Facility:	WELL (WSF ID: 10405)			
E. Coli (3014)			1 trig	gered (TG) per period
Sampling Point (Sam	pling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)		1/3/24 - 1/9/24		Complete
		2/20/24 - 2/27/24		Complete
Mo	nthly Water System Facility (WSF) Level Monitori	ng Requireme	nts
Water System Facility:	ENTRY POINT (WSFID: 00700)			
Analyte	Monitoring Requirement (Summary Ty	pe) Operating Limit	t	Samples Req/Month
рН	Entry Point pH Monitoring (PHRD)	Minimum: 7 PF	1	4
Start Date: 1/1/2003		Compliance History:	Operating Limit	Monitoring
		Monitoring Period	Compliance Status	: Compliance Status:
		11/1/2023 - 11/30/2023		
		12/1/2023 - 12/31/2023		
		1/1/2024 - 1/31/2024		
		2/1/2024 - 2/29/2024		
		3/1/2024 - 3/31/2024		
	Other Comp	liance Schedules		
Compliance Schedule Acti	vity	Due Date	Achieved	Date
L2 ASSESSMENT (MULTIPL	E TC+, 2ND IN 12M)	3/30/2024		
· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	•	· · · · · · · · · · · · · · · · · · ·

CROSS CONNECTION EXEMPTION			L/2025							
Water System Facility and Sampling Point Inventory										
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stage WQP 2 DBPR			
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Υ						
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
	OLOTRC 1000	CHURCH 3RD FLR LVG	Α	Υ	1					
	OLOTRC 1001	CHURCH 3RD LFR SINK	Α	Υ	1					
	OLOTRC 1002	CHURCH 3RD FLR LIVIN	Α	Υ	1					
	OLOTRC 101	BASEMENT SAMPLE TAP	Α	Υ	1					
	OLOTRC 200	KITCHEN SINK RECTORY	Α	Υ	1					
	OLOTRC 300	RECTORY BTH CHAPEL	Α		1					
	OLOTRC 301	RECTORY SH CHAPL RM	Α		1					
	OLOTRC 400	RECTORY LIV AREA TUB	Α	Υ	1					
	OLOTRC 401	RECOTRY LIV SINK 1	Α	Υ	1					
	OLOTRC 402	RECOTRY LIV SINK 2	Α	Υ	1					
	OLOTRC 500	RECOTRY 2ND FL BDRM	Α	Υ	1					
	OLOTRC 600	RECOTRY ATTIC BDRM	Α	Υ	1					
	OLOTRC 601	RECTORY ATTIC BDRM	Α	Υ	1	Υ				
	OLOTRC 700	CHURCH BSMT GRLS RM	Α	Υ	1					

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	Р	GW		
Local Address	Service	Residen	itial	Commerci	al Industri	al Combin	ed Agricultural			
15 PEPPER STREET		Connections	2							

Water System Facility and Sampling Point Inventory									
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		tage DBPR	
	OLOTRC 701	CURCH BSMT BOYS RM	A	Υ	1				
	OLOTRC 800	CHURCH BSMT STAF KT	Α	Υ	1				
	OLOTRC 900	CHURCH 2ND FLR RM1	Α	Υ	1				
	OLOTRC 901	CHURCH 2ND FLR RM2	Α	Υ	1				
	OLOTRC 902	CHURCH 2ND FLR RM3	Α	Υ	1				
	OLOTRC 903	CHURCH 2ND FLR LAUN	Α	Υ	N				
	OTRC 401	GENERATED BY BATCH	Α	Υ					
	UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700 ENTRY POINT	3	ENTRY POINT	Α						
10405 WELL	2	WELL	Α						
45123 TREATMENT PLANT									

Certified	d Oper	ator Inf	formation
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Water System Facility:	TOUATRACKIT OLAKIT	(MICE ID. AE433)
water system Facility.	IKFAIIVIFNI PIANI	TVV >F 11): 45 1/31

, ,		•	•	
Facility Classification:	CLASS 1 TREATMENT P	LANT		Certification
Operator Name		Operator Type	Certification(s)	Expiration
GRANT, SHANE		CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2026
			DISTRIBUTION SYSTEM OPERATOR - CLASS II	9/30/2026
PETITTI, ANDY		ASSIGNED OPERATO	DR DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2025
			WATER TREATMENT PLANT OPERATOR - CLASS I	12/31/2025

			Co	ontact Inf	ormation				
Name				Organization			Job Title		
Mr. Joseph Rotunda				Orthodox Ro	man Cath Movemen	President			
Mailing Address Line One Mailing Addr				ess Line Two		City	State	Zip Code	
Our Lady of The Ro	sary Chapel		15 Pepper St	reet		Monroe		СТ	06468
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ad	ldress		
203-261-6531									
Contact Role(s): Le	egal Contact		,						

Contact Role(s): Legal Con	tact
----------------------------	------

Contact Role(s): Le	gai Contact								
Name Mr. William Bouton				Organization	1			Job Title	
				Our Lady of	The Rosary Chapel		Administrative		
Mailing Address Line One Mailing Add			ess Line Two			City	State	Zip Code	
15 Pepper Street						Monroe		СТ	06468
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Address			
203-673-9855	203-874-2782		wdbouto	n@gmail.com					
Contact Role(s): A	dministrative	Contact	•		•				

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

		0	0 1						
PWS ID	WS ID PWS Name CI					Owner Type	Primary Source		
CT0850102	OUR LADY OF THE ROSARY CHAPEL	NC	39	Р	GW				
Local Address (Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural			
15 PEPPER STR	Connections	2							

Please note the following:

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

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

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

End of schedule

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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0850024	BEACON HILL EVANGELICAL FREE CHURCH					33	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural
371 OLD ZOAR ROAD		Connections			2			

TOWIIS SELVED. MICHAGE	-							
Monitoring	Requirements							
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	00)							
Total Coliform (3100)		1 routin						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete					
	12/1/23 - 12/31/23		Complete					
	1/1/24 - 1/31/24		Complete					
	2/1/24 - 2/29/24		Complete					
	3/1/24 - 3/31/24		Complete					
	4/1/24 - 4/30/24							
	5/1/24 - 5/31/24							
	6/1/24 - 6/30/24							
	7/1/24 - 7/31/24							
	8/1/24 - 8/31/24							
	9/1/24 - 9/30/24							
	10/1/24 - 10/31/24							
Total Coliform (3100)		3 re	peat (RP) per period					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	11/15/23 - 11/20/23		Complete					
	12/22/23 - 12/27/23							
	12/22/23 - 12/27/23							
	3/14/24 - 3/19/24		Complete					
Physical Parameters (PPS)		1 rou	tine (RT) per month					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete					
	12/1/23 - 12/31/23		Complete					
	1/1/24 - 1/31/24		Complete					
	2/1/24 - 2/29/24		Complete					
	3/1/24 - 3/31/24		Complete					
	4/1/24 - 4/30/24							
	5/1/24 - 5/31/24							
	6/1/24 - 6/30/24							
	7/1/24 - 7/31/24							
	8/1/24 - 8/31/24							
	9/1/24 - 9/30/24							
	10/1/24 - 10/31/24							
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					

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.

1/1/24 - 12/31/24 1/1/25 - 12/31/25

	Connecticut Don	artmont	of Dublic L	[oalth	Drin	lzina I	Mator	oction	
	Connecticut Dep							ection	
		anty Mor	nitoring an	a Com					
PWS ID	PWS Name							wner Type Pr	
CT0850024	BEACON HILL EVANGELICA	IL FREE CHURC		5	NC		33	Р	GW
	(where applicable)		Service Connections	Resident	tial Con	nmercial	Industrial	Combined	Agricultural
371 OLD ZOA			connections			2			
Towns Served	d: MONROE								
		Mor	itoring Requ	iiremei	nts				
Water Syste	m Facility: WELL (WSF ID:	: 21478)							
E. Coli (301	14)						1 tri	ggered (TG)	per period
Samplin	g Point (Sampling Point ID)			Monitorii	ng Perio	d Col	lection Perio	d Compli	ance Status
WELL (2			1	.1/14/23 -	- 11/20/	23		Co	mplete
			1	.2/21/23 -	- 12/27/2	23			
			1	.2/21/23 -				Co	mplete
				3/13/24 -	- 3/19/2	4		Co	mplete
Water Syste	m Facility: WELL 2 (WSF I	D: 61020)							
E. Coli (301	.4)						1 tri	ggered (TG)	per period
Samplin	g Point (Sampling Point ID)			Monitorii	ng Perio	d Col	lection Perio	d Compli	ance Status
WELL 2	(2)		1	.1/14/23 -	- 11/20/	23		Co	mplete
			1	.2/21/23 -	- 12/27/	23		Co	mplete
			1	.2/21/23 -	- 12/27/	23			
				3/13/24 -	- 3/19/2	4		Co	mplete
		Other	Compliance	Sched	ules				
Compliance S	Schedule Activity			L	Due Date	?	Achieve	d Date	
L2 ASSESSME	NT (MULTIPLE TC+, 2ND IN 121	M)	4/15/2024						
		Public N	otification R	equire	ment	5			
			Compliance	Notice	Pu	ıblic Not	i <u>fication</u>	PN Cert	i <u>fication</u>
Violation/Sit	uation		Period	Tier	Req	uired	Performed	Due to DPH	Received
Physical Para	meters M&R Violation	4	1/1/22 - 4/30/22	3	7/12	/2023		7/22/2023	
Total Coliforn	n M&R Violation	4	1/1/22 - 4/30/22	3	7/12	/2023		7/22/2023	
Total Coliforn	n M&R Violation	Ĺ	5/1/23 - 5/31/23	3	9/21	/2024		9/30/2024	
	Water	System Fa	cility and Sar	npling	Point	Inven	tory		
Water						Tota	al Lead an	d	
System W	ater System Facility	Sampling Po	int Sampling Poi	nt		Colifo	rm Coppe	r	Stage
Facility ID		ID	Description		Stat	us Rul	e Rule Ti	er Asbestos	WQP 2 DBPF
00600 DI	STRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Α	Υ			
		BH001	KIT SNK TRP L	WR LEV	Α	Υ		Υ	
	BH002 RR MENS LOWER			VER LEVEI	L A	Υ		Υ	
вн003						Υ		Υ	
ВН004						Υ		Υ	
вноо5						Υ		Υ	
		BH006				Υ		Υ	
		DOWNSTREA	AM WITHIN 5 SER	VICE CON	I A				
		UPSTREAN	MITHIN 5 SER	VICE CON	I A				
00700 EN	ITDV DOINT		ENITRY DOINT						

ENTRY POINT

WELL

WELL 2

Α

Α

Α

3

2

2

00700 ENTRY POINT

21478 WELL

61020 WELL 2

	Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name				Classification P		Population	Owner Type	Primary Source			
CT0850024	BEACON HILL EVANGELICAL FREE CHURC	:H			NC	33	Р	GW			
Local Address	Service	Resider	ntial Commerci		al Industri	al Combin	ed Agricultural				
371 OLD ZOAF	Connections			2							

Connecticut Department of Public Health Drinking Water Section

				Contact Inf	ormation							
Name				Organization	1	Job Title						
Mr. James Duncan				Beacon Hill I	Evangelical Church		Snr Propert	y Manager				
Mailing Address Line One Mailing Add				ddress Line Two		City	State	Zip Code				
Beacon Hill Church 371 Old Zoan			oar Road	Road Monroe			СТ	06468				
Business Phone	Extension	Fax		Mobile Phone	Mobile Phone Emergency Phone			Email Address				
203-268-8521		203-452-	9126			deacons	@beaconhill	church.org				
Contact Role(s): Le	egal Contact				1							
Name				Organization	1	Job Title						
Mr. Richard Dennis	;			Beacon Hill I	Beacon Hill Evangelical Free C			Deacon				
Mailing Address Lin	e One		Mailing A	ddress Line Two			City	State	Zip Code			
Beacon Hill Evangel	ical Free Chur	ch	371 Old 2	oar Road		Monroe		СТ	06468			
Business Phone	Extension	Fax		Mobile Phone Emergency Phone			ddress	•				
203-885-5318						richden	nis74@gmail	.com				
Contact Role(s): A	dministrative	Contact	,									

Please note the following:

Towns Served: MONROE

- 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 De	partment of	Public H	lealth	Dri	inking	g Wa	ter S	Sec	tion		
	Water Or	ality Monit	oring an	d Con	nplia	ance S	Sche	dule	<u>,</u>			
PWS ID	PWS Name		0		_					r Type Pı	imary Source	
CT0850054	DUCHESS OF MONROE					NC	25	5		Р	GW	
Local Address (where applicable)		Service	Residen	tial C	Commerci	al Ind	dustrial	С	ombined	Agricultural	
134 MAIN STRE	ET .		Connections			1						
Towns Served:	MONROE		•									
		Monito	oring Requ	iireme	nts							
Water System	Facility: DISTRIBUTION	N SYSTEM (WSF II	D: 00600)									
Total Colifor	m (3100)							1 :	routi	ine (RT)	per quarter	
	Point (Sampling Point ID)			Monitori	ing Pe	riod C	ollectio	on Peri			ance Status	
Select from	m Inventory of Active Samp	ling Points	:	10/1/23 -	12/32	1/23				Co	mplete	
				1/1/24 -	3/31/	/24				Со	mplete	
				4/1/24 -	6/30/	/24						
				7/1/24 -								
Physical Para	meters (PPS)							1	routi	ine (RT) i	per quarter	
Sampling	Point (Sampling Point ID)			Monitori	ing Pe	riod C	ollectio	on Peri			ance Status	
Select from	m Inventory of Active Samp	ling Points	:	10/1/23 -	12/32	1/23				Со	mplete	
				1/1/24 -	3/31/	/24				Со	mplete	
				4/1/24 -	6/30/	/24						
				7/1/24 -	9/30/	/24						
Water System	Facility: ENTRY POINT	(WSF ID: 00700)										
Nitrate And I	Nitrite (NOX)								1 rc	outine (R	T) per year	
Sampling	Point (Sampling Point ID)			Monitori	ing Pe	riod C	ollectio	on Peri	od	Compli	ance Status	
ENTRY PO	INT (3)			1/1/23 -	12/31	./23				Со	mplete	
			1/1/24 - 12/31/24									
				1/1/25 -	12/31	/25						
Water System	Facility: WELL (WSF II	D: 21481)										
E. Coli (3014	.)							1	routi	ne (RT) _l	per quarter	
Sampling	Point (Sampling Point ID)			Monitori	ing Pe	riod C				Compliance Status		
WELL (2)				10/1/23 -	12/32	1/23	Complete				mplete	
				1/1/24 -	3/31/	/24				Со	mplete	
				4/1/24 -	6/30/	/24						
				7/1/24 -	9/30/	/24						
	Water	System Facili	ity and Sar	npling	Poir	nt Inve	ntor	y				
Water						To	otal	Lead a	nd			
*	ter System Facility	Sampling Point		nt			iform	Coppe			Stage	
Facility ID		ID	Description			tatus R	lule	Rule T	ier A	Asbestos	WQP 2 DBPR	
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION		l	Α	Υ					
		DOM001	KIT HAND SNI			Α	Υ			Υ		
		DOM002	KIT HAND SNI			Α	Υ			Υ		
		DOM003	KIT HAND SNI	KM		Α	Υ			Υ		
		DOM004	RR MENS RR				Y			Υ		
		DOM005	RR LADY ROO			A	Y			Y		
		DOM006	KIT SNK SINGI			A	Y			Y		
		DOM007	KIT SNK TRPL SNK A				Υ			Υ		
		WITHIN 5 SER	RVICE CON	Α								

ENTRY POINT

WITHIN 5 SERVICE CON

UPSTREAM

00700 ENTRY POINT

Α

Α

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

PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
CT0850054	DUCHESS OF MONROE				NC	25	Р	GW
Local Address (where applicable)	Service	Resider	ntial (Commercia	al Industri	al Combine	ed Agricultural
134 MAIN STRI	ET	Connections			1			

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	C Status	oliform	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR			
21481	WELL	2	WELL	Α								
56747	TREATMENT PLANT											

Contact Information											
Name		Organization	l		Job Title						
Mr. Louis Berkowit	2	Duchess of Monroe									
Mailing Address Line One Mailing Addr			ess Line Two			City	State	Zip Code			
134 Main Street						Monroe		СТ	06468		
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Address					
203-452-0197											

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 Departme	ont of Dublic II	oal+h	Drink	ing I	Maton	Soction		
	Connecticut Departme								
D) 4/C / D	Water Quality N	vionitoring and	u Com	1					
PWS ID	PWS Name			Classificat	ion Po	-	Owner Type Pr		
CT0850064	179 MAIN STREET - MONROE	C i	Danidana	NC		25	P	GW	
Local Address ((where applicable)	Service Connections	Resident		ierciai	Industrial	Combined	Agricultura	
Towns Served:	MONROE			-					
		Monitoring Requ	ireme	nts					
Water Systen	n Facility: DISTRIBUTION SYSTEM								
Total Colifor	m (3100)					1	routine (RT) ¡	er quarter	
Sampling	Point (Sampling Point ID)	ı	Monitorii	ng Period	Coll	ection Peri	od Compli	ance Status	
Select fro	m Inventory of Active Sampling Points	-	10/1/23 -	12/31/23					
			1/1/24 -	3/31/24			Со	mplete	
			4/1/24 -	6/30/24					
			7/1/24 -	9/30/24					
_	ameters (PPS)					1	routine (RT) ہا	-	
	Point (Sampling Point ID)		Monitorii		Coll	ection Peri	od Compli	ance Status	
Select fro	m Inventory of Active Sampling Points	-		12/31/23					
			1/1/24 -				Со	mplete	
			4/1/24 -						
			7/1/24 -	9/30/24					
	n Facility: ENTRY POINT (WSF ID:	(00700)						_	
	Nitrite (NOX)						1 routine (R		
	Point (Sampling Point ID)			ng Period	Coll	ection Peri	-	ance Status	
ENTRY PO	DINT (3)		1/1/23 - :					mplete	
			1/1/24 - :				Co	mplete	
M/-161	5. 12 WELL (MCELD 24.402)		1/1/25 - :	12/31/25					
•	n Facility: WELL (WSF ID: 21482)						.: />=\		
E. Coli (3014	•		0	Danis d	C-11		routine (RT) ۽	•	
	Point (Sampling Point ID)			ng Period	Con	ection Peri	Period Compliance Status		
WELL (2)			1/1/24 -	12/31/23			Co	mploto	
			4/1/24 -				CO	mplete	
			7/1/24 -						
	0	ther Compliance							
Compliance Sc	hedule Activity	ther compliance		Due Date		Achiev	ed Date		
	ANITARY SURVEY			5/5/2011		Aciliev	ca Date		
	ANITARY SURVEY			/31/2016					
	ANITARY SURVEY			2/5/2021					
		lic Notification R							
	rubi	Compliance	Notice		lic Noti	ification	DN Cort	ification	
Violation/Situd	ation	Period	Tier	Requi		<u>Jication</u> Performed	Due to DPH	Received	
	M&R Violation	4/1/13 - 6/30/13	2	10/17/2		. crjorineu	10/27/2013	NECEIVEU	
	M&R Violation	7/1/13 - 9/30/13	2	2/16/2			2/26/2014		
	neters M&R Violation	4/1/13 - 6/30/13	3	9/17/2			9/27/2014		
	neters M&R Violation	7/1/13 - 9/30/13	3	1/17/2			1/27/2015		
		, , = =,==,==	1 -	, = - / =			, , , , , , , ,		

2

2

8/5/2015

10/24/2015

8/15/2015

11/3/2015

1/1/15 - 3/31/15

4/1/15 - 6/30/15

Total Coliform M&R Violation

Total Coliform M&R Violation

	Co	onnectic	ut Depa	rtmer	nt of	f Public	Health	n]	Drinkir	ng V	Water	·S	ection	
			ter Qual							_				
PWS ID	PW	VS Name	ter qua	iley 111		orms a			Classificatio			_	vner Type I	Primary Source
CT085006		9 MAIN STREE	T - MONROI						NC		25		Р	GW
		re applicable)				Service	Reside	nti		rcial	Industr	ial	Combined	
		- С прризильну				Connectio			1					
Towns Se	rved: MOI	NROE												
				Public	Not	tification	Requir	er	ments					
					C	Compliance	Notic	æ	Public	Not	ification		PN Cei	rtification
Violation	/Situation	1				Period	Tier	r	Require	d	Performe	ed .	Due to DPF	Received
Physical F	Parameters	s M&R Violatio	on		4/1	/15 - 6/30/1	.5 3		9/23/202	16			10/3/2016	
			Water Sy	/stem F	acil	ity and S	ampling	g F	Point Inv	en [·]	tory			
Water			•			-	-			Tota	al Lead	an	d	
System	Water Sy	ystem Facility		Sampling	Point	Sampling I	Point		C	olifo	rm Cop	per	•	Stage
Facility II	D			ID		Descriptio	n		Status	Rul	e Rule	Tie	er Asbestos	WQP 2 DBPR
00600	DISTRIBL	JTION SYSTEM		4		DISTRIBUT	ION SYSTEM	M	Α	Υ				
				BP00	1		SNK FRONT		Α	Υ			Υ	
				BP00	2	KIT HAND	SNK MIDDL	.E	Α	Υ			Υ	
				BP00	3	KIT HAND	SNK BACK		Α	Υ			Υ	
				BP00	4	KIT SNK SII	NGLE		Α	Υ			Υ	
				BP00	_	KIT SNK TR	-		Α	Υ			Υ	
				BP00	-	RR MENS F	RR		Α	Υ			Υ	
				BP00		RR LADY R			Α	Υ			Υ	
						WITHIN 5	SERVICE CO	N	Α					
				KSHS	5	KIT HAND			Α	Υ			Υ	
				RR		RR GENER	_		Α	Υ			Υ	
				UPSTRE	AM		SERVICE CO	N	Α					
00700	ENTRY P	OINT		3		ENTRY POI	NT		Α					
21482	WELL			2		WELL			Α					
					Con	tact Info	ormatio	n						
Name					0	rganization							Job Title	
	les T. Rega			ı					-					
Mailing A	ddress Lin	e One		Mailing A	ddres	s Line Two					City		State	Zip Code
179 Main	Street								Mon	roe			СТ	06468
	ss Phone	Extension	Fax		Mobi	ile Phone	Emergeno	cy F	Phone Ema	il Ad	dress			
	51-8499		203-268-2	2114										
Contact R	Role(s): A	dministrative	Contact		-									
Name						rganization							Job Title	
Ms. Rega				T		ba Out Fron	t Farm				Co-Owne	r		
Mailing A	ddress Lin	e One		Mailing A	ddres	s Line Two					City		State	Zip Code
D/B/A Ou	ut Front Fa	rm		179 Main	Stree	et			Mon	roe			CT	06468

Mobile Phone

Business Phone

203-261-8499

Extension

Contact Role(s): Legal Contact, Owner

Fax

Emergency Phone Email Address

PWS ID	PWS Name					Cla	ssification	Population	Owner Type	Primary Source		
CT0850064	179 MAIN STREET -	MONRO	E				NC	25	Р	GW		
Local Address (where applicable)	·		Service	Res	dential	Commerci	al Industri	al Combine	ed Agricultura		
				Connectio	ons		1					
Towns Served:	MONROE											
Name				Organization					Job Title			
Ms. Gena R. Ne	wman							Co-Owner	ſ			
Mailing Address Line One Mailing Address								City	State	Zip Code		
	D/B/A Out Front Farm 179 Main Street				et			е	СТ	06468		
	t Farm		175 Widin Str									

Please note the following:

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

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

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

End of schedule

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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0850084	LAKE ZOAR DRIVE IN				NC	25	Р	GW
Local Address (where applicable)		Service	Residentia		Commercia	al Industri	al Combine	ed Agricultural
215 ROOSEVELT	DR	Connections			1			

Towns Served: MONROE		1	,
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 000	500)		
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		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
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		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
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		
Water System Facility: WELL (WSF ID: 21484)			
E. Coli (3014)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	11/1/23 - 11/30/23		Complete
	10/1/00 10/01/00		

12/1/23 - 12/31/23

1/1/24 - 1/31/24

Complete

Complete

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
CT0850084	LAKE ZOAR DRIVE IN				NC	25	Р	GW
Local Address (where applicable)		Service	Residentia		Commercia	al Industri	al Combine	ed Agricultural
215 ROOSEVELT	DR	Connections			1			

E.

Λ	ate	er S	System	Facility:	WELL	(WSF	ID: 21484))
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, , , , , , , , , , , , , , , , , , , ,			
. Coli (3014)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	5/9/2008	
L1 ASSESSMENT (MULTIPLE TC+)	9/12/2022	

Water System	Facility and Sampling	Point Inventory

		_					
Water			·	·	Total	Lead and	
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper	Stage
Facility IE		ID	Description	Status	Rule	Rule Tier Asbest	os WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ		
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α			
		LZD001	TRIPLE SINK	Α	Υ	Υ	
		LZD002	HAND SINK BACK	Α	Υ	Υ	
		LZD003	HAND SINK FRONT	Α	Υ	Υ	
		LZD004	RR GENERIC RR	Α	Υ	Υ	
		UPSTREAM	WITHIN 5 SERVICE CON	Α			
00700	ENTRY POINT	3	ENTRY POINT	Α			
21484	WELL	2	WELL	Α			

61122 TREATMENT PLANT

			Co	ontact Info	ormation				
Name				Organization			Job Title		
Mr. Robert P. Defeo				Lake Zoar Dri	ive-In	Manager			
Mailing Address Line One M			Mailing Add	Mailing Address Line Two			City	State	Zip Code
PO Box 76 Stevenson CT			СТ	06491					
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	ne Email Address			
						Zoarbea	ch@gmail.cor	n	

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

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

	गण्याच्या वृत्यावाच्या ।	1110011118 6111	0. 001	p.	1011100	7011001011		
PWS ID PWS Name			Clas	ssification	Population	Owner Type	Primary Source	
СТ0850084	CT0850084 LAKE ZOAR DRIVE IN				NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
215 ROOSEVELT DR		Connections			1			
						<u> </u>	<u> </u>	

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	Pri	mary Source
CT0850094 MONROE AMOCO (G & M AUTO)					NC	25	Р		GW
Local Address (where applicable)		Service	Residen	itial	Commerci	al Industr	al Combin	ed	Agricultural
172, 176, 178	Connections			1					

, · · · · · · · · · · · · · · · · · · ·			
Towns Served: MONROE			·
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	500)		
Total Coliform (3100)		1 rout	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		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Total Coliform (3100)		3 rep	eat (RP) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	9/29/23 - 10/4/23		Complete
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24	_	_
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
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		
Water System Facility: WELL (WSF ID: 21485)			
E. Coli (3014)		1 trigge	red (TG) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status

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

PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
CT0850094	MONROE AMOCO (G & M AUTO)				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural
172, 176, 178 M	AIN STREET	Connections			1			

Monitorina Period	1 trigge	and (TC) non notice!
Monitorina Period	1 trigge	mad (TC) man magical
Monitorina Period		ered (TG) per period
	Collection Period	Compliance Status
9/28/23 - 10/4/23		Complete
	1 rou	tine (RT) per month
Monitoring Period	Collection Period	Compliance Status
11/1/23 - 11/30/23		Complete
12/1/23 - 12/31/23		Complete
1/1/24 - 1/31/24		Complete
2/1/24 - 2/29/24		Complete
3/1/24 - 3/31/24		Complete
4/1/24 - 4/30/24		
5/1/24 - 5/31/24		
6/1/24 - 6/30/24		
7/1/24 - 7/31/24		
8/1/24 - 8/31/24		
	Monitoring Period 11/1/23 - 11/30/23 12/1/23 - 12/31/23 1/1/24 - 1/31/24 2/1/24 - 2/29/24 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	Monitoring Period 9/28/23 - 10/4/23 1 rous Monitoring Period 11/1/23 - 11/30/23 12/1/23 - 12/31/23 1/1/24 - 1/31/24 2/1/24 - 2/29/24 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

9/1/24 - 9/30/24 10/1/24 - 10/31/24

Achieved Date

Other Compliance Schedules Compliance Schedule Activity Due Date

L1 ASSESSMENT (MULTIPLE TC+) 10/12/2018
CROSS CONNECTION SURVEY REPORT 3/1/2020
CROSS CONNECTION SURVEY REPORT 3/1/2024

Public Notification Requirements								
	Compliance	Notice	Public No	tification	PN Certi	<u>fication</u>		
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received		
Physical Parameters M&R Violation	9/1/22 - 9/30/22	3	3/14/2024		3/24/2024			
Total Coliform M&R Violation	9/1/22 - 9/30/22	3	3/14/2024		3/24/2024			
F. Coli M&R Violation	9/1/22 - 9/30/22	3	3/14/2024		3/24/2024			

	Water System Facility and Sampling Point Inventory								
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description		Total Coliform Rule	Lead and Copper Rule Tier Asbestos	Stage		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Status A	Y	Nuie Her Assestos	VQI ZDDIK		
			WITHIN 5 SERVICE CON	Α	-				
		MA001	HAND SINK #1	Α	Υ	Υ			
		MA002	TRIPLE SINK	Α	Υ	Υ			
		MA003	SLOP SINK	Α	Υ	Υ			
		MA004	RR GENERIC RR	Α	Υ	Υ			
		MA005	HAND SINK #2	Α		Υ			

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
CT0850094	MONROE AMOCO (G & M AUTO)			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial Commerci	al Industri	al Combine	ed Agricultural
172, 176, 178 M	AIN STREET	Connections		1			

	Water System Facility and Sampling Point Inventory								
Water System Wat Facility ID	ter System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage 2 DBPR
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700 ENT	RY POINT	3	ENTRY POINT	Α					
21485 WEL	LL	2	WELL	Α					

I	Owner	Job Title	!
City		State	Zip Code
Monroe	<u>)</u>	СТ	06468
Email Address			
mobilhighmart172@outlook.com			
	Email A	Email Address	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 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	d Con	npli	ance S	Schedul	e			
PWS ID PWS Name				Classification		Population	Owner Type	Primary Source		
CT0850104 CRESCENT VILLAGE					NC	25	Р	GW		
Local Address (where applicable)		Service	Residen	tial (Commercia	al Industri	al Combine	ed Agricultural		
115 MAIN STR	Connections			1						
Towns Served:	MONROE									

TOWNS Served: MONROE						
M	onitoring Red	quirement	S			
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)					
Total Coliform (3100)				1 r	outine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	d Comp	liance Status
Select from Inventory of Active Sampling Points		10/1/23 - 12	2/31/23		C	omplete
		1/1/24 - 3/	31/24		C	omplete
		4/1/24 - 6/	30/24			
		7/1/24 - 9/	30/24			
Physical Parameters (PPS)				1 r	outine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	d Comp	liance Status
Select from Inventory of Active Sampling Points		10/1/23 - 12/31/23			C	omplete
		1/1/24 - 3/	31/24		C	omplete
		4/1/24 - 6/	30/24			
		7/1/24 - 9/	30/24			
Water System Facility: ENTRY POINT (WSF ID: 0	0700)					
Nitrate And Nitrite (NOX)					1 routine (RT) per year
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	d Comp	liance Status
ENTRY POINT (3)		1/1/23 - 12	/31/23		C	omplete
		1/1/24 - 12	/31/24			
		1/1/25 - 12	/31/25			
Public	Notification	Requirem	ents			
	Compliance	Notice	Publi	c Notification	PN Cei	rtification

Public Notification Requirements							
	Compliance	Notice	Public No	<u>tification</u>	PN Certi	<u>fication</u>	
Violation/Situation	Period	Tier	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		

	Wat	ter 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 Stage Rule Tier Asbestos WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ	
		CV001	UNIT 1 A FIRST FLOOR	Α	Υ	Υ
		CV002	UNIT 1 B FIRST FLOOR	Α	Υ	Υ
		CV003	UNIT 2 FIRST FLOOR	Α	Υ	Υ
		CV004	UNIT 5 FIRST FLOOR	Α	Υ	Υ
		CV005	UNIT 7 A FIRST FLOOR	Α	Υ	Υ
		CV006	UNIT 8 FITST FLOOR	Α	Υ	Υ
		CV007	UNIT 9 FIRST FLOOR	Α	Υ	Υ
		CV008	UNIT 3 SECOND FLOOR	Α	Υ	Υ
		CV009	UNIT 4A SECOND FLOOR	Α	Υ	Υ
		CV010	UNIT 4 SECOND FLOOR	Α	Υ	Υ
		CV011	UNIT 6 SECOND FLOOR	Α	Υ	Υ
		CV012	UNIT 7B SECOND FLOOR	Α	Υ	Υ

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

PWS ID	PWS Name				Class	sification	Population	Owner Type	Primary Source
CT0850104	CRESCENT VILLAGE					NC	25	Р	GW
Local Address (where applicable)		Service	Residen	tial (Commercia	al Industri	al Combine	ed Agricultural
115 MAIN STRE	ET		Connections			1			

Wa	ter System Facili	ity and Sampling P	oint lı	nvento	ry		
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage ? DBPR
	CV013	UNIT 10 SECOND FLOOR	Α	Υ		Υ	
	CV014	UNIT 11 SECOND FLOOR	Α	Υ		Υ	
	CV015	UNIT 12 SECOND FLOOR	Α	Υ		Υ	
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
	UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700 ENTRY POINT	3	ENTRY POINT	Α				
21486 WELL	2	WELL	Α				
61987 TREATMENT PLANT							

	Contact Information											
Name		Organization	1		Job Title							
Mr. John Kalas		Tide Water 0	Group	Property Owner								
Mailing Address Lin	e One		Mailing A	Address Line Two	ess Line Two			State	Zip Code			
115 Main Street						Monroe		СТ	06468			
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress					
203-459-2500		203-459-9	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 schedule.

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

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

End of schedule

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Schedule Generation Date: 4/3/2024

	Connecticut Departmen			`	_		
	Water Quality Mo	onitoring an	d Comp	liance	Schedule)	
PWS ID	PWS Name		Cl	assification	Population C	Owner Type P	rimary Source
CT0850154	AMERICAN PIE			NC	25	Р	GW
Local Address (w	here applicable)	Service	Residentia	Commerc	ial Industrial	Combined	Agricultural
150 MAIN STREE	T	Connections		1			
Towns Served: M	MONROE						
	M	onitoring Requ	irement	S			
Water System	Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)					
Total Coliform	(3100)				1 ו	outine (RT)	per quarter
Sampling P	oint (Sampling Point ID)		Monitoring	Period (Collection Perio	od Compl	iance Status
Select from	Inventory of Active Sampling Points		10/1/23 - 12	/31/23		Co	mplete
			1/1/24 - 3/	31/24		Co	mplete
			4/1/24 - 6/	30/24			
			7/1/24 - 9/	30/24			
Physical Paran	neters (PPS)				1 ו	outine (RT)	per quarter
Sampling P	oint (Sampling Point ID)		Monitoring	Period (Collection Perio	od Compl	iance Status
Select from	Inventory of Active Sampling Points		10/1/23 - 12	/31/23		Co	mplete
			1/1/24 - 3/	31/24		Co	mplete
			4/1/24 - 6/	30/24			
			7/1/24 - 9/	30/24			
Water System	Facility: ENTRY POINT (WSF ID: 00	0700)					
Nitrate (1040	1				1 1	outine (RT)	per quarter
-	oint (Sampling Point ID)		Monitoring	Period (Collection Perio		iance Status
ENTRY POIN	NT (3)		10/1/23 - 12	/31/23		Co	mplete
			1/1/24 - 3/	31/24		Co	mplete
		_	4/1/24 - 6/	30/24			_
			7/1/24 - 9/	30/24			
Nitrite (1041)						1 routine (I	RT) per year
Sampling P	oint (Sampling Point ID)		Monitoring	Period (Collection Perio	=	iance Status
ENTRY POIN	NT (3)		1/1/23 - 12,	/31/23		Co	mplete
			1/1/24 - 12,	/31/24		Co	mplete
			1/1/25 - 12,	/31/25			
Water System	Facility: WELL (WSF ID: 21491)						
E. Coli (3014)					1 1	outine (RT)	per quarter
•	oint (Sampling Point ID)		Monitoring	Period (Collection Perio		iance Status
WELL (2)			10/1/23 - 12	2/31/23			mplete
			1/1/24 - 3/	31/24			mplete
			4/1/24 - 6/				
			7/1/24 - 9/				
	Oth	er Compliance	Schedul	les			
Compliance Sch	edule Activity		Du	e Date	Achiev	ed Date	
RESPOND TO SAI	NITARY SURVEY		1/3	3/2019			
	Public	Notification R					
		Compliance	Notice	Public N	<u>lotification</u>	PN Cer	<u>tification</u>
Violation/Situat	ion	Period	Tier	Required	Performed	Due to DPH	Received
l		. / . / /		0 /0 /00 : -		0110100	

2

8/2/2013

8/12/2013

1/1/13 - 3/31/13

Nitrate M&R Violation

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

PWS ID	PWS Name				Clas	ssification	Population	Owner Type	Primary Source
CT0850154	AMERICAN PIE					NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
150 MAIN STRE	ET		Connections			1			

	V	Vater System Facili	ity and Sampling P	oint Ir	nvento	ry			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	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				
		AP001	SINGLE SINK	Α	Υ		Υ		
		AP002	HAND SINK	Α	Υ		Υ		
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21491	WELL	2	WELL	Α					
55126	TREATMENT PLANT	·	·	·	·		·		

	Contact Information											
Name		Organization				Job Title						
Mr. Stephen Chuck	ta, Sr.											
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code			
88 Coram Road						Shelton		СТ	06484			
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	dress					
203-261-0415												

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

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	Connecticut Department of	Public H	lealth	\mathbf{D}	rinking	g Water	Section			
	Water Quality Monitor	oring and	d Con	npl	liance S	Schedul	e			
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source		
CT0850174	T0850174 MONROE FOOD MART					25	Р	GW		
Local Address	(where applicable)	Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural		
145 MAIN STR	EET	Connections			1					
Towns Served:	MONROE					·				
Monitoring Requirements										

TOWNS Served: MONROE				
	Monitoring	Requirements		
Water System Facility: DISTRIBUT	ION SYSTEM (WSF ID: 006	00)		
Total Coliform (3100)			1 rou	itine (RT) per quarter
Sampling Point (Sampling Point II	o)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sa	mpling 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 rou	itine (RT) per quarter
Sampling Point (Sampling Point II	o)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sa	mpling 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 POI	NT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)			1	routine (RT) per year
Sampling Point (Sampling Point II	D)	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		
Wat	ter System Facility an	d Sampling Point In	ventory	
Water			Total Lead and	
System Water System Facility	Sampling Point Sampl		Coliform Copper	Stage
Familia ID	ID Doccri	intion	Dula Dula Tian	Ashastas MOD 2 DDD

Water	vva	ter system racin	ity and Sampling P	OIIIC II	Total	Lead and		
System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Coliform	Copper	sbestos	Stage WQP 2 DBPF
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		MFM001	KIT SNK TRPL SNK	Α	Υ		Υ	
		MFM002	KIT HAND SNK BACK	Α	Υ		Υ	
		MFM003	KIT HAND SNK FRONT R	Α	Υ		Υ	
		MFM004	RR GENERIC RR	Α	Υ		Υ	
		MFM005	MOP SINK	Α	Υ			
		MFM006	KIT HAND SNK FRONT L	Α	Υ			
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
48654	WELL	2	WELL	Α				

				Contact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Sal Jamal				Chestnut Pet	trolium Distributor		Property O	wner	
Mailing Address Lin	e One		Mailing A	Address Line Two			City	State	Zip Code
536 Main Street						New Pal	tz	NY	12561
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress		
845-256-0162		845-255-2	2305			chestnu	tpetroleum(hvc.rr.com	

	Connectici	ıt Depa	rtment	of Public	: Health	Drir	iking '	Water S	Section	
	Wat	er Qua	lity Mon	itoring a	and Com	iplia	nce So	chedule		
PWS ID	PWS Name					Classifi	cation P	opulation O	wner Type P	rimary Source
CT0850174	MONROE FOOD	MART				N	С	25	Р	GW
ocal Address (w	here applicable)			Service	Residen	tial Co	mmercial	Industrial	Combined	Agricultural
145 MAIN STREE	Т			Connectio	ons		1			
Towns Served: M	ONROE					·				
Contact Role(s):	Administrative (Contact					1			
Name				Organization					Job Title	
Mr. Jay D Keillor				Pond View Ll	LC			Manager		
Mailing Address I	Line One		Mailing Addr	ess Line Two				City	State	Zip Code
32 Hannah Lane							Monroe		СТ	06468
Business Phone	e Extension	Fax	Mo	obile Phone	Emergency	Phone	Email Ad	dress		
Contact Role(s):	Legal Contact, O	wner								
Name				Organization					Job Title	
Pond View LLC										
Mailing Address I	Line One		Mailing Addr	ess Line Two				City	State	Zip Code
P.O. Box 762			755 Main St	Bldg *			Monroe		СТ	06468
Business Phone	e Extension	Fax	Mo	obile Phone	Emergency	Phone	Email Ad	dress		
Contact Role(s):	Owner									

Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	•					_			
	Water Qı	uality Mo	<u>on</u> it	oring and	d Comp	oliance	e Sch	<u>redule</u>)	
PWS ID	PWS Name				С	lassificatio	n Pop	ulation C	Owner Type P	rimary Source
CT0859054	DUNKIN DONUTS					NC		25	Р	GW
Local Addr	ess (where applicable)			Service	Residentia	al Comme	ercial	Industrial	Combined	Agricultural
135 MAIN	STREET			Connections		1				
Towns Serv	ved: MONROE									
Water Sys	stem Facility: DISTRIBUTION			oring Requ	iiremen	ts				
,	iform (3100)	(101012111 (1		5. 00000 ,				1 1	routine (RT)	ner quarter
	ling Point (Sampling Point ID)				Monitoring	n Period	Colle	ction Perio		ance Status
_	from Inventory of Active Samp	ling Points			10/1/23 - 1					mplete
	, , , , , , , , , , , , , , , , , , , ,				1/1/24 - 3					mplete
					4/1/24 - 6					1
					7/1/24 - 9					
Physical I	Parameters (PPS)				, ,	, ,		1 1	routine (RT)	per quarter
-	ling Point (Sampling Point ID)				Monitoring	Period	Colle	ction Perio		ance Status
Select	from Inventory of Active Samp	ling Points			10/1/23 - 1	2/31/23			Со	mplete
					1/1/24 - 3	/31/24			Со	mplete
					4/1/24 - 6	/30/24				
					7/1/24 - 9	/30/24				
Water Sys	stem Facility: ENTRY POINT	(WSF ID: 00	700)							
Nitrate A	and Nitrite (NOX)								1 routine (R	T) per year
Samp	ling Point (Sampling Point ID)				Monitoring	Period	Colle	ction Perio	od Compli	ance Status
ENTR	Y POINT (3)				1/1/23 - 12	2/31/23			Со	mplete
					1/1/24 - 12	2/31/24				
					1/1/25 - 12	2/31/25				
		Public	Not	ification R	equiren	nents				
			С	ompliance	Notice	Public	c Notifi	cation	PN Cert	<u>ification</u>
Violation/	Situation			Period	Tier	Require	ed P	erformed	Due to DPH	Received
Physical Pa	rameters M&R Violation		10/1/	/21 - 12/31/21	3	2/7/202	23		2/17/2023	
	Water	System F	acili	ity and Sar	npling P	oint In	vent	ory		
Water							Total	Lead a	nd	
	Water System Facility		Point	Sampling Poi	nt	(Colifori			Stage
Facility ID		ID		Description		Status	Rule	Rule T	ier Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4		DISTRIBUTION	J	Α	Υ			
		DD00	1	TRIPLE SINK		Α	Υ		Υ	
		DD00	2	RR MENS RR		Α	Υ		Υ	
		DD00	3	RR LADY ROO	M	Α	Υ		Υ	
		DD00	4	HAND SINK #1	L	Α	Υ		Υ	
		DD00	5	HAND SINK #2	2	Α	Υ		Υ	
		DD00	6	HAND SINK #3	3	Α	Υ		Υ	
		DD00		HAND SINK #4		Α	Υ		Υ	
		DOWNST				Α				
		UPSTRE	AM	WITHIN 5 SER	VICE CON	Α				
00700	ENTRY POINT	3		ENTRY POINT		Α				

Α

WELL

2

48861

55415

WELL

TREATMENT PLANT

	Connecticut Department of	I ublic II	Cartii	וע	מוואווון ב	, water	Section	
	Water Quality Monito	oring and	d Con	npl	iance S	Schedul	e	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0859054	DUNKIN DONUTS				NC	25	Р	GW
Local Address (w	here applicable)	Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural

Connections

1

Connecticut Department of Public Health Drinking Water Section

Towns Served: MONROE

135 MAIN STREET

			Co	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Setu Kalariya	alariya Monroe Co			Monroe Coff	fee, LLC	General Manager			
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
135 Main St.						Monroe		СТ	06468
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ac	ldress		
865-242-5837					973-332-8762	setu.kala	ariya@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.
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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			Clas	ssification	Population	Owner Type	Primary Source
СТ0859053	THE WATERVIEW				NC	25	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
215 ROOSEVEL	T AVENUE	Connections			1			

Monitoring Poquiroments

Towns Served: MONROE

Widilitoring New	quireinents		
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 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		Complete
	1/1/25 - 12/31/25		

Other Compliance Schedules

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

	Wat	er System Facili	ty and Sampling P	oint In	vento	ſy			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
48889	WELL 1	2	WELL 1	Α					
48891	WELL 2	2	WELL 2	Α					
52078	ATMOSPHERIC STORAGE								
62287	TREATMENT FACILITY								

			(Contact Info	ormation				
Name				Organization			Job Title		
Mr. Bryan Gilmour				Fairfield Cate	ring Group		Purchasing	Manager	
Mailing Address Lin	e One		Mailing Add	dress Line Two			City	State	Zip Code
			506 Candle	wood Lake Road	t	Brookfie	ld	СТ	06804
Business Phone	Extension	Fax	N	Nobile Phone	Emergency Phone	Email Ad	dress		

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 De	partment of Public H	lealth	Di	rinking	Water	Section	
	Water Qı	uality Monitoring an	d Con	npl	iance S	Schedul	e	
PWS ID	PWS ID PWS Name				ssification	Population	Owner Type	Primary Source
CT0859053 THE WATERVIEW NC						25	Р	GW
Local Address	(where applicable)	Service	Residen	Residential		al Industri	al Combin	ed Agricultural
215 ROOSEVE	LT AVENUE	Connections			1			
Towns Served	: MONROE							
		203-984-5087			bg@fai	rfieldcatere	rs.com	
Contact Role(s	a): 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.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section							
	Water Quality Mo	onitoring and	d Con	npl	iance S	chedul	le	
PWS ID	PWS ID PWS Name					Population	Owner Type	Primary Source
СТ0859064	ROUTE 34 PLAZA - MONROE				NC	49	Р	GW
Local Address (where applicable) Service		Service	Residen	itial Commerci		al Industri	al Combine	ed Agricultural
230 ROOSEVELT DRIVE		Connections			6			

T	owns	Served:	MONROE
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Towns Served: MONROE					
Moni	itoring Requ	uirement	S		
Water System Facility: DISTRIBUTION SYSTEM (WSF	F ID: 00600)				
Total Coliform (3100)				1 rou	ıtine (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 rou	ıtine (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: 0070	0)				
Nitrate And Nitrite (NOX)				1	routine (RT) per year
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Period	Compliance Status
ENTRY POINT (3)		1/1/23 - 12/	/31/23		Complete
		1/1/24 - 12/	/31/24		Complete
		1/1/25 - 12/	/31/25		
Water System Facility: WELL #1 (WSF ID: 54538)					
E. Coli (3014)				1 rou	ıtine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Period	Compliance Status
WELL #1 (2)		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		
Public No	otification R	Requirem	ents		
	Compliance	Notice	Publi	c Notification	PN Certification

Public Notification Requirements							
	Compliance	Notice	<u>Public No</u>	<u>tification</u>	PN Certi	PN Certification	
Violation/Situation	Period	Tier	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		

	V	Vater System Facili	ity and Sampling P	oint Ir	nventoi	ry		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4 DOWNSTREAM	DISTRIBUTION WITHIN 5 SERVICE CON	A A				

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0859064	ROUTE 34 PLAZA - MONROE			NC	49	Р	GW
Local Address (where applicable)	Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
230 ROOSEVEL	T DRIVE	Connections		6			

	Wa	ter System Facili	ity and Sampling P	oint Ir	vento	ry		
Water System	Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and Copper		Stage
Facility ID		ID	Description	Status	Rule		Asbestos	_
		RT34P001	DUNKIN HS 1	Α	Υ			
		RT34P002	DUNKIN HS 2	Α	Υ			
		RT34P003	DUNKIN HS 3	Α	Υ			
		RT34P004	POST OFFIC UNISEX BR	Α	Υ			
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
54538	WELL #1	2	WELL #1	Α				
61178	TREATMENT PLANT							

Contact Information									
Name				Organization		Job Title			
Mr. Emanuel Pinheiro			Fifth Realty, L	.LC		Owner			
Mailing Address Lin	e One		Mailing Addr	ess Line Two		City		State	Zip Code
400 Washington Str	eet				Westwo			MA	02090
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	ldress		
203-993-4420			78:	1-718-4971					

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

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Schedule Generation Date: 4/3/2024

	Connecticut De	partmen	it of Public I	Health	Drink	ing W	ater S	ection	
	Water Q	uality Mo	onitoring an	d Con	npliand	ce Sch	edule		
PWS ID	PWS Name				Classificat			wner Type F	Primary Source
CT0859074	588 MONROE TNPK				NC		25	Р	GW
Local Addre	ess (where applicable)		Service	Residen	tial Comn	nercial I	ndustrial	Combined	Agricultural
588 MONR	OE TURNPIKE		Connections	;				1	
Towns Serv	ved: MONROE								
		M	onitoring Req	uireme	nts				
Water Sys	tem Facility: DISTRIBUTIO	N SYSTEM (NSF ID: 00600)						
Total Coli	iform (3100)						1 r	outine (RT)	per quarter
Sampl	ling Point (Sampling Point ID)			Monitori	ng Period	Collect	tion Perio	d Compl	iance Status
Select	Select from Inventory of Active Sampling Points				3/31/24			Co	omplete
					6/30/24				
				7/1/24 -	9/30/24				
	iform (3100)						1 :	· -) per month
Sampling Point (Sampling Point ID)				Monitori	ng Period	Collect	tion Perio		iance Status
Select from Inventory of Active Sampling Points			11/1/23 - 11/30/23					omplete	
				12/1/23 -	12/31/23				omplete
-	Parameters (PPS)								per quarter
Sampling Point (Sampling Point ID)				ng Period	Collect	tion Perio	_	iance Status	
				3/31/24			Co	omplete	
					6/30/24				
				7/1/24 -	9/30/24				
-	Parameters (PPS)							-) per month
_	ling Point (Sampling Point ID)			Monitoring Period Collection Period Compliance					
Select	from Inventory of Active Samp	ling Points						omplete	
M/-1C	Land Facility COUNTY	/W/CE ID 0/	7700	12/1/23 -	12/31/23			Co	omplete
	tem Facility: ENTRY POINT	(WSF ID: 00)/00)						
	nd Nitrite (NOX)							-	RT) per year
	ling Point (Sampling Point ID)				ng Period	Collect	tion Perio		iance Status
ENTRY	POINT (3)				12/31/23				omplete
					12/31/24			C	omplete
		م : ا ما د	Nistification I		12/31/25				
		Public	Notification I						
Minlastina /	Cityroption		Compliance	Notice		lic Notific			<u>tification</u>
Violation/S	Situation		Period	Tier Required Performed Due to DPH 27/19 3 8/12/2020 8/22/2020					
E. Coli	\A/a+a	r System I	7/10/19 - 9/27/19				K71	6/22/2020	
14/	vvate	System i	acility and Sa	mhiing	PUIIILII		•	-1	
Water System	Water System Facility	Samplina	Point Sampling Po	int		Total Coliform	Lead an		Stage
Facility ID	Tracer System ruenity	ID	Description		Charter	Dula			WQP 2 DBPR
	WELL 1	2	WELL 1		<u>Status</u> A				- 4
	DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM		Υ			
55550	DISTRIBUTION STOLLIN	-	213111111111111	5151610					

HAND SINK FRONT

MASSAGE ROOM

WAX ROOM NO 1

FACIAL ROOM

NAIL SALON

RR FRONT

Α

Α

Α

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Υ

Υ

Υ

DDH001

DDH002

DDH003

DDH004

DDH005

DDH006

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

PWS ID PWS Name					Population	Owner Type	Primary Source
CT0859074	588 MONROE TNPK			NC	25	Р	GW
Local Address (where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
588 MONROE T	TURNPIKE	Connections				1	

Water	,	ity and Sampling P		Total	Lead and
System Water System Facility	Sampling Point	Sampling Point		Coliform	Copper Stage
Facility ID	ID	Description	Status	Rule	Rule Tier Asbestos WQP 2 DBPR
	DDH007	WAX ROOM NO 2	Α	Υ	Υ
	DDH008	RR BACK	Α	Υ	Υ
	DDH009	RR 1ST FL VIDEO PROD	Α	Υ	Υ
	DDH010	RR 2ND FLOOR	Α	Υ	Υ
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α		
	UPSTREAM	WITHIN 5 SERVICE CON	Α		
00700 ENTRY POINT	3	ENTRY POINT	Α		

Contact Information										
Name				Organization	1					
Mr. Gaetano Marra, Jr. Marracorp Commercial Holdings Member										
Mailing Address Lin	e One		Mailing /	Address Line Two			City	State	Zip Code	
			588 Mor	roe Turnpike		Monroe		СТ	06468	
Business Phone Extension Fax M				Mobile Phone	Emergency Phone	Email Ac	ldress			
203-693-1185		203-693-2	1146	203-627-8726		gaetano	etanomarrahomes@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 schedule.

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

End of schedule

		45 11. *	- 11	_					
	Connecticut Departmen					_		ection	
	Water Quality M	onitoring an	d Con	npl	iance	Sc	hedule		
PWS ID	PWS Name			Clas	ssification	Ро	pulation O	wner Type	Primary Source
СТ0859094	MONROE LITTLE LEAGUE BEARDSLEY I	FIELDS			NC		25	L	GW
Local Address ((where applicable)	Service	Residen	itial	Commerc	cial	Industrial	Combine	d Agricultural
67 CROSS HILL	ROAD	Connections			1				
Towns Served:	MONROE					,			
	М	onitoring Requ	uireme	nts					
Water Systen	n Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)							
Total Colifor	m (3100)						1 1	outine (R1) per month
Sampling	Point (Sampling Point ID)		Monitori	ing P	eriod	Colle	ection Perio	d Comp	liance Status
Select fro	m Inventory of Active Sampling Points		4/1/24 -	4/3	0/24				
			5/1/24 -	- 5/3	1/24				
			6/1/24 -	6/3	0/24				
			7/1/24 -	- 7/3	1/24				
			8/1/24 -	- 8/3	1/24				
			9/1/24 -	9/3	0/24				
			10/1/24 -	- 10/	31/24				
Physical Para	ameters (PPS)						1 1	outine (R1) per month
Sampling	Point (Sampling Point ID)		Monitori	ing P	eriod	Colle	ection Perio	d Comp	liance Status
Select fro	m Inventory of Active Sampling Points		4/1/24 -	4/3	0/24				
			5/1/24 -	- 5/3	1/24				
			6/1/24 -	- 6/3	0/24				
			7/1/24 -	- 7/3	1/24				
			8/1/24 -	- 8/3	1/24				
			9/1/24 -	9/3	0/24				_
			10/1/24 -	- 10/	31/24				
Water Systen	n Facility: ENTRY POINT (WSF ID: 0	0700)							
	Nitrite (NOX)							-	RT) per year
	Point (Sampling Point ID)		Monitori			Colle	ection Perio		liance Status
ENTRY PO	DINT (3)		1/1/23 -					C	omplete
			1/1/24 -		-				
			1/1/25 -	12/3	31/25				
	Oth	er Compliance	Sched	lule	es				
Compliance Sc	hedule Activity			Due	Date		Achieve	d Date	
RESPOND TO S	ANITARY SURVEY		8	3/29/	/2018				
SEASONAL STA	RT UP COMPLETION			4/1/	2023				
SEASONAL STA	RT UP COMPLETION			4/1/	2024				
	Public	Notification F	Require	eme	ents				
		Compliance	Notice	?	Public I	Votif	fication	PN Ce	rtification

Public Notification Requirements										
	Compliance	Notice	Public No	<u>tification</u>	PN Certi	<u>fication</u>				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Distribution Color MCL Violation	4/1/13 - 6/30/13	2	9/30/2014		10/10/2014					
Total Coliform M&R Violation	11/1/21 - 11/30/21	3	4/14/2023		4/24/2023					
Physical Parameters M&R Violation	11/1/21 - 11/30/21	3	4/14/2023		4/24/2023					
Physical Parameters M&R Violation	10/1/21 - 10/31/21	3	4/14/2023		4/24/2023					
Total Coliform M&R Violation	10/1/21 - 10/31/21	3	4/14/2023		4/24/2023					
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	4/2/23 -	2	11/12/2023		11/22/2023					
Total Coliform M&R Violation	4/1/23 - 4/30/23	3	11/7/2024	_	11/17/2024					

	Water Quality Monitoring and Compliance Schedule								
PWS ID	WS ID PWS Name				Classification Population Owner Type Primar			Primary Sou	urce
СТ0859094	MONROE LITTLE LEAGUE BEARDSLEY FIELDS				NC 25		L	GW	
Local Address (w	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricult	ural	
67 CROSS HILL R	Connections			1					

Connecticut Department of Public Health Drinking Water Section

	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							
		BF001	CONCESSION STAND	Α	Υ						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
58261	WELL	2	WELL	Α							

Contact Information

Name				Organization	1		Job Title				
Little League Basek	all of Monroe, I	nc									
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City State Zip				
PO Box 339						Monroe	e CT 064				
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ldress				
Contact Role(s): O	wner										
Contact Role(s): O	wner			Organization	1			Job Title			
	wner			Organization Little League				Job Title			
Name Mr. Ryan Driscoll			Mailing Addr				City	Job Title	Zip Code		
Name			Mailing Addr	Little League		Monroe	City				
Name Mr. Ryan Driscoll Mailing Address Lin		Fax		Little League			,	State	Zip Code		

Please note the following:

Towns Served: MONROE

- 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					_			l	
	Water Quality Mo	nitoring an	d Con	<u>ıpl</u>	iance	Sch	edule			
PWS ID	PWS Name			Clas	ssification	Pop	ulation O	wner Type	Pri	mary Source
CT0859104	241 ROOSEVELT DRIVE				NC		25	Р		GW
Local Address (\	where applicable)	Service	Residen	itial	Commerc	cial I	ndustrial	Combin	ed	Agricultura
		Connections						1		
Towns Served: I	MONROE									
	Мо	nitoring Requ	ireme	nts						
Water System	Facility: DISTRIBUTION SYSTEM (W	SF ID: 00600)								
Total Coliforn	n (3100)						1	routine (F	RT) p	er month
Sampling I	Point (Sampling Point ID)		Monitori	ing P	Period	Collec	tion Perio	od Com	plia	nce Status
Select fron	n Inventory of Active Sampling Points		11/1/23 -	- 11/	30/23				Con	nplete
			12/1/23 -	- 12/	31/23				Com	nplete
			1/1/24 -	- 1/3	1/24				Com	nplete
			2/1/24 -	- 2/2	9/24				Com	nplete
			3/1/24 -						Com	nplete
			4/1/24 -	- 4/3	0/24					
			5/1/24 -							
			6/1/24 -							
			7/1/24 -							
			8/1/24 -							
			9/1/24 -		-					
			10/1/24 -	- 10/	31/24					
Physical Para						- "		=		per month
	Point (Sampling Point ID)		Monitori			Collec	tion Perio	od Com		nce Status
Select fron	n Inventory of Active Sampling Points		11/1/23 -		-					nplete
			12/1/23 -							nplete
			1/1/24 -						Com	nplete
			2/1/24 -							
			3/1/24 -							
			4/1/24 -							
			5/1/24 - 6/1/24 -							
			7/1/24 -		-					
			8/1/24 -							
			9/1/24 -							
		_	10/1/24 -							
Water System	Facility: ENTRY POINT (WSF ID: 007		-91-12-7		~ ±/ = T					
Nitrate And N	,	,						1 routing	(RT) per year
	Point (Sampling Point ID)		Monitori	ina P	Period	Collec	tion Perio		-	nce Status
ENTRY POI			1/1/23 -			3200			•	nplete
	. ,		1/1/24 -							·
			1/1/25 -							
	Otho	r Compliance								

Other Co	ompliance Schedules		
Compliance Schedule Activity	Due Date	Achieved Date	
CROSS CONNECTION SLIPVEY REDORT	2/1/2025		

Water System Facility and Sampling Point Inventory

Water			Total	Lead and	
System	Water System Facility	Sampling Point Sampling Point	Coliform	Copper	Staae

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 Dep	oar tillellt of	I ubiic ii	Cartii	ט.	1 1111711118	5 V V	atti	JCC	LIOII	
		Water Qu	ality Monit	oring and	d Com	np]	liance	Sch	edul	e		
PWS ID		PWS Name				Cla	ssification	Popu	ulation	Owne	er Type	Primary Source
CT085910)4	241 ROOSEVELT DRIVE					NC		25		Р	GW
Local Add	lress (v	vhere applicable)		Service	Residen	tial	Commerc	ial I	ndustria	al C	Combine	d Agricultural
				Connections							1	
Towns Se	rved: N	MONROE								,		
Facility IL)		ID	Description			Status I	Rule	Rule	Tier .	Asbesto.	s WQP 2 DBPR
00600	DIST	RIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM		Α					
			DOWNSTREAM	WITHIN 5 SER	VICE CON	1	Α					
			HP005	HANDSINK 1			Α	Υ				
			HP007	COFFEE PREP			Α	Υ				
			HP009	3 BAY SINK			Α	Υ				
			HP010	MENS ROOM			Α	Υ				
			HP012	LADIES ROOM	1		Α	Υ				
			HP014	HANDSKIN 2			Α	Υ				
			UPSTREAM	WITHIN 5 SER	VICE CON	1	Α					
00700	ENTR	RY POINT	3	ENTRY POINT	·		Α					

Connecticut Department of Public Health Drinking Water Section

				Contact Inf	ormation					
Name	Name				1	Job Title				
Mr. Suneet Sharma Pmg - Coo					LLC	Reg Maintenance Mngr				
Mailing Address Lin	e One		Mailing A	Address Line Two		City		State	Zip Code	
35 Great Neck Rd.						Waterfo	rd	СТ	06385	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	e Email Address				
774-245-3040		571-343-4	1456			ssharma@petromg.com				

WELL 2

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

58501 WELL 2

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

End of schedule

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Schedule Generation Date: 4/3/2024

	Connecticut Dep					0		ection	
		ality Monit	oring an						
PWS ID	PWS Name							ner Type Pr	imary Source
CT0859114	500 PURDY HILL ROAD				NC	3	35	L	GW
Local Address (where applicable)		Service	Resident	ial Comm	ercial Ir	ndustrial	Combined	Agricultural
			Connections					1	
Towns Served:	MONROE								
		Monito	oring Requ	uiremei	nts				
Water System	Facility: DISTRIBUTION S	SYSTEM (WSF II	D: 00600)						
Total Coliforn	n (3100)						1 ro	utine (RT) p	er quarter
	Point (Sampling Point ID)			Monitorii	ng Period	Collect	ion Period		ance Status
	n Inventory of Active Samplin	g Points		10/1/23 -					mplete
	· · · · · · · · · · · · · · · · · · ·			1/1/24 -	3/31/24				mplete
				4/1/24 -					
				7/1/24 -					
Physical Para	meters (PPS)						1 ro	utine (RT) r	er quarter
	Point (Sampling Point ID)			Monitorii	ng Period	Collect	ion Period		ance Status
	n Inventory of Active Samplin	g Points		10/1/23 -	_				mplete
	, ,	<u> </u>		1/1/24 -					mplete
				4/1/24 -					
				7/1/24 -					
Water System	Facility: ENTRY POINT (WSF ID: 00700)							
Nitrate (104		,					1 roi	ıtine (RT) r	er quarter
•	Point (Sampling Point ID)			Monitorii	na Period	Collect	ion Period		ance Status
ENTRY PO				10/1/23 -					mplete
	(-)			1/1/24 -					mplete
				4/1/24 -	-				
				7/1/24 -					
Nitrite (1041)			., _,	-,,		1	routine (R	T) per year
_	Point (Sampling Point ID)			Monitorii	ng Period	Collect	ion Period	-	ance Status
ENTRY PO				1/1/23 - 1					mplete
				1/1/24 - 1					mplete
				1/1/25 - 1					<u>r</u>
Water System	Facility: WELL 1 (WSF II	D: 60098)		, , -	, - , -				
E. Coli (3014							1 roi	ıtine (RT) r	er quarter
-	Point (Sampling Point ID)			Monitorii	na Period	Collect	ion Period		ance Status
WELL 1 (2)	, , , , ,			10/1/23 -					mplete
				1/1/24 -					mplete
				4/1/24 -					
				7/1/24 -					
	Mator 9	System Facili	ty and Sa			vento	r\/		
144	vvalers	ystem ratin	ty and sai	inhiilig	r Unit II				
Water System Wat	er System Facility	Sampling Point	Sampling Poi	int		Total Coliform	Lead and Copper		Stage
Facility ID	er system ruemty	ID	Description		Charter	Rule		Asbestos	Stage WQP 2 DBPR
-	RIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	<u>Status</u> A	Y			
00000 0131		DOWNSTREAM				•			
		PH001	BUILD 1 DEN			Υ		Υ	
		PH002	BUILD 1 DEN		A	Y		Ϋ́	
						•		•	

BUILD 1 DENT RR2

Υ

Α

PH003

	Connecticut Department of Public Health Drinking Water Section									
	Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name		Classification P		Population	Owner	r Type F	Primary Source		
CT0859114	500 PURDY HILL ROAD				NC	35	L	_	GW	
Local Address	ocal Address (where applicable) Service Res					al Industri	al Co	ombined	l Agricultural	
		Connections						1		

Towns Served: MONROE					
Wat	ter System Facili	ity and Sampling P	oint Ir	nvento	ry
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Stage Rule Tier Asbestos WQP 2 DBPR
	PH004	BUILD 1 DENT RR3	Α	Υ	Υ
	PH005	BUILD 1 INS RR1	Α	Υ	Υ
	PH006	BUILD 1 INS RR2	Α	Υ	Υ
	PH007	BUILD1 CMS 2ND FL RR	Α	Υ	Υ
	PH008	BUILD1 3RD FL STO RR	Α	Υ	Υ
	PH009	BUILD2 ENGINEERG RR1	Α	Υ	Υ
	PH010	BUILD2 ENGINEERG RR2	Α	Υ	Υ
	PH011	BUILD2 CHIRO RR1	Α	Υ	Υ
	PH012	BUILD2 CHIRO RR2	Α	Υ	Υ
	PH013	B2 ENGIN KITCHEN	Α	Υ	
	UPSTREAM	WITHIN 5 SERVICE CON	Α		
00700 ENTRY POINT	3	ENTRY POINT	Α		
60098 WELL 1	2	WELL 1	Α		·
	3	ENTRY POINT	Α		

60413 TREATM	ENT PLANT								
			(Contact Inf	ormation				
Name				Organization				Job Title	
Mr. Thomas Diblasi				Charberry Sq	Juare Condo Assoc		Property M	anager	
Mailing Address Lin	e One		Mailing Ad	dress Line Two			City State Zip		
500 Purdy Hill Road	, Suite 10					Monroe		СТ	06468
Business Phone	Extension	Fax	Ŋ	Mobile Phone	Emergency Phone	Email Ad	ddress		
203-452-1331	108	203-268-	8103		203-988-2523	TomD@	DiBlasi-Engrs	s.com	
Contact Role(s): Ac	dministrative	Contact	·			·			
Name				Organization	l			Job Title	
Jon D. Chadys				Chararry Squ	are Condo Assoc		President		
Mailing Address Lin	e One		Mailing Ad	dress Line Two			City	State	Zip Code
500 Purdy Hill Rd.			Unit #3			Monroe		СТ	06468
Business Phone	Extension	Fax	ſ	Mobile Phone	Emergency Phone	Email Ad	ddress		
203-452-0239						jdcdmd(@sbcglobal.r	et	
Contact Role(s): Le	gal Contact								
Name				Organization	l			Job Title	
Charbarry Square C	ondominium	Association							
Mailing Address Lin	e One		Mailing Ad	dress Line Two			City	State	Zip Code
500 Purdy Hill Rd.			Unit #3			Monroe		СТ	06468
Business Phone	Extension	Fax	ſ	Mobile Phone	Emergency Phone	Email Ad	ddress		
203-452-0239						jdcdmd(@sbcglobal.r	et	
Contact Role(s): O	wner		•						

	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	0859114 500 PURDY HILL ROAD NC 35 L GW									

Connections

Residential Commercial

Industrial

Combined

1

Service

Towns Served: MONROE

Please note the following:

Local Address (where applicable)

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

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

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

End of schedule

Agricultural

	Connecticut Departm	ent of Public H	ealth	Dı	rinking	g Wate:	r S	ection	
	Water Quality	Monitoring and	d Con	npl	iance S	Schedu	le		
PWS ID	PWS Name			Clas	ssification	Population	ı Ov	vner Type	Primary Source
CT0859134	GREAT HOLLOW LAKE				NC	35		L	GW
Local Address (v	where applicable)	Service	Residen	itial	Commerci	al Indust	rial	Combine	ed Agricultural
454 PURDY HILL		Connections						4	
Towns Served: I	MONROE								
		Monitoring Requ	ireme	nts					
Water System	Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)							
Total Coliforn	n (3100)						1 r	outine (R	T) per month
Sampling F	Point (Sampling Point ID)		Monitori	ing P	Period C	ollection P	erio	d Com	oliance Status
Select from	n Inventory of Active Sampling Points		4/1/24 -						
			5/1/24 -						
			6/1/24 -						
			7/1/24 -						
			8/1/24 -						
			9/1/24 -						
Dhariaal Dana	materia (DDC)		10/1/24 -	- 10/	31/24		4		T\ +l-
Physical Para	Point (Sampling Point ID)		Monitori	ina D	Period C	ollection P		=	T) per month pliance Status
Select from Inventory of Active Sampling Points			<i>Monitoring Period</i> 4/1/24 - 4/30/24			onection r	21100	a comp	mance Status
		<u>'</u>	5/1/24 -						
			6/1/24 -						
			7/1/24 - 7/31/24						
			8/1/24 -						
			9/1/24 -						
			10/1/24 -						
Water System	Facility: ENTRY POINT (WSF ID	: 00700)							
Nitrate And N	litrite (NOX)						:	1 routine	(RT) per year
Sampling F	Point (Sampling Point ID)		Monitori	ing P	Period C	ollection P	erio	d Com	oliance Status
ENTRY POI	NT (3)		1/1/23 -	12/3	31/23			(Complete
			1/1/24 -	12/3	31/24				
			1/1/25 -	12/3	31/25				
Water System	Facility: WELL 1 (WSF ID: 6100	4)							
E. Coli (3014)							1 r	=	T) per month
	Point (Sampling Point ID)		Monitori			ollection P	erio	d Com	oliance Status
WELL 1 (2)			4/1/24 -						
			5/1/24 -						
			6/1/24 -						
			7/1/24 -						
			8/1/24 - 9/1/24 -						
			9/1/24 - 10/1/24 -						
a " s :		ther Compliance						10.	
Compliance Sch	eaule Activity			Due	Date	Achi	eve	d Date	

Water System Facility and Sampling Point Inventory

4/15/2024

SEASONAL START UP COMPLETION

Water Total Lead and
System Water System Facility Sampling Point Sampling Point Coliform Copper Stage

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.

Schedule Generation Date: 4/3/2024

Page 40

		Department of Quality Monit					_			ction	
PWS ID	PWS Name	-			Cla	ssification	n Po	pulation	Own	er Type	Primary Source
CT085913	GREAT HOLLOW LAKE					NC		35		L	GW
Local Add	ress (where applicable)		Service	Residen	tial	Commer	cial	Industri	al (Combine	d Agricultural
454 PURD	DY HILL		Connections							4	
Towns Sei	rved: MONROE										1
Facility ID)	ID	Description			Status	Rule	Rule	Tier	Asbestos	s WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	l	Α	Υ				
		DOWNSTREAM	WITHIN 5 SER	VICE CO	V	Α					
		GHL001	LADIES ROM			Α	Υ				
		GHL002	SLOP SINK GA	RAGE		Α	Υ				
		GHL003	HAND SINK			Α	Υ				
		GHL004	MENS RR			Α					

WITHIN 5 SERVICE CON

Α

Α

ENTRY POINT

WELL 1

61004 WELL 1 61876 ATM STORAGE TANK

TREATMENT PLANT

00700 ENTRY POINT

62957

			Co	ontact Inf	ormation				
Name	Name					Job Title			
Mr. Terrence Roon	еу			Town of Mor	roe		First Select	man	
Mailing Address Lin	e One		Mailing Addr	ess Line Two		City		State	Zip Code
7 Fan Hill Rd						Monroe		СТ	06468
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	ne Email Address			
203-209-4815						trooney	@monroect.	.org	

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.

UPSTREAM

3

2

- 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

Co		ut Departme ter Quality M								l
DIAIC ID		ter Quality IV	10111101	mg a						Duimes
	/S Name	TUDNIDUKE 11.0						-		Primary Source
		TURNPIKE, LLC				N(25	Р	GW
Local Address (when				ervice	Residenti	ial Cor	mmercial	Industria	al Combin	ed Agricultural
1565 MONROE TUR			CC	onnection	ns		1			
Towns Served: MON	NROE									
Water System Fac	ility: DISTP	IBUTION SYSTEM			quiremen	its				
-	•	IBOTION STSTEM	(WSF ID.	J0000)				4	routing (D	T)
Total Coliform (3	-	oint ID)			Monitorin	a Doric	nd Call		· -	T) per quarter
Sampling Poin					Monitorin			ection Per	rioa Com	pliance Status
Select from Inv	entory of Acti	ive Sampling Points			10/1/23 - 1					Complete
					1/1/24 - 3					Complete
					4/1/24 - 6					
					7/1/24 - 9	9/30/2	4			
Physical Paramet	ers (PPS)							1	routine (R	T) per quarter
Sampling Poin	t (Sampling P	oint ID)			Monitorin	g Perio	od Coll	ection Per	riod Com	pliance Status
Select from Inv	entory of Acti	ive Sampling Points			10/1/23 - 3	12/31/2	23			Complete
					1/1/24 - 3	3/31/2	4			Complete
					4/1/24 - 6	5/30/2	4			
					7/1/24 - 9	9/30/2	4			
Water System Fac	ility: ENTRY	Y POINT (WSF ID:	00700)							
Nitrate And Nitri	te (NOX)		•						1 routine	(RT) per year
Sampling Poin	• •	oint ID)			Monitorin	a Perio	od Coll	ection Per		pliance Status
ENTRY POINT (, , , , , , , , , , , , , , , , , , ,			1/1/23 - 1					Complete
2	<u> </u>				1/1/24 - 1					Complete
					1/1/25 - 1					
		144.1	-	1.6						
		Water System	Facility	and S	ampling I	Point	Inven	tory		
Water							Tota			
	stem Facility		g Point Sa				Colifo			Stage
Facility ID				escription		Sta	tus Rul	e Rule	Tier Asbest	os WQP 2 DBPR
00600 DISTRIBU	JTION SYSTEM	1	l DI	STRIBUTI	ION SYSTEM	А	. Y			
		DOWNS	TREAM W	ITHIN 5 S	SERVICE CON	А	, Y			
		UPSTI	REAM W	ITHIN 5 S	SERVICE CON	А	. Y			
00700 ENTRY P	TNIC	3	B EN	NTRY POI	NT	А	١			
62819 WELL 1		2	2 W	ELL 1		А	١			
62824 TREATM	ENT PLANT									
			Conta	ct Info	rmation					
Name			Orgai	nization					Job Tit	
Mr. Anthony Galbo					Turnpike, LL0	 C.				
Mailing Address Lin		Mailing	Address Lii					City	State	Zip Code
193 Sturgess Road		TAI CHAILE	C55 E11				Fairfield	J. 17	CT	06824
Business Phone	Extension	Fax	Mobile P	hone	Emergency I	Phone		dress	Ci	3002-7
203111033 1 110110	ZACCI ISIOTI	1 UA								

Contact Role(s): Administrative Contact, Legal Contact

amgalbo@gmail.com

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

	Tracor Quarrey From	01 1118 a11	a don	ipiiaiiee i	Jeneau		
PWS ID	NS ID PWS Name					Owner Type	Primary Source
CT0859144	1565 MONROE TURNPIKE, LLC	NC	25	Р	GW		
Local Address (v	vhere applicable)	Service	Residen	tial Commerci	ial Industri	al Combine	ed Agricultural
1565 MONROE	TURNPIKE	Connections		1			
Towns Served: N	MONROE						

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End of schedule