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

PWS ID PWS Name C			Cla	ssification	Population	Owner Type	Primary Source	
CT1190021	APPLE REHAB				С	340	Р	SWP
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
45 ELM ST		Connections					1	

Towns Served: ROCKY HILL			
Monitor	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Chlorine Residual (1012)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	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		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/16 - 12/31/24		
	1/1/25 - 12/31/33		
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	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		
Disinfectant Byproducts - TTHM & HAA5 (DBP)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/24 - 12/31/24	7/1-9/30	
	1/1/25 - 12/31/25	7/1-9/30	
Lead And Copper (PBCU)		10 routine	(RT) per six months
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/24 - 6/30/24		
	7/1/24 - 12/31/24		
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	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		

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.

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	Conne	cticut Department of	Public H	lealth	Drir	nking V	Nater	Section		
		Water Quality Monito	oring an	d Con	nplia	nce Sc	hedul	e		
PWS ID	PWS Nam	e		Classif	ication Po	pulation	Owner Type	Primary Source		
CT1190021	APPLE REI	HAB			(С	340	Р	SWP	
Local Address (where applicable) Service				Residen	tial Co	mmercial	Industria	I Combine	ed Agricultural	
45 ELM ST			Connections					1		
Towns Served:	Towns Served: ROCKY HILL									
		Monito	oring Requ	iireme	nts					
Water System	Facility:	DISTRIBUTION SYSTEM (WSF II	D: 00600)							
Physical Para	meters (P	PS)					1	routine (R	T) per month	
Sampling	Point (Sam _l	oling Point ID)		Monitori	ng Peri	od Coll	ection Per	iod Com _l	oliance Status	
				9/1/24 -	9/30/2	24				
				10/1/24 -	10/31/	/24				
Monthly Water System Facility (WSF) Level Monitoring Requirements										
	14101	,	, (
Water System		ENTRY POINT (WSFID: 00700)	, (1101)							
Water System Analyte					rating L	Limit		Samples	Req/Month	
-		ENTRY POINT (WSFID: 00700)	ary Type)	Ope	U	Limit 0.05 MG/L		•	Req/Month Daily	
Analyte	Facility: I	ENTRY POINT (WSFID: 00700) Monitoring Requirement (Summa	ary Type)	Ope	imum:	0.05 MG/L	ating Limit	. [Daily	
Analyte Chlorine	Facility: I	ENTRY POINT (WSFID: 00700) Monitoring Requirement (Summa	ary Type) hitoring (CHLR Complia	Ope) Min	imum:	0.05 MG/L Oper		[Monit	Daily	

Other Com	pliance Schedules		
Compliance Schedule Activity	Due Date	Achieved Date	
SAMPLING SITE PLAN	4/5/2024		
STAGE 2 DBPR - SUBMIT MONITORING PLAN	4/5/2024		

	Water System Facility and Sampling Point Inventory								
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4 DOWNSTREAM UPSTREAM	DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON	A A A					
00700	ENTRY POINT								
62142	(CONSECUTIVE)								
62145	TREATMENT PLANT								

			Co	ontact Inf	ormation				
Name				Organization			Job Title		
Mr. Ryan Vess				Apple Rehab		Cfo			
Mailing Address Line One Mailing Addre				ess Line Two		City	State	Zip Code	
21 Waterville Rd						Avon CT C			06001
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Address			
860-678-9755						rvess@apple-rehab.com			
Contact Role(s): Ac	lministrative	Contact. Leg	al Contact. O	wner	·	*			

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.

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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
CT1190021	APPLE REHAB				С	340	Р	SWP
Local Address (v	here applicable)		Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
45 ELM ST			Connections				1	
						· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·

Towns Served: ROCKY HILL

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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