	Connectic	•				Health		•	_			
2146.12		ter Qua	IILY MO)1111(or mg a	iliu Coll			1			D : 0
PWS ID	PWS Name									Population Owner Type Prima		
CT1280114	SHEPHERD OF T	HE HILLS LUT	HERAN CH	URCH	1			IC	1	25	Р	GW
	where applicable)				Service Connectio	Resident	tial Co	mmerc	ial Ir	ndustrial	Combine	d Agricultural
7 WESCOTT RO					Connectio	1115		1				
Towns Served:	SIMSBURY											
Water System	n Facility: DISTR	IBUTION S				quireme	nts					
Total Coliforn	•		•		<u> </u>					1 r	outine (RT) per quarter
	Point (Sampling P	oint ID)				Monitorii	na Peri	od C	Collect	ion Perio	· -	liance Status
	m Inventory of Act		Points			10/1/23 -						Complete
30.00001						1/1/24 -						
						4/1/24 -						
						7/1/24 -						
Dhysical Bara	meters (PPS)					7/1/24-	<i>3</i> / 30/ 2	4 -1		1 -	outing (PT) per quarter
-	imeters (PPS) Point (Sampling P	oint ID)				Monitorii	na Pari	ind (Collect	ion Perio	•	liance Status
	m Inventory of Act		Doints			10/1/23 -			Jonect	ion Feric		Complete
Select II of	ii iiiveiitory or Act	ive Sampling	POIIILS			1/1/24 -						omplete
						4/1/24 -						
						* *						
\\/ - t = \(\cdot	Facility FAITD	V DOINT /N	(CE ID . 00)	700\		7/1/24 -	9/30/2	24				
	Facility: ENTR	Y POINT (W	VSF ID: 00	700)								
	Nitrite (NOX)											(RT) per year
	Point (Sampling P	oint ID)				Monitorii			Collect	ion Perio		liance Status
ENTRY PO	INT (3)					1/1/23 -					(Complete
						1/1/24 - :						
						1/1/25 - :						
		Water Sy	ystem Fa	acili	ty and S	Sampling	Point	t Inve	ento	ry		
Water								T	otal	Lead a	nd	
System Wat	ter System Facility		Sampling P	Point	Sampling	Point		Col	liform	Coppe	er	Stage
Facility ID			ID		Descriptio	n	Sta	itus F	Rule	Rule Ti	ier Asbesto	s WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	1	4		DISTRIBUT	ION SYSTEM	A	A	Υ			
			DOWNSTR	EAM	WITHIN 5	SERVICE CON	I A	A				
			UPSTREA	MA	WITHIN 5	SERVICE CON	I A	A				
00700 ENT	RY POINT		3		ENTRY PO	INT	P	A				
22160 WEL	.L		2		WELL		A	A				
				Cont	tact Info	ormation						
Name				Org	ganization						Job Title	!
Shepherd of Th	ne Hills, Elca											
Mailing Addres			Mailing Ad	dress	Line Two				C	ity	State	Zip Code
7 Wescott Road								Simsb			СТ	06070
Business Pho	ne Extension	Fax		Mobil	e Phone	Emergency	Phone			SS		
860-658-058												
Contact Role(s)	Owner											

onnectic	ut Depa	rune	nt or	Public	пеани	ווזע	iking	water	Sec	uon	
Wa	ter Qua	lity M	onito	oring a	nd Con	nplia	nce S	Schedul	le		
WS Name						Classif	ication	Population	Owne	r Type F	rimary Source
HEPHERD OF TI	HE HILLS LUT	HERAN (CHURCH			N	IC	25		Р	GW
ere applicable)				Service	Residen	tial Co	mmerci	al Industri	al C	ombined	Agricultural
7 WESCOTT ROAD Con					ns		1				
1SBURY					·						
Name Organization									J	ob Title	
Ms. Katherine Smith							Cong President				
Mailing Address Line One Mailing Address Line				Line Two				City		State	Zip Code
							Simsbu	ry		СТ	06070
Extension	Fax		Mobile	e Phone	Emergency	/ Phone	e Email Address				
	860-408-0	0073				shelc@snet.net					
egal Contact		·		·			·				
			Org	ganization					J	ob Title	
1			She	epherd of Tl	he Hills			Admin, As	sst.		
Mailing Address Line One Mailing Address Line Two								City		State	Zip Code
7 Wescott Rd							Simsbu	ry		CT	06070
Extension	Fax		Mobile	e Phone	Emergency	/ Phone	Email Address				
860-658-0583 860-98					860-989-	-3507	office@shelc.org				
	War WS Name HEPHERD OF TI ere applicable) ISBURY ith ne One Extension egal Contact ne One	Water Qual WS Name HEPHERD OF THE HILLS LUT ere applicable) ISBURY ith ne One Extension Fax 860-408-0 egal Contact	Water Quality M WS Name HEPHERD OF THE HILLS LUTHERAN OF THE HILLS	Water Quality Monitor WS Name HEPHERD OF THE HILLS LUTHERAN CHURCH ere applicable) MSBURY Organish ith ne One Extension Fax Mobile 860-408-0073 Legal Contact Organish ne One Mailing Address	Water Quality Monitoring and WS Name HEPHERD OF THE HILLS LUTHERAN CHURCH ere applicable) Service Connection ISBURY Organization ith ne One Mailing Address Line Two Extension Fax Mobile Phone 860-408-0073 Legal Contact Organization Shepherd of Time One Mailing Address Line Two	Water Quality Monitoring and Con WS Name HEPHERD OF THE HILLS LUTHERAN CHURCH ere applicable) Service Connections ISBURY Organization ith ne One Mailing Address Line Two Extension Fax Mobile Phone Emergency 860-408-0073 Degal Contact Organization Shepherd of The Hills ne One Mailing Address Line Two Extension Fax Mobile Phone Emergency Mailing Address Line Two Extension Fax Mobile Phone Emergency Mailing Address Line Two	Water Quality Monitoring and Complia WS Name HEPHERD OF THE HILLS LUTHERAN CHURCH ere applicable) Service Connections MSBURY Organization Ith Ine One Mailing Address Line Two Extension B60-408-0073 Regal Contact Organization Shepherd of The Hills Ine One Mailing Address Line Two	Water Quality Monitoring and Compliance Substitution HEPHERD OF THE HILLS LUTHERAN CHURCH Pere applicable) Service Connections Organization Inth Interior One Mailing Address Line Two Simsburg Extension Fax Mobile Phone Mobile Phone Mailing Address Line Two Simsburg Degal Contact Organization Shepherd of The Hills The One Mailing Address Line Two Simsburg Degal Contact Organization Shepherd of The Hills The One Mailing Address Line Two Simsburg Degal Contact Organization Shepherd of The Hills The One Mailing Address Line Two Simsburg Extension Fax Mobile Phone Emergency Phone Email A	Water Quality Monitoring and Compliance Schedul WS Name HEPHERD OF THE HILLS LUTHERAN CHURCH NC 25 Pere applicable) Service Connections Connections Connections MSBURY Organization Industri Cong Pres The One Mailing Address Line Two Simsbury Extension Shepherd of The Hills Conganization Cong Pres Simsbury City Simsbury Shelc@snet.net Organization Shepherd of The Hills Admin, Ast The One Mailing Address Line Two City Simsbury Extension Shepherd of The Hills Admin, Ast The One Mailing Address Line Two City Simsbury Extension Fax Mobile Phone Emergency Phone Email Address Simsbury Extension Fax Mobile Phone Emergency Phone Email Address	Water Quality Monitoring and Compliance Schedule WS Name Classification Population Owner HEPHERD OF THE HILLS LUTHERAN CHURCH NC 25 Pre applicable Service Connections 1 Pre applicable Service Connections 1 Pre applicable Service Connections 1 Pre applicable Service Connections 1 Pre applicable NC 25 Pre applicable NC 25 Pre applicable NC 25 Pre applicable NC Simsbury Extension Fax Mobile Phone Emergency Phone Email Address Pre applicable NC Simsbury Pre applicable Pre applicable Pre applicable Pre applicable Pre applicable Pre applicable Pre applicable Pre applicable Pre applicable Pre applicable Pre applicable Pre applicable Pre applicable Pre applicable Pre applicable Pre applicable Pre applicable Pre	WS Name HEPHERD OF THE HILLS LUTHERAN CHURCH ere applicable) Service Connections Organization Organization Fax Mobile Phone Emergency Ph

and a CD blic Health Dividing Manager

Contact Role(s): Administrative Contact

Please note the following:

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

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

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

End of schedule

	Connecticut Departmen	at of Dublic U	loolth D	nin kin a	Mator	Coation	2	
	Connecticut Departmen			Ŭ			.1	
PWS ID	Water Quality M PWS Name	onitoring and					o Dr	imary Source
CT1280134	TALCOTT MOUNTAIN S.P.		CI	NC	793	S S	e Pi	GW
	where applicable)	Service	Residential Commercial Industria				204	Agricultura
ROUTE 185	where аррисавіе)	Connections	3	Commercia	ii iiiuusti ia	ii Combi	ieu	Agricultura
Towns Served:	SIMSBURY							
	M	onitoring Requ	irement	:S				
Water System								
Total Coliforn	m (3100)				1	routine (F	RT) p	er quarter
Sampling	Point (Sampling Point ID)		Monitoring	Period Co	ollection Per	iod Cor	nplio	nce Status
Select fror	n Inventory of Active Sampling Points	:	10/1/23 - 12	2/31/23			Coi	mplete
			4/1/24 - 6/	30/24				
			7/1/24 - 9/	30/24				
Physical Para	meters (PPS)				1	routine (F	RT) p	er quarter
Sampling	Point (Sampling Point ID)		Monitoring	Period Co	ollection Per	iod Cor	nplic	ance Status
Select fror	n Inventory of Active Sampling Points	:	10/1/23 - 12	* *			Coi	mplete
			4/1/24 - 6/	-				
			7/1/24 - 9/	30/24				
•	Facility: ENTRY POINT (WSF ID: 0	0700)						
	Nitrite (NOX)						-	T) per year
	Point (Sampling Point ID)		Monitoring Period Collection Per			 		
ENTRY PO	INT (3)		1/1/23 - 12				Coı	mplete
			1/1/24 - 12					
			1/1/25 - 12					
	Oth	er Compliance	Schedul	les				
Compliance Scl	hedule Activity		Du	e Date	Achie	ved Date		
SEASONAL STA	RT UP COMPLETION		4/1	./2024				
CROSS CONNEC	CTION SURVEY REPORT		3/1	./2026				
	Public	Notification R	equirem	ents				
		Compliance	Notice	Public No	<u>stification</u>	PN	Cert	<u>fication</u>
Violation/Situa		Period	Required Perjormed Due to Diff					Received
Total Coliform I	M&R Violation	4/1/13 - 6/30/13	30/13 2 10/17/2013 10/27/2013					

Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Total Coliform M&R Violation	4/1/13 - 6/30/13	2	10/17/2013		10/27/2013	
Physical Parameters M&R Violation	4/1/13 - 6/30/13	3	9/17/2014		9/27/2014	
Water System	Facility and Sa	mpling Po	oint Inver	ntory		
Water			To	tal Lead ar	nd	
System Water System Facility Samplin	ng Point Sampling Po	int	Colif	orm Coppe	r	Stage
Facility ID	D Description		Status Ru	ıle Rule Ti	er Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 1	01 TOWER KITC	HEN	Α `	1		
1	02 TOWER BATE	HROOM	Α `	1		
	4 DISTRIBUTIO	N SYSTEM	Α `	1		
DOWN	STREAM WITHIN 5 SE	RVICE CON	Α			

WITHIN 5 SERVICE CON

Α

Α

Α

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.

ENTRY POINT

WELL

UPSTREAM

2

00700 ENTRY POINT

22162 WELL

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

PWS ID PWS Name C					sification	Population	Owner Type	Primary Source
CT1280134	TALCOTT MOUNTAIN S.P.		NC	793	S	GW		
Local Address (where applicable)	Service	Residen	itial	Commercia	al Industri	al Combine	ed Agricultural
ROUTE 185		Connections	3					

Towns Served: SIMSBURY

				Contact Inf	ormation					
Name				Organization	l		Job Title			
Mr. David Cooley				Deep-Engine	ering Unit		Supv Civil Engineer			
Mailing Address Line One Mailing Addr				Address Line Two	ress Line Two			State	Zip Code	
163 Great Hill Road						Portland		СТ	06480	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	Address			
860-342-2215		860-344-2	2560	860-205-7552	860-424-3333	david.cod	david.cooley@ct.gov			

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

	Connecticut Department	of Public H	lealth	Dı	rinking	, Water	Se	ction	
	Water Quality Mon	nitoring an	d Con	npl	liance S	Schedul	e		
PWS ID	PWS Name			Cla	ssification	Population	Owr	ner Type Pr	imary Source
CT1280144	TOWER RIDGE COUNTRY CLUB	NC 25 P GW							GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al	Combined	Agricultural
140 NOD ROA	D	Connections			1				
Towns Served	: SIMSBURY						,		·
	Moi	nitoring Requ	iireme	ents	;				
Water Syster	m Facility: DISTRIBUTION SYSTEM (W	SF ID: 00600)							
Total Colifor	rm (3100)					1	rou	tine (RT) բ	er quarter
Sampling	Point (Sampling Point ID)		Monitoring Period Collection Period					Compli	ance Status
Select fro	om Inventory of Active Sampling Points		10/1/23	- 12/	31/23			Co	mplete
			1/1/24	- 3/3	1/24				
			4/1/24	- 6/3	0/24				
			7/1/24	- 9/3	0/24				
Physical Par	ameters (PPS)					1	rou	tine (RT) բ	er quarter
Sampling Point (Sampling Point ID) Moi					Period C	ollection Pe	riod	Compli	ance Status
Select fro	om Inventory of Active Sampling Points		10/1/23 - 12/31/23 Cor					mplete	
			1/1/24	- 3/3	1/24				

Nitrate And Nitrite (NOX)		1 routine (RT) per year
Water System Facility: ENTRY POINT (WSF ID: 00700)		
	7/1/24 - 9/30/24	
	4/1/24 - 6/30/24	

Sampling Point (Sampling Point ID)

Monitoring Period Collection Period Compliance Status

1/1/23 - 12/31/23

Complete

1/1/24 - 12/31/24

1/1/25 - 12/31/25

tgordon@niblick-golf.com

Water System Facility and Sampling Point Inventory Water **Total** Lead and Water System Facility Sampling Point Sampling Point System **Coliform** Copper Stage **Description** Facility ID ID Rule Tier Asbestos WQP 2 DBPR Rule Status 00600 **DISTRIBUTION SYSTEM DISTRIBUTION SYSTEM** Α Υ DOWNSTREAM WITHIN 5 SERVICE CON Α **UPSTREAM** WITHIN 5 SERVICE CON Α 00700 **ENTRY POINT** 3 **ENTRY POINT** Α 2 22163 WELL #1 WELL Α 2 54743 WELL #2 WELL #2 Α 54745 HYDROPNEUMATIC TANK

Contact Information Name Organization Job Title Mr. Timothy Gordon Niblick Golf, Inc. **Property Manager** Mailing Address Line One Mailing Address Line Two City State Zip Code 616 Mountain Rd Jaffrey 03452 Emergency Phone Email Address **Business Phone** Extension Fax Mobile Phone

Contact Role(s): Administrative Contact

TOWER RIDGE TREATMENT

54747

508-735-7540

(Connectic	ut Depa	rtment o	f Public	Health	Drii	ıkıng	, Water	Section	
	Wat	ter Qual	lity Moni	toring a	nd Con	nplia	nce S	Schedul	e	
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Primary Source
CT1280144 T	OWER RIDGE C	OUNTRY CLU	JB			Ν	IC	25	Р	GW
Local Address (wh	ere applicable)			Service	Service Residential Co		mmerci	al Industri	al Combine	ed Agricultural
140 NOD ROAD				Connections 1			1			
Towns Served: SIN	ИSBURY			,		,			,	
Name Organization									Job Titl	 e
Mr. Daniel Bassichis Simsbu					l Estate Hold	dings				
Mailing Address Line One Mailing Addr				ess Line Two City State			Zip Code			
PO Box 576							Simsbu	ry	СТ	06070
Business Phone	Extension	Fax	Mob	oile Phone	Emergency	/ Phone	Email A	Address		
Contact Role(s):	Legal Contact									
Name			C	Organization					Job Titl	е
Simsbury Real Est	ate Holdings, Ll	LC								
Mailing Address L	ine One		Mailing Addres	ss Line Two				City	State	Zip Code
P.O. Box 578							Simsbu	ry	СТ	06070
Business Phone	Extension	Fax	Mob	oile Phone	Emergency	/ Phone	Email A	Address		
Contact Role(s):	Owner									

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this 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
CT1280154	T1280154 1610-1616 HOPMEADOW STREET					31	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
1610-1616 HO	Connections			1				

Towns Served: SIMSBURY

Mon	itoring	z Reau	irements
141011		SINCHA	III CIIICIIC

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

	1 rout	ine (RT) per quarter
Monitoring Period	Collection Period	Compliance Status
10/1/23 - 12/31/23		Complete
1/1/24 - 3/31/24		
4/1/24 - 6/30/24		
7/1/24 - 9/30/24		
	10/1/23 - 12/31/23 1/1/24 - 3/31/24 4/1/24 - 6/30/24	Monitoring Period Collection Period 10/1/23 - 12/31/23 1/1/24 - 3/31/24 4/1/24 - 6/30/24

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		
	1/1/25 - 12/31/25		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
------------------------------	----------	---------------

RESPOND TO SANITARY SURVEY 3/18/2022

Public Notification Requirements								
	Compliance	Notice	Public No	<u>tification</u>	PN Certij	<u>fication</u>		
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received		
Total Coliform M&R Violation	4/1/04 - 6/30/04	2	12/3/2004		12/13/2004			
Total Coliform M&R Violation	1/1/04 - 3/31/04	2	12/3/2004		12/13/2004			
Total Coliform M&R Violation	7/1/04 - 9/30/04	2	3/3/2005		3/13/2005			
Total Coliform M&R Violation	10/1/04 - 12/31/04	2	7/1/2005		7/11/2005			
Nitrate And Nitrite M&R Violation	1/1/04 - 12/31/04	2	7/1/2005		7/11/2005			
Total Coliform M&R Violation	1/1/05 - 3/31/05	2	9/3/2005		9/13/2005			
Physical Parameters M&R Violation	4/1/04 - 6/30/04	3	11/3/2005		11/13/2005			
Physical Parameters M&R Violation	1/1/04 - 3/31/04	3	11/3/2005		11/13/2005			
Physical Parameters M&R Violation	7/1/04 - 9/30/04	3	2/1/2006		2/11/2006	-		
Physical Parameters M&R Violation	10/1/04 - 12/31/04	3	6/1/2006		6/11/2006	•		
Physical Parameters M&R Violation	1/1/05 - 3/31/05	3	8/4/2006		8/14/2006	•		

Water System Facility and Sampling Point Inventory

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

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

				1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1280154	1610-1616 HOPMEADOW STREET			NC	31	Р	GW
Local Address (where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
1610-1616 HO	PMEADOW STREET	Connections		1			

Towns Served: SIMSBURY

Water System Facility and Sampling Point Inventory Water System Water System Facility Sampling Point Sampling Point Coliform Copper Stage Facility ID Description Status Rule Rule Tier Asbestos WQP 2 DBPR 00600 DISTRIBUTION SYSTEM 001 1616 KITCHEN A Y									
System	•				Coliform	Copper	A - l t		
			•		Rule	Rule Tier	Asbestos	WQP 2	2 DBPR
00600	DISTRIBUTION SYSTEM			_	Y				
		4	DISTRIBUTION SYSTEM	Α	Υ				
00700	ENTRY POINT	3	ENTRY POINT	Α					
22164	WELL	2	WELL	Α					

			Co	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Frank Grillo				Grillo Enterp	rises		Property Ov	wner	
Mailing Address Line	e One		Mailing Address Line Two				City	State	Zip Code
1618 Hopmeadow S	St,			Sims		Simsbur	у	СТ	06070
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ad	ddress		
860-325-5162					860-986-1178	FGrillo6	161@gmail.c	om	

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.

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

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

End of schedule