Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name	<u> </u>		1			Primary Source			
CT1300014	CHURCH OF EPIPHANY			NC	25	Р	GW			
Local Address	(where applicable)	Service	Resident	tial Commercial Indu		al Combine	ed Agricultural			
276 MAIN STR	EET NORTH	Connections		1						
Towns Served	SOUTHBURY	-				1				
Monitoring Requirements										

Monitor	ring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:			
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 (1040)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/23 - 12/31/23		
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Nitrite (1041)		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: 22173)			
E. Coli (3014)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (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		
Water System Facility	y and Sampling Point In	ventory	

			-	,,							
	Water System Facility and Sampling Point Inventory										
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier Asbestos Wo	Stage QP 2 DBPR				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ						
		COE001	RR 1ST FLOOR	Α	Υ	Υ					
		COE002	RR 1ST FLR HANDICAP	Α	Υ	Υ					
		COE003	1ST FLOOR SACRISTY	Α	Υ	Υ					
		COE004	KIT SNK 1ST FLOOR	Α	Υ	Υ					

	domineed department of rabine meaning branking water bection										
Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Pri	mary Source		
CT1300014	CHURCH OF EPIPHANY				NC	25	Р		GW		
Local Address	Service	Residen	ntial	Commerci	al Industri	al Combin	ed	Agricultural			
276 MAIN STR	EET NORTH	Connections			1						

Connecticut Department of Public Health Drinking Water Section

Towns Served: SOUTHBURY

Wa	ter System Facili	ity and Sampling P	oint Ir	vento	ry		
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier A	sbestos	Stage DBPR
	COE005	KIT HAND SNK 1ST FLR	Α	Υ		Υ	
	COE006	KIT SNK DBL 1ST FLR	Α	Υ		Υ	
	COE007	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				
22173 WELL	2	WELL	Α				
60405 TREATMENT PLANT							

			C	ontact Inf	ormation					
Name				Organization	1		Job Title			
Church of The Epipl	hany									
Mailing Address Line One Mailing Add			ress Line Two		City	State	Zip Code			
276 Main Street North					Southbury	СТ	06488			
Business Phone Extension		Fax	M	obile Phone	Emergency Phone	Email Address				
Contact Role(s): Le	gal Contact, Ov	wner								
Name				Organization	1		Job Title			
Mr. Marston Price										
Mailing Address Lin	e One		Mailing Add	ress Line Two		City	State	Zip Code		
262 Main St. North						Southbury	СТ	06488		
				ala:la Dhana	Emergency Phone	Email Address				
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Liliali Addiess				

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

Page 2

Schedule Generation Date: 4/3/2024

ENTRY POINT

WELL

3

2

00700

22175

57039

ENTRY POINT

TREATMENT PLANT

WELL

Α

Α

Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source		
CT1300034	MIRANDAS PIZZA & RESTAURANT				NC	25	Р	GW		
Local Address (v	Service	Residentia		Commerci	al Industri	al Combine	ed Agricultural			
1056 MAIN STR	Connections			1						

Connecticut Department of Public Health Drinking Water Section

			Co	ontact Inf	ormation				
Name				Organization	l	Job Title			
Mr. Qevsere Krivca	1			Miranda's Re	estaurant		Manager		
Mailing Address Line One Mailing Add			Mailing Addr	ress Line Two		City	State	Zip Code	
1056 Main Street						Southbu	ıry	СТ	06488
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address			
203-262-6400									
Contact Bolo/s\. A									
Contact Role(s): A	dministrative Co	ontact							
Name	dministrative Co	ontact		Organization	<u> </u>			Job Title	
, ,	dministrative Co	ontact		Organization	l			Job Title	
Name		ontact		Organization			City	Job Title	Zip Code
Name Gony, LLC		ontact				Southbu			Zip Code

Contact Role(s): Legal Contact, Owner

Please note the following:

Towns Served: SOUTHBURY

- 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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End of schedule

Co	onnectic	ut Depa	rtment of	f Public	Health	Dri	nking	Wate	r Se	ection	
		•	lity Monit				_				
PWS ID PW	/S Name					Classi	fication F	Population	n Ow	ner Type F	Primary Source
CT1300064 KE	TTLETOWN S.F	P./BEACH W	ELL			1	NC	167		S	GW
Local Address (whe	re applicable)			Service	Resident	tial Co	ommercia	l Indust	rial	Combined	d Agricultural
1434 GEORGE HILL	ROAD			Connectio	ns		1				
Towns Served: SOU	THBURY										
			Monit	oring Re	quireme	nts					
Water System Fac	cility: DISTR	IBUTION SY	STEM (WSF I	D: 00600)							
Total Coliform (3	=								1 rou		per quarter
Sampling Poin		-			Monitorii			llection P	eriod	Compl	liance Status
Select from Inv	entory of Acti	ve Sampling	Points		4/1/24 -						
					7/1/24 -	9/30/	24				
Physical Paramet	ers (PPS)								1 rou	utine (RT)	per quarter
Sampling Poin	t (Sampling Po	oint ID)			Monitorii	ng Per	riod Co	llection P	eriod	Compl	liance Status
Select from Inv	entory of Acti	ve Sampling	Points		4/1/24 -	6/30/	24				
					7/1/24 -	9/30/	24				
Water System Fac	cility: ENTRY	POINT (W	/SF ID: 00700)								
Nitrate And Nitri	te (NOX)								1	routine (RT) per year
Sampling Poin	t (Sampling Po	oint ID)			Monitorii	ng Per	riod Co	llection P	eriod	Compl	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				
			Other C	omplian	ce Sched	ules					
Compliance Schedu	le Activity				L	Due Do	ate	Achi	ieved	Date	
SEASONAL START U	P COMPLETIO	N			Ę	5/1/20	24				
		Water Sy	stem Facil	ity and S	ampling	Poin	nt Inver	ntory			
Water							Tot	tal Lead	d and	1	
System Water Sy	stem Facility		Sampling Point	Sampling F	Point		Colif	orm Co	pper		Stage
Facility ID			ID	Description	n	St	atus Ru	ıle Rul	e Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBU	JTION SYSTEM		101	WOMENS I	BATHROOM		A Y				
			102	MENS BAT	HROOM		A Y	1			
			103	OUTSIDE F	AUCET		A Y	1			
			4	DISTRIBUT	ION SYSTEM		A Y	1			
			DOWNSTREAM	WITHIN 5 S	SERVICE CON	1	Α				
			UPSTREAM	WITHIN 5 S	SERVICE CON	1	Α				
00700 ENTRY P	TNIC		3	ENTRY POI	NT		А				
22178 WELL			2	WELL			Α				
			Con	tact Info	rmation						
Name			0	rganization						Job Title	
Mr. David Cooley			D	eep-Enginee	ering Unit			Supv Civ	il Eng	ineer	
Mailing Address Lin	e One		Mailing Addres	s Line Two				City		State	Zip Code
163 Great Hill Road							Portland	k		СТ	06480
Business Phone	Extension	Fax	Mobi	ile Phone	Emergency	Phone	e Email Ad	ddress			
860-342-2215		860-344-2	2560 860-2	205-7552	860-424-	3333	david.co	oley@ct.	gov		
		_					•				-

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

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

	Tracer Quarty From	or mg am	4 0011	ipiiaiiee i	Jeneau		
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1300064	KETTLETOWN S.P./BEACH WELL	NC	167	S	GW		
Local Address (v	vhere applicable)	Service	Residen	tial Commerci	ial Industri	al Combine	ed Agricultural
1434 GEORGE H	1434 GEORGE HILL ROAD			1			
Towns Served: S	SOUTHBURY						

- 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

CT1300074 KETTLETOWN S.P./CAMPGROUND WELL Local Address (where applicable) 175 QUAKER FARMS ROAD Towns Served: SOUTHBURY Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 4/1/24 - 6/30/24 7/1/24 - 9/30/24 Physical Parameters (PPS)	dule ation Owner Type Primary Sou
PWS ID PWS Name CT1300074 KETTLETOWN S.P./CAMPGROUND WELL Local Address (where applicable) 175 QUAKER FARMS ROAD Towns Served: SOUTHBURY Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Monitoring Period Collection 4/1/24 - 6/30/24 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 4/1/24 - 6/30/24 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 4/1/24 - 6/30/24 7/1/24 - 9/30/24	ation Owner Type Primary Sou 7 S GW
Local Address (where applicable) 175 QUAKER FARMS ROAD Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Monitoring Period Collection 4/1/24 - 6/30/24 7/1/24 - 9/30/24 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 4/1/24 - 6/30/24 7/1/24 - 9/30/24	
Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points Monitoring Period Collection Monitoring Period Collection Select from Inventory of Active Sampling Points 4/1/24 - 6/30/24 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 4/1/24 - 6/30/24 7/1/24 - 9/30/24	dustrial Combined Agricultu
Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 4/1/24 - 6/30/24 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 4/1/24 - 6/30/24 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 4/1/24 - 6/30/24 7/1/24 - 9/30/24	
Monitoring Requirements Nater System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 4/1/24 - 6/30/24 7/1/24 - 9/30/24 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 4/1/24 - 6/30/24 7/1/24 - 9/30/24	
Nater System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 4/1/24 - 6/30/24 7/1/24 - 9/30/24 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 4/1/24 - 6/30/24 7/1/24 - 9/30/24	
Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 4/1/24 - 6/30/24 7/1/24 - 9/30/24 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 4/1/24 - 6/30/24 7/1/24 - 9/30/24	
Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 4/1/24 - 6/30/24 7/1/24 - 9/30/24 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 4/1/24 - 6/30/24 7/1/24 - 9/30/24	
Select from Inventory of Active Sampling Points 4/1/24 - 6/30/24 7/1/24 - 9/30/24 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 4/1/24 - 6/30/24 7/1/24 - 9/30/24	1 routine (RT) per quart
Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 4/1/24 - 6/30/24 7/1/24 - 9/30/24	on Period Compliance Statu
Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 4/1/24 - 6/30/24 7/1/24 - 9/30/24	
Sampling Point (Sampling Point ID)Monitoring PeriodCollectionSelect from Inventory of Active Sampling Points4/1/24 - 6/30/247/1/24 - 9/30/24	
Select from Inventory of Active Sampling Points 4/1/24 - 6/30/24 7/1/24 - 9/30/24	1 routine (RT) per quart
7/1/24 - 9/30/24	on Period Compliance Statu
Water System Facility: ENTRY POINT (WSF ID: 00700)	
(110.11.11.11.11.11.11.11.11.11.11.11.11.	
Nitrate And Nitrite (NOX)	1 routine (RT) per ye
	on Period Compliance Statu
• • • • • • • • • • • • • • • • • • • •	-9/30 Complete
	-9/30
	-9/30
Other Compliance Schedules	
·	Achieved Date
SEASONAL START UP COMPLETION 5/1/2024	
Water System Facility and Sampling Point Inventory	y
	Lead and
System Water System Facility Sampling Point Sampling Point Coliform	• • • • • • • • • • • • • • • • • • • •
Status	Rule Tier Asbestos WQP 2 DE
00600 DISTRIBUTION SYSTEM 101 WOMENS BATHROOM A Y	
102 MENS BATHROOM A Y	
103 OUTSIDE FAUCET A Y	
4 DISTRIBUTION SYSTEM A Y	
DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A	
00700 ENTRY POINT 3 ENTRY POINT A	
22179 WELL 2 WELL A	
60810 ATMOSPHERIC STORAGE	
Contact Information	
Name Organization	Job Title
	Civil Engineer
Mailing Address Line One Mailing Address Line Two City	/ Civil Engineer
163 Great Hill Road Portland	

Mobile Phone

860-205-7552

Emergency Phone Email Address

david.cooley@ct.gov

860-424-3333

Business Phone

860-342-2215

Extension

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

Fax

860-344-2560

Connecticut Department of Public Health Water Quality Monitoring and Con			•	_			ction	
Water quality Fromtoring and don	P	IGI	100 .	001	i caa			
				_	40.00	_	_	l

	vvacci Quality Monit	or mg am	a don	ipiianee i	Jeneau		
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1300074	T1300074 KETTLETOWN S.P./CAMPGROUND WELL			NC	167	S	GW
Local Address (where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
175 QUAKER FA	ARMS ROAD	Connections	10				
Towns Served:	SOUTHBURY						

- 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 Water Quality Monit				C			l	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary So	ource
CT1300164	SOUTH BRITAIN CONGREGATIONAL CHURCH	I			NC	25	Р	GW	
Local Address (v	vhere applicable)	Service	Residen	tial	Commerci	al Industri	al Combin	ed Agricul	ltural
693 S BRITAIN R	D	Connections			1				

Towns Served: SOUTHBURY			
Monitor	ring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	: 00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarte
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 quarte
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per yea
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: 22188)			
E. Coli (3014)		1 rout	ine (RT) per quarte
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (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		
Water System Facility	y and Sampling Point In	ventory	
Water	, , , , , , , , , , , , , , , , , , , ,	Total Lead and	
			_

	W	later System Facili	ity and Sampling P	oint Ir	nvento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
22188	WELL	2	WELL	Α					
59203	TREATMENT DI ANT								

59203 TREATMENT PLANT

	С	ontact Information					
Name		Organization	Job Title				
Ms. Cathy Somers	South Britain Congregational C	Chair of Property					
Mailing Address Line One	Mailing Add	ress Line Two		City	State	Zip Code	
Chair of Property	PO Rox 64		Southbu		СТ	. 06487	

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.

	Connectic	ut Depa	rtmen	t of	Public H	lealth	Drin	king	Water	Sec	ction	
	Wa	ter Qua	lity Mo	nito	oring an	d Com	plia	nce S	chedul	e		
PWS ID	PWS Name						Classifi	cation [opulation	Own	er Type F	Primary Source
CT1300164	SOUTH BRITAIN	CONGREGA	TIONAL CH	URCH			N	С	25		Р	GW
Local Address (wi	here applicable)				Service	Residen	tial Co	mmercia	Industria	al (Combined	d Agricultural
693 S BRITAIN RD)				Connections			1				
Towns Served: SC	DUTHBURY		1 0 00x 0 1	-				Journal	пу		Ci	00-107
Business Phone	Extension	Fax		Mobile	e Phone E	mergency	Phone	Email A	ddress			
203-264-5890								sbcc_se	cretary@ya	ahoo.d	com	
Contact Role(s):	Administrative	Contact										
Name				Org	ganization						Job Title	
Mr. Ken Bolin				Sou	uth Britain Co	ngregatio	nal C		Chair of C	ounci	I	
Mailing Address I	ine One		Mailing Ac	ddress	Line Two				City		State	Zip Code
Chair of Church C	Council		PO Box 64					Southbu	ıry		СТ	06487
Business Phone	Extension	Fax		Mobile	e Phone E	mergency	Phone	Email Ad	ddress			
860-264-5890								sbcc_se	cretary@ya	ahoo.d	com	
Contact Role(s):	Legal Contact				,							

- 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

	Со	nnectic	ut Depa	artment	of	Public	Health I)rinl	king V	Vate	r Se	ction		
			•				nd Comp							
PWS ID	PW	S Name	cor qua	iney 1401							_	ner Type F	rimary	Source
CT1300174	OLE	COUNTRY S	TORE DELI I	LLC				NC		25		P	G'	
Local Addre	ess (where	e applicable)				Service	Residentia	l Com	mercial	Industr	rial	Combined	l Agri	cultural
667 SOUTH	-					Connectio	ns					1		
Towns Serv	ed: SOUT	HBURY												-
				Moi	nito	oring Re	quirement	ts						
Water Syst	tem Faci	lity: DISTR	IBUTION S	SYSTEM (W	SF II	D: 00600)								
Total Coli	=	=										itine (RT)	-	
		(Sampling Po					Monitoring			ection Pe	eriod	Comp		
Select	from Inve	entory of Acti	ve Sampling	g Points			10/1/23 - 1						omplet	
							1/1/24 - 3,					C	omplet	е
							4/1/24 - 6,	-						
		(222)					7/1/24 - 9,	/30/24			_	()		
Physical P												itine (RT)		
		(Sampling Po		.			Monitoring			ection Pe	eriod	Compl		
Select	from inve	entory of Acti	ve Sampling	g Points			10/1/23 - 1						omplet	
							1/1/24 - 3					Ci	omplet	e
							4/1/24 - 6, 7/1/24 - 9,	-						
Matar Cust	tom Fasi	lity ENITO	/ DOINT /	NCE ID: 007	, , ,		7/1/24 - 9/	/30/24						
		lity: ENTRY	r POINT (\	W3F ID: 007	UUJ								D.T.\	
Nitrate Ar		•	aint (D)				0.4 a mile a min a	Davis	d C-11	ation D		routine (-
		(Sampling Po	טוחנ וטן				Monitoring			ection Pe	erioa	Compl		
ENIKY	POINT (3	3)					1/1/23 - 12					C	omplet	e
							1/1/24 - 12 1/1/25 - 12							
			Water S	vstom Fa	cili	ity and S	Sampling P			Orv				
Mator			vvatei 3	ysteilia	ICIII	ity and 3	amping r	Oiiit			-l -u -a -d			
Water System 1	Nater Sv	stem Facility		Sampling Po	oint	Samplina I	Point		Total Colifor		d and oper			Stage
Facility ID	ruter by	occini i denicy		ID	,,,,,	Description		Stati	D. J.	_	-	Asbestos	WQP	_
-	DISTRIBU	TION SYSTEM		4		DISTRIBUT	ION SYSTEM	A	γ					
				DOWNSTRE	AM		SERVICE CON	Α						
				OCS001		HAND SINI	K LEFT	Α	Υ			Υ		
				OCS002		HAND SINI	K RIGHT BACK	Α	Υ			Υ		
				OCS003		TRIPLE SIN		Α	Υ			Υ		
				OCS004		GENERIC R	lR.	Α	Υ			Υ		
				UPSTREA			SERVICE CON	Α						
00700 E	ENTRY PC	DINT		3		ENTRY POI	NT	Α						
22189 \	WELL			2		WELL		Α						
				C	Con	tact Info	ormation							
Name					Oı	rganization						Job Title		
Mr. Koco Po	ela				OI	d Country S	Store Deli, LLC		C	Owner				
Mailing Add	dress Line	One		Mailing Add	dress	s Line Two				City		State	Zip (Code
667 South E	Britain Rd							9	Southbury	/		СТ	064	188
Business	Phone	Extension	Fax	N	∕lobi	le Phone	Emergency P	hone E	mail Add	ress				

203-228-3440

kocopela@sbcglobal.net

203-264-3045

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

Connecticut Department of Public Health	Dr	inl	king	g W	ater	· Se	ection	1
Water Quality Monitoring and Com	pli	ian	ice S	Sch	edu	le		
				_		_		

	***	9 8 9		- P	9 0 1 1 0 0 1 0 1 1		
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1300174	OLD COUNTRY STORE DELI LLC			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
667 SOUTH BRIT	AIN ROAD	Connections				1	
Towns Served: S	OUTHBURY						

- 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	Danautment of	Dublia II	ool+h	D	inlein	~ I A	Voton	Co	ation	
		Department of					_			ction	
DIA/C ID		r Quality Monit	oring and		_					T 1	Dulina a m. Carres
PWS ID CT130021	PWS Name 4 1500-1514 SOUTHFO				Clas	NC		25	Owi	P P	Primary Source GW
		UKU KUAU	Convice	Dosidont	امن	Commer			al	-	
	ress (where applicable) 4 SOUTHFORD ROAD		Service Connections	Resident	lai		ciai	Industri	aı	Combine	d Agricultur
			connections			1					
Towns Ser	ved: SOUTHBURY	Manita	wing Dogu	: ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-1-						
Matar Cu	stom Facility DISTRIBU		oring Requ	iremer	ıts						
	stem Facility: DISTRIBU liform (3100)	THOM STSTEIN (WSF II): 00600)					1	Lrou	tino (PT)	per quarte
	oling Point (Sampling Point	(חו		Monitorin	na Da	ariod	Collec	tion Pe			per quarte liance Status
	t from Inventory of Active S			LO/1/23 -			Conec	tion re	Hou		omplete
Selec	t from inventory of Active S	bamping Foints	-	1/1/24 -							omplete
				4/1/24 -	-	-				·	ompiete
				7/1/24 -		•					
Dhysical	Parameters (PPS)			//1/24 -	9/30)/ 24		1	Lrou	tino (DT)	per quarte
-	pling Point (Sampling Point	(חו		Monitorin	na Pa	eriod	Collec	tion Pe			per quarte liance Status
•	t from Inventory of Active S	•		10/1/23 -			Conce	tion i c	Tiou		omplete
30,00	e nom inventory of heave s	Sumpling Forms		1/1/24 -							omplete
				4/1/24 -							ompiete
				7/1/24 -							
Water Sv	stem Facility: ENTRY PO	OINT (WSF ID: 00700)		,, _,	3,30	,,					
	And Nitrite (NOX)	,							1	routine (RT) per yea
	oling Point (Sampling Point	: ID)		Monitorin	ng Pe	eriod	Collec	tion Pe		-	liance Status
ENTR	Y POINT (3)	·		1/1/23 - 1	12/3	1/23				C	omplete
				1/1/24 - 1	12/3	1/24				С	omplete
				1/1/25 - 1	12/3	1/25					·
	W	ater System Facili	ty and Sar	npling	Poi	int Inv	ento	ry			
Water							Total	Lead	and		
System	Water System Facility	Sampling Point		nt		Co	oliforn		•		Stage
Facility ID)	ID	Description		5	Status	Rule	Rule	Tier	Asbestos	WQP 2 DBF
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION			Α	Υ				
		DOWNSTREAM	WITHIN 5 SER	VICE CON		Α					
		SR001	KIT HAND SNE			Α	Υ			Υ	
		SR002	KIT SNK TRPL			Α	Υ			Υ	
		SR003	KIT SNK SINGL	Ε		Α	Υ			Υ	
		SR004	RR GENERIC R	R		Α	Υ			Υ	
		UPSTREAM	WITHIN 5 SER	VICE CON		Α					
00700	ENTRY POINT	3	ENTRY POINT			Α					
22193	WELL	2	WELL			Α					
		Con	tact Inforr	nation							
Name		Or	ganization							Job Title	
Ivallie											
	as Cole	Le	isure Time Poc	ls			O۱	wner			
Mr. Thom	as Cole ddress Line One	Le Mailing Address		ls				wner City		State	Zip Code

Emergency Phone Email Address

Mobile Phone

Fax

Extension

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

Business Phone

203-264-8999

Connecticut Department of Public Health	Drinking Water	Section
Water Quality Monitoring and Con	npliance Schedule	9

	गरवाच्या युवावागानु गावगान	911118 6111	0. 0011	ipiidiioo .	901100101		
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1300214	1500-1514 SOUTHFORD ROAD			NC	25	Р	GW
Local Address (w	vhere applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
1500-1514 SOU	THFORD ROAD	Connections		1			
Towns Served: S	OUTHBURY						

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

End of schedule

	Connecticut Dan	ortment of	f Dublic II	oal+h	Dr	sinlein e	TMata	r C	oction	
	Connecticut Dep					•			ection	
D) 4 (C 1 D	Water Qua	anty Monit	oring and	ı Con						
PWS ID	PWS Name	_			Clas		-	n Ow	ner Type Pri	
CT1300224	SUBWAY OF SOUTHBURY C	Т	T			NC	43		Р	GW
	(where applicable)		Service	Residen	tial	Commerci	ial Indus	trial	Combined	Agricultura
14 OAK TREE H			Connections			5				
Towns Served:	SOUTHBURY									
			oring Requ	ireme	nts					
•	n Facility: DISTRIBUTION !	SYSTEM (WSF I	D: 00600)							
Total Colifor	•								utine (RT) p	-
	Point (Sampling Point ID)			Monitori			Collection F	Period		ince Status
Select fro	m Inventory of Active Samplin	g Points	:	10/1/23 -		-				nplete
				1/1/24 -					Cor	nplete
				4/1/24 -						
				7/1/24 -	9/30	0/24				
-	ameters (PPS)								utine (RT) p	-
	Point (Sampling Point ID)			Monitori			Collection F	Period		ince Status
Select fro	m Inventory of Active Samplin	g Points	:	10/1/23 -						nplete
				1/1/24 -	3/31	1/24			Cor	nplete
				4/1/24 -	6/30	0/24				
				7/1/24 -	9/30	0/24				
Water Systen	n Facility: ENTRY POINT (WSF ID: 00700)								
	Nitrite (NOX)								routine (R	
	Point (Sampling Point ID)			Monitori			Collection F	Period		ince Status
ENTRY PO	DINT (3)			1/1/23 -		-			Cor	nplete
				1/1/24 -					Cor	nplete
				1/1/25 -	12/3	1/25				
		Other C	ompliance	Sched	lule	S				
Compliance Sc	hedule Activity			L	Due l	Date	Ach	ieved	Date	
RESPOND TO S	ANITARY SURVEY			1	./15/	2022				
		Public Not	tification R	equire	me	ents				
		C	Compliance	Notice		<u>Public N</u>	lotification	1	PN Certi	<u>fication</u>
Violation/Situe	ation		Period	Tier		Required	Perforn	ned	Due to DPH	Received
E. Coli		7/10)/17 - 9/30/17	3	Ç	9/26/2018			10/6/2018	
	Water 9	System Facil	ity and Sar	npling	Poi	int Inve	entory			
Water								ıd and	I	
•	ter System Facility	Sampling Point		nt			-	pper		Stage
Facility ID		ID	Description			Status F		le Tie	r Asbestos	WQP 2 DBP
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION			Α	Υ			
		DOWNSTREAM				Α				
		UPSTREAM	WITHIN 5 SER	VICE CON	١	Α				
00700 ENT	RY POINT	3	ENTRY POINT			Α				
22194 WE	LL	2	WELL			Α				
		Con	tact Inforr	nation						
Name		0	rganization						Job Title	
		_								

Subway of Southbury

Mailing Address Line Two

P.O. Box 2

Owner

City

Southbury

State

CT

Zip Code 06488-0002

Mr. Michael Candido

14 Oak Tree Road

Mailing Address Line One

(Connectic	ut Depa	rtmei	nt of	Public	Health	Drir	nking	Water	Section	n	
	Wa	ter Qua	lity M	onite	oring a	nd Con	nplia	nce S	Schedul	e		
PWS ID F	WS Name						Classif	ication	Population	Owner Typ	e Pi	imary Source
CT1300224 SUBWAY OF SOUTHBURY CT							N	C	43	Р		GW
Local Address (wh	ere applicable)				Service	Resider	ntial Co	mmerci	al Industri	al Combi	ned	Agricultural
14 OAK TREE HILL	ROAD				Connection	ns		5				
Towns Served: SO	UTHBURY						1		'	'		
Business Phone	Extension	Fax		Mobil	e Phone	Emergence	y Phone	Email A	Address			
203-267-7929												
Contact Role(s):	Administrative	Contact										
Name				Or	ganization					Job Ti	tle	
Ms. Maryann N. (Candido											
Mailing Address L	ine One		Mailing A	Address	Line Two				City	Stat	е	Zip Code
14-22 Oak Tree Ro	oad		P.O. Box	2				Southb	ury	СТ	(06488-0002
Business Phone	Extension	Fax		Mobil	e Phone	Emergenc	y Phone	Email A	Address	,		
203-264-2156		203-264-2	2156			203-264	-2156					
Contact Role(s):	Legal Contact. (Owner	<u>'</u>									

Contact Role(s): Legal Contact, Owner

Please note the following:

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

End of schedule

					_	A.Y.	3	
Connecticut Departr					_			L
Water Quality	Moni	toring an						I
PWS ID PWS Name			Cla		n Po			Primary Source
CT1300284 SOUTHFORD CORNER, LLC				NC		47	Р	GW
Local Address (where applicable)		Service	Residentia		rcial	Industria	Combin	ed Agricultura
1455 SOUTHFORD ROAD		Connections		1				
Towns Served: SOUTHBURY								
	Monit	oring Requ	uirement	S				
Water System Facility: DISTRIBUTION SYSTE	M (WSF	ID: 00600)						
Total Coliform (3100)						1	routine (R	T) per quarter
Sampling Point (Sampling Point ID)			Monitoring	Period	Colle	ection Peri	od Com	pliance Status
Select from Inventory of Active Sampling Poin	its		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	routine (R	T) per quarter
Sampling Point (Sampling Point ID)			Monitoring	Period	Colle	ection Peri	od Com	pliance Status
Select from Inventory of Active Sampling Poin	its		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 I	D: 00700)						
Nitrate And Nitrite (NOX)							1 routine	(RT) per year
Sampling Point (Sampling Point ID)			Monitoring	Period	Colle	ection Peri	od Com	pliance Status
ENTRY POINT (3)			1/1/23 - 12,	/31/23				Complete
			1/1/24 - 12,	/31/24				Complete
			1/1/25 - 12,	/31/25				
Pu	blic No	tification R	Requirem	ents				
		Compliance	Notice	Public	Noti	<u>fication</u>	PN C	<u>ertification</u>
Violation/Situation		Period	Tier	Require	d I	Performed	Due to Di	PH Received
Total Coliform M&R Violation	10/1	./17 - 12/31/17	3	3/6/201	.9		3/16/202	L9
Physical Parameters M&R Violation	10/1	/17 - 12/31/17	3	3/6/201	.9		3/16/202	L9
Water Syste	em Facil	lity and Sai	mpling Po	oint Inv	<i>r</i> ent	ory		
Water					Tota	l Lead a	nd	
•	pling Point	Sampling Poi	nt	C	olifo	т Сорр	er	Stage
Facility ID	ID	Description		Status	Rule	Rule T	ier Asbest	os WQP 2 DBP
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	Α	Υ			
DOV	VNSTREAM	WITHIN 5 SEF	RVICE CON	Α				

			UPSTREAM	WITHIN 5	SERVICE CON A	4			
00700 ENTRY I	POINT		3	ENTRY PO	OINT A	A			
22196 WELL			2	WELL	ļ	A			
			Co	ntact Inf	ormation				
Name				Organization				Job Title	
Mr. Christos Goga	S						Owner		
Mailing Address Li	ne One		Mailing Addr	ess Line Two			City	State	Zip Code
77 Hidden Brook D	r					Southbu	ıry	СТ	06488
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	ddress		
203-560-9591						cgogas@	aol.com		

	Connecticut Department of Public Health	Drinking	g Water	Section	
	Water Quality Monitoring and Con	npliance S	Schedul	e	
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1300284	SOUTHFORD CORNER, LLC	NC	47	Р	GW

Residential Commercial

1

Industrial

Combined

Service

Connections

1455 SOUTHFORD ROAD Towns Served: SOUTHBURY

Local Address (where applicable)

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

Please note the following:

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- 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

Agricultural

	Connecticut Departmen	nt of Public H	lealth I	Drinkiı	ng V	Vater	Sect	ion	
	Water Quality M				U				
PWS ID	PWS Name	8 -						Type Pr	imary Source
CT1300384	SPLASH CAR WASH			NC		25	Р	7.	GW
Local Address (\	where applicable)	Service	Residentia	al Comme	rcial	Industria	l Co	mbined	Agricultural
53 BULLET HILL		Connections		2					
Towns Served: S	SOUTHBURY		1						
	М	onitoring Requ	uiremen	ts					
Water System	Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)							
Total Coliforn	n (3100)					1	routin	e (RT) p	er quarter
Sampling I	Point (Sampling Point ID)		Monitoring	g Period	Colle	ection Per	iod	Complia	ance Status
Select fron	n Inventory of Active Sampling Points		10/1/23 - 1	2/31/23				Cor	mplete
			1/1/24 - 3	/31/24				Cor	mplete
			4/1/24 - 6	/30/24					
			7/1/24 - 9	/30/24					
Physical Para	meters (PPS)					1	routin	e (RT) p	er quarter
Sampling I	Point (Sampling Point ID)		Monitoring	g Period	Colle	ection Per	iod	Complia	ance Status
Select fron	n Inventory of Active Sampling Points		10/1/23 - 1	2/31/23				Cor	mplete
			1/1/24 - 3	/31/24				Cor	mplete
			4/1/24 - 6	/30/24					
			7/1/24 - 9	/30/24					
Water System	Facility: ENTRY POINT - CAR WAS	H (WSF ID: 00701)							
Nitrate And N	litrite (NOX)						1 ro	utine (R	T) per year
Sampling I	Point (Sampling Point ID)		Monitoring	g Period	Colle	ection Per	iod	Complia	ance Status
EP - CAR W	/ASH (3)		1/1/23 - 12	2/31/23				Cor	mplete
			1/1/24 - 12	2/31/24					
		-	1/1/25 - 12	2/31/25					-
Water System	Facility: WELL 2 (CAR WASH) (WS	F ID: 58855)							
E. Coli (3014)		·				1	routin	e (RT) r	er quarter
_	Point (Sampling Point ID)		Monitoring	g Period	Colle				ance Status
WELL 2 (CA	AR WASH) (2)		10/1/23 - 1	2/31/23				Cor	mplete
,	, , ,		1/1/24 - 3						nplete
			4/1/24 - 6						
			7/1/24 - 9	• •					
	Oth	er Compliance							
Compliance Sch				ue Date		Achiev	red Dat	te	
CROSS CONNEC	TION SURVEY REPORT		3/	1/2023					
	TION SURVEY REPORT			1/2024					
	Public	Notification R							
	- I done	Compliance	Notice		- Notif	fication_		PN Certi	ification
Violation/Situa	tion	Period	Tier	Require		<u>ıcatıon</u> Performed	I Due	to DPH	Received
Total Coliform N		10/1/16 - 12/31/16		5/1/201		cijoiiieu		1/2018	RECEIVEU
. Jean Comornin	Water System I					orv	3/1	_, _010	
Mator	water system i	acility allu Sal	iihiiilig r	Onit in			and.		
Water System Water	er System Facility Sampling	Point Sampling Poi	nt	(Total Colifor				Stage
					,	1- 1-			

DISTRIBUTION SYSTEM

Description

DOWNSTREAM WITHIN 5 SERVICE CON

4

Rule

Υ

Status

Α

Α

Rule Tier Asbestos WQP 2 DBPR

Facility ID

00600 DISTRIBUTION SYSTEM

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

PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT1300384	SPLASH CAR WASH				NC	25	Р	GW
Local Address (v	where applicable)		Service	Resider	tial Commerci	al Industri	al Combine	ed Agricultural
53 BULLET HILL	ROAD		Connections		2			

Towns Served: SOUTHBURY

	Water	System Facili	ity and Sampling Po	oint Ir	iventoi	у
Water System Water S Facility ID	System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Stage Rule Tier Asbestos WQP 2 DBPR
		SCW001	CAR WASH RR LOBBY	Α	Υ	Υ
		SCW002	CAR WASH GARAGE RR	Α	Υ	Υ
		SCW003	CAR WASH OFFICE RR	Α	Υ	Υ
		SCW004	DETAIL LOBBY RR	Α	Υ	Υ
		SCW005	DETAIL APT 1 KIT	Α	Υ	Υ
		SCW006	DETAIL APT 1 RR	Α	Υ	Υ
		SCW007	DETAIL APT 2 KIT	Α	Υ	Υ
		SCW008	DETAIL APT 2 RR	Α	Υ	Υ
		SCW009	CAR DETAIL SHOP	Α	Υ	
		SCW010	CAR WASH	Α	Υ	
		UPSTREAM	WITHIN 5 SERVICE CON	Α		
		UPSTREAM CW	CWRRLOBBY - CAR WASH	Α	Υ	
00701 ENTRY F	POINT - CAR WASH	3	EP - CAR WASH	Α		
58855 WELL 2	(CAR WASH)	2	WELL 2 (CAR WASH)	Α		
58859 TREATM	MENT PLANT					

			Co	ontact Inf	ormation					
Name				Organization	1		Job Title			
Mr. Bill Cummings				Bullet Hill Re	ealty	Owner				
Mailing Address Line One Mailing Ad			Mailing Addr	ess Line Two		City	State	Zip Code		
111 Pomperaug Tra	il					Southbu	ry	СТ	06488	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ldress			
203-592-7002						bc111@	att.net			

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

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1301124	CHRIST THE SAVIOR ORTHODOX CHURCH				NC	150	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
1070 ROXBUR	Y ROAD	Connections			1			

Towns Served: SOUTHBURY

Monitoring Red	quirements		
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
Samplina Point (Samplina Point ID)	Monitorina Period	Collection Period	Compliance Status

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 BOINT (WSE ID: 00700)			

water system racinty. 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

Public Notification Requirements												
	Compliance	Notice	Public No	<u>tification</u>	PN Certification							
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received						
Distribution Color MCL Violation	10/1/11 - 12/31/11	2	4/4/2012		4/14/2012							
Distribution Color MCL Violation	4/1/11 - 6/30/11	2	4/4/2012		4/14/2012							
Distribution Color MCL Violation	4/1/12 - 6/30/12	2	9/8/2012		9/18/2012							
Distribution Color MCL Violation	7/1/12 - 9/30/12	2	12/7/2012		12/17/2012							
Distribution Color MCL Violation	10/1/12 - 12/31/12	2	3/23/2013		4/2/2013							
Distribution Turbidity MCL Violation	1/1/13 - 3/31/13	2	6/1/2013		6/11/2013							
Distribution Color MCL Violation	1/1/13 - 3/31/13	2	6/1/2013		6/11/2013							
Physical Parameters M&R Violation	10/1/22 - 12/31/22	3	3/9/2024		3/19/2024							
Total Coliform M&R Violation	10/1/22 - 12/31/22	3	3/9/2024		3/19/2024							
Total Coliform M&R Violation	1/1/23 - 3/31/23	3	6/8/2024		6/18/2024							
Physical Parameters M&R Violation	1/1/23 - 3/31/23	3	6/8/2024		6/18/2024							

	Water System Facility and Sampling Point Inventory												
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos		tage DBPR				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A	Υ								
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α									
		UPSTREAM	WITHIN 5 SERVICE CON	Α									
00700	ENTRY POINT	3	ENTRY POINT	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.

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source			
CT1301124	CHRIST THE SAVIOR ORTHODOX CHURCH				NC	150	Р	GW			
Local Address (where applicable) Service Reside					Commerci	al Industri	al Combine	ed Agricultural			
1070 ROXBURY	ROAD			1							

Connecticut Department of Public Health Drinking Water Section

	TIBORT									
	•	Water Sy	stem Faci	lity and S	Sampling Poin	t Inv	entor	У		
Water System Water Sys Facility ID	stem Facility	S	Sampling Point	t Sampling Descriptio	n	Co	Total oliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBP
48941 WELL 1			2	WELL 1		Α				
			Coi	ntact Info	ormation					
Name			C	Organization					Job Title	
Mr. Rev. Vladimir Al	eandro		C	Christ The Sav	vior Orthodox Chu					
Mailing Address Line	One		Mailing Addre	ss Line Two			Ci	ty	State	Zip Code
1070 Roxbury Road						South	bury		СТ	06798
Business Phone	Extension	Fax	Mob	ile Phone	Emergency Phone	Email	Addres	SS		
203-267-1330					203-267-1330					
Contact Role(s): Leg	gal Contact, O	wner	·			·				
Name			C	Organization					Job Title	
Moses Locke			C	Christ The Sav	vior Orthodox Chu					
Mailing Address Line	One		Mailing Addre	ss Line Two			Ci	ty	State	Zip Code
1070 Roxbury Road						South	bury		СТ	06798
Business Phone	Extension	Fax	Mok	ile Phone	Emergency Phone	Email	Addres	SS		
			603-	832-6791		Frmo	seslock	e@gmail.co	m	
Contact Role(s): Ad	ministrative (Contact								

Please note the following:

Towns Served: SOUTHBURY

- 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 De	partmen	t of Public H	lealth I	Drinki	ng Water S	ection
		nitoring an			· ·	
PWS ID PWS Name	idility 1.10	mitoring an				wner Type Primary Sou
CT1301144 CHURCH OF LATTER DAY	SAINTS SOUT	HRURY		NC	121	P GW
Local Address (where applicable)	5AII113, 3001	Service	Residentia			Combined Agricultu
1021 ROXBURY ROAD		Connections	residentia	1	industrial	Combined Agricult
Towns Served: SOUTHBURY						
Towns served. Sooth Box	Mc	nitoring Requ	ıiremen	tc		
Water System Facility: DISTRIBUTION			an emen			
Total Coliform (3100)	(-				1 r	outine (RT) per quart
Sampling Point (Sampling Point ID)			Monitoring	n Period	Collection Perio	
Select from Inventory of Active Sampl	ing Points		10/1/23 - 1			Complete
			1/1/24 - 3			Complete
			4/1/24 - 6	•		complete
			7/1/24 - 9			
Physical Parameters (PPS)			7/1/24-3	730724	1 r	outing (PT) per quart
Sampling Point (Sampling Point ID)			Monitoring	Period	Collection Perio	outine (RT) per quart d
Select from Inventory of Active Sampl	ing Points		10/1/23 - 1		Conection rend	Complete
Select from inventory of Active Sample	ing Folits		1/1/24 - 3			Complete
			4/1/24 - 6			Complete
			7/1/24 - 9	-		
Water System Facility: ENTRY POINT	/WE ID: 00	700)	7/1/24-9	/30/24		
	טט .עו דכעען	700)				4ti (DT)
Nitrate And Nitrite (NOX)			0.0 14 1	. Davida d	Callantian Bania	1 routine (RT) per ye
Sampling Point (Sampling Point ID)			Monitoring		Collection Perio	
ENTRY POINT (3)			1/1/23 - 12			Complete
			1/1/24 - 12		<u>-</u>	Complete
			1/1/25 - 12			
	Othe	er Compliance	Schedu	les		
Compliance Schedule Activity			Du	ıe Date	Achieve	d Date
CROSS CONNECTION SURVEY REPORT			3/	1/2021		
CROSS CONNECTION SURVEY REPORT			3/	1/2022		
CROSS CONNECTION SURVEY REPORT			3/	1/2023		
CROSS CONNECTION SURVEY REPORT			3/	1/2024		
	Public	Notification R	Requiren	nents		
		Compliance	Notice	Public	c Notification	PN Certification
Violation/Situation		Period	Tier	Require	ed Performed	Due to DPH Receive
Total Coliform M&R Violation		8/1/18 - 8/31/18	3	1/2/202	20	1/12/2020
Water	System F	acility and Sai	mpling P	oint In	ventory	
Water					Total Lead ar	nd
System Water System Facility	Sampling F	Point Sampling Poi	int		Coliform Coppe	
Facility ID	ID	Description		Status	Rule Rule Ti	er Asbestos WQP 2 DI
00501 WELL #1	2	WELL #1W		Α		
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	Α		
	DOWNSTR	EAM WITHIN 5 SEF		Α		
	UPSTRE <i>A</i>	AM WITHIN 5 SEF	RVICE CON	Α		

ENTRY POINT

Α

3

00700 ENTRY POINT

HYDROPNEUMATIC TANK

59491

	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source			
CT1301144	CHURCH OF LATTER DAY SAINTS, SOUTHBUR	Υ			NC	121	Р	GW			
Local Address (w	Local Address (where applicable) Service Reside					al Industri	al Combine	ed Agricultural			
1021 ROXBURY			1								

Connecticut Department of Public Health Drinking Water Section

				Contact Inf	ormation					
Name				Organization	1	Job Title				
Mr. Roy B. McDani	el			Natural Reso	ources-Special Proj		Manager			
Mailing Address Lin	e One		Mailing	Address Line Two	ress Line Two		City State Z			
50 East North Temp	ole St		Mfd 12T	h Floor		Salt Lak	t Lake City UT 84			
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email A	ddress			
801-240-4656		801-240-2	2913			mcdanielrb@churchofjesuschrist.org			org	
	•									
Contact Role(s): Le	egal Contact, C)wner								
Contact Role(s): Le Name	egal Contact, C)wner		Organization	1			Job Title		
Name	<u> </u>	wner			sus Christ of Lds		Hartford Ac			
Name Ms. Christine Spen	cer	Owner	Mailing		sus Christ of Lds		Hartford Ac		Zip Code	
Contact Role(s): Le Name Ms. Christine Spend Mailing Address Lin 130 South St	cer	Owner	Mailing	Church of Je	sus Christ of Lds	Cromw	City	lmin Asst	Zip Code	
Name Ms. Christine Spendalling Address Lin	cer	Dwner Fax	Mailing	Church of Je	sus Christ of Lds		City	lmin Asst State	Zip Code 06516	

Please note the following:

Towns Served: SOUTHBURY

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source			
CT1301154	CT1301154 WHEELS STORE NO. 14						Р	GW			
Local Address (w	here applicable)	Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural			
1411 SOUTHFOR	D RD	Connections					1				
Towns Served: S	Towns Served: SOUTHBURY										
Monitoring Requirements											

Towns Served: SOUTHBURY							
Monitoring	g Requirements						
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	600)						
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						
	1/1/24 - 3/31/24		Complete				
	4/1/24 - 6/30/24						
	7/1/24 - 9/30/24						
Physical Parameters (PPS)		1 routine (RT) per quar					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status				
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23						
	1/1/24 - 3/31/24		Complete				
	4/1/24 - 6/30/24						
	7/1/24 - 9/30/24						
Water System Facility: ENTRY POINT (WSF ID: 00700)							
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year				
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status				
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete				
	1/1/24 - 12/31/24		Complete				
	1/1/25 - 12/31/25						
Water System Facility a	nd Sampling Point In	ventorv					

Water					Total	Lead and
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper Stage
Facility ID	acility ID Description		Description	Status	Rule	Rule Tier Asbestos WQP 2 DBPF
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ	
		CSS1	COFFEE ISLAND SINK	Α	Υ	Υ
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α		
		ES1B	WASH SINK 1	Α	Υ	Υ
		ES2B	WASH SINK 2	Α	Υ	Υ
		FS1A	TAP BY WATER FILTER	Α	Υ	Υ
		LR1	WOMENS ROOM SINK	Α	Υ	Υ
		MB1	MENS ROOM SINK	Α	Υ	Υ
		UPSTREAM	WITHIN 5 SERVICE CON	Α		
		WS2B	KITCHEN WASH SINK	Α	Υ	Υ
00700	ENTRY POINT	3	ENTRY POINT	Α		
60926	WELL 1	2	WELL #1	Α		

Contact Information										
Name				Organization			Job Title			
Mr. Jeff McCullough			Global Partners, Lp			Env. Project Manager				
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code	
P.O. Box 549290			800 South St	South Street, Suite 500		Waltham		MA	02453	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ac	ldress			

C	Connectic	ut Depa	irtment	of Public	Health	Drir	ıking	Water	Section		
	Wat	ter Qua	lity Mon	itoring a	nd Con	nplia	nce S	chedul	e		
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Primary Source	
CT1301154 V	VHEELS STORE I	NO. 14				N	С	25	Р	GW	
Local Address (wh	ere applicable)			Service	Residen	tial Co	mmercia	al Industri	al Combin	ed Agricultural	
1411 SOUTHFORD	RD			Connection	ns				1		
Towns Served: SO	UTHBURY					·					
781-250-7369	250-7369				jeff.mccullough@globalp.com						
Contact Role(s):	Legal Contact		,								
Name				Organization				Job Title			
Mr. Jack Cerra				Atlas Technica	l Consultan	ts		Sr Enviror	mental Tec		
Mailing Address Li	ine One		Mailing Addr	ress Line Two			City		State	Zip Code	
290 Roberts Stree	t		Suite 301				East Hartford		СТ	06108	
Business Phone	Extension	Fax	Mo	obile Phone	hone Emergency Phone Email Address		·				
860-614-1983	_						jack.cer	ra@gmail.c	om		
Contact Role(s):	Administrative	Contact	·								

- 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			Classification		Population	Ow	Owner Type		Primary Source	
CT1301164	CALVARY FELLOWSHIP SOUTHBURY				NC	540		Р		GW	
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industr	ial	Combine	ed A	Agricultural	
354 KETTLETO	Connections						1				
Towns Served:	owns Served: SOUTHBURY										

Towns Served: SOUTHBURY					
Monitor	ring Requirements				
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)				
Total Coliform (3100)		1 rout	ine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete		
	1/1/24 - 3/31/24		Complete		
	4/1/24 - 6/30/24				
	7/1/24 - 9/30/24				
Physical Parameters (PPS)	1 routine (RT) per quarter				
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete		
	1/1/24 - 3/31/24		Complete		
	4/1/24 - 6/30/24				
	7/1/24 - 9/30/24				
Water System Facility: ENTRY POINT (WSF ID: 00700)					
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
Select from Inventory of Active Sampling Points	1/1/23 - 12/31/23		Complete		
	1/1/24 - 12/31/24		Complete		
	1/1/25 - 12/31/25				
Other Co	mpliance Schedules				
			_		

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

Public Notification Requirements									
Compliance Notice <u>Public Notifica</u>					PN Certi	<u>fication</u>			
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received			
Total Coliform M&R Violation	1/1/22 - 3/31/22	3	6/21/2023		7/1/2023				
Physical Parameters M&R Violation	1/1/22 - 3/31/22	3	6/21/2023		7/1/2023				

Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
acility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α					
		CFS001	CAFE SINK	Α	Υ				
		CFS002	LADIES RR L, R	Α	Υ				
		CFS003	MEN RR L,R	Α	Υ				
		CFS004	NURSERY SINK	Α	Υ				
		CFS005	CHILDRENS BOYS SINK	Α	Υ				
		CFS006	CHILDRENS GIRLS SINK	Α	Υ				
		CFS007	JANITOR CLOSET SINK	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α	Υ				

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1301164	CALVARY FELLOWSHIP SOUTHBURY			NC	540	Р	GW
Local Address (where applicable)		Service	Residen	tial Commerci	al Industri	al Combine	ed Agricultural
354 KETTLETOW	'N RD, SOUTHBURY	Connections				1	

Towns Served: SOUTHBURY

Wat	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				
	UPSTREAM	WITHIN 5 SERVICE CON	Α	Υ							
00700 ENTRY POINT	3	ENTRY POINT	Α								
62329 WELL 1	2	WELL 1	Α								

		Co	ontact Inf	ormation					
				Organization Calvary Southbury			Job Title		
Mailing Address Line One Mailing Add			ess Line Two		City		State	Zip Code	
134 Main St. South						Southbury		06488	
Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	Email Address			
				203-267-5441	john@calvarysouthbury.com				
	e One	e One	e One Mailing Addr	Organization Calvary Sout e One Mailing Address Line Two	Calvary Southbury e One Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone	Organization Calvary Southbury e One Mailing Address Line Two Southbur Extension Fax Mobile Phone Emergency Phone Email Address Line Two	Organization Calvary Southbury Lead Pastor e One Mailing Address Line Two City Southbury Extension Fax Mobile Phone Emergency Phone Email Address	Organization Job Title Calvary Southbury Lead Pastor e One Mailing Address Line Two City State Southbury CT Extension Fax Mobile Phone Emergency Phone Email Address	

Contact Role(s): Administrative Contact, Owner

Please note the following:

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

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

End of schedule

Schedule Generation Date: 4/3/2024