# 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
CT1310024	HOLLYWOOD LOUNGE				NC	25	Р	GW
Local Address (v	Local Address (where applicable)			ntial	Commercia	al Industri	al Combine	ed Agricultural
1104 QUEEN ST	REET	Connections			2			

Towns Served: SOUTHINGTON

Towns Served: SOUTHINGTON			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	500)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	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		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	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 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	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		

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Compliance Schedule Activity Due Date Achieved Date

RESPOND TO SANITARY SURVEY 4/30/2023

### **Water System Facility and Sampling Point Inventory**

Water			Total	Lead and
System	<b>Water System Facility</b>	Sampling Point Sampling Point	Coliform	Copper

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	rtment o	f Public	Health	Dri	nking	Water	<sup>a</sup> Sec	tion	
	Wa	ter Qual	lity Moni	toring a	nd Con	nplia	ince S	chedu	le		
PWS ID	PWS Name					Classi	fication	Population	Owne	er Type P	rimary Source
CT1310024	HOLLYWOOD LO	UNGE				١	NC	25		Р	GW
Local Address (w	here applicable)			Service	Residen	tial Co	ommercia	l Industr	ial C	ombined	Agricultural
1104 QUEEN STI	REET			Connection	าร		2				
Towns Served: S	OUTHINGTON										
Facility ID			ID	Description	1	Sto	atus R	ule Rule	Tier /	Asbestos	WQP 2 DBPR
00600 DISTE	RIBUTION SYSTEM		4	DISTRIBUTI	ON SYSTEM	1	Α	Υ			
			DOWNSTREAM	1 WITHIN 5 S	ERVICE CO	V	Α				
			UPSTREAM	WITHIN 5 S	ERVICE CO	V	Α				
00700 ENTR	Y POINT		3	ENTRY POII	NT		A				
22201 WELL			2	WELL			Α				
			Cor	ntact Info	rmation	1					
Name			C	Organization						Job Title	
Mr. Andrew Wi	elblad		Н	lollywood Lo	unge			Owner			
Mailing Address	Line One		Mailing Addres	ss Line Two				City		State	Zip Code
P.O. Box 38							Kensing	ton		СТ	06037
Business Phon	e Extension	Fax	Mob	ile Phone	Emergency	/ Phone	Email A	ddress			

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

### Please note the following:

860-828-5522

- 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.

860-828-7773

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.

860-983-0475

andywielblad@icloud.com

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	anartment of	Dublic H	[oalth	Dri	nkina	11/-	otor S	oction	1	
	Connecticut Do	•				Ŭ				1	
PWS ID	PWS Name	Quality Monit	oring and							Dei	
CT1310154	RIVER BEND PLAZA					NC	Popul 2		P P	PIII	mary Source
			Comico	Resident		_			-		GW
	ss (where applicable)		Service Connections	Resident	lai C	ommercia	ii in	dustrial	Combir	iea	Agricultura
1079 QUEEN			connections			1					
Towns Serve	d: SOUTHINGTON	Monito	oring Bogu	iiromo	<b>a</b> tc						
Mator Suct	om Facility: DISTRIBUTIO		oring Requ	ııremei	115						
	em Facility: DISTRIBUTIO	DIN STSTEINT (WSFT	D: 00600)					1	outino /D	T\	
	orm  (3100) ng Point (Sampling Point ID)			Monitoria	na Por	ried Co	Mocti	on Perio	=		er quarter nce Status
_	rom Inventory of Active Sam			<i>Monitorir</i> 10/1/23 -	_		теси	on Perio	u Con	•	
Jelett I	Tom inventory of Active Sam	pillig Politis		1/1/24 -		-					nplete
				4/1/24 -						CON	plete
				7/1/24 -							
Physical Pa	arameters (PPS)			. ,	., ,			1 r	outine (R	T) p	er quarter
_	ng Point (Sampling Point ID)			Monitorir	ng Per	riod Co	llecti	on Perio	=		nce Status
-	rom Inventory of Active Sam			10/1/23 -	12/31	./23				Con	plete
	, , , , , , , , , , , , , , , , , , ,			1/1/24 -	3/31/	24					nplete
				4/1/24 -							<u>.                                      </u>
				7/1/24 -							
Water Syste	em Facility: ENTRY POIN	T (WSF ID: 00700)									
Nitrate An	d Nitrite (NOX)								1 routine	e (RT	) per year
Samplii	ng Point (Sampling Point ID)			Monitorin	ng Per	riod Co	llecti	on Perio		-	nce Status
ENTRY	POINT (3)			1/1/23 - 1	12/31,	/23				Con	plete
				1/1/24 - 1	12/31,	/24					
			_	1/1/25 - 1	12/31,	/25					
	Wate	er System Facili	itv and Sar	mpling	Poir	nt Invei	ntor	v			
Water		•	•	1 0			tal	Lead an	nd		
	later System Facility	Sampling Point	Sampling Poi	nt			form	Coppe			Stage
Facility ID		ID	Description		St	-	ule			tos V	VQP 2 DBP
00600 D	ISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM			Y				
		DOWNSTREAM	WITHIN 5 SER	NICE CON		Α					
		UPSTREAM	WITHIN 5 SER	VICE CON		Α					
00700 E	NTRY POINT	3	ENTRY POINT			Α					
22214 W	/ELL	2	WELL			Α					
		Con	tact Inforr	mation							
Name		Oi	rganization						Job Tit	le	
Mr. James N	I. Sakonchick		ver Bend Plaza				Part	ner/Ow	ner		
Mailing Addı	ress Line One	Mailing Address	s Line Two				Cit		State	!	Zip Code
1755 Route 3		P.O. Box 353				Milldale			СТ		06467

**Mobile Phone** 

**Business Phone** 

860-621-3638

Extension

102

Contact Role(s): Administrative Contact

Fax

860-621-9609

Schedule Generation Date: 4/3/2024 Page 3

Emergency Phone Email Address

sakonchick@kratzertjones.com

860-621-3112

	Lonnecticu	it Depa	rtment	of Public	c Healtr	ווזע ו	ıkıng	g water	Section	1		
	Wat	er Qua	lity Mon	itoring a	and Cor	nplia	nce S	Schedul	le			
PWS ID	PWS Name					Classif	ication	Population	Owner Type	e Pr	imary Source	
CT1310154	RIVER BEND PLAZ	'A				N	IC	25	Р		GW	
ocal Address (w	here applicable)			Service	Reside	ntial Co	mmerci	ial Industri	al Combir	ned	Agricultural	
1079 QUEEN STR	EET			Connecti	ons		1					
Towns Served: SO	OUTHINGTON			,	,				,			
Name				Organization	1				Job Tit	le		
River Bend Assoc	. LI											
Mailing Address I	ine One		Mailing Addr	ess Line Two				City	State		Zip Code	
P. O. Box 353						Milldale			СТ	C	06467-0353	
Business Phone	Extension	Fax	Мо	bile Phone Emergency Phone Ema			Email A	Email Address				
Contact Role(s):	Owner		·									
Name				Organization	1				Job Tit	le		
Mr. Frederick M	Danziger			River Bend A	ssoc Ll			President				
Mailing Address I	ine One		Mailing Addr	ess Line Two				City	State	!	Zip Code	
One Rockefeller I	Plaza		Suite 2301				New Y	ork	NY		10020	
Business Phone	Extension	Fax	Mo	obile Phone	Emergeno	y Phone	Email A	Address				
( )		·		·		-			·		· · · · · · · · · · · · · · · · · · ·	

CD 1-11 - 11 - 1/1- D -1 -1 1 - - 1/1-1 - - C

# Contact Role(s): 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 Dej	partment of	Public H	lealth D	rinki	ng W	ater Se	ection	
	Water Oi	iality Monit	oring an	d Comp	lianc	e Sch	edule		
PWS ID	PWS Name	<u>J</u>	0					ner Type Pr	rimary Source
CT1310164	ROGERS ORCHARDS				NC	-	43	P	GW
Local Address	(where applicable)		Service	Residentia	I Comm	ercial I	ndustrial	Combined	Agricultural
368 LONG BO	TTOM ROAD		Connections		2	!			
Towns Served	: SOUTHINGTON					'	'		<u>'</u>
		Monito	oring Requ	iirement	ts				
Water Syster	m Facility: <b>DISTRIBUTION</b>	SYSTEM (WSF II	D: 00600)						
<b>Total Colifo</b>	rm (3100)						1 ro	utine (RT) <sub>I</sub>	per quarter
Sampling	g Point (Sampling Point ID)			Monitoring	Period	Collect	tion Period	Compli	ance Status
Select fro	om Inventory of Active Sampl	ing Points		10/1/23 - 12	2/31/23			Co	mplete
				1/1/24 - 3/	/31/24			Со	mplete
				4/1/24 - 6/	/30/24				
				7/1/24 - 9/	/30/24				
<b>Physical Par</b>	ameters (PPS)						1 ro	utine (RT) <sub>ا</sub>	per quarter
	g Point (Sampling Point ID)			Monitoring		Collect	tion Period		ance Status
Select fro	om Inventory of Active Sampl	ing Points		10/1/23 - 12					mplete
				1/1/24 - 3/				Со	mplete
				4/1/24 - 6/					
	5 11th	(1.107.17.00700)		7/1/24 - 9/	/30/24				
	m Facility: ENTRY POINT	(WSF ID: 00700)							
	Nitrite (NOX)				5	6 11		=	T) per year
	Point (Sampling Point ID)			Monitoring		Collect	tion Period		ance Status
ENTRY PO	JINT (3)			1/1/23 - 12					mplete
				1/1/24 - 12	· · · ·				mplete
			1.	1/1/25 - 12					
		Other Co	ompliance	Schedu	les				
-	chedule Activity				e Date		Achieved	Date	
	ECTION SURVEY REPORT				1/2021				
	ECTION SURVEY REPORT				1/2022				
	ECTION SURVEY REPORT				1/2023				
CROSS CONNE	ECTION SURVEY REPORT		_		1/2024				
	Water	System Facili	ty and Sar	npling P	oint In	ivento	ry		
Water						Total	Lead and	_	
,	ater System Facility	Sampling Point ID	Sampling Poil Description	nt		Coliform		. Achastas	Stage
Facility ID	TDIDLITION CVCTCNA		•	I CVCTCN4	Status ^	Rule	Kule Hel	ASDESTOS	WQP 2 DBPI
00600 DIS	TRIBUTION SYSTEM	4 DOWNSTREAM	DISTRIBUTION		A	Y			
		UPSTREAM	WITHIN 5 SER		Α				
00700 EN	TRY POINT		ENTRY POINT		Α				
00/00 EN	INI PUINI	3	ENTRY PUINT		Α				

22215 WELL			2	WELL		Α		
				Contact Inf	formation			
Name				Organizatio	า		Job Title	
Mr. John N. Rogers				Rogers Orch	ards Inc.			
Mailing Address Lin	e One		Mailing	Address Line Two		City	State	Zip Code
336 Long Bottom Ro	oad					Southington	СТ	06489
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
NOTE: This information		000 000						

	Connecticut	Depa	rtme	ent of	Public 1	Health	Drin	ıking	g Water	Section	
	Wate	r Qua	lity N	<u>loni</u> to	oring ar	nd Con	nplia	nce S	Schedul	e	
PWS ID	PWS Name						Classifi	cation	Population	Owner Type	Primary Source
CT1310164	ROGERS ORCHARD	S					N	С	43	Р	GW
ocal Address (w	here applicable)				Service	Residen	tial Co	mmerci	al Industri	al Combine	ed Agricultural
368 LONG BOTT	OM ROAD				Connection	S		2			
Towns Served: So	OUTHINGTON						,			'	
860-229-4240		860-229-4	4076								
Contact Role(s):	Administrative Co	ntact									
Name				Or	ganization					Job Title	е
Ms. Martha H Ro	ogers										
Mailing Address	Line One		Mailing	Address	Line Two				City	State	Zip Code
336 Long Bottom	n Rd							Southi	ngton	СТ	06489-1351
Business Phone	e Extension	Fax		Mobil	e Phone	Emergency	/ Phone	Email A	Address		
Ontact Rolatel	Legal Contact Own	ner									

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule									
PWS ID PWS Name Classification Population Owner Type Primary Source								Primary Source	
CT1310174	SAINTS DRIVE-IN RESTAURANT				NC	25	Р	GW	
Local Address (w	here applicable)	Service	Residen	tial	Commerci	al Industri	al Combin	ed Agricultural	
1248 QUEEN ST	REET			1					
Towns Served: SOUTHINGTON									

Towns Served: SOUTHINGTON			
Monitoring F	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	0)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
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		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
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		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		
Other Complia	ance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate
RESPOND TO SANITARY SURVEY	7/21/2017		
RESPOND TO SANITARY SURVEY	5/13/2023		
D - !- Al -+!f!+!			

Public Notification Requirements											
Compliance Notice <u>Public Notification</u> <u>PN Cert</u>											
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Physical Parameters M&R Violation	4/1/22 - 6/30/22	3	12/21/2023		12/31/2023						
Total Coliform M&R Violation	4/1/22 - 6/30/22	3	12/21/2023		12/31/2023						
Physical Parameters M&R Violation	1/1/22 - 3/31/22	3	12/21/2023		12/31/2023						
Nitrate And Nitrite M&R Violation	1/1/23 - 12/31/23	3	3/21/2025		3/31/2025						

	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	Stage WQP 2 DBP				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
22216	WELL	2	WELL	А								

	Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name					ssification	Population	Owner Type	Primary Source			
CT1310174	SAINTS DRIVE-IN RESTAURANT				NC	25	Р	GW			
Local Address (where applicable) Service				ntial	Commercia	al Industri	al Combine	ed Agricultural			
1248 QUEEN STI	Connections			1							

Connecticut Department of Public Health Drinking Water Section

			Co	ontact Inf	ormation				
Name				Organization	l			Job Title	
Mr. John F. St. Pier	re			Saints Drive	In Restaurant		Owner		
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
1248 Queen St.						Southing	gton	СТ	06489
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ddress		
860-747-0566					860-585-7403	jsaint61	@gmail.com		
Contact Role(s): A	dministrative C	ontact, Leg	al Contact						
Name				Organization	l			Job Title	
Saint's Realty LLC									
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
1248 Queen St						Southing	gton	СТ	06489
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ddress		
Contact Role(s): O	wner								

### Please note the following:

Towns Served: SOUTHINGTON

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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		it Department of							on	
	Wat	er Quality Monit	oring and	d Comp	pliar	nce Sc	hedul	e		
PWS ID	PWS Name			C	Classific	cation Po	pulation	Owner Ty	ype P	rimary Source
CT131022	4 GOLF QUEST - SO	UTHINGTON			NO		28	Р		GW
Local Add	ress (where applicable)		Service	Residentia	al Cor	nmercial	Industria	al Com	bined	Agricultural
JUDE LAN	E		Connections			1				
Towns Ser	rved: SOUTHINGTON									
		Monito	oring Requ	iremen	ts					
Water Sy	stem Facility: <b>DISTRI</b>	BUTION SYSTEM (WSF I	D: 00600)							
<b>Total Co</b>	liform (3100)						1	routine	(RT)	per quarter
Samj	pling Point (Sampling Po	oint ID)	ı	Monitoring	g Perio	d Coll	ection Per	iod C	ompli	ance Status
Selec	ct from Inventory of Activ	ve Sampling Points	1	.0/1/23 - 1	2/31/2	23			Co	mplete
				1/1/24 - 3	/31/24	1				
				4/1/24 - 6	/30/24	1				
				7/1/24 - 9	/30/24	1				
Physical	Parameters (PPS)						1	routine	(RT)	per quarter
Samj	pling Point (Sampling Po	oint ID)	ı	Monitoring	g Perio	d Coll	ection Per	iod C	ompli	ance Status
Selec	ct from Inventory of Activ	ve Sampling Points	1	.0/1/23 - 1	2/31/2	23			Co	mplete
				1/1/24 - 3	/31/24	1				
				4/1/24 - 6	/30/24	1				
				7/1/24 - 9	/30/24	1				
Water Sy	stem Facility: <b>ENTRY</b>	POINT (WSF ID: 00700)								
Nitrate A	And Nitrite (NOX)							1 rout	ine (F	RT) per year
Samj	pling Point (Sampling Po	oint ID)	ı	Monitoring	g Perio	d Coll	ection Per	iod C	ompli	ance Status
ENTF	RY POINT (3)			1/1/23 - 12	2/31/2	3			Со	mplete
				1/1/24 - 12	2/31/2	4				
				1/1/25 - 12	2/31/2	5				
	,	Water System Facili	ity and San	npling P	oint	Invent	tory			
Water						Tota	ıl Lead	and		
	Water System Facility	Sampling Point		it		Colifo	rm Copp	er		Stage
Facility ID	)	ID	Description		Stat	us Rul	e Rule	Tier Asb	estos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	Α					
		UPSTREAM	WITHIN 5 SER	VICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT		Α					
22742	WELL	2	WELL		Α					
54170	TREATMENT PLANT									
		Con	tact Inforn	nation						
Name		0	rganization					Job	Title	
Mr. Chris	Cote		nris Cote Golf				Owner			
Mailing A	ddress Line One	Mailing Address	s Line Two				City	Sta	ate	Zip Code
125 Jude I	Lane					Southing	ton	C	Т	06489
		<u> </u>	T					1		

Emergency Phone Email Address

chris.cote@chriscotegolf.com

Mobile Phone

860-343-7903

**Business Phone** 

860-621-3663

Extension

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

Fax

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
CT1310224	GOLF QUEST - SOUTHING	TON					NC	28	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural		
JUDE LANE				Connections			1			

Towns Served: SOUTHINGTON

### Please note the following:

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

End of schedule

	Connecticut Departmen	t of Public F	lealth	Dı	rinking	Water	S	ection	
	Water Quality Mo				_			cccion	
PWS ID	PWS Name			Cla	ssification	Population	Ov	vner Type	Primary Sourc
CT1310264	HIDDEN VALLEY MINI GOLF - BATTER U	JP			NC	25		Р	GW
Local Address	(where applicable)	Service	Residen	ntial	Commerc	ial Industria	al	Combine	d Agricultura
2060 WEST ST	REET	Connections			1				
Towns Served	: SOUTHINGTON				,			,	
	Mo	onitoring Requ	uireme	nts	3				
Water Syste	m Facility: DISTRIBUTION SYSTEM (V	WSF ID: 00600)							
<b>Total Colifo</b>	rm (3100)					1	. ro	utine (RT)	per quarter
Sampling	g Point (Sampling Point ID)		Monitori	ing F	Period C	Collection Per	riod	d Comp	liance Status
Select fro	om Inventory of Active Sampling Points		10/1/23 -	- 12/	31/23			С	omplete
			4/1/24	- 6/3	0/24				
			7/1/24 -	- 9/3	0/24				
<b>Physical Par</b>	rameters (PPS)					1	. ro	utine (RT)	per quarter
Sampling	g Point (Sampling Point ID)		Monitori	ing F	Period C	Collection Per	riod	d Comp	liance Status
Select fro	om Inventory of Active Sampling Points		10/1/23 -	- 12/	31/23	10/1-10/31	1	C	omplete
			4/1/24 -	- 6/3	0/24				
			7/1/24 -	- 9/3	0/24				
Water Syste	m Facility: ENTRY POINT (WSF ID: 00	700)							
<b>Nitrate And</b>	Nitrite (NOX)						1	L routine (	RT) per year
Sampling	g Point (Sampling Point ID)		Monitori	ing F	Period C	Collection Per	riod	d Comp	liance Status
ENTRY P	OINT (3)		1/1/23 -	12/3	31/23			C	omplete
			1/1/24 -	12/3	31/24				
			1/1/25 -	12/3	31/25				
	Oth	er Compliance	Sched	dule	es				
Compliance S	chedule Activity			Due	Date	Achie	vec	l Date	
SEASONAL ST	ART UP COMPLETION			4/1/	2024				
	Public	Notification R	Require	eme	ents				
		Compliance	Notice			otification		PN Ce	rtification_
Violation/Situ	uation	Period	Tier						L Possived

Public Notification Requirements											
	Compliance Notice <u>Public Notification</u> <u>PN Certification</u>										
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Total Coliform M&R Violation	7/1/17 - 9/30/17	3	1/17/2019		1/27/2019						
Physical Parameters M&R Violation	7/1/17 - 9/30/17	3	1/17/2019		1/27/2019						
Total Coliform M&R Violation	4/1/18 - 4/30/18	3	8/31/2019		9/10/2019						
Total Coliform M&R Violation	5/1/18 - 5/31/18	3	8/31/2019		9/10/2019						
Physical Parameters M&R Violation	5/1/18 - 5/31/18	3	8/31/2019		9/10/2019						
Physical Parameters M&R Violation	4/1/18 - 4/30/18	3	8/31/2019		9/10/2019						

	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		tage DBPR				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ								
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α									
		UPSTREAM	WITHIN 5 SERVICE CON	Α									
00700	ENTRY POINT	3	ENTRY POINT	Α									
47865	WELL #1	2	WELL #1	Α									

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1310264	HIDDEN VALLEY MINI GOLF - BATTER UP			NC	25	Р	GW
Local Address (	Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural	
2060 WEST STR	EET	Connections		1			

Towns Served: SOUTHINGTON

				Con	itact Info	ormation					
Name	Name							Job Title			
Mr. Paul R. Rossi					ossi Partners	s LLC		President			
Mailing Address Line One Mailing Addr				Addres	ress Line Two			City	State	Zip Code	
2060 West Street							Southing	gton	CT	06489	
Business Phone	Extension	Fax	Мо		ile Phone	Emergency Phone	Email Address				
860-464-5466		860-464-6	5275	5 860-608-5365			paulrled	yard@gmail.c	om		

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 De	•						ction
		uality Monit	oring and C					
PWS ID	PWS Name			С				ner Type Primary Sour
CT1311024	SOUTHINGTON SPORTS	MAN ASSN., INC.			NC		25	P GW
,	here applicable)			identia	I Comm	ercial	Industrial	Combined Agricultur
P.O. BOX 175			Connections		1	-		
Towns Served: S	OUTHINGTON	Monite	oring Poquiro	mont	ł c			
Water System	Facility: DISTRIBUTIO		oring Require D: 00600)	mem	.5			
Total Coliform	,	(1101					1 rou	itine (RT) per quarte
	Point (Sampling Point ID)		Mor	itorina	Period	Collec	tion Period	Compliance Status
	Inventory of Active Samp	oling Points			2/31/23			Complete
22.232 311	5			/24 - 3/	· · ·			Complete
				/24 - 6,				
				/24 - 9/	-			
Physical Parar	matars (DDS)		,,,	/27 3/	30/24		1 rou	itine (RT) per quarte
	Point (Sampling Point ID)		Mor	itorino	Period	Collec	tion Period	Compliance Status
	Inventory of Active Samp	oling Points			2/31/23	Conce	tion i criou	Complete
36.666.11611	mirenterly of Active Sump	Jing Fonts		/24 - 3 <sub>/</sub>				Complete
				/24 - 6,				
				/24 - 9/				
Water System	Facility: ENTRY POINT	(WSF ID: 00700)	,,_	, = 1 3,	30,21			
Nitrate And N	,	(1031 15.00700)					1	routine (RT) per yea
	Point (Sampling Point ID)		Mor	itorino	Period	Collec	tion Period	Compliance Status
ENTRY POI					/31/23	Conec	tion remou	Complete
LIVIKI FOII	VI (3)				/31/24			Complete
					/31/25			
		0.45 0			• •			
		Otner Co	ompliance Sc	neau	ies			
Compliance Sch	edule Activity				e Date		Achieved	Date
CROSS CONNEC	TION SURVEY REPORT				1/2021			
CROSS CONNEC	TION SURVEY REPORT			3/:	1/2022			
CROSS CONNEC	TION SURVEY REPORT			3/:	1/2023			
CROSS CONNEC	TION SURVEY REPORT			3/:	1/2024			
	Wate	r System Facili	ty and Sampl	ing P	oint In	vento	ory	
Water						Total	Lead and	
•	er System Facility	Sampling Point				Coliforn		Stag
Facility ID	NIDUITION CYCTER A	ID	Description		Status	Rule	Ruie Her	Asbestos WQP 2 DB
00600 DISTF	RIBUTION SYSTEM	4	DISTRIBUTION		A			
			WITHIN 5 SERVICE		A			
00700	V DOINT	UPSTREAM	WITHIN 5 SERVICE	CON	Α .			
	Y POINT	3	ENTRY POINT		Α			
49196 WELL	. 1	2	WELL 1		Α			
			tact Informat	ion				
Name		Or	ganization					Job Title
NA. D.L C D.	••	-			- 1			

Mailing Address Line Two

Mobile Phone

Southington Sportsman Assn,Inc

President

Zip Code

06489

State

CT

City

Southington

Emergency Phone Email Address

Mr. Robert E. Parizo

**Business Phone** 

P. O. Box 175

Mailing Address Line One

Extension

Fax

(	Connectic	ut Depa	rtment (	of Publi	c H	ealth	Drin	iking	, Water	Section	
	Wa	ter Qua	lity Mon	itoring	and	d Com	plia	nce S	Schedul	e	
PWS ID	PWS Name	-					Classifi	cation	Population	Owner Type	Primary Source
CT1311024	SOUTHINGTON :	SPORTSMAN	ASSN., INC.				N	С	25	Р	GW
Local Address (wh	nere applicable)			Service		Resident	ial Co	mmerci	al Industri	al Combine	d Agricultural
P.O. BOX 175				Connect	ions			1			
Towns Served: SC	UTHINGTON				'		'				1
860-628-9506											
Contact Role(s):	Administrative	Contact									
Name				Organizatio	n					Job Title	9
Southington Spor	rtsmen Assn. Inc	С.									
Mailing Address Line One Mailing Add				ess Line Two	)				City	State	Zip Code
P. O. Box 175						Southington			СТ	06489	
Business Phone	Extension	Fax	Mo	obile Phone	Em	nergency	Phone	Email A	Address		
Contact Role(s):	Owner										
Name				Organizatio	n					Job Title	2
Mr. David Trykov	vski								Treasurer		
Mailing Address L	ine One		Mailing Addr	ess Line Two	)				City	State	Zip Code
PO Box 175								Southir	ngton	СТ	06489
Business Phone	Extension	Fax	Mo	bile Phone	Em	nergency	Phone	Email A	Address		
860-966-6045		860-349-3	1365		3	860-966-6	5045	dtrykov	w@snet.net		
Contact Role(s):	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.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 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

Schedule Generation Date: 4/3/2024

	Connecticut Departmei	nt of Public H	lealth	$\mathbf{D}$	rinking	Water	Section	
	Water Quality M	onitoring and	d Con	npl	liance S	Schedul	le	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1311044	PANTHORN PARK UPPER RESTROOM				NC	25	L	GW
Local Address (	where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural
BURRITT STREE	Т	Connections			2			
Towns Served	SOUTHINGTON	·						

ng Requirements		
0600)		
	1 rout	ine (RT) per quarter
<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
10/1/23 - 12/31/23		Complete
4/1/24 - 6/30/24		
7/1/24 - 9/30/24		
	1 rout	ine (RT) per quarter
<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
10/1/23 - 12/31/23		Complete
4/1/24 - 6/30/24		
7/1/24 - 9/30/24		
	1 rout	ine (RT) per quarter
<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
10/1/23 - 12/31/23		Complete
4/1/24 - 6/30/24		
7/1/24 - 9/30/24		
	1 r	outine (RT) per year
<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
1/1/23 - 12/31/23	4/1-12/31	Complete
1/1/24 - 12/31/24	4/1-12/31	
1/1/25 - 12/31/25	4/1-12/31	
pliance Schedules		
Due Date	Achieved D	ate
4/1/2024		
3/1/2028		
	Monitoring Period 10/1/23 - 12/31/23 4/1/24 - 6/30/24 7/1/24 - 9/30/24  Monitoring Period 10/1/23 - 12/31/23 4/1/24 - 6/30/24 7/1/24 - 9/30/24  Monitoring Period 10/1/23 - 12/31/23 4/1/24 - 6/30/24 7/1/24 - 9/30/24  Monitoring Period 10/1/23 - 12/31/23 4/1/24 - 6/30/24 7/1/24 - 9/30/24  Monitoring Period 1/1/23 - 12/31/23 1/1/24 - 12/31/24 1/1/25 - 12/31/25  pliance Schedules  Due Date 4/1/2024	1 rout  Monitoring Period  10/1/23 - 12/31/23  4/1/24 - 6/30/24  7/1/24 - 9/30/24  1 rout  Monitoring Period  10/1/23 - 12/31/23  4/1/24 - 6/30/24  7/1/24 - 9/30/24  1 rout  Collection Period  10/1/23 - 12/31/23  4/1/24 - 9/30/24  1 rout  Monitoring Period  10/1/23 - 12/31/23  4/1/24 - 6/30/24  7/1/24 - 9/30/24  1 rout  Collection Period  10/1/23 - 12/31/23  4/1-12/31  1/1/24 - 12/31/23  4/1-12/31  1/1/25 - 12/31/25  Due Date  Achieved D  4/1/2024

CROSS CONNECTION EXEMIT HON		ارد	1/2020									
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						
Physical Parameters M&R Violation	10/1/11 - 12/31/11	3	3/27/2013		4/6/2013							
REVISED TOTAL COLIFORM RULE (RTCR)	4/25/17 - 4/25/17	3	10/13/2018		10/23/2018							
Nitrate M&R Violation	7/1/19 - 9/30/19	3	11/11/2020		11/21/2020							
E. Coli M&R Violation	10/13/21 -	3	12/9/2022		12/19/2022							
Nitrate M&R Violation	7/1/22 - 9/30/22	3	3/23/2024		4/2/2024							

	Wa	ter System Facili	ty and Sampling P	oint Ir	nventoi	ry		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	D. J.	Lead and Copper Rule Tier	Asbestos	age BPR
00600	DISTRIBUTION SYSTEM	4 DOWNSTREAM	DISTRIBUTION WITHIN 5 SERVICE CON	A A				

	Water Quality M	onitoring and	d Con	npl	liance S	Schedul	e	
PWS ID	WS ID PWS Name					Population	Owner Type	Primary Source
CT1311044 PANTHORN PARK UPPER RESTROOM					NC	25	L	GW
Local Address (	where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
BURRITT STREE	Connections			2				

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		Asbestos	Stage WQP 2 DBPR				
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
53191	WELL	2	WELL	Α								
59332	HYDROPNEUMATIC TANK											

				Contact Inf	ormation						
Name				Organization	l		Job Title				
Mr. Mark J. Sciota				Town of Sout	thington		Dp Twn Manager				
Mailing Address Lin	e One		Mailing A	ddress Line Two		City		State	Zip Code		
75 Main Street			P.O. Box 6	510	Sou			СТ	06489		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress				
860-276-6221		860-276-	6286		860-384-9013	sciotamo	ciotam@southington.org				
Contact Role(s): Le	gal Contact		,								
Name				Organization	Organization			Job Title			
Ms. Susan Benciver	nga Lonczak			Plainville Sou	ıthington Health		Health Director				
Mailing Address Lin	e One		Mailing A	ddress Line Two		City		State	Zip Code		
196 North Main Str	196 North Main Street					Southing	gton	СТ	06489		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address					
860-276-6275		860-276-	6277			lonczaks@southington.org					

# Contact Role(s): Administrative Contact Please note the following:

Towns Served: SOUTHINGTON

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

Schedule Generation Date: 4/3/2024

CT1311054   R QUEEN ST LLC LOCAL Address (where applicable)   Service   Connections   Residential   Commercial   Industrial   Combined   Agricultur.   TOWNS SERVECT   CONNECTION   1	Co	onnectic	ut Departme	nt of	Public	Health	n Dr	inki	ng W	Vater	Se	ction		
CT1311054   JR QUEEN STLIC   Service   Residential   Commercial   Industrial   Combined   Agriculturi   Commorcial   Industrial   Combined   Agriculturi   Commorcial   Industrial   Combined   Agriculturi   Commorcial   Industrial   Combined   Agriculturi   Combined   Combine			•											
Agriculture   Connections   Residential   Commercial   Industrial   Combined   Agriculture   Connections   Conne	PWS ID PV	VS Name					Class	sification	on Pop	oulation	Owr	ner Type I	Primary So	urce
Touris Served: SOUTHINGTON    Monitoring Requirements	CT1311054 JR	QUEEN ST LLC						NC		25		Р	GW	
Towns Served: SOUTHINGTON  Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)  Total Coliform (3100) Select from Inventory of Active Sampling Points 10/1/23 - 12/31/23 Select from Inventory of Active Sampling Points 11/1/24 - 3/31/24  Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 10/1/23 - 12/31/23 Select from Inventory of Active Sampling Point ID) Select from Inventory of Active Sampling Point ID) Select from Inventory of Active Sampling Point ID 10/1/23 - 12/31/23 Select from Inventory of Active Sampling Point ID 10/1/23 - 12/31/24  Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Select From Inventory of Active Sampling Point ID 11/1/23 - 12/31/24  Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Select Compliance Schedule Sumpling Point (Sampling Point ID) Select Compliance Schedule Activity Due Date Achieved Date  Complete  Other Compliance Schedule System Water System Facility Sampling Point Sampling Point ID Description System Water System Facility Sampling Point Sampling Point ID Description DOWNSTREAM WITHIN S SERVICE CON A UPSTREAM WITHIN S SERVICE CON A	Local Address (whe	re applicable)			Service	Reside	ntial (	Comm	ercial	Industria	al	Combined	d Agricul	tural
Monitoring Requirements   Water System Facility:   DISTRIBUTION SYSTEM (WSF ID: 00600)	1103 QUEEN STREE	Т			Connection	าร		1						
Total Coliform (3100)  Total Coliform (3100)  Select from Inventory of Active Sampling Points  10/1/23 - 12/31/23  Select from Inventory of Active Sampling Points  10/1/24 - 3/31/24  4/1/24 - 6/30/24  Physical Parameters (PPS)  Sampling Point (Sampling Point ID)  Select from Inventory of Active Sampling Points  10/1/23 - 12/31/23  Physical Parameters (PPS)  Select from Inventory of Active Sampling Point ID)  Select from Inventory of Active Sampling Point ID  Select from Inventory of Active Sampling Points  10/1/23 - 12/31/23  Select from Inventory of Active Sampling Points  10/1/23 - 12/31/24  4/1/24 - 6/30/24  7/1/24 - 9/30/24  Water System Facility:  ENTRY POINT (3)  1/1/23 - 12/31/25  Other Compliance Schedule Activity  RESPOND TO SANITARY SURVEY  11/9/2018  Water System Facility and Sampling Point  1/1/24 - 12/31/24  1/1/25 - 12/31/25  Water System Facility and Sampling Point Inventory  Water System Facility ID Description A DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON	Towns Served: SOU	THINGTON							1					
Total Coliform (3100)   Sampling Point (15 ampling Point (15 am			N	/lonit	oring Red	quirem	ents							
Sampling Point (Sampling Point Sampling Points 10/12/3 - 12/31/23 Complete  10/12/3 - 12/31/23 Complete  11/12/4 - 6/30/24 4/12/4 - 6/30/24 4/12/4 - 6/30/24 7/12/4 - 9/30/24  Physical Parameters (PPS) Sampling Point (Sampling Point ID) Monitoring Period Sampling Point (Sampling Point Sampling Point (Sampling Point Sampling Point (Sampling Point Sampling Point Sampling Point (Sampling Point Sampling Point Sampling Point Sampling Point Sampling Point Sampling Point (Sampling Point Sampling Point Sampling Point Sampling Point Sampling Point Sampling Point Sampling Point (Sampling Point Sampling Point Sampling Point Sampling Point (Sampling Point Sampling Point Inventory  Water System Facility Sampling Point Sampling Point Inventory  Water System Facility Sampling Point Sampling Point Inventory  Water System Water System Facility Sampling Point Sampling Point Inventory  Water System Water System Facility Sampling Point Sampling Point Inventory  Water System Water System Facility Sampling Point Sampling Point Inventory  Water System Water System Facility Sampling Point Sampling Point Inventory  Water System Water System Facility Sampling Point Sampling Point Inventory  Water System Water System Facility Sampling Point Sampling Point Inventory  Water System Water System Facility Sampling Point Sampling Point Inventory  Water System Water System Facility Sampling Point Sampling Point Inventory  Water System Water System Facility Sampling Point Sampling Point Inventory  Water System Facility Sampling Point Sampling Point Inventory  Water System Facility Sampling Point Sampling Point Inventory	Water System Fac	cility: DISTR	IBUTION SYSTEM	(WSF I	D: 00600)									
Select from Inventory of Active Sampling Points 10/1/23 - 12/31/23 Complete  1/1/24 - 3/31/24 4/3/31/24 4/3/31/24 4/3/31/24 4/3/31/24 4/3/31/24 4/3/31/24 4/3/31/24 4/3/31/24 4/3/31/24 4/3/31/24 4/3/31/24 5/30/24 7/3/24 9/30/24  Physical Parameters (PPS) 1 Troutine (RT) per quartee Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status 10/1/23 - 12/31/23 Complete 1/3/24 - 6/30/24 7/1/24 - 6/30/24 7/1/24 - 6/30/24 7/1/24 - 9/30/24  Water System Facility: ENTRY POINT (WSF ID: 00700)  Nitrate And Nitrite (NOX) 1 Troutine (NOX) 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  COTHER Compliance Schedules  Compliance Schedules Achieved Date  RESPOND TO SANITARY SURVEY 11/9/2018  Water System Facility and Sampling Point Inventory  Water System Facility Sampling Point Sampling Point Inventory  Water System Facility D Description Status Rule Tier Asbestos WQP 2 DBI Facility ID Description A DOWNISTREAM WITHIN S SERVICE CON A DOWNISTREAM WITHIN S SERVICE CON A DOWNISTREAM WITHIN S SERVICE CON A CONTRAY POINT A SERVICE CON A DOWNISTREAM WITHIN S SERVICE CON A CONTRAY POINT A SE	Total Coliform (3	3100)								1	rou	tine (RT)	per quar	rter
1/1/24 - 3/31/24   4/1/24 - 6/30/24   7/1/24 - 9/	Sampling Poin	t (Sampling Po	oint ID)			Monito	ring Pe	eriod	Colle	ction Per	iod	Comp	liance Sta	tus
A   1/24 - 6/30/24   7/1/24 - 9/30/24   7/1/24 -	Select from Inv	ventory of Acti	ve Sampling Points			10/1/23	- 12/3	1/23				С	omplete	
Physical Parameters (PPS) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 10/1/23 - 12/31/23 1/1/24 - 6/30/24 7/1/24 - 9/30/24  Water System Facility: ENTRY POINT (WSF ID: 00700)  Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status 1/1/23 - 12/31/23 1/1/24 - 12/31/24 1/1/25 - 12/31/25  Other Compliance Schedules  Compliance Schedule Activity Due Date Schedule Activity Sampling Point Sampling Point Inventory  Water System Facility and Sampling Point Inventory  Water System Facility Sampling Point Status 1/1/9/2018  Water System Facility Sampling Point Status 1/1/9/2018  Other Compliance Schedule Activity Due Date Schedule Activity Sampling Point Inventory  Water System Facility and Sampling Point Inventory  Water System Facility Sampling Point Status  Copper Status  Copper Status  Status  Copper Status  Status  Status  Within S SERVICE CON A  DOWNSTREAM WITHIN						1/1/24	- 3/31	./24						
Physical Parameters (PPS)   Monitoring Period   Collection Period   Compliance Status						4/1/24	- 6/30	/24						
Sampling Point (Sampling Point 1D)  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  Water System Facility: ENTRY POINT (WSF ID: 00700)  Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status ENTRY POINT (3)  1/1/24 - 12/31/24  1/1/25 - 12/31/25  Other Compliance Schedules  Compliance Schedule Activity Due Date RESPOND TO SANITARY SURVEY  Water System Facility and Sampling Point Inventory  Water System Facility Sampling Point Description System Water System Facility Sampling Point Description Description ADOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVIC						7/1/24	- 9/30	/24						
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  Water System Facility: ENTRY POINT (WSF ID: 00700)  Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance Status ENTRY POINT (3) 1/1/23 - 12/31/23 ENTRY POINT (3) 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 11/9/2018  Water System Facility and Sampling Point Inventory  Water System Water System Facility Due Date Status Status Rule Rule Tier Asbestos WQP 2 DBI  00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION A DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A  00700 ENTRY POINT 3 ENTRY POINT A 54282 WELL 2 WELL A  Contact Information  Name Organization Drawled  Mailing Address Line One Mailing Address Line One Mailing Address Line Two City State Zip Code 1103 Queen Street Con 6489	<b>Physical Parame</b>	ters (PPS)								1	rou	tine (RT)	per quar	rter
1/1/24 - 3/31/24   4/1/24 - 6/30/24   7/1/24 - 9/30/24   7/1/24 - 9/30/24   7/1/24 - 9/30/24   7/1/24 - 9/30/24   7/1/24 - 9/30/24   7/1/24 - 9/30/24   7/1/24 - 9/30/24   7/1/24 - 9/30/24   7/1/24 - 9/30/24   7/1/24 - 9/30/24   7/1/24 - 9/30/24   7/1/24 - 9/30/24   7/1/24 - 9/30/24   7/1/24 - 9/30/24   7/1/24 - 9/30/24   7/1/25   7/1/24 - 1/2/31/23   Compliance Status   Sampling Point (Sampling Point (Samplin	Sampling Poin	t (Sampling Po	oint ID)			Monito	ring Pe	eriod	Colle	ction Per	iod	Comp	liance Stat	tus
### Additional Complements   Additional Complement	Select from Inv	ventory of Acti	ve Sampling Points			10/1/23	- 12/3	1/23				С	omplete	
Water System Facility: ENTRY POINT (WSF ID: 00700)  Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)  Nonitoring Period Collection Period Compliance Status  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  11/9/2018  Water System Facility and Sampling Point Inventory  Water System Water System Facility and Sampling Point Inventory  Nonitoring Period Schedules  Compliance Schedules  Compliance Schedules  Achieved Date  A						1/1/24	- 3/31	./24						
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)  Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)  Note of the compliance Status  ENTRY POINT (3)  Other Compliance Schedules  Compliance Schedules  Compliance Schedules  Compliance Schedule Activity  Nater System Facility and Sampling Point Inventory  Water System Facility and Sampling Point Inventory  Water System Facility ID  Description  Sampling Point Sampling Point Status  Note of the compliance Schedules  Compliance Schedule Activity  Nater System Facility and Sampling Point Inventory  Water System Facility ID  Description  Sampling Point Sampling Point Status  Note of the compliance Schedule Activity  Sampling Point Sampling Point Sampling Point Status  Note of the compliance Schedule Activity  Sampling Point Sampling Point Sampling Point Sampling Point Status  Note of the compliance Schedules  Coliform Copper Stage  Status Rule Tier Asbestos WQP 2 DBR  Note of the compliance Schedules  Compliance Schedules  Compliance Schedules  Coliform Copper Stage  Status Rule Tier Asbestos WQP 2 DBR  Note of the compliance Schedules  Compliance Schedules  Coliform Copper Stage  Stage Rule Tier Asbestos WQP 2 DBR  Note of the compliance Schedules  Compliance Schedules  Coliform Copper Stage  Stage Rule Tier Asbestos WQP 2 DBR  Note of the compliance Schedules  Compliance Schedules  Coliform Copper Stage  Stage Rule Tier Asbestos WQP 2 DBR  Note of the compliance Schedules  Coliform Copper Stage  Compliance Schedules  Coliform Copper Stage  Stage Rule Tier Asbestos WQP 2 DBR  Note of the compliance Schedules  Coliform Copper Stage  Colifor						4/1/24	- 6/30	/24						
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)  Nonitoring Period  Monitoring Period  Collection Period Compliance Status  ENTRY POINT (3)  1/1/23 - 12/31/24  1/1/25 - 12/31/25  Complete  1/1/24 - 12/31/24  1/1/25 - 12/31/25  Compliance Schedules  Compliance Schedule Activity  Due Date  RESPOND TO SANITARY SURVEY  11/9/2018  Water System Facility and Sampling Point Inventory  Water System Facility and Sampling Point Sampling Point Inventory  Water System Facility ID  Description  Status  Achieved Date  Achieved						7/1/24	- 9/30	/24						
Sampling Point (Sampling Point ID)  ENTRY POINT (3)  1/1/23 - 12/31/23  1/1/24 - 12/31/24  1/1/25 - 12/31/25  Other Compliance Schedules  Compliance Schedules  Compliance Schedules  Compliance Schedule Activity  Due Date  RESPOND TO SANITARY SURVEY  11/9/2018  Water System Facility  Bull Description  Status  Total Lead and Coliform Copper  Stagg.  Facility ID  Description  DOWNSTREAM WITHIN 5 SERVICE CON A  UPSTREAM WITHIN 5 SERVICE CON A  O0700 ENTRY POINT  3 ENTRY POINT  3 ENTRY POINT  3 ENTRY POINT  4 Contact Information  Name  Organization  Job Title  Mr. Jason McCormick  Mailing Address Line One  Mailing Address Line One  Mailing Address Line One  Mailing Address Line One  Mailing Address Line Two  Compliance Schedule  1/1/23 - 12/31/23  Compliance Schedule  Achieved Date  Ach	Water System Fac	cility: ENTRY	POINT (WSF ID:	00700)										
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 Schedules  Compliance Schedules  Compliance Schedules  Compliance Schedules  Water System Facility and Sampling Point Inventory  Water System Facility and Sampling Point Inventory  Water System Facility Sampling Point Sampling Point Coliform Copper Status Rule Rule Tier Asbestos WQP 2 DBF  O0600 DISTRIBUTION SYSTEM 4 DISTRIBUTION A  DOWNSTREAM WITHIN 5 SERVICE CON A  UPSTREAM WITHIN 5 SERVICE CON A  O0700 ENTRY POINT 3 ENTRY POINT A  54282 WELL 2 WELL A  Contact Information  Name Organization Job Title  Mr. Jason McCormick Ir Queen St LLC.  Mailing Address Line One Mailing Address Line Two City State Zip Code  Southington CT 06489	Nitrate And Nitri	te (NOX)									1	routine (	RT) per y	ear
1/1/24 - 12/31/25  Other Compliance Schedules  Compliance Schedule Activity  Due Date  RESPOND TO SANITARY SURVEY  11/9/2018  Water System Facility and Sampling Point Inventory  Water System Facility Sampling Point Sampling Point Coliform Copper Stage Facility ID  Description  Description  Status  Rule Rule Tier Asbestos WQP 2 DBF  O0600 DISTRIBUTION SYSTEM  DOWNSTREAM WITHIN 5 SERVICE CON A  UPSTREAM WITHIN 5 SERVICE CON A  UPSTREAM WITHIN 5 SERVICE CON A  O0700 ENTRY POINT  Status  Contact Information  Name  Organization  Organization  Job Title  Mr. Jason McCormick  Mailing Address Line One  Mailing Address Line One  Mailing Address Line Two  City State Zip Code  Southington  CT 06489	Sampling Poin	t (Sampling Po	oint ID)			Monito	ring Pe	eriod	Colle	ction Per	iod	Comp	liance Stat	tus
Other Compliance Schedules  Compliance Schedule Activity  RESPOND TO SANITARY SURVEY  Water System Facility and Sampling Point Inventory  Water System Facility  ID  Description  Status  Rule  Rule Tier  Asbestos WQP 2 DBF  O0600 DISTRIBUTION SYSTEM  DOWNSTREAM  UPSTREAM  WITHIN 5 SERVICE CON  UPSTREAM  WITHIN 5 SERVICE CON  CONTACT Information  Name  Organization  Organization  Downstree  Water System Facility  Sampling Point Sampling Point Coliform  Coliform  Copper  Stags  Stags  Status  Rule  Rule Tier  Asbestos WQP 2 DBF  Asbestos WQP 2 DBF  OO700 ENTRY POINT  3 ENTRY POINT  A  S4282 WELL  2 WELL  A  Contact Information  Name  Organization  Job Title  Mr. Jason McCormick  Jr Queen St LLC.  Mailing Address Line One  Mailing Address Line Two  City  State  Zip Code  Southington  CT 06489	ENTRY POINT	(3)				1/1/23	- 12/31	1/23				С	omplete	
Compliance Schedules   Due Date   Achieved Date						1/1/24	- 12/31	1/24						
Compliance Schedule Activity RESPOND TO SANITARY SURVEY  Water System Facility and Sampling Point Inventory  Water System Facility Sampling Point Sampling Point Coliform Copper Stage Facility ID Description Status Rule Rule Tier Asbestos WQP 2 DBI  O0600 DISTRIBUTION SYSTEM  A DISTRIBUTION A  DOWNSTREAM WITHIN 5 SERVICE CON A  UPSTREAM WITHIN 5 SERVICE CON A  O0700 ENTRY POINT 3 ENTRY POINT A  54282 WELL 2 WELL A  Contact Information  Name Organization  Name Mr. Jason McCormick Jr Queen St LLC.  Mailing Address Line One Mailing Address Line Two  Cot 1103 Queen Street  Mailing Address Line Two  Cambel Inventory  Total Lead and Coliform Copper Stage Rule Rule Tier Asbestos WQP 2 DBI  A Status Rule Rule Tier Asbestos WQP 2 DBI  Copper Stage Rule Rule Tier Asbestos WQP 2 DBI  Copper Stage Rule Rule Tier Asbestos WQP 2 DBI  Copper Stage Rule Rule Tier Asbestos WQP 2 DBI  Copper Stage Rule Rule Tier Asbestos WQP 2 DBI  Copper Stage Rule Rule Tier Asbestos WQP 2 DBI  Copper Stage Rule Rule Tier Asbestos WQP 2 DBI  Copper Stage Rule Rule Tier Asbestos WQP 2 DBI  Copper Stage Rule Tier Asbestos WQP 2 DBI  Coliform Copper Stage Rule Tier Asbestos WQP 2 DBI  Copper Stage Rule Tier Asbestos WQP 2 DBI  Coliform Copper Stage Rule Tier Asbestos WQP 2 DBI  Coliform Copper Stage Rule Tier Asbestos WQP 2 DBI  Coliform Copper Stage Rule Tier Asbestos WQP 2 DBI  Coliform Copper Stage Rule Tier Asbestos WQP 2 DBI  Coliform Copper Stage Rule Tier Asbestos WQP 2 DBI  Coliform Copper Stage Rule Tier Asbestos WQP 2 DBI  Coliform Copper Stage Rule Tier Asbestos WQP 2 DBI  Coliform Copper Stage Rule Tier Asbestos WQP 2 DBI  Coliform Copper Stage Rule Tier Asbestos WQP 2 DBI  Coliform Copper Stage Rule Tier Asbestos WQP 2 DBI  Coliform Copper Stage Rule Tier Asbestos WQP 2 DBI  Coliform Copper Stage Rule Tier Asbestos WQP 2 DBI						1/1/25	- 12/31	1/25						
Water System Facility and Sampling Point Inventory  Water System Water System Facility  ID Description  O0600 DISTRIBUTION SYSTEM  DOWNSTREAM WITHIN 5 SERVICE CON A  UPSTREAM WITHIN 5 SERVICE CON A  UPSTREAM WITHIN 5 SERVICE CON A  O0700 ENTRY POINT  3 ENTRY POINT  3 ENTRY POINT  Contact Information  Name  Organization  Organization  Organization  Mailing Address Line One  Mailing Address Line One  Mailing Address Line Two  OTO 11 Lead and Coliform Copper Stags  Rule Tier Asbestos WQP 2 DBF  Asbestos			Ot	her C	ompliand	ce Sche	dules	S						
Water System Facility and Sampling Point Inventory  Water System Water System Facility Facility ID  OBOO DISTRIBUTION SYSTEM  A DOWNSTREAM WITHIN 5 SERVICE CON A  O0700 ENTRY POINT  3 ENTRY POINT  4 DOWNSTREAM WITHIN 5 SERVICE CON A  Contact Information  Name  Organization  Organization  Mailing Address Line One  Mailing Address Line One  Mare Sampling Point Sampling Point Copper Stage  Status Rule Tier Asbestos WQP 2 DBH  Coliform Copper Stage  Status Rule Tier Asbestos WQP 2 DBH  A SERVICE CON A  OPPORT SERVICE CON A  OFFICE OF THE COPPER STAGE  Status Rule Tier Asbestos WQP 2 DBH  Copper Stage  Status Rule Tier Asbestos WQP 2 DBH  A SERVICE CON A  OFFICE OF THE COPPER STAGE  Status Rule Tier Asbestos WQP 2 DBH  A SERVICE CON A  OFFICE OFF	Compliance Schedu	ıle Activity					Due D	Date		Achiev	ved	Date		
Water System Facility and Sampling Point Inventory  Water System Water System Facility Facility ID  OBOO DISTRIBUTION SYSTEM  A DOWNSTREAM WITHIN 5 SERVICE CON A  O0700 ENTRY POINT  3 ENTRY POINT  4 DOWNSTREAM WITHIN 5 SERVICE CON A  Contact Information  Name  Organization  Organization  Mailing Address Line One  Mailing Address Line One  Mare Sampling Point Sampling Point Copper Stage  Status Rule Tier Asbestos WQP 2 DBH  Coliform Copper Stage  Status Rule Tier Asbestos WQP 2 DBH  A SERVICE CON A  OPPORT SERVICE CON A  OFFICE OF THE COPPER STAGE  Status Rule Tier Asbestos WQP 2 DBH  Copper Stage  Status Rule Tier Asbestos WQP 2 DBH  A SERVICE CON A  OFFICE OF THE COPPER STAGE  Status Rule Tier Asbestos WQP 2 DBH  A SERVICE CON A  OFFICE OFF	RESPOND TO SANIT	ARY SURVEY					11/9/2	2018						
Water System Water System Facility Facility ID  Description  A  DISTRIBUTION A  DOWNSTREAM WITHIN 5 SERVICE CON A  UPSTREAM WITHIN 5 SERVICE CON A  Status  DOWNSTREAM WITHIN 5 SERVICE CON A  O0700 ENTRY POINT  SHAPE  Contact Information  Name  Organization  Downstream  Organization  Job Title  Mr. Jason McCormick  Mailing Address Line One  Mailing Address Line One  Mailing Address Line Two  Sampling Point Sampling Point Copper Status Rule Tier Asbestos WQP 2 DBF  Copper Status Rule Tier Asbestos WQP 2 DBF  A  Copper Status Rule Tier Asbestos WQP 2 DBF  A  DOWNSTREAM WITHIN 5 SERVICE CON A  OFFICIAL TIER  OFFICIAL TIER  Copper Status Rule Tier Asbestos WQP 2 DBF  A  DOWNSTREAM WITHIN 5 SERVICE CON A  OFFICIAL TIER  Copper Status Rule Tier Asbestos WQP 2 DBF  A  DOWNSTREAM WITHIN 5 SERVICE CON A  OFFICIAL TIER  Copper Status Rule Tier Asbestos WQP 2 DBF  A  DOWNSTREAM WITHIN 5 SERVICE CON A  OFFICIAL TIER  Copper Status Rule Tier Asbestos WQP 2 DBF  A  DOWNSTREAM WITHIN 5 SERVICE CON A  OFFICIAL TIER  Copper Status Rule Tier Asbestos WQP 2 DBF  A  DOWNSTREAM WITHIN 5 SERVICE CON A  OFFICIAL TIER  Copper Status Copper Status Rule Tier Asbestos WQP 2 DBF  A  DOWNSTREAM WITHIN 5 SERVICE CON A  OFFICIAL TIER  Copper Status Copper Stat			Water System	Facili	ity and Sa				vent	ory				
Facility ID  ID  Description  Status  Rule  Rule Tier Asbestos WQP 2 DBI  O0600 DISTRIBUTION SYSTEM  4 DISTRIBUTION  A  DOWNSTREAM WITHIN 5 SERVICE CON  UPSTREAM WITHIN 5 SERVICE CON  A  S4282 WELL  2 WELL  A  Contact Information  Name  Organization  Organization  Job Title  Mr. Jason McCormick  Mailing Address Line One  Mailing Address Line One  Mailing Address Line Two  Contact Information  City  State  Zip Code  Southington  CT  O6489	Water		•		•	•				•	and			
00600 DISTRIBUTION SYSTEM  4 DISTRIBUTION A  DOWNSTREAM WITHIN 5 SERVICE CON A  UPSTREAM WITHIN 5 SERVICE CON A  00700 ENTRY POINT 3 ENTRY POINT A  54282 WELL 2 WELL A  Contact Information  Name Organization Job Title  Mr. Jason McCormick Jr Queen St LLC.  Mailing Address Line One Mailing Address Line Two City State Zip Code  1103 Queen Street Southington CT 06489	System Water S	ystem Facility	Samplin	g Point	Sampling P	oint			Colifori	n Copp	er		St	age
00600 DISTRIBUTION SYSTEM 4 DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A  00700 ENTRY POINT 3 ENTRY POINT A  54282 WELL 2 WELL A  Contact Information  Name Organization Job Title  Mr. Jason McCormick Jr Queen St LLC.  Mailing Address Line One Mailing Address Line One Southington CT 06489	Facility ID		IL	)	Description	)	S	tatus	Rule	Rule	Tier	Asbestos	WQP 2 L	<b>DBPR</b>
UPSTREAM WITHIN 5 SERVICE CON A  00700 ENTRY POINT 3 ENTRY POINT A  54282 WELL 2 WELL A  Contact Information  Name Organization Job Title  Mr. Jason McCormick Jr Queen St LLC.  Mailing Address Line One Mailing Address Line Two City State Zip Code  1103 Queen Street Southington CT 06489	00600 DISTRIBU	JTION SYSTEM	4	ļ	DISTRIBUTION	ON								
00700 ENTRY POINT 3 ENTRY POINT A  54282 WELL 2 WELL A  Contact Information  Name Organization Job Title  Mr. Jason McCormick Jr Queen St LLC.  Mailing Address Line One Mailing Address Line Two City State Zip Code  1103 Queen Street Southington CT 06489			DOWNS	TREAM	WITHIN 5 S	ERVICE CC	N	Α						
S4282 WELL 2 WELL A  Contact Information  Name Organization Job Title  Mr. Jason McCormick Jr Queen St LLC.  Mailing Address Line One Mailing Address Line Two City State Zip Code 1103 Queen Street Southington CT 06489			UPSTF	REAM	WITHIN 5 S	ERVICE CC	N	Α						
Contact Information       Name     Organization     Job Title       Mr. Jason McCormick     Jr Queen St LLC.       Mailing Address Line One     Mailing Address Line Two     City     State     Zip Code       1103 Queen Street     Southington     CT     06489	00700 ENTRY P	OINT	3	}	ENTRY POIN	NT		Α						
Name Organization Job Title  Mr. Jason McCormick Jr Queen St LLC.  Mailing Address Line One Mailing Address Line Two City State Zip Code  1103 Queen Street Southington CT 06489	54282 WELL		2	)	WELL			Α						
Mr. Jason McCormick     Jr Queen St LLC.       Mailing Address Line One     Mailing Address Line Two     City     State     Zip Code       1103 Queen Street     Southington     CT     06489				Con	tact Info	rmatio	n							
Mr. Jason McCormick     Jr Queen St LLC.       Mailing Address Line One     Mailing Address Line Two     City     State     Zip Code       1103 Queen Street     Southington     CT     06489	Name			O	rganization							Job Title		
Mailing Address Line OneMailing Address Line TwoCityStateZip Code1103 Queen StreetSouthingtonCT06489	Mr. Jason McCorm	ick				C.								
1103 Queen Street Southington CT 06489			Mailing							City		State	Zip Cod	e
	1103 Queen Street							Sou						
	Business Phone	Extension	Fax	Mobi	le Phone	Emergeno	y Phor							

jason@goodguysautohouse.com

866-809-9344

Contact Role(s): Administrative Contact, Legal Contact

860-817-4611

	Connecticut Department of Public Health Drinking Water Section											
	Water Quality Monitoring and Compliance Schedule											
PWS ID PWS Name					ssification	Population	Owner Type	Primary Source				
CT1311054	JR QUEEN ST LLC		NC		25	Р	GW					
Local Address	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural					

Connections

1

Towns Served: SOUTHINGTON

### Please note the following:

1103 QUEEN STREET

- 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

								_					
	Co	onnectic	ut Depa	rtment of	Public	Health	Drin	ıking	Wa	ater S	ection		
		Wa	ter Oual	lity Monit	oring a	nd Con	nolia	nce S	che	edule			
PWS ID	PV	/S Name		- <i>y</i>	- 0 -		Classifi				vner Type	Prim	ary Source
CT131106	54 12	26-1234 QUEI	N ST - STRIP	MALL			N			5	Р //		GW
Local Add		re applicable)			Service	Residen	tial Co	mmercia	l In	dustrial	Combine	ed A	gricultural
1232 QUE		,			Connection			1					
Towns Se	rved: SOU	THINGTON											
				Monit	oring Red	quireme	nts						
Water Sy	stem Fac	cility: DISTR	IBUTION SY	STEM (WSF I	D: 00600)								
Total Co	oliform (3	3100)								1 ro	utine (R1	Г) pe	r quarter
Sam	pling Poin	t (Sampling P	oint ID)			Monitori	ng Perio	od Co	llecti	on Period	d Com	plian	ce Status
Selec	ct from Inv	entory of Act	ive Sampling	Points		10/1/23 -	12/31/	23				Comp	olete
						1/1/24 -	3/31/2	4					
						4/1/24 -	6/30/2	4					
						7/1/24 -	9/30/2	4					
Physical	l Paramet	ers (PPS)								1 ro	utine (R1	Г) ре	r quarter
Sam	pling Poin	t (Sampling P	oint ID)			Monitori	ng Perio	od Co	llecti	on Period	d Com	plian	ce Status
Selec	ct from Inv	entory of Act	ive Sampling	Points		10/1/23 -	12/31/	23			ı	Comp	olete
						1/1/24 -	3/31/2	4					
						4/1/24 -	6/30/2	4					
						7/1/24 -	9/30/2	4					
Water Sy	ystem Fac	cility: ENTR	Y POINT (W	/SF ID: 00700)									
Nitrate A	And Nitri	te (NOX)								1	L routine	(RT)	per year
Sam	pling Poin	t (Sampling P	oint ID)			Monitori	ng Perio	od Co	llecti	on Period	d Com	plian	ce Status
ENT	RY POINT (	3)				1/1/23 -	12/31/2	23				Comp	olete
						1/1/24 -	12/31/2	24					
						1/1/25 -	12/31/2	25					
			Water Sy	stem Facili	ity and S	ampling	Point	t Inver	ntor	у			
Water								To	tal	Lead and	d		
System		stem Facility		Sampling Point				Colif	orm	Copper			Stage
Facility II				ID	Description		Sta	tus Ru	ıle	Rule Tie	r Asbesto	os W	QP 2 DBPR
00600	DISTRIBU	JTION SYSTEM		4		ON SYSTEM		λ ,	Y				
				DOWNSTREAM				A					
				UPSTREAM	WITHIN 5 S	ERVICE CON	I A	4					
00700	ENTRY P	OINT		3	ENTRY POI	NT	P	4					
50001	WELL 1			2	WELL 1		P	4					
				Con	tact Info	rmation							
Name				0	rganization						Job Titl	е	
Mr. Georg	ge Vlandis	1						1	Pro	perty Ow	ner		
	ddress Lin	e One		Mailing Addres	s Line Two				Ci	ty	State	Z	ip Code
16 Wood	Avenue	I	I		T			Trumbu			СТ		06611
Busines	s Phone	Extension	Fax	Mobi	le Phone	Emergency	Phone	Email A	ddres	SS			

203-640-3703

203-261-8861

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

Connecticut Department of Public Health Drinking Water Section											
	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name Classification   Population   Owner Type   Primary Source										
CT1311064	1226-1234 QUEEN ST - STRIP MALL	NC	25	Р	GW						

Connections

Residential Commercial

1

Industrial

Combined

Service

Towns Served: SOUTHINGTON

Local Address (where applicable)

### Please note the following:

1232 QUEEN ST

- 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 Department of Public Health Drinking Water Section											
	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Cla	Classification Popula		Owner Type	Primary Source				
CT1311074	1217 QUEEN ST				NC	25	Р	GW				
Local Address	(where applicable)	Service	Residen	ntial Commerci		al Industri	al Combin	ed Agricultural				
1217 QUEEN S	TREET - SOUTHINGTON	Connections		4								

Towns Served:	SOUTHINGTON
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Monitoring Requirements										
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0	0600)									
Total Coliform (3100)		1 rout	ine (RT) per quarter							
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>							
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 qu									
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>							
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 re	outine (RT) per year							
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status							
ENTRY POINT (3)	1/1/23 - 12/31/23									
	1/1/24 - 12/31/24		Complete							
	1/1/25 - 12/31/25									

### **Other Compliance Schedules**

Compliance Schedule Activity	Due Date	Achieved Date
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	3/15/2014	
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	3/15/2014	

CONNECTIVE ACTION, CONNECTIVE ACTION 1 EAR	•	5/ -	13/2014			
	Public Notification Re	equiren	nents			
	Compliance	Notice	Public No	<u>tification</u>	PN Certij	<u>fication</u>
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Physical Parameters M&R Violation	7/1/22 - 9/30/22	3	12/22/2023		1/1/2024	
Total Coliform M&R Violation	10/1/21 - 12/31/21	3	12/22/2023		1/1/2024	
Physical Parameters M&R Violation	1/1/22 - 3/31/22	3	12/22/2023		1/1/2024	
Total Coliform M&R Violation	1/1/22 - 3/31/22	3	12/22/2023		1/1/2024	
Total Coliform M&R Violation	4/1/22 - 6/30/22	3	12/22/2023		1/1/2024	
Physical Parameters M&R Violation	4/1/22 - 6/30/22	3	12/22/2023		1/1/2024	
Total Coliform M&R Violation	7/1/22 - 9/30/22	3	12/22/2023		1/1/2024	
Physical Parameters M&R Violation	10/1/21 - 12/31/21	3	12/22/2023		1/1/2024	
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	
Physical Parameters M&R Violation	4/1/23 - 6/30/23	3	10/1/2024		10/11/2024	
Total Coliform M&R Violation	4/1/23 - 6/30/23	3	10/1/2024		10/10/2024	
Physical Parameters M&R Violation	7/1/23 - 9/30/23	3	12/13/2024		12/23/2024	
Total Coliform M&R Violation	7/1/23 - 9/30/23	3	12/13/2024		12/23/2024	

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 Cla						opulation	Owner Type	Primary Source
CT1311074	1217 QUEEN ST			NC		25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial Commo	rcial	Industri	al Combine	ed Agricultural
1217 QUEEN ST	REET - SOUTHINGTON	Connections		4				

Towns Served: SOUTHINGTON

Pul	Public Notification Requirements										
	Compliance Notice <u>Public Notification</u>					<u>fication</u>					
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Nitrate And Nitrite M&R Violation	1/1/23 - 12/31/23	3	3/21/2025		3/31/2025						
Physical Parameters M&R Violation	10/1/23 - 12/31/23	3	3/21/2025		3/31/2025						
Total Coliform M&R Violation	10/1/23 - 12/31/23	3	3/21/2025		3/31/2025						

	W	ater System Facili	ity and Sampling P	oint Ir	nvento	ry			
Water System Facility IL	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	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
WELL 1	WELL 1	2	WELL 1	Α					

		Co	ontact Inf	ormation				
	Organization	l		Job Title				
Mr. Olcott Snow 61 Bradley Professional Buildi Manging Member								
One		Mailing Addr	ess Line Two			City	State	Zip Code
					Southing	gton	СТ	06489
Extension	Fax	Mo	bile Phone	Emergency Phone	Email Address			
				860-214-5980	ovresources@gmail.com			
	Extension	Extension Fax	One Mailing Addr  Extension Fax Mo	Organization 61 Bradley P One Mailing Address Line Two	Organization 61 Bradley Professional Buildi One Mailing Address Line Two  Extension Fax Mobile Phone Emergency Phone 860-214-5980	Organization 61 Bradley Professional Buildi One Mailing Address Line Two Southing Extension Fax Mobile Phone Emergency Phone Email Act	Organization 61 Bradley Professional Buildi One Mailing Address Line Two City Southington  Extension Fax Mobile Phone Emergency Phone Email Address 860-214-5980 ovresources@gmail.com	Organization Job Title 61 Bradley Professional Buildi Manging Member  One Mailing Address Line Two City State Southington CT  Extension Fax Mobile Phone Emergency Phone Email Address 860-214-5980 ovresources@gmail.com

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

#### Please note the following:

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 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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	Connecticu	it Depa	rtmen	t of	Public	Health	Dr	inkir	ng V	Nate	r Se	ection	
	Wat	er Qua	lity Mo	nito	oring a	nd Con					_		
PWS ID	PWS Name						Clas	sificatio	n Pc	pulation	Ow	ner Type	Primary Source
CT1311084	PERRY PLAZA							NC		32		Р	GW
Local Address (w	here applicable)				Service	Residen	tial	Comme	rcial	Industi	ial	Combine	d Agricultural
1173 QUEEN STR	REET				Connection	IS						1	
Towns Served: S	OUTHINGTON												
			Mo	onito	ring Rec	uireme	nts						
Water System	Facility: <b>DISTRI</b>	BUTION SY	YSTEM (V	VSF ID	): 00600)								
<b>Total Coliform</b>	(3100)										1 rou	utine (RT)	per quarter
Sampling P	oint (Sampling Po	int ID)				Monitori	ng Pe	eriod	Coll	ection P	eriod	Comp	liance Status
Select from	Inventory of Activ	e Sampling	Points			10/1/23 -						C	omplete
						1/1/24 -	3/31	1/24					
						4/1/24 -	6/30	0/24					
						7/1/24 -	9/30	0/24					
<b>Physical Paran</b>	neters (PPS)										1 rou	utine (RT)	per quarter
Sampling P	oint (Sampling Po	int ID)				Monitori	ng Pe	eriod	Coll	ection P	eriod	Comp	liance Status
Select from	Inventory of Activ	e Sampling	Points			10/1/23 -	12/3	31/23				C	omplete
						1/1/24 -	3/31	1/24					
						4/1/24 -	6/30	0/24					
						7/1/24 -	9/30	0/24					
Water System	Facility: ENTRY	POINT (V	VSF ID: 00	700)									
Nitrate And N	itrite (NOX)										1	routine (	RT) per year
Sampling P	oint (Sampling Po	int ID)				Monitori	ng Pe	eriod	Coll	ection P	eriod	Comp	liance Status
ENTRY POIN	NT (3)					1/1/23 -	12/3	1/23				C	omplete
						1/1/24 -	12/3	1/24					
						1/1/25 -	12/3	1/25					
			Oth	er Co	mpliand	e Sched	lule	!S					
Compliance Sch	edule Activity					ı	Due L	Date		Achi	eved	Date	
RESPOND TO SA	NITARY SURVEY					1	./15/	2022					
	1	Nater Sv	vstem F	acilit	ty and Sa	ampling	Poi	int Inv	/ent	torv			
Water					- 1	· I · O			Tota		d and		
	r System Facility		Sampling I	Point	Sampling P	oint		C	olifo		per		Stage
Facility ID			ID		Description		9	Status	Rule			Asbesto	WQP 2 DBPR
00600 DISTR	RIBUTION SYSTEM		4		DISTRIBUTION	ON SYSTEM		Α	Υ				
00700 ENTR	Y POINT		3		ENTRY POIN	<b>I</b> T		Α					
60011 WELL	. 1		2		WELL 1			Α					
				Cont	tact Info	rmation	)						
Name				Org	ganization							Job Title	
Perry Plaza LLC													
Mailing Address	Line One		Mailing Ad	ddress	Line Two					City		State	Zip Code
P.O Box 747								Farn	ningto	on		СТ	06034
Business Phon	e Extension	Fax		Mobile	e Phone	Emergency	Pho	ne Ema	il Add	dress			
860-747-1002	2	860-747-	5545			860-490-	2734	1 john	@inv	cap.com			
Contact Role(s):	Owner		-					•					

Connecticut Department of Public Health Drinking Water Section											
	Wate	er Qual	ity Moni	itoring a	nd Con	nplia	nce S	Schedul	le		
PWS ID PY	PWS Name					Classif	ication	Population	Owner Type	Primary Source	
CT1311084 PI	PERRY PLAZA					N	IC	32	Р	GW	
Local Address (where applicable)				Service	Residen	itial Co	mmercial Industrial		al Combine	ed Agricultural	
1173 QUEEN STREET				Connection	ns				1		
Towns Served: SOL	JTHINGTON			1		'			1	'	
Name				Organization				Job Title			
Mr. John Cellino	Capital Investments										
Mailing Address Line One Mailing Add				ress Line Two			City		State	Zip Code	
440 Deercliff Road							Avon		СТ	06001	
Business Phone	Extension	Fax	Мо	bile Phone	Emergency	/ Phone	Email Address				
860-676-8884					860-490-	-2734	john@invcap.com				
Contact Role(s):	Administrative Co	ontact. Lega	l Contact	1							

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### 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.
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End of schedule