	Connecticut Dep	artment of	Public H	lealth	Drin	king	Wa	ter Se	ection	
	Water Qu	ality Monit	oring and	d Com	plian	ice S	che	dule		
PWS ID	PWS Name				Classific	ation F	opula	ition Ow	ner Type	Primary Source
CT1390014	AIRWAYS GOLF COURSE				NC		25		Р	GW
Local Address (w	here applicable)		Service	Residen	tial Com	nmercia	Ind	lustrial	Combine	d Agricultural
1070 S. GRAND	STREET		Connections			1				
Towns Served: S	UFFIELD				,					
		Monito	oring Requ	iireme	nts					
Water System	Facility: <b>DISTRIBUTION</b>	SYSTEM (WSF II	D: 00600)							
<b>Total Coliform</b>	•								= '	) per quarter
	Point (Sampling Point ID)			Monitori			llectio	n Period		liance Status
Select from	Inventory of Active Samplin	ng Points		10/1/23 -						Complete
				1/1/24 -					C	Complete
				4/1/24 -						
				7/1/24 -	9/30/24	•				
Physical Parar	• •								- '	) per quarter
	Point (Sampling Point ID)	<b>D</b> : 1		Monitori			llectio	n Period		liance Status
Select from	Inventory of Active Samplin	ng Points		10/1/23 -						Complete
					3/31/24					Complete
				4/1/24 -	9/30/24					
Water System	Facility: ENTRY POINT (	(WSE ID: 00700)		7/1/24 -	9/30/24	•				
Nitrate (1040		(W3F ID. 00700)						1 ro	utino (PT	) nor quartor
-	I Point (Sampling Point ID)			Monitori	na Perio	d Co	llectio	n Period	= '	) per quarter liance Status
ENTRY POII				10/1/23 -			nectio	ii r eriou		Complete
ENTITION	11 (3)			1/1/24 -						Complete
				4/1/24 -						
					9/30/24					
Nitrite (1041)				,, 1,24	3/30/24			1	routine (	(RT) per year
٠	Point (Sampling Point ID)			Monitori	na Perio	d Co	llectio	n Period		liance Status
ENTRY POII				1/1/23 -						Complete
	(-)			1/1/24 -						Complete
				1/1/25 -						
	Water	System Facili	ty and Sar	npling	Point	Inver	ntory	/		
Water						Tot	tal I	Lead and	1	
-	er System Facility	Sampling Point		nt		Colif		Copper		Stage
Facility ID		ID	Description		Stati			Rule Tie	r Asbesto	s WQP 2 DBPR
00600 DISTF	RIBUTION SYSTEM	4	DISTRIBUTION			Υ	1			
		DOWNSTREAM								
		UPSTREAM	WITHIN 5 SER							
	Y POINT	3	ENTRY POINT		Α					
22278 WELL		2	WELL		A					
		Con	tact Inforr	nation						
Name			ganization						Job Title	
Mr. Robert Kem	р	Te	n Seventy Sou	th Grand	LLC					

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.

City

Suffield

Emergency Phone | Email Address

State

 $\mathsf{CT}$ 

Zip Code

06078

Mailing Address Line Two

**Mobile Phone** 

29 Crane Hill Rd

**Business Phone** 

860-668-4973

Mailing Address Line One

Extension

Fax

	Connecticut Department of I ubile fleatin Diffixing water Section										
	Water Quality Mo	onitoring and	d Con	npl	iance S	Schedul	e				
PWS ID	WS ID PWS Name					Population	Owner Type	<b>Primary Source</b>			
CT1390014 AIRWAYS GOLF COURSE					NC	25	Р	GW			
Local Address (v	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural			
1070 S. GRAND	070 S. GRAND STREET Connections										
Towns Served: S	owns Served: SUFFIELD										

Connecticut Department of Public Health Drinking Water Section

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

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

End of schedule

	Connecticut Department of			_						
	Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name		Classification	lassification   Population   O		Primary Source				
CT1390094	GOOD SHEPHERD LUTHERAN CHURCH			NC	25	Р	GW			
Local Address (	where applicable)	Residential Commerci		al Industri	al Combine	ed Agricultural				
585 SOUTH STR	EET	Connections	ctions 1							

Towns Served: SUFFIELD

Towns Served: SUFFIELD			
Monitori	ng 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		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)	<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		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)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	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		
Nitrite (1041)		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		

Public Notification Requirements											
	Compliance	Notice	Public No	<u>stification</u>	PN Certification						
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Physical Parameters M&R Violation	7/1/21 - 9/30/21	3	11/4/2022		11/14/2022						
Nitrate M&R Violation	7/1/21 - 9/30/21	3	11/4/2022		11/14/2022						
Total Coliform M&R Violation	7/1/21 - 9/30/21	3	11/4/2022		11/14/2022						
Nitrate M&R Violation	7/1/22 - 9/30/22	3	3/1/2024		3/11/2024						
Total Coliform M&R Violation	7/1/22 - 9/30/22	3	3/1/2024		3/11/2024						
Physical Parameters M&R Violation	7/1/22 - 9/30/22	3	3/1/2024		3/11/2024						

	Wa	ater System Facili	ty and Sampling P	oint Ir	nventor	у		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	age DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				

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	Water Quality Mor				U					
PWS ID	WS ID PWS Name Classification Population Owner Type Primary Source									
CT1390094	GOOD SHEPHERD LUTHERAN CHURCH				NC	Р	GW			
Local Address	(where applicable)	ntial	Commercia	al Industri	al Combin	ed Agricultural				
585 SOUTH STREET Connections 1										

Connecticut Department of Dublic Health Drinking Water Section

Towns Served	1:	SL	JFF	IEL	D
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		Water S	ystem Fa	acility and	<b>Sampling Poi</b>	nt Inv	entor/	γ		
Water System Water S Facility ID	ystem Facility		Sampling P	oint Sampling Descripti	ion	C tatus	Total oliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00700 ENTRY F	POINT		3	ENTRY P	TNIC	Α				
22285 WELL			2	WELL		Α				
			(	Contact In	formation					
Name				Organizatio	n				Job Title	
Pastor Ralph Lanp	har			Good Sheph	erd Lutheran Chur	ch	Pas	tor		
Mailing Address Line One Mailing Address Line Two					)		Ci	ty	State	Zip Code
Pastor of Good She	pherd Luthera	n Church	P.O. Box 15	55		Suffi	eld		СТ	06078
<b>Business Phone</b>	Extension	Fax	Ņ	Mobile Phone	Emergency Phor	ne Ema	il Addres	SS		
860-668-2790			8	860-967-9581		B_LA	NPHAR	@YAHOO.C	COM	
Contact Role(s): A	dministrative	Contact, Leg	gal Contact							
Name				Organizatio	n				Job Title	
Mr. Ronald E Wier	ners			Good Sheph	erd Lutheran Chur	ch	Tru	stee		
Mailing Address Lir	ne One		Mailing Ad	dress Line Two	)		Ci	ty	State	Zip Code
585 South St.			P.O. Box 15	55		Suffi	eld		СТ	06078
Business Phone	Extension	Fax	N	Mobile Phone	Emergency Phor	ne Ema	il Addres	SS		
					860-368-1480	past	or@gslc:	suffield.org	5	
Contact Role(s): L	egal Contact		<del>'</del>							
	·									

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

End of schedule

Schedule Generation Date: 4/3/2024

Connecticut Depa	irtment of	Public Health	Drink	ing Wa	ater Se	ction
Water Oua	lity Monit	oring and Con	npliand	e Sche	edule	
PWS ID PWS Name		<u> </u>	_			ner Type Primary Source
CT1390124 VFW POST 9544			NC	2.		P GW
Local Address (where applicable)		Service Resider	itial Comn	nercial In	dustrial	Combined Agricultural
972 SHELDON STREET		Connections		1		0
Towns Served: SUFFIELD						
	Monito	oring Requireme	nts			
Water System Facility: <b>DISTRIBUTION S</b>	YSTEM (WSF I	D: 00600)				
Total Coliform (3100)					1 rou	tine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitor	ing Period	Collecti	on Period	Compliance Status
Select from Inventory of Active Sampling	Points	10/1/23	- 12/31/23			Complete
		1/1/24	- 3/31/24			Complete
		4/1/24	- 6/30/24			
		7/1/24	9/30/24			
Physical Parameters (PPS)					1 rou	tine (RT) per quarter
Sampling Point (Sampling Point ID)		Monitor	ing Period	Collecti	on Period	<b>Compliance Status</b>
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 (V	VSF ID: 00700)					
Nitrate And Nitrite (NOX)					1	routine (RT) per year
Sampling Point (Sampling Point ID)		Monitor	ing Period	Collecti	on 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			<del></del>
	Other C	ompliance Sched	lules			
Compliance Schedule Activity		-	Due Date		Achieved I	Date
RESPOND TO SANITARY SURVEY			1/26/2014			
CORRECTIVE ACTION/CORRECTIVE ACTION PL	AN		7/25/2014			
CORRECTIVE ACTION/CORRECTIVE ACTION PL			7/25/2014			
RESPOND TO SANITARY SURVEY			2/29/2018			
RESPOND TO SANITARY SURVEY			10/7/2023			
	vstem Facili	ty and Sampling		nventor	V	
Water	,000	.,		Total	Lead and	
	Sampling Point	Sampling Point		Coliform	Copper	Stage
Facility ID	ID	Description	Status	Dest-		Asbestos WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM		Υ		
	DOWNSTREAM	WITHIN 5 SERVICE COI	N A			
	UPSTREAM	WITHIN 5 SERVICE COI	N A			
00700 ENTRY POINT	3	ENTRY POINT	А			
22288 WELL	2	WELL	А			
	Con	tact Information	)			

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.

Job Title

State

 $\mathsf{CT}$ 

Zip Code 06093

City

West Suffield

Organization

Mailing Address Line Two

VFW Post 9544

Mr. Jim E. Hunter

PO Box 343

Mailing Address Line One

	Connectic	ut Departm	ent of	Public I	Health	Drir	iking V	Water	Section		
	Wa	ter Quality l	Monit	oring an	nd Con	nplia	nce Sc	hedul	e		
PWS ID	PWS ID PWS Name Classification Population Owner Type Primary Source										
CT1390124	VFW POST 9544			N	С	25	Р	GW			
Local Address (v	Local Address (where applicable) Service Resid					tial Commercial		Industri	al Combine	ed Agricultural	
972 SHELDON S	TREET			Connections	S		1				
Towns Served: S	SUFFIELD										
Business Phor	ne Extension	Fax	Mobil	e Phone L	Emergency	/ Phone	Email Ad	dress			
	860-818-2026 jecatfish@gmail.com										
Contact Role(s):	Administrative	Contact, Legal Con	tact	·							

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

End of schedule

	Connecticut	Department of	f Public H	ealth	Dr	inkir	ıg W	ater S	Sec	tion	
		Quality Monit					_				
PWS ID	PWS Name	Quality - 10 - 11	0							r Type P	rimary Sourc
CT139014	4 1365 MOUNTAIN RO	AD - SUFFIELD				NC		25		P	GW
Local Addı	ress (where applicable)		Service Connections	Residen	tial	Comme	rcial I	ndustrial	С	ombined	Agricultura
	LCUERE		Connections			1					
Towns Ser	ved: SUFFIELD		• • • •	•							
			oring Requ	ireme	nts						
	stem Facility: DISTRIBU	TION SYSTEM (WSF I	D: 00600)								
	liform (3100)				_		- "				per quarter
	oling Point (Sampling Point			Monitori			Collec	tion Perio	od		ance Status
Selec	t from Inventory of Active S	ampling Points	:	10/1/23 -							mplete
				1/1/24 -		•				Co	mplete
				4/1/24 -							
Dhariaal	Danamatana (DDC)			7/1/24 -	9/30	0/24		4 -		(DT)	
-	Parameters (PPS) pling Point (Sampling Point	(D)		Monitori	D	oviod	Callag	ו 1 tion Perio			per quarter
	t from Inventory of Active S	•		Collec	tion Perio	oa		ance Status			
Selec	t from inventory of Active 3	ampling Points		10/1/23 - 1/1/24 -							mplete mplete
				4/1/24 -						CO	inpiete
				7/1/24 -							
Water Sv	stem Facility: ENTRY PC	OINT (WSF ID: 00700)	)	,, _,	3,30	,, = .					
Nitrate	,	(110. 12.00700)						1 1	routi	ine (RT)	per quarter
	oling Point (Sampling Point	ID)		Monitori	na Pe	eriod	Collec	tion Perio			ance Status
_	RY POINT (3)	,		10/1/23 -							mplete
	. ,			1/1/24 -							mplete
			_	4/1/24 -	6/30	0/24					·
				7/1/24 -	9/30	)/24					
Nitrite (	1041)								1 rc	outine (R	T) per year
Samp	oling Point (Sampling Point	ID)		Monitori	ng Pe	eriod	Collec	tion Perio	od	Compli	ance Status
ENTR	Y POINT (3)			1/1/23 -	12/3	1/23				Со	mplete
				1/1/24 -	12/3	1/24				Со	mplete
				1/1/25 -	12/3	1/25					
	Wa	ater System Facil	ity and Sar	npling	Poi	int Inv	ento	ry			
Water							Total	Lead a	nd		
System	Water System Facility	Sampling Point		nt		C	oliform				Stage
Facility ID		ID	Description			Status	Rule	Rule T	ier A	Asbestos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION			Α	Υ				
		DOWNSTREAM				Α					
		UPSTREAM	WITHIN 5 SER	VICE CON	١	Α					
00700	ENTRY POINT	3	ENTRY POINT			Α					
22289	WELL	2	WELL			Α					
		Con	tact Inform	nation							
Name		0	rganization						J	lob Title	
Mr. Georg	ge Dulchinos										
	ddraes Lina Ona	Mailing Address	a Lina Tura					i+v/		Ctoto	7: C

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.

City

Southwick

Emergency Phone Email Address

State

 $\mathsf{MA}$ 

Zip Code

01077

Schedule Generation Date: 4/3/2024 Page 7

Mailing Address Line Two

Mobile Phone

Mailing Address Line One

Extension

Fax

3 Red Oak Drive

**Business Phone** 

	Connecticut Department	of Fublic II	lealui	עו	THIKIHE	g vvaler	Section		
	Water Quality Mor	nitoring and	d Con	np	liance S	Schedul	le		
PWS ID PWS Name					ssification	Population	Owner Type	<b>Primary Source</b>	
CT1390144	1365 MOUNTAIN ROAD - SUFFIELD			NC	25	Р	GW		
Local Address (where applicable)		Service	Resider	ntial	Commerci	ial Industrial Combined		ed Agricultural	
		Connections			1	1			
Towns Served: S	SUFFIELD								

Connecticut Department of Dublic Health Drinking Water Section

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

### Please note the following:

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

End of schedule

	Connectic	ut Depa	rtment o	f Public	Health	Drin	nking	g Wa	ater	Sectio	n	
	Wat	ter Qual	ity Moni	toring ai	nd Com	nplia	nce	Sche	dule	е		
PWS ID	PWS Name					Classif	ication	Popul	ation	Owner Typ	e Pr	imary Source
CT1390154	SUNRISE PARK -	PAVILION				N	С	2	5	L		GW
ocal Address	(where applicable)			Service	Residen	tial Co	mmerc	ial In	dustria	l Combi	ned	Agricultura
2075 MOUNTA	AIN ROAD			Connection	S		1					
Towns Served:	SUFFIELD				1					'		
			Monit	oring Req	uireme	nts						
Water Systen	n Facility: <b>DISTR</b>	IBUTION SY	STEM (WSF	ID: 00600)								
<b>Total Colifor</b>	m (3100)								1	routine (	RT) į	oer quarter
Sampling	Point (Sampling Po	oint ID)			Monitori	ng Peri	od (	od Collection Period Compliance				
Select fro	m Inventory of Acti	ve Sampling	Points		4/1/24 -	6/30/2	4					
					7/1/24 -	9/30/2	4					
<b>Physical Para</b>	ameters (PPS)								1	routine (	RT) į	oer quarter
Sampling	Point (Sampling Po	oint ID)			Monitoring Period Collection Pe					riod Compliance Status		
Select fro	m Inventory of Acti	ve Sampling	Points		4/1/24 -	6/30/2	4					
					7/1/24 -	9/30/2	4					
Water Systen	n Facility: ENTRY	POINT (W	/SF ID: 00700	)								
Nitrate And	Nitrite (NOX)									1 routin	e (R	T) per year
Sampling	Point (Sampling Po	oint ID)			Monitori	ng Peri	od (	Collecti	on Per	iod Co	mpli	ance Status
ENTRY PC	OINT (3)				1/1/23 -	12/31/	23				Со	mplete
					1/1/24 -	12/31/	24					
					1/1/25 -	12/31/	25					
			Other 0	Compliand	e Sched	lules						
Compliance Sc	hedule Activity					Due Date Achieved Date						
SEASONAL START UP COMPLETION					4	4/1/202	24					
		Water Sy	stem Faci	ity and Sa	ampling	Poin	t Inve	entor	У			
Water								otal	Lead o	and		
,	ter System Facility	9	Sampling Point					liform	Copp			Stage
Facility ID			ID .	Description			tus	Rule	Rule I	Tier Asbes	tos	WQP 2 DBPI
00600 DIS	TRIBUTION SYSTEM		4	DISTRIBUTIO			A -	Υ				
			DOWNSTREAM				<b>4</b>					
			UPSTREAM	WITHIN 5 SI			<b>4</b>					
	RY POINT		3	ENTRY POIN	IT .		4					
48004 WE	LL #1		2	WELL #1		,	4					
			Coi	ntact Info	rmation							
Name			C	)rganization						Job T	tle	
Mr. Colin Mol	own of Suffie				First Selectman							
Mailing Addres	ss Line One		Mailing Addres	ss Line Two				Cit	ty	Stat	e	Zip Code
83 Mountain F	load			1			Suffiel			СТ		06078
Business Pho		Fax	Mob	ile Phone	Emergency	Phone						
860-668-38	20			668-3627			1		ldct.go			

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(	Connecticut	t Depa	rtment o	f Public	Health	Drii	nking	Water	Section			
	Wate	r Qua	lity Moni	toring a	nd Con	nplia	nce S	chedul	e			
PWS ID F	WS Name		Classif	ication	Population	Owner Type	Primary Source					
CT1390154	SUNRISE PARK - PA			N	IC	25	L	GW				
Local Address (wh	Service	Resider	tial Commercia		al Industri	al Combine	ed Agricultural					
2075 MOUNTAIN		Connection	ns		1							
Towns Served: SU	FFIELD					'		1				
Name		Organization					Job Title					
Mr. Matejek Chri	Town of Suffield, Public Works Facilities Manager											
Mailing Address Line One Mailing Addre				ess Line Two			City		State	Zip Code		
83 Mountain Road						Suffield			СТ	06078		
Business Phone	Extension	Fax	Mot	ile Phone	Emergenc	y Phone	Email A	ddress				
860-668-3890							cmatejek@suffieldct.gov					
Contact Role(s):	Administrative Co	ntact	"	<u> </u>								

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End of schedule