Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name				ssification	Population	Owner Type	Primary Source		
CT1435053	FIVE POINTS CENTER FOR THE VISUAL ARTS				NC	45	Р	GW		
Local Address (where applicable) Service			Residen	itial	Commerci	al Industri	al Combine	ed Agricultural		
855 UNIVERSIT	Y DRIVE	Connections	1							

	_	-	
1	owns	Served:	TORRINGTON

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

Other Comp	liance So	chedules
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Compliance Schedule Activity	Due Date	Achieved Date	
CROSS CONNECTION SURVEY REPORT	3/1/2025		

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		age DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ		Υ		
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UCTORR 001	GENERATED BY BATCH	Α	Υ				
		UCTORR 002	GENERATED BY BATCH	Α	Υ				
		UCTORR 003	GENERATED BY BATCH	Α	Υ				
		UCTORR 004	GENERATED BY BATCH	Α	Υ				
		UCTORR 005	GENERATED BY BATCH	Α	Υ				
		UCTORR001	CONFERENCE ROOM	Α	Υ	3	Υ		
		UCTORR002	MAINTENANCE RM SINK	Α	Υ	3	Υ		
		UCTORR003	WATER FOUNTAIN, MAIN	Α	Υ	3			
		UCTORR004	WATER FOUNTAIN, ART	Α	Υ	3	Υ		
		UCTORR005	CAFE, HANDWASH	Α	Υ	3	Υ		
		UCTORR006	AG KITCHEN	Α	Υ	N	Υ		
		UCTORR007	AG MENS ROOM	Α	Υ	N	Υ		
		UCTORR008	LIBRARY	Α	Υ	3	Υ		

	Connecticut	Depa	rtment of	Public	Health	Dri	nking	Wa	ater Se	ction	
	Wate	r Oual	ity Monit	oring a	nd Con	nolia	nce S	che	edule		
PWS ID	PWS Name	2 6000		8 - 11-8		_				ner Type P	rimary Source
CT1435053	FIVE POINTS CENTI	R FOR TH	E VISUAL ARTS			N		4		P	GW
Local Address	(where applicable)			Service	Residen	tial Co	mmercia	l In	dustrial	Combined	Agricultura
855 UNIVERSI	TY DRIVE			Connection	ns 1						
Towns Served	: TORRINGTON				I .				1		
	W	ater Sy	stem Facil	ity and S	ampling	Poin	t Inve	ntor	У		
Water							То	tal	Lead and		
System Wo Facility ID	ater System Facility	3	Sampling Point ID	Sampling P Description		Sta	_	orm ile	Copper Rule Tier	Asbestos	Stage WQP 2 DBP
			UCTORR009	MAIN LADI	ES ROOM	,	۹ ،	Y	3	Υ	
			UCTORR010	MENS RM/	CONFEREN	CE /	Α .	Y	3	Υ	
			UCTORR011	OFFICE HAI	ND SINK	,	Α '	Y	3	Υ	
			UCTORR012	LAB		,	4	Y	3	Υ	
			UCTORR013	MAIN MEN	S ROOM	,	٩ .	Y	3	Υ	
			UCTORR014	DISTRIBUTI	ON SYSTEM	1 /	٩ .	Y	3	Υ	
			UCTORR015	AG LAB SIN	K	,	4	Y	Ν	Υ	
			UPSTREAM	WITHIN 5 S	ERVICE COI	N A	4				
00700 EN	TRY POINT		3	ENTRY POII	VT	,	4				
10633 WE	ELL #2 (WEST WELL)		2	WELL (WES	T WELL)	,	4				
58052 WE	ELL #1 (NORTH ELL)		2	WELL #1 (N	IORTH WEL	L) ,	4				
58054 ATI	M TANK 1,500 GALLON	1S									
			Certified	Operato	r Inform	atior	1				
Water Syster	m Facility: <b>DISTRIB</b>	UTION SY	STEM (WSF I	D: 00600)							
Facility Classif	fication: SMALL WATE	R SYSTEM									Certification
Operator Nan	ne		Operator Typ	e	Certification	n(s)					Expiration
KILBOURN, ER	IC M.		CHIEF OPERATO	OR	DISTRIBUTI	ON SYS	TEM OPE	RATO	OR - CLASS	I	12/31/2025
					WATER TRE	ATMEN	IT PLANT	OPE	RATOR - CI	ASS II	12/31/2025
KILBOURN, JO	RDAN H		ASSIGNED OPE	RATOR	WATER TRE	EATMEN	IT PLANT	OPE	RATOR - CI	LASS II	6/30/2026
					DISTRIBUTI	ON SYS	ТЕМ ОРЕ	RATC	OR - CLASS	I	9/30/2024
			Con	tact Info	rmation	1					
Name			0	rganization						Job Title	
Five Points Ct	r For The Visual Arts,	Inc									
Mailing Addre	ss Line One		Mailing Addres	s Line Two				Ci	ty	State	Zip Code
33 Main Stree	t						Torring	on		СТ	06790
Business Ph	one Extension	Fax	Mobi	le Phone	Emergency	/ Phone	Email A	ddres	SS	-	
860-618-72	222						jmcelhc	ne@	@fivepoin	tsgallery.or	g
Contact Role(s	s): Owner		<u> </u>								
Name			0	rganization						Job Title	
Ms. Judith Mo	Elhone		Fi	ve Points Vis	sual Arts						

Mailing Address Line Two

Mobile Phone

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

33 Main Street

**Business Phone** 

860-618-7222

Schedule Generation Date: 4/3/2024 Page 2

City

jmcelhone@fivepointsgallery.org

Torrington

Emergency Phone Email Address

860-309-2932

State

Zip Code

06790

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

				0		1			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
CT1435053	FIVE POINTS CENTER F	OR THE	VISUAL ARTS			NC	45	Р	GW
Local Address (v	vhere applicable)			Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
855 UNIVERSITY	DRIVE			Connections	1				

Towns Served: TORRINGTON

## Please note the following:

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

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

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

End of schedule

	Connecticut Department of Public Health Drinking Water Section										
	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name	PWS Name			ssification	fication Population		Primary Source			
CT1435073	DR. MUNROE'S DENTAL CENTER				NC	45	Р	GW			
Local Address	(where applicable)	Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural			
2119 EAST MA	IN STREET	Connections			1						

Towns Served: TORRINGTON

TOWIS Served. TORKINGTON			
Monitorin	g Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	600)		
Total Coliform (3100)	1 rout	ine (RT) per quarter	
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		

	Other Compliance Schedules	
Compliance Schedule Activity	Due Date	Achieved Date

CROSS CONNECTION SURVEY REPORT 3/1/2025

	MINEETION SORVET REFORM			1,2023								
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	Stag WQP 2 DBI				
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	Α	Υ							
		BORGB001	KITCHEN	Α	Υ	2	Υ					
		BORGB002	LADIES LAV	Α		2						
		BORGB003	MENS LAV	Α		2						
		BORGB004	MENS LAV DENTAL	Α		2						
		BORGB005	LADIES LAV DENTAL	Α		2						
		BORGB006	LAUNDRY ROOM	Α	Υ							
		BORGB007	HANDICAP SHOWER	Α	Υ							
		BORGB008	PRIVATE LAV	Α	Υ							
		BORGB009	LAB 1 SINK	Α	Υ							
		BORGB010	ADULT TREATMENT 1	Α	Υ							
		BORGB011	HYGIENE 1	Α	Υ							
		BORGB012	CHILDRENS ORTHO	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Department of Fubile fleatin Drinking Water Section											
	Water Quality Moni	toring an	d Con	npli	iance S	Schedul	e					
PWS ID	PWS Name		Class	sification	Population	Owner Type	Primary Source					
CT1435073	CT1435073 DR. MUNROE'S DENTAL CENTER						Р	GW				
Local Address (\	where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural				
2119 EAST MAII	N STREET	Connections			1							
Towns Served:	TORRINGTON			'								

Connecticut Department of Public Health Drinking Water Section

		Water Sy	stem Facili	ity and Sa	impling Po	oint Ir	rventor	у				
Facility ID	Water System Fac	ility S	ampling Point ID 3	Sampling Population		Status A	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage 2 DBPR	
10634	WELL		2	WELL		Α						
Certified Operator Information  Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)												
•	ssification: SMALL		51EW (005) II	<i>5.</i> 00000,						Certific	cation	
Operator N	lame		Operator Type	e	Certification(s	)				Expir	ation	
KILBOURN,	ERIC M.	(	CHIEF OPERATO	)R	DISTRIBUTION	SYSTEM	1 OPERATO	OR - CLASS I		12/31	/2025	
				,	NATER TREAT	MENT P	LANT OPE	RATOR - CL	ASS II	12/31	/2025	
KILBOURN,	JORDAN H	A	ASSIGNED OPER	RATOR	NATER TREAT	MENT P	LANT OPE	RATOR - CL	ASS II	6/30,	/2026	
					DISTRIBUTION	SYSTEM	1 OPERATO	OR - CLASS I		9/30/	/2024	
			Can	tost lefo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							

				Contact Inf	ormation				
Name				Organization	ı	Job Title			
Dr. Onika Quinn-M	unroe			Dr. Munroe'	Dr. Munroe's Dental Center				
Mailing Address Line One Mailing Add				dress Line Two		City	State	Zip Code	
2119 East Main Stre	eet					Torringto	on	СТ	06790
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress		
860-482-4041		860-482-	2471						
Contact Role(s): Le	gal Contact C	)wner							

Contact Role(s): Legal Contact, Owner

Name	Name					Job Title				
Ms. Tracie Grieco				Dr. Monroe's	Dr. Monroe's Dental Center			Office Manager		
Mailing Address Line One Mailing Add				ddress Line Two			City	State	Zip Code	
2119 East Main St						Torringt	on	СТ	06790	
Business Phone Extension Fax				Mobile Phone	Emergency Phone	Email Address				
860-482-4041 860-482-2471					tracieg.r	nonroesdental@	gmail.co	om		

Contact Role(s): Administrative Contact

# Please note the following:

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

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

End of schedule

		ut Departr ter Quality					U			ection		
PWS ID	PWS Name	tor Quarty	1 101110			Classifi				vner Type	Primary	/ Source
CT1430024		DVENT CHRISTIA	N CHURCH			N		25		Р	G\	
	vhere applicable)			Service	Resident	ial Co	mmercia	1	ustrial	Combine		cultural
217 NEW HARW				Connectio	ns		1					
Towns Served: 1												
			Monit	oring Re	quireme	nts						
Water System	Facility: <b>DISTR</b>	RIBUTION SYSTE	M (WSF I	D: 00600)								
<b>Total Coliform</b>	n (3100)								1 rc	outine (R1	T) per q	uarter
Sampling F	Point (Sampling P	oint ID)			Monitorin	ng Perio	od Co	llectio	n Perio	d Com	pliance S	Status
Select from	Inventory of Act	ive Sampling Poir	nts		10/1/23 -	12/31/	23					
					1/1/24 -							
					4/1/24 -							
					7/1/24 -	9/30/2	4					
Physical Para	-								1 rc	outine (R		
	Point (Sampling P				Monitorin			llectio	n Perio	d Com	pliance S	Status
Select from	Inventory of Act	ive Sampling Poir	nts		10/1/23 -							
					1/1/24 -							
					4/1/24 -							
					7/1/24 -	9/30/2	4					
•	•	Y POINT (WSF	ID: 00700)									
Nitrate And N	' <del>=</del> '								:	1 routine	- ·	-
	Point (Sampling P	oint ID)			Monitorin			llectio	n Perio	d Com	pliance S	Status
ENTRY POI	NT (3)				1/1/23 - 1							
					1/1/24 - 1							
					1/1/25 - 1							
		<b>Water Syste</b>	em Facili	ity and S	ampling	Point	Inver	itory	1			
Water							Tot	al L	ead an	d		
	er System Facility	Sam	_	Sampling I			Colif		Copper			Stage
Facility ID			ID	Description		Sta	tus Ru	ile	Rule Tie	er Asbesto	os WQP	2 DBPR
00600 DIST	RIBUTION SYSTEM		4		ION SYSTEM	Α	١ ١	′				
					SERVICE CON		١					
		UI	PSTREAM		SERVICE CON	Α	١					
00700 ENTR	Y POINT		3	ENTRY POI	NT	Α	١					
22358 WELI	-		2	WELL		Δ	١					
					ormation							
Name				rganization						Job Titl	е	
Mr. Allen S. Lati				dvent Christ	ian Church			Pasto				
Mailing Address		Mai	ling Addres	s Line Two				City	/	State	Zip C	
217 New Harwir					T		Torringt			СТ	067	790
Business Phor	e Extension	Fax	Mobi	le Phone	Emergency	Phone	Email A	ddress				

860-489-7252

aclatimore@netzero.net

860-489-5569

Contact Role(s): Administrative Contact, Legal Contact

860-489-8465

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

	Water Quanty Fromtoring and compliance beneaute										
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source						
CT1430024	TORRINGTON ADVENT CHRISTIAN CHURCH	NC	25	Р	GW						
Local Address (v	vhere applicable)	Service	Resider	ntial Commerci	al Industri	ial Combin	ed Agricultural				
217 NEW HARW	217 NEW HARWINTON ROAD			1							
Towns Served:	FORRINGTON			·							

## Please note the following:

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

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

End of schedule

C	onnoctic	ut Dana	ntmant	of Dubli	a Uaalth	Drin	lrina IA	Inton C	oction	
C	onnectic	•							ection	
	Wat	ter Qua	lity Mon	iitoring	and Com	pliar	ice Sch	redule		
PWS ID PV	VS Name					Classific	ation Pop	ulation Ov	vner Type	Primary Source
CT1430104 BU	JRR POND S.P.	/TOILET BUI	LDING WELL			NC		25	S	GW
Local Address (whe	re applicable)			Service	Resident	ial Con	nmercial	Industrial	Combine	d Agricultural
BURR MOUNTAIN F	ROAD			Connecti	ons 1					
Towns Served: TOR	RINGTON			'			1		'	,
			Mon	itoring R	equiremer	nts				
Water System Fa	cility: DISTR	IBUTION S'	YSTEM (WS	F ID: 00600)						
Total Coliform (	3100)							1 rc	utine (RT)	per quarter
Sampling Poir	nt (Sampling P	oint ID)			Monitorin	g Perio	d Collec	ction Period	d Comp	liance Status
Select from In	ventory of Acti	ve Sampling	Points		4/1/24 - (	6/30/24				
					7/1/24 - 9	9/30/24				
<b>Physical Parame</b>	ters (PPS)							1 rc	utine (RT)	per quarter
Sampling Poir	nt (Sampling P	oint ID)			Monitorin	g Perio	d Collec	ction Period	d Comp	liance Status
Select from In	ventory of Acti	ve Sampling	Points		4/1/24 - (	6/30/24				
					7/1/24 - 9	9/30/24				
Water System Fa	cility: ENTRY	POINT (V	VSF ID: 0070	00)						
Nitrate And Nitr	ite (NOX)							:	1 routine (	RT) per year
Sampling Poir	nt (Sampling P	oint ID)		Monitorin	g Perio	d Collec	ction Period	d Comp	liance Status	
ENTRY POINT		1/1/23 - 1	.2/31/23	3		C	omplete			
					1/1/24 - 1	.2/31/24	1			
					1/1/25 - 1	.2/31/25	5			
			Other	Complia	nce Sched	ules				
Compliance Schedu	ıle Activity				D	ue Date	?	Achieved	d Date	
SEASONAL START L	JP COMPLETIO	N			4	/1/2024	1			
		Water Sy	ystem Fac	cility and	Sampling	Point	Invento	ory		
Water							Total	Lead and	d	
- /	ystem Facility		Sampling Po	int Sampling			Coliforn	n Copper		Stage
Facility ID			ID	Descripti	on	Stati	us Rule	Rule Tie	r Asbestos	WQP 2 DBPR
00600 DISTRIB	UTION SYSTEM		101	WOMEN'	S SINK	Α	Υ			
			102	MEN'S SI	NK	Α	Υ			
			4	DISTRIBU	TION SYSTEM	Α	Υ			
			DOWNSTREA	AM WITHIN 5	SERVICE CON	Α				
			UPSTREAM	1 WITHIN 5	SERVICE CON	Α				
00700 ENTRY P	OINT		3	ENTRY PO	DINT	1				
23115 WELL1			2	WELL #1		Α				
			C	ontact Inf	ormation					
				0	_			·	Job Title	
Name				Organization	1				300 1100	
Name Mr. David Cooley				Deep-Engine			Sı	ıpv Civil En		
	ne One		Mailing Add		eering Unit			upv Civil En		Zip Code
Mr. David Cooley Mailing Address Lir 163 Great Hill Road				Deep-Engine ress Line Two	eering Unit		Portland	City	gineer	
<b>Mr. David Cooley</b> Mailing Address Lir		Fax 860-344-:	M	Deep-Engine	eering Unit	Phone I	Portland	City	gineer	Zip Code

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

	Connecticut Department of Public Health Drinking Water Section										
Water Quality Monitoring and Compliance Schedule											
WS ID PWS Name Classification Population Owner Type Primary Source											
T1430104	BURR POND S.P./TOILET BUILDING WELL	NC	25	S	GW						

Connections

Residential Commercial

1

Industrial

Combined

Service

Towns Served: TORRINGTON

**BURR MOUNTAIN ROAD** 

Local Address (where applicable)

СТ

## Please note the following:

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

End of schedule

Agricultural

	Connecticut De	nartment of	f Public H	aalth	Drin	king	Mat	tor So	ection	
		uality Monit							CCIOII	
PWS ID	PWS Name	uality Mollit	ornig am	a Gon					ner Type F	Primary Source
CT143011		DUARTERS			N		25		S	GW
	ress (where applicable)		Service	Residen		mmercial	1	ustrial	Combined	
	UNTAIN ROAD		Connections		1				. 0	
	ved: TORRINGTON									
		Monite	oring Requ	ireme	nts					
Water Sy	stem Facility: DISTRIBUTIO		<u>.</u>							
Total Co	liform (3100)							1 ro	utine (RT)	per quarter
	oling Point (Sampling Point ID)			Monitori	ng Perio	od Col	lectio	n Period		iance Status
Selec	t from Inventory of Active Samp	oling Points		4/1/24 -	6/30/2	4				
				7/1/24 -	9/30/2	4				
Physical	Parameters (PPS)							1 ro	utine (RT)	per quarter
_	oling Point (Sampling Point ID)			Monitori	ng Perio	od Col	lectio	n Period		iance Status
Selec	t from Inventory of Active Samp	oling Points		4/1/24 -	6/30/2	4				
			7/1/24 - 9/30/24							
Water Sy	stem Facility: ENTRY POIN	r (WSF ID: 00700)								
Nitrate A	And Nitrite (NOX)							1	routine (	RT) per year
Sam	oling Point (Sampling Point ID)			Monitori	ng Perio	od Col	lectio	n Period	Compl	iance Status
ENTR	RY POINT (3)			1/1/23 -	12/31/2	23			C	omplete
				1/1/24 -	12/31/2	24				
				1/1/25 -	12/31/2	25				
		Other C	ompliance	Sched	lules					
Complian	ce Schedule Activity		-	I	Due Dat	te	A	chieved	Date	
SEASONAI	L START UP COMPLETION			4	4/1/202	4				
	Wate	r System Facil	ity and Sar	npling	Point	Inven	tory	,		
Water		-				Tot	al L	ead and	1	
System	Water System Facility	Sampling Point		nt		Colife	orm	Copper		Stage
Facility ID	)	ID	Description		Sta	tus Ru	le i	Rule Tie	r Asbestos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM	101	KITCHEN SINK	•	P	Y				
		102	EXTERIOR FAL	JCET	A	Y				
		4	DISTRIBUTION	I SYSTEM	l A	Y				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	N A	١.				
		UPSTREAM	WITHIN 5 SER	VICE CON	N A	١				
00700	ENTRY POINT	3	ENTRY POINT		A	١				
22363	WELL	2	WELL		A	١				
57326	TREATMENT PLANT									
		Con	tact Inforr	nation						
Name		0	rganization						Job Title	
Mr. David	Cooley	De	eep-Engineerin	g Unit			Supv	Civil Eng	ineer	
Mailing Ad	ddress Line One	Mailing Addres	s Line Two				City	,	State	Zip Code
163 Great	Hill Road					Portland			СТ	06480
						1				

**Mobile Phone** 

860-205-7552

Emergency Phone | Email Address

david.cooley@ct.gov

860-424-3333

Fax

860-344-2560

Extension

Contact Role(s): Administrative Contact, Legal Contact

**Business Phone** 

860-342-2215

	Connecticut Department of Public Health Drinking Water Section												
Water Quality Monitoring and Compliance Schedule													
PWS ID PWS Name Classification   Population   Owner Type   Primary Sou													
CT1430114	BURR POND S.P./HEADQUARTERS			NC	25	S	GW						
Local Address	ocal Address (where applicable)  Service Resid					al Industri	al Combine	ed Agricultural					

Connections

1

Towns Served: TORRINGTON

**BURR MOUNTAIN ROAD** 

## 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 Don	artment of	Dublic	[oalth	Drink	ing M	ator C	oction	
	Connecticut Dep							ection	
	Water Qu	ality Monit	oring an		1				
PWS ID	PWS Name			-	Classificat	ion Popu	ulation Ow	ner Type Pr	imary Source
CT1430234	CUMBERLAND FARMS #45	90			NC		25	Р	GW
	here applicable)		Service	Resident	ial Comm	nercial li	ndustrial	Combined	Agricultural
1439 NEW LITCH	IFIELD STREET		Connections		-	1			
Towns Served: T	ORRINGTON								
		Monito	oring Requ	iiremer	nts				
Water System	Facility: <b>DISTRIBUTION</b>	SYSTEM (WSF II	D: 00600)						
<b>Total Coliform</b>	(3100)						1 ro	utine (RT) բ	er quarter
Sampling P	oint (Sampling Point ID)			Monitorin	g Period	Collect	tion Period	Compli	ance Status
Select from	Inventory of Active Samplin	ng Points		10/1/23 - :	12/31/23			Co	mplete
				1/1/24 - 3	3/31/24			Co	mplete
				4/1/24 - 6	6/30/24				
				7/1/24 - 9	9/30/24				
<b>Physical Parar</b>	•						1 ro	utine (RT) բ	er quarter
	oint (Sampling Point ID)			Monitorin		Collect	tion Period		ance Status
Select from	Inventory of Active Samplin	ng Points		10/1/23 - 1					mplete
				1/1/24 - 3				Co	mplete
				4/1/24 - 6					
				7/1/24 - 9	9/30/24				
Water System	Facility: ENTRY POINT	WSF ID: 00700)							
Nitrate (1040	•							utine (RT) բ	•
	oint (Sampling Point ID)			Monitorin		Collect	tion Period		ance Status
ENTRY POI	NT (3)			10/1/23 - :					mplete
				1/1/24 - 3		_		Co	mplete
				4/1/24 - 6					
				7/1/24 - 9	9/30/24				
Nitrite (1041)						- "		routine (R	
	oint (Sampling Point ID)			Monitorin		Collect	tion Period		ance Status
ENTRY POI	NT (3)			1/1/23 - 1					mplete
				1/1/24 - 1				Col	mplete
		Oth an C	l!	1/1/25 - 1					
		Otner Co	ompliance						
Compliance Sch					ue Date		Achieved	Date	
RESPOND TO SA					/28/2015				
	Water	System Facili	ty and Sar	npling	Point Ir	nvento	ry		
Water	u Creatain Facility	Committee - Delit	Communities or D. 1	4		Total	Lead and	1	6.
*	r System Facility	Sampling Point ID	Sampling Poil Description	nt		Coliform		r Achastas	Stage WQP 2 DBPR
Facility ID	NOLITION CVCTCA 4		•	I CVCTEA 4	<u>Status</u>		Kule He	ASDESTOS	VVQP Z DBPK
00600 DISTR	RIBUTION SYSTEM	4	DISTRIBUTION		A	Υ			
		DOWNSTREAM			A				
		UPSTREAM	WITHIN 5 SER	VICE CON	Α				

**ENTRY POINT** 

WELL

Α

Α

3

2

00700 ENTRY POINT

22372 WELL

C	connectic	ut Depa	rtment	of Public	Health	$\mathbf{D}$	rinking	g Water	Section	n	
	Wat	ter Qua	lity Mon	itoring a	nd Con	npl	liance S	Schedul	le		
PWS ID P	WS Name					Cla	ssification	Population	Owner Ty	ре Р	rimary Source
CT1430234 C	UMBERLAND F	ARMS #4590	)				NC	25	Р		GW
Local Address (who	ere applicable)			Service	Residen	itial	Commerci	al Industri	al Coml	oined	Agricultural
1439 NEW LITCHFI	ELD STREET			Connection	ns		1				
Towns Served: TOI	RRINGTON						1				
			Co	ontact Info	rmation	1					
Name				Organization					Job '	Title	
<b>Cumberland Farm</b>	s Inc										
Mailing Address Li	ne One		Mailing Addr	ess Line Two				City	Sta	te	Zip Code
100 Crosing Blvd							Framir	gham	М	Α	01702
Business Phone	Extension	Fax	Mo	obile Phone	Emergency	/ Pho	one Email A	Address			
Contact Role(s):	Owner										
Name				Organization					Job '	Title	

Cumberland Farms Inc

Contact Role(s): Administrative Contact, Legal Contact

Extension

#### Please note the following:

Mr. Joseph H Petrowski

Mailing Address Line One

100 Crossing Boulavard

**Business Phone** 

860-482-3502

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

Mailing Address Line Two

Mobile Phone

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

Fax

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

Zip Code

01702

State

MA

President/Ceo

City

Framingham

Emergency Phone Email Address

	Connecticut Departmen	nt of Public H	lealth Di	rinking	Mater	Secti	on	
	Water Quality M			_			1011	
PWS ID	PWS Name	onitoring and			Population		Tyne Dr	imary Source
CT1430244	861 NEW HARWINTON ROAD		Cia	NC	25	P	туре гт	GW
	where applicable)	Service	Residential	Commerci			nbined	Agricultura
	WINTON ROAD	Connections	Residential	1	ai iliaastiia	11 COI	iibiiieu	Agricultura
Towns Served:								
TOWNS SETVEG.		lonitoring Requ	irements					
Water System	n Facility: DISTRIBUTION SYSTEM (							
Total Colifori					1	l routir	ne (RT)	per month
	Point (Sampling Point ID)		Monitoring P	eriod C	ollection Per			nce Status
Select from	m Inventory of Active Sampling Points	:	11/1/23 - 11/	30/23			Cor	mplete
	. =		12/1/23 - 12/	31/23				nplete
-			1/1/24 - 1/3	1/24			Cor	mplete
			2/1/24 - 2/2	9/24				nplete
			3/1/24 - 3/3	1/24				
			4/1/24 - 4/3	0/24				
-			5/1/24 - 5/3	1/24				
			6/1/24 - 6/3	0/24				
-			7/1/24 - 7/3					
			8/1/24 - 8/3					
			9/1/24 - 9/3					
Physical Para	ameters (PPS)			•	1	L routir	ne (RT)	per month
-	Point (Sampling Point ID)		Monitoring P	eriod C	ollection Per			nce Status
Select from	m Inventory of Active Sampling Points		11/1/23 - 11/	30/23				nplete
			12/1/23 - 12/	31/23			Cor	mplete
			1/1/24 - 1/3	1/24			Cor	nplete
			2/1/24 - 2/2	9/24			Cor	mplete
			3/1/24 - 3/3	1/24				
			4/1/24 - 4/3	0/24				
			5/1/24 - 5/3	-				
			6/1/24 - 6/3	0/24				
			7/1/24 - 7/3					
			8/1/24 - 8/3	1/24				
			9/1/24 - 9/3					
Water System	n Facility: ENTRY POINT (WSF ID: 0	0700)						
Nitrate And I	Nitrite (NOX)					1 rou	tine (R	T) per year
Sampling	Point (Sampling Point ID)		Monitoring P	eriod C	ollection Per		-	nce Status
ENTRY PO	INT (3)		1/1/23 - 12/3	31/23			Cor	mplete
			1/1/24 - 12/3	31/24			Cor	mplete
			4 /4 /05 40/5					

	1/1/25 - 12/31/25	
Other Com	pliance Schedules	
Compliance Schedule Activity	Due Date	Achieved Date
L1 ASSESSMENT (MULTIPLE TC+)	11/4/2022	
L2 ASSESSMENT (INS REPEATS, 2ND IN 12M)	1/30/2023	

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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Pr	imary Source
CT1430244	861 NEW HARWINTON ROAD				NC	25	Р		GW
Local Address (v	vhere applicable)	Service	Resider	itial	Commercia	al Industri	al Combin	ed	Agricultural
861 NEW HARW	INTON ROAD	Connections			1				

Towns Served: TORRINGTON

Public	Public Notification Requirements											
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>												
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received						
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	11/5/22 -	2	7/14/2023		7/24/2023							
Total Coliform M&R Violation	10/1/22 - 10/31/22	3	7/24/2024		8/3/2024							
Physical Parameters M&R Violation	4/1/23 - 6/30/23	3	7/24/2024		8/3/2024							
Total Coliform M&R Violation	4/1/23 - 6/30/23	3	7/24/2024		8/3/2024							
Physical Parameters M&R Violation	7/1/23 - 7/31/23	3	10/1/2024		10/11/2024							

	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					
22373	WELL	2	WELL	А					

			Co	ntact Inf	ormation			
Name				Organization	1		Job Title	
Mr. Arif Mahmood				Alam Realty,	LLC			
Mailing Address Lin	e One		Mailing Addre	ess Line Two		City	State	Zip Code
22 Millard Street						Torrington	СТ	06790
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Address		
						tonymahmoodm@a	aol.com	

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

# 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.

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

End of schedule

Page 15

			15 11. *		_				_	
	Connecticut De	•					_		ection	
	Water Qı	uality Monit	oring and	d Com						
PWS ID	PWS Name				Clas	sificatio	n Popu	ulation Ov	vner Type Pr	imary Source
CT1430274	823 NEW HARWINTON R	OAD				NC		60	Р	GW
	(where applicable)		Service	Residen	tial	Comme	rcial I	ndustrial	Combined	Agricultural
823 NEW HAR	RWINTON ROAD		Connections			1				
Towns Served	: TORRINGTON									
		Monite	oring Requ	ireme	nts					
Water Syster	m Facility: DISTRIBUTION	N SYSTEM (WSF I	D: 00600)							
<b>Total Colifo</b>	rm (3100)							1 rc	utine (RT) բ	er quarter
Sampling	g Point (Sampling Point ID)			Monitori	ng Po	eriod	Collect	tion Period	d Compli	ance Status
Select fro	om Inventory of Active Samp	ling Points	:	10/1/23 -	12/3	31/23			Co	mplete
				1/1/24 -	3/31	1/24			Co	mplete
				4/1/24 -	6/30	0/24				
				7/1/24 -	9/30	0/24				
<b>Physical Par</b>	rameters (PPS)							1 rc	utine (RT) բ	er quarter
Sampling	g Point (Sampling Point ID)			Monitori	ng Po	eriod	Collect	tion Period	d Compli	ance Status
Select fro	om Inventory of Active Samp	ling Points	<u> </u>	10/1/23 -	12/3	31/23			Co	mplete
				1/1/24 -	3/31	1/24			Co	mplete
				4/1/24 -						
				7/1/24 -	9/30	0/24				
Water Syster	m Facility: ENTRY POINT	(WSF ID: 00700)								
<b>Nitrate And</b>	Nitrite (NOX)							:	L routine (R	T) per year
Sampling	g Point (Sampling Point ID)			Monitori	ng Po	eriod	Collect	tion Period	d Compli	ance Status
ENTRY PO	OINT (3)			1/1/23 -	12/3	1/23			Co	mplete
				1/1/24 -					Co	mplete
				1/1/25 -	12/3	1/25				
Water Syster	m Facility: WELL (WSF II	D: 22375)								
E. Coli (301	4)							1 rc	utine (RT) բ	er quarter
Sampling	g Point (Sampling Point ID)			Monitori	ng P	eriod	Collect	tion Period	d Compli	ance Status
WELL (2)			<u> </u>	10/1/23 -	12/3	31/23			Co	mplete
				1/1/24 -					Co	mplete
				4/1/24 -						
				7/1/24 -	9/30	0/24				
	Water	System Facili	ity and Sar	npling	Poi	int Inv	vento	ry		
Water							Total	Lead and	d	
*	ater System Facility	Sampling Point		nt		C	Coliform			Stage
Facility ID		ID	Description			Status	Rule	Rule Tie	r Asbestos	WQP 2 DBPR
00600 DIS	STRIBUTION SYSTEM	4	DISTRIBUTION			Α	Υ			
		DOWNSTREAM				Α				
		UPSTREAM	WITHIN 5 SER	VICE CON	١	Α				
00700 EN	TRY POINT	3	ENTRY POINT			Α				
22375 WE	ELL	2	WELL			Α				
		Con	tact Inform	nation						
Name		0	rganization						Job Title	
_										

Rusiness Phone Extension Fax Mohile Phone Emergency Phone Email Address

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.

Mailing Address Line Two

Ojoes North Properties Inc.

City

Oakville

State

 $\mathsf{CT}$ 

Zip Code 06779

Mr. Stephen Martino

805 Main Street

Mailing Address Line One

	Commeetic	at Departine		I ubiic I	icaitii	וטו	311121111	, water	Decemon	
	Wa	ter Quality N	Monito	oring an	d Con	npli	ance S	Schedul	le	
PWS ID	PWS Name					Clas	sification	Population	Owner Type	Primary Source
CT1430274	823 NEW HARW	INTON ROAD					NC	60	Р	GW
Local Address (v	vhere applicable)			Service	Resider	itial	Commerci	al Industri	al Combine	ed Agricultural
823 NEW HARW	INTON ROAD			Connections			1			
Towns Served: T	ORRINGTON							·		
860-417-933	4	Tax	Moon	ernone E	mergene		spmtax	k@yahoo.co	m	
Contact Role(s):	Administrative	Contact, Legal Cont	act, Own	er						

Connecticut Department of Public Health Drinking Water Section

#### 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 Departme	ent of Public H	lealth D	rinkin	g Water	Section	
	Water Quality N				_		
PWS ID	PWS Name					Owner Type P	rimary Source
CT1430854	UNITED CONGREGATIONAL CHURCH	I-TORRINGFORD		NC	25	Р	GW
Local Address	(where applicable)	Service	Residential	Commer	cial Industria	l Combined	Agricultural
1622 TORRING	· · · · · · · · · · · · · · · · · · ·	Connections		1			
Towns Served:	TORRINGTON						
	N	Nonitoring Requ	irement	S			
Water Syster	m Facility: <b>DISTRIBUTION SYSTEM</b>	(WSF ID: 00600)					
<b>Total Colifor</b>	m (3100)				1	routine (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitoring	Period	Collection Per	iod Compl	iance Status
Select fro	m Inventory of Active Sampling Points		10/1/23 - 12	/31/23		Co	mplete
			1/1/24 - 3/	31/24		Co	mplete
			4/1/24 - 6/	30/24			
			7/1/24 - 9/	30/24			
-	ameters (PPS)				1	routine (RT)	•
	Point (Sampling Point ID)		Monitoring		Collection Per		iance Status
Select fro	m Inventory of Active Sampling Points		10/1/23 - 12				mplete
			1/1/24 - 3/			Сс	mplete
			4/1/24 - 6/				
	= III.		7/1/24 - 9/	30/24			
-	m Facility: ENTRY POINT (WSF ID:	00700)					
Nitrate (104	•					routine (RT)	•
	Point (Sampling Point ID)		Monitoring		Collection Per		iance Status
ENTRY PO	אוען (3)		10/1/23 - 12				mplete
			1/1/24 - 3/ 4/1/24 - 6/				mplete
			7/1/24 - 9/				
Nitrite (104	1)		7/1/24-3/	30/24	1	routine (RT)	nor quartor
_	+) Point (Sampling Point ID)		Monitoring	Period	Collection Per	• •	iance Status
ENTRY PO			10/1/23 - 12				mplete
	(0)		1/1/24 - 3/				mplete
			4/1/24 - 6/	*			
			7/1/24 - 9/				
	Ot	her Compliance					
Compliance So	chedule Activity			e Date	Achie	ved Date	
	SANITARY SURVEY			1/2009	7.00		
	SANITARY SURVEY			.9/2018			
		ic Notification R					
		Compliance	Notice		Notification	PN Cer	tification
Violation/Situ	ation	Period	Tier	Required			_
Nitrite M&R V	iolation	10/1/22 - 12/31/22	3	12/7/202		12/17/2024	
	Water System	Facility and Sar	npling Po	oint Inv	entory		
	water system	radility alla bal		• • •	CC. ,		

Sampling Point Sampling Point **Water System Facility** System Coliform Copper Stage ID Description Facility ID Rule Rule Tier Asbestos WQP 2 DBPR Status 00600 **DISTRIBUTION SYSTEM DISTRIBUTION SYSTEM** Α Υ DOWNSTREAM WITHIN 5 SERVICE CON Α

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name		Cla	ssification	Population	Owner Type	Pri	mary Source				
CT1430854	T1430854 UNITED CONGREGATIONAL CHURCH-TORRINGFORD						Р		GW			
Local Address	ocal Address (where applicable)			ntial	Commerci	al Industri	al Combin	ed	Agricultural			
1622 TORRING	622 TORRINGFORD STREET				1							

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 DBP				
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
22416	WELL	2	WELL	Α								

					ormation					
Name				Organization	1			Job Title		
Mr. Roger Robbins				United Cong	regational Church		Facility Coo	rdinator		
Mailing Address Line	One		Mailing A	ddress Line Two			City	State	Zip Code	
1622 Torringford St.						Torringt	on	СТ	06790	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress			
860-482-8685		860-484-	1257			unitedco	ng@sbcglol	g@sbcglobal.net		
Contact Role(s): Adr	ministrative (	Contact	•							
Name				Organization	1			Job Title		
<b>United Congregation</b>	nal Church									
Mailing Address Line	One		Mailing A	ddress Line Two		City		State	Zip Code	
1622 Torringford St						Torringt	on	СТ	06790	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress			

# Please note the following:

Contact Role(s): Legal Contact, Owner

Towns Served: TORRINGTON

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

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

End of schedule

Schedule Generation Date: 4/3/2024

	Co	nnectic	ut Depa	artment c	of Public	Health	Drir	nking	Wa	ter S	ection	l	
		Wa	ter Qua	lity Moni	itoring a	nd Con	nplia	nce S	che	dule			
PWS ID	PW	S Name					Classif	ication F	opul	ation O	wner Type	Prir	mary Source
CT1430964	4 TOI	RRINGTON CI	TGO				N	IC	25	5	Р		GW
Local Addr	ess (wher	e applicable)			Service	Residen	ntial Co	mmercia	l Ind	dustrial	Combin	ed	Agricultural
826 NEW H	HARWINT	ON ROAD			Connection	ns		1					
Towns Ser	ved: TORF	RINGTON											
				Moni	toring Red	quireme	nts						
Water Sys	stem Fac	ility: DISTR	IBUTION S	YSTEM (WSF	ID: 00600)								
<b>Total Col</b>	liform (3	100)								1 r	outine (R	T) pe	er quarter
Samp	oling Point	(Sampling P	oint ID)			Monitori	ing Peri	od Co	llectio	on Perio	d Com	plia	nce Status
Select	t from Inv	entory of Act	ive Sampling	Points		10/1/23 -	- 12/31/	′23				Com	plete
						1/1/24 -	- 3/31/2	24					
						4/1/24 -	- 6/30/2	24					
						7/1/24	- 9/30/2	24					
Physical	Paramet	ers (PPS)								1 r	outine (R	T) pe	er quarter
Samp	oling Point	(Sampling P	oint ID)			Monitori	ing Peri	od Co	llectio	on Perio	d Com	plia	nce Status
Select	t from Inv	entory of Act	ive Sampling	g Points		10/1/23 -	- 12/31/	′23				Com	plete
						1/1/24 -	- 3/31/2	24					
						4/1/24 -	- 6/30/2	24					
						7/1/24 -	- 9/30/2	24					
Water Sys	stem Fac	ility: ENTR	Y POINT (V	WSF ID: 00700	0)								
Nitrate A	nd Nitrit	e (NOX)									1 routine	(RT	) per year
Samp	oling Point	(Sampling P	oint ID)			Monitori	ing Peri	od Co	llectio	on Perio	d Com	plia	nce Status
ENTR	Y POINT (3	3)				1/1/23 -	12/31/2	23				Com	plete
						1/1/24 -	12/31/2	24					
						1/1/25 -	12/31/2	25					
			Water S	ystem Faci	ility and Sa	ampling	Poin	t Inver	ntor	у			
Water								Tot	tal	Lead an	d		
-		stem Facility		Sampling Poin						Coppe			Stage
Facility ID				ID	Description	1	Sta	itus Ru	ıle	Rule Ti	er Asbest	os V	VQP 2 DBPR
00600	DISTRIBU	TION SYSTEM	1	4	DISTRIBUTI	ON SYSTEM	1 /	۹ ۱	1				
00700	ENTRY PO	DINT		3	ENTRY POIN	NT	A	4					
22987	WELL #1			2	WELL #1		A	4					
56227	PRESSUR	E TANK											
				Co	ntact Info	rmation	1						
Name					Organization						Job Tit	е	
Mr. James	Borla				Borla's Service	Station			Man	ager			
Mailing Ad	ldress Line	One		Mailing Addre	ess Line Two				Cit	У	State		Zip Code
826 New H	larwinton	Road						Torringt	on		СТ		06790
Business	Phone	Extension	Fax	Мо	bile Phone	Emergency	Phone	Email Ad	ddres	S	·		

860-485-0329

jborla@optonline.net

860-489-7799

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

860-482-6977

Connecticut Department of Public Health	Drinking	g Water	Section							
Water Quality Monitoring and Compliance Schedule										
DIA/S Nama	Classification	Donulation	Owner Type	Dri						

	Water Quarty From	a don	ipiiaiiee i	o cii c a a			
PWS ID	PWS Name	PWS Name					Primary Source
CT1430964	TORRINGTON CITGO			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial Commerc	ial Industri	ial Combin	ed Agricultural
826 NEW HARWINTON ROAD		Connections		1			
Towns Served: 1	owns Served: TORRINGTON						

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

End of schedule

	_				_							
	Connecticut De Water O	partment of uality Monit						ection				
PWS ID	PWS Name		011118					vner Type	Primary Source			
CT1430974	ELKS POND				NC		25	Р	GW			
	s (where applicable)		Service	Resident			ndustrial	Combine				
180 GUERDA			Connections			1			8			
Towns Serve	d: TORRINGTON											
		Monito	oring Requ	iiremei	nts							
Water Syste	em Facility: DISTRIBUTIO	N SYSTEM (WSF II	D: 00600)									
Total Colifo	orm (3100)						1 ro	utine (RT)	per quarter			
Samplin	g Point (Sampling Point ID)			Monitorii	ng Period	Collec	tion Period	l Comp	liance Status			
Select fr	om Inventory of Active Samp	oling Points		4/1/24 - 6/30/24								
				7/1/24 -	9/30/24							
Physical Pa	rameters (PPS)						1 ro	utine (RT)	per quarter			
Samplin	g Point (Sampling Point ID)			Monitorii	ng Period	Collec	tion Period	l Comp	liance Status			
Select fr	om Inventory of Active Samp	oling Points		4/1/24 -	6/30/24	5/	1-6/30					
				7/1/24 -	9/30/24							
Water Syste	em Facility: ENTRY POINT	(WSF ID: 00700)										
Nitrate (10	940)						1 ro	utine (RT)	per quarter			
Samplin	g Point (Sampling Point ID)			Monitorii	ng Period	Collec	tion Period	l Comp	liance Status			
ENTRY F	POINT (3)		:	10/1/23 -	12/31/23		Complete					
				4/1/24 -	6/30/24							
				7/1/24 -	9/30/24							
Nitrite (10	41)						1	l routine (	RT) per year			
Samplin	g Point (Sampling Point ID)			Monitorii	ng Period	Collec	tion Period	l Comp	liance Status			
ENTRY F	POINT (3)			1/1/23 - 3	12/31/23			C	omplete			
				1/1/24 - 3	12/31/24							
				1/1/25 - 3	12/31/25							
		Other Co	ompliance	Sched	ules							
Compliance S	Schedule Activity		<u> </u>		Due Date		Achieved	l Date				
SAMPLING SI				11	1/23/2023							
SEASONAL ST	TART UP COMPLETION				5/1/2024							
	Wate	r System Facili	ty and Sar	npling	Point I	nvento	ry					
Water						Total	Lead and	1				
•	ater System Facility	Sampling Point		nt		Coliform			Stage			
Facility ID		ID	Description		Status	Rule	Rule Tie	r Asbesto	s WQP 2 DBPR			
00600 DI	STRIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ						
		DOWNSTREAM										
		UPSTREAM	WITHIN 5 SER		l A							
	ITRY POINT	3	ENTRY POINT		Α							
	ELL #1	2	WELL #1		Α							
56205 PF	RESSURE TANK											
		Con	tact Inforr	mation								
Name		Or	ganization					Job Title				

Mailing Address Line Two

Mobile Phone

70 Litchfield Street

Fax

Torrington Elks Lodge #372

City

Torrington

Emergency Phone Email Address

State

CT

Zip Code

06790

Ms. Sue Zordan

**Business Phone** 

P.O. Box 36

Mailing Address Line One

Extension

	Connectic	ut Departme	ent of Public I	Health	ı Di	rinking	g Water	Section		
	Wa	ter Quality N	<b>Monitoring</b> an	id Con	npl	liance S	Schedul	le		
PWS ID	PWS Name				Cla	ssification	Population	Owner Type	Primary Source	
CT1430974	ELKS POND					NC	25	Р	GW	
Local Address	(where applicable)		Service	Resider	ntial	Commerci	al Industri			
180 GUERDAT	ROAD		Connections	5		1				
Towns Served	: TORRINGTON									
860-482-55	62					bpoe3	72@sbcglob	al.net		
Contact Role(s	s): Administrative	Contact, Legal Conta	act							

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

End of schedule

	Connectic	ut Depar	tment of	f Public	Health	Dri	nking	Water	Sec	ction	
		-	ity Monit				_				
PWS ID	PWS Name	cor quar	icy 1-101110		114 0011	<u> </u>				er Type P	rimary Source
CT1435094	TORRINGTON PI	ZZA PALACE					NC	25		Р	GW
Local Address	(where applicable)			Service	Residen	tial C	ommercial	Industri	al	Combined	Agricultural
7 GRISWOLD S				Connection	ns		1				
Towns Served:	TORRINGTON										
			Monit	oring Red	quireme	nts					
Water Systen	n Facility: <b>DISTR</b>	IBUTION SYS	STEM (WSF I	D: 00600)							
<b>Total Colifor</b>	m (3100)							1	l rou	tine (RT)	per quarter
Sampling	Point (Sampling P	oint ID)			Monitori	ng Pei	riod Col	lection Pe	riod	Compl	iance Status
Select fro	m Inventory of Act	ve Sampling P	Points		10/1/23 -	12/31	L/23			Cc	mplete
					1/1/24 -	3/31/	′24			Co	mplete
					4/1/24 -	6/30/	′24				
					7/1/24 -	9/30/	′24				
Physical Para	ameters (PPS)							1	rou	tine (RT)	per quarter
Sampling	Point (Sampling P	oint ID)			Monitori	ng Pei	riod Col	lection Pe	riod	Compl	iance Status
Select fro	m Inventory of Act	ive Sampling P	oints		10/1/23 -	12/31	L/23			Co	mplete
					1/1/24 -	3/31/	′24			Cc	mplete
					4/1/24 -	6/30/	′24				
					7/1/24 -	9/30/	′24				
Water Systen	n Facility: <b>ENTR</b>	POINT (W	SF ID: 00700)								
<b>Nitrate And</b>	Nitrite (NOX)								1 r	routine (F	RT) per year
Sampling	Point (Sampling P	oint ID)			Monitori	ng Pei	riod Col	lection Pe	riod	Compl	iance Status
ENTRY PC	DINT (3)				1/1/23 -	12/31	/23			Co	mplete
					1/1/24 -	12/31	/24			Co	mplete
					1/1/25 -	12/31	/25				
		Water Sys	stem Facil	ity and Sa	ampling	Poir	nt Inven	tory			
Water System Wa Facility ID	ter System Facility	So	ampling Point ID	Sampling P Description		St	Tot Colifo catus Ru	orm Cop	per	Asbestos	Stage WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM		4 OWNSTREAM	DISTRIBUTION S S		N	A A				
		_	UPSTREAM	WITHIN 5 S			Α				
00700 ENT	TRY POINT		3	ENTRY POIN			Α				
49413 WE			2	WELL 1			Α				
				tact Info	rmation						
Name				rganization						Job Title	
Mr. Harry Lam	ıbis			orrington Piz	za Palace			Owner			
Mailing Addres		N	Mailing Addres					City		State	Zip Code
1431 East Mair							Torringto			СТ	06790
Business Pho		Fax	Mobi	ile Phone	Emergency	Phon				1	
860-482-30		860-482-56			860-489-						
	<u>'</u>										

Contact Role(s): Owner

	Connectic	ut Depa	rtment o	f Public	Health	Dri	nking	Water	Section	1
	Wat	ter Qua	lity Monit	toring a	nd Con	nplia	ance S	chedul	e	
PWS ID	PWS Name					Classi	fication	Population	Owner Type	Primary Source
CT1435094	TORRINGTON PI	ZZA PALACE				ا	NC	25	Р	GW
Local Address (wi	here applicable)			Service	Residen	tial C	ommercia	l Industri	al Combir	ned Agricultural
7 GRISWOLD STR	EET			Connection	ns		1			
Towns Served: TO	ORRINGTON					,		,		
Name			С	)rganization					Job Tit	le
Mr. Robert Lamb	ois		Т	orrington Piz	za Palace			Owner		
Mailing Address L	ine One		Mailing Addres	ss Line Two				City	State	Zip Code
7 Griswold St					Torrington				СТ	06790
Business Phone	Extension	Fax	Mob	bile Phone Emergency Phone			e Email A	ddress	·	
860-482-3006					860-482	5697				
Contact Role(s):	Administrative	Contact, Leg	al Contact, Ow	ner						
Name			С	rganization					Job Tit	le
Lambis Enterpris	es LLC									
Mailing Address I	ine One		Mailing Addres	ss Line Two				City	State	Zip Code
7 Griswold St							Torringt	on	СТ	06790
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	/ Phone	e Email A	ddress		
Contact Role(s):	Owner									

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

End of schedule

	Сс	onnectic				Public loring ar							ection		
DWC ID	DVA	/S Name	ter Quar	iity Mi	JIIIL	or mg ar	iu Con		sification			_	mar Tuna	Dei	man, Cauraa
PWS ID CT143510		RRINGTON TO	OVOTA DEAL	EDCUID				Clas	NC	OII PO	45	Ow	P P	PII	GW Source
		e applicable)	JIOIA DEAL	EKSHIP		Service	Residen	+ial	Comme	orcial	Industri	ial	Combine	24	Agricultural
	T MAIN ST					Connection		lidi	1		maustr	Idl	Combine	eu	Agricultural
	rved: TORI					Comiconon	<u> </u>								
TOWIIS SE	iveu. TOKI	MINGTON		2.0		• • • •	•								
						oring Req	luireme	nts							
	•	ility: DISTR	IBUTION SY	STEM (\	WSF I	D: 00600)									
	oliform (3	=											<del>-</del>		er quarter
		t (Sampling P					Monitori			Colle	ection Pe	riod			nce Status
Sele	ct from Inv	entory of Acti	ive Sampling	Points			10/1/23 -								nplete
							1/1/24 -						-	Con	nplete
							4/1/24 -		-						
							7/1/24 -	9/30	)/24						
-		ers (PPS)									:	1 ro	utine (R1	<sup>-</sup> ) p	er quarter
		t (Sampling P					Monitori			Colle	ection Pe	riod	Com	plia	nce Status
Sele	ct from Inv	entory of Acti	ive Sampling	Points			10/1/23 -						ı	Con	nplete
							1/1/24 -		•				ı	Con	nplete
							4/1/24 -	-							
							7/1/24 -	9/30	)/24						
Water Sy	ystem Fac	ility: ENTR	Y POINT (W	/SF ID: 00	0700)										
Nitrate	And Nitri	te (NOX)										1	routine	(RT	) per year
Sam	pling Poin	t (Sampling P	oint ID)				Monitori	ng Pe	eriod	Colle	ection Pe	riod	Com	plia	nce Status
ENT	RY POINT (	3)					1/1/23 -	12/3	1/23					Con	nplete
							1/1/24 -	12/3	1/24					Con	nplete
							1/1/25 -	12/3	1/25						
			Water Sy	ystem F	acili	ity and Sa	ampling	Poi	int In	vent	ory				
Water										Total	l Lead	ana	1		
System	Water Sy	stem Facility	2	Sampling	Point	Sampling Po	oint		(	Colifor	т Сор	per			Stage
Facility II	D			ID		Description		5	Status	Rule	Rule	Tie	Asbesto	os V	VQP 2 DBPR
00600	DISTRIBU	ITION SYSTEM	1	4		DISTRIBUTIO	ON SYSTEM		Α						
				DOWNSTI	REAM	WITHIN 5 SE	ERVICE CON	1	Α						
				UPSTRE	AM	WITHIN 5 SE	ERVICE CON	١	Α						
00700	ENTRY P	TNIC		3		ENTRY POIN	IT		Α						
49545	WELL 1			2		WELL 1			Α						
					Con	tact Info	rmation								
Name					Oı	ganization							Job Title	e	
Ms. Jamie	e Gilnack					rrington Toy	ota Dealers	ship		C	General N	Mana			
Mailing A	ddress Lin	e One		Mailing A		s Line Two		•			City		State		Zip Code
1472 East									Tor	ringtor			СТ		06790
Busines	ss Phone	Extension	Fax	<u> </u>	Mobi	le Phone	Emergency	Pho					-		

860-482-9496 torrington@prodigy.net

860-482-8299

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

860-482-9496

Connecticut Department of Public Health	Drinking	g Water	Sec	tion	
Water Quality Monitoring and Con	npliance S	Schedul	e		
			_		

				1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1435104	TORRINGTON TOYOTA DEALERSHIP			NC	45	Р	GW
Local Address (	where applicable)	Service	Resider	ntial Commer	cial Industri	al Combine	ed Agricultural
1472 EAST MAI	N STREET	Connections		1			

Towns Served: TORRINGTON

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End of schedule

Conne	ecticut Department o	f Public H	lealth D	rinki	ng W	ater S	Sectio	n	
	Water Quality Monit	toring and	d Compl	liance	e Sch	edule	9		
PWS ID PWS Nam	ie		Cla	ssificatio	n Pop	ulation (	Owner Ty	pe Pri	mary Source
CT1435134 WRIGHTS	BARN			NC		35	Р		GW
Local Address (where appl	icable)	Service	Residential	Comme	ercial I	ndustrial	Comb	ined	Agricultural
99 WRIGHT ROAD		Connections		1					
Towns Served: TORRINGTO	ON								
	Monit	oring Requ	irements	•					
	DISTRIBUTION SYSTEM (WSF	ID: 00600)							
Total Coliform (3100)						1			er quarter
Sampling Point (Sam			Monitoring F		Collec	tion Peri	od Co		nce Status
Select from Inventory	of Active Sampling Points		10/1/23 - 12/					Cor	nplete
			1/1/24 - 3/3	-					
			4/1/24 - 6/3						
			7/1/24 - 9/3	0/24					
Physical Parameters (F	-								er quarter
Sampling Point (Sam			Monitoring F		Collec	tion Peri	od Co		nce Status
Select from Inventory	of Active Sampling Points		10/1/23 - 12/					Cor	nplete
			1/1/24 - 3/3	1/24					
			4/1/24 - 6/3						
			7/1/24 - 9/3	0/24					
Water System Facility:	ENTRY POINT (WSF ID: 00700	)							
Nitrate And Nitrite (NO	OX)						1 routi	ne (R	Γ) per year
Sampling Point (Sam	pling Point ID)		Monitoring F	Period	Collec	tion Peri	od Co	omplia	nce Status
ENTRY POINT (3)			1/1/23 - 12/3	31/23				Cor	nplete
			1/1/24 - 12/3	31/24	_				
			1/1/25 - 12/3	31/25					
Moi	nthly Water System Faci	lity (WSF) I	evel Mo	nitorir	ng Red	quiren	nents		
Water System Facility:	ENTRY POINT (WSFID: 00700)								
Analyte	Monitoring Requirement (Summ	nary Type)	Operation	ng Limit			Samp	les Re	q/Month
рН	Entry Point pH Monitoring (PHR	D)	Minimu	m: 7.0 P	Н			4	
<b>Start Date: 1/1/2018</b>		Complia	nce History:		Operati	ing Limit	Mo	nitori	ng
		Monitor	ing Period		-	ance Sta		mpliar	ce Status:
		11/1/20	23 - 11/30/20	)23					
			23 - 12/31/20						
		1/1/202	4 - 1/31/2024	1					
		2/1/202	4 - 2/29/2024	1					
		3/1/202	4 - 3/31/2024	1					
	Other C	Compliance							
Compliance Schedule Activ				Date		Achiev	ed Date		
CROSS CONNECTION EXEM	1PTION		3/1/	2022					
	Water System Facil	lity and Sar	npling Po	int In	vento	ry			
Water					Total	Lead a			
System Water System I		Sampling Poil	nt	(	Coliform				Stage
Facility ID	ID	Description		Status	Rule	Rule T	ier Asbe	stos l	NQP 2 DBPR
00600 DISTRIBUTION S		DISTRIBUTION		Α					
		1 WITHIN 5 SER		Α					
	UPSTREAM	WITHIN 5 SER	VICE CON	Α					

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
DIAIC No	Cl:f:+:	Damidaktan	O	Desir

PWS ID	PWS Name				Clas	ssification	Population	Owner Type	Primary Source
CT1435134	WRIGHTS BARN					NC	35	Р	GW
Local Address (	where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
99 WRIGHT RO	AD		Connections			1			

Towns Served: TORRINGTON

Water System Facility and Sampling Point Inventory										
Water				Total	Lead and					
System Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stage			
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR			
	WRIGHTS001	MENS ROOM	Α	Υ	N					
	WRIGHTS002	LADIES ROOM	Α	Υ	N					
	WRIGHTS003	COUNTER SINK	Α	Υ	N					
	WRIGHTS004	KITCHEN HAND SINK	Α	Υ	N					
	WRIGHTS005	KITCHEN 3-BAY	Α	Υ	N					
00700 ENTRY POINT	3	ENTRY POINT	А							
60672 WELL 1	2	WELL 1	Α							
60783 TREATMENT PLANT										

			Co	ontact Info	ormation					
Name				Organization			Job Title			
Mr. James Wright			Wright's Barn			Owner				
Mailing Address Line One Mailing Add			Mailing Addr	ress Line Two			City	State	Zip Code	
104 Wright Road						Torringto	on	СТ	06790	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ldress			
860-482-1186					860-307-9389	jcwright	@optonline.r	net		

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

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End of schedule

Schedule Generation Date: 4/3/2024