	Connecticut De	•				0			ction	
		iality Mo	onitoring and	d Com						
PWS ID	PWS Name					fication P		Ow		rimary Source
CT1680034	1633 MAIN STREET - WO	UDBURY	Comico	Desident			25	-1	P	GW
Local Address	(where applicable)		Service Connections	Resident		ommercial 1	Industria	al	Combined	Agricultural
Towns Served:			connections			T				
Towns Served.		Mc	onitoring Requ	ireme	nts					
Water Syster	n Facility: DISTRIBUTION			in enner		_	_	_		
Total Colifor		•					1	rou	utine (RT) (per quarter
	Point (Sampling Point ID)			Monitoriı	ng Per	iod Col	lection Per			ance Status
Select fro	om Inventory of Active Samp	ling Points		LO/1/23 -	12/31	/23			Со	mplete
				1/1/24 -	3/31/2	24			Co	mplete
				4/1/24 -	6/30/2	24				
				7/1/24 -	9/30/2	24				
Physical Para	ameters (PPS)						1	rou	utine (RT) į	per quarter
Sampling	Point (Sampling Point ID)			Monitoriı	ng Per	iod Col	lection Per	riod	Compli	ance Status
Select fro	om Inventory of Active Samp	ling Points	-	LO/1/23 -	12/31	/23			Со	mplete
				1/1/24 -	3/31/2	24			Co	mplete
				4/1/24 -	6/30/2	24				
				7/1/24 -	9/30/2	24				
Water Syster	m Facility: ENTRY POINT	(WSF ID: 00	700)							
Nitrate And	Nitrite (NOX)							1	routine (R	T) per year
	Point (Sampling Point ID)		1	Monitoriı	ng Per	iod Col	lection Per	riod	Compli	ance Status
ENTRY PC	DINT (3)			1/1/23 - 1	12/31/	/23			Со	mplete
				1/1/24 - 1					Co	mplete
				1/1/25 - 2	12/31/	/25				
		Oth	er Compliance	Sched	ules					
Compliance So	chedule Activity			Ĺ	Due Do	ate	Achie	ved	Date	
RESPOND TO S	SANITARY SURVEY			1	/12/20	013				
RESPOND TO S	SANITARY SURVEY			1	1/2/20	017				
		Public	Notification R	equire	men	its				
			Compliance	Notice		Public Not	ification		PN Cert	ification
Violation/Situ			Period	Tier		equired	Performe	d L	Due to DPH	Received
	M&R Violation		7/1/14 - 9/30/14	2		/25/2014			1/4/2015	
Physical Paran	neters M&R Violation		7/1/14 - 9/30/14	3		/25/2015			12/5/2015	
	Water	System F	acility and San	npling	Poin	t Inven	tory			
Water						Tot				
	iter System Facility		Point Sampling Poir	nt		Colifo			Achastas	Stage
Facility ID		ID	Description			atus Ru		iier	ASDESTOS	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM					A Y				
			EAM WITHIN 5 SER			A				
00700 515		UPSTRE		VICE CON		A				
		3	ENTRY POINT			A				
22648 WE	LL	2	WELL			A				

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. Schedule Generation Date: 4/3/2024

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

		<u>U</u>		*			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1680034	1633 MAIN STREET - WOODBURY			NC	25	Р	GW
Local Address (where applicable)	Service	Resider	tial Commerc	ial Industri	al Combine	ed Agricultural
		Connections		1			

Towns Served: WOODBURY

			Co	ontact Inf	ormation						
Name				Organizatior	1		Job Title				
Ms. Alice L Guerrer	а			1633 Main S	treet		Owner				
Mailing Address Line One Mailing				ess Line Two			City	State	Zip Code		
30 Morey Road						Sharon		СТ	06069		
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ac	dress	i			
860-689-3298						domanie	e11@mac.co	om			
Contact Role(s): Ad	dministrative	Contact, Leg	al Contact, O	wner	1						

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

Co	nnocticut Dong	rtmont of	Dublic	Uaalth	Driv	alvina	11/-	tor C	oction	
	nnecticut Depa					0			ection	
	Water Qua	lity Monit	oring ai	nd Com						
PWS ID PW	S Name						Popul	ation Ov	vner Type	rimary Source
	RY DELITE & JOHNS CAFE					IC	4	-	Р	GW
Local Address (wher			Service	Residen	tial Co	ommercia	al In	dustrial	Combined	Agricultural
693 & 705 MA			Connection	S		2				
Towns Served: WOC	DBURY									
		Monito	oring Req	Juireme	nts					
Water System Fac	ility: DISTRIBUTION SY	STEM (WSF II	D: 00600)							
Total Coliform (3	100)							1 ro	utine (RT)	per quarter
Sampling Point	: (Sampling Point ID)			Monitori	ng Peri	od Co	ollecti	on Period	l Compl	iance Status
Select from Inv	entory of Active Sampling	Points		10/1/23 -	12/31/	/23			C	omplete
				1/1/24 -	3/31/2	24			Co	omplete
				4/1/24 -	6/30/2	24				
				7/1/24 -	9/30/2	24				
Physical Paramet	ers (PPS)							1 ro	utine (RT)	per quarter
Sampling Point	: (Sampling Point ID)			Monitori	ng Peri	od Co	ollecti	on Period	l Compl	iance Status
Select from Inv	entory of Active Sampling	Points		10/1/23 -	12/31/	/23			Co	omplete
				1/1/24 -	3/31/2	24			Co	omplete
				4/1/24 -	6/30/2	24				
				7/1/24 -	9/30/2	24				
Water System Fac	ility: ENTRY POINT (W	/SF ID: 00700)								
Nitrate And Nitrit	e (NOX)							1	L routine (RT) per year
Sampling Point	(Sampling Point ID)			Monitori	ng Peri	od Co	ollecti	on Period	l Compl	iance Status
ENTRY POINT (3)			1/1/23 -	12/31/	23			Co	omplete
				1/1/24 -	12/31/	24			C(omplete
				1/1/25 -	12/31/	25				
	Water Sy	/stem Facili	ity and Sa	ampling	Poin	t Inve	ntor	У		
Water							otal	Lead and		
-	stem Facility	Sampling Point	1 3					Copper		Stage
Facility ID		ID	Description			itus	ule	Rule Tie	r Asbestos	WQP 2 DBPR
00600 DISTRIBU	TION SYSTEM	4					Y			
		DOWNSTREAM				A				
		UPSTREAM	WITHIN 5 SI			A				
00700 ENTRY PC	JINI	3	ENTRY POIN	11		A				
22649 WELL		2	WELL			A				
		Con	tact Info	rmation	I					
Name		Or	rganization						Job Title	
Mr. John White		Da	airy Delite &	John's Cafe			Owr	ner		
Mailing Address Line	e One	Mailing Address	s Line Two				Cit	ty	State	Zip Code
2 Clubhouse Road						Woodb	oury		СТ	06798
Business Phone	Extension Fax	Mobi	le Phone	Emergency	Phone	Email A	ddres	S		
203-263-0188				203-263-	8431					
Contact Role(s): Ov	vner									

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. Schedule Generation Date: 4/3/2024

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

		<u></u>						- P					
PWS ID PV	NS Name							Classi	fication	Population	Owi	ner Type 🛛	Primary Source
CT1680044 D	AIRY DELITE &	JOHNS CAF	E						NC	40		Р	GW
Local Address (whe	ere applicable)				Service	Res	ident	tial C	ommerci	al Industri	al	Combined	d Agricultural
693 & 705 M	AIN STREET SO	UTH			Connection	ns			2				
Towns Served: WC	ODBURY					1							
Name				0	rganization							Job Title	
Mr. William F. Oke	esson III			Jc	ohn's Cafe								
Mailing Address Lir	ne One		Mailing Ad	dres	ss Line Two					City		State	Zip Code
693 Main Street									Woodb	oury		СТ	06798
Business Phone	Extension	Fax		Mob	ile Phone	Emerg	ency	Phone	e Email A	ddress			
203-263-0188													
Contact Role(s):	dministrative	Contact, Ov	vner										
Name				0	rganization							Job Title	
Mr. Masudur Patw	/ary									Owner			
Mailing Address Lir	ne One		Mailing Ad	dres	ss Line Two					City		State	Zip Code
705 Main St South									Woodb	oury		СТ	06798
Business Phone	Extension	Fax		Mob	ile Phone	Emerge	ency	Phone	e Email A	ddress			
203-263-4450						203-	231-2	2724					
Contact Role(s): L	egal Contact, (Owner											
Please note the fo	llowing:												
1. The residual disi	nfectant concen	tration must l	be measured	at th	e same locatio	on and ti	ime a	s each	total colife	orm 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

Water System Wa	iter System Facility	Sampling Point	Sampling Poi	nt		С	Total olifor					Stage
Marke							17 A A A A A A A A A A A A A A A A A A A					
	water	System Facili	ity and Sar	npiing	10	int in	/ent	-				
CRUSS CONNE	CTION SURVEY REPORT					2024						
						2023						
						2022						
						2021						
	CTION SURVEY REPORT					2020						
	CTION SURVEY REPORT					2019						
						2018						
	CTION SURVEY REPORT					2017						
	chedule Activity					Date		Achie	eved	Date		
		Other C	ompliance									
			P	7/1/24 -								
				4/1/24 -								
				1/1/24 -							Compl	ete
WELL (2)				10/1/23 -							Compl	
	Point (Sampling Point ID)			Monitori			Colle	ection Pe	rıod			e Status
E. Coli (301	•									utine (R1		-
	m Facility: WELL (WSF II): 22654)										
				1/1/25 -	12/3	31/25						
				1/1/24 -							Compl	ete
ENTRY PO	DINT (3)			1/1/23 -							Compl	
	Point (Sampling Point ID)			Monitori	-		Colle	ection Pe	riod			e Status
	Nitrite (NOX)								1	routine		-
Water Syster	m Facility: ENTRY POINT	(WSF ID: 00700)										
				7/1/24 -	- 9/3	0/24						
				4/1/24 -								
				1/1/24 -							Compl	ete
Select fro	om Inventory of Active Samp	ling Points		10/1/23 -	- 12/	31/23					Compl	ete
Sampling	Point (Sampling Point ID)			Monitori	ing P	Period	Colle	ection Pe	riod	Com	olianco	e Status
Physical Par	ameters (PPS)							1	L rou	utine (R1) per	quarter
				7/1/24 -	- 9/3	0/24						
				4/1/24 -	- 6/3	0/24						
				1/1/24 -	- 3/3	1/24					Compl	ete
Select fro	om Inventory of Active Samp	ling Points		10/1/23 -	- 12/	31/23				1	Compl	ete
Total Colifor Sampling	rm (3100) Point (Sampling Point ID)			Monitori	ing P	Period	Colle	ction Pe		utine (RT <i>Com</i>		quarter e Status
	m Facility: DISTRIBUTION	N SYSTEM (WSF I	D: 00600)								-1	
		Monite	oring Requ	iireme	nts	5						
Towns Served	: WOODBURY											
280 MIDDLE R	OAD TURNPIKE		Connections	2								
Local Address	(where applicable)		Service	Residen	itial	Comme	rcial	Industri	al	Combine	ed Ag	gricultura
СТ1680104	PREMIER CARE OF WOOL	DBURY				NC		45		P		ý GW
PWS ID	PWS Name		·····							ner Type	Prima	ary Sourc
		ιαπιν Μυπι	UT III 2 all	սեսո	IUI	lance	5 2 C I	neau	le			
	Connecticut De Water Qu	•					0					

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. Schedule Generation Date: 4/3/2024 Page 5

		Connectic	ut Depa ter Qual						<u> </u>			ection		
			ter Qua	IILY IV	ΙΟΠΠ	.01 mg a					1			
PWS ID		PWS Name		DV									Primary Source	
CT168010		PREMIER CARE C	DF WOODBU	IKΥ		c ·	D 11		IC		45	P	GW	
		here applicable)				Service Connection	Resider	ntial Co	ommerci	al	ndustrial	Combined	d Agricultural	
						connection	ns 2							
Towns Sel	rvea: w	/OODBURY						- •						
			Water Sy	ystem	Facili	ity and S	ampling	g Poin	t Inve	nto	ory			
Water System Facility IL		r System Facility		Samplin II	-	Sampling F Descriptior		St	Col	otal iforn Rule			Stage WQP 2 DBPR	
00600	DISTR	IBUTION SYSTEM		Z	ļ	DISTRIBUTI	ON SYSTEN		A	Y				
00700	ENTR	Y POINT		3	}	ENTRY POI	NT		A					
22654	WELL			2	2	WELL			A					
					Con	tact Info	rmation	า						
Name					0	rganization						Job Title		
Mr. Niles	h H. An	nin			Pr	remier Care								
Mailing A	ddress	Line One		Mailing	Addres	s Line Two				(City	State	Zip Code	
60 Sound	view Av	ve., Unit 2							Norwa	lk		СТ	06854	
Busines	s Phon	e Extension	Fax		Mobi	ile Phone	Emergenc	y Phone	Email A	Email Address				
203-80	9-0552						203-809	-0552	neilam	in@y	yahoo.com			
Contact R	ole(s):	Legal Contact				·								
Name					0	rganization						Job Title		
Mr. Edwa	rd Bela	inger			Pr	remier Care	Rch			Ac	Iministrator	•		
Mailing A	ddress	Line One		Mailing	Addres	s Line Two				(City	State	Zip Code	
280 Midd	le Road	Turnpike							Wood	oury		СТ	06798	
Busines	s Phon	e Extension	Fax		Mobi	ile Phone	Emergenc	y Phone	Email A	Addro	ess			
860-68	81-1337		203-263-7	7303					nssta3	3@y	ahoo.com			
Contact R	ole(s):	Administrative	Contact											
	sidual d	following: isinfectant concent Period is specified.								orms	sample.			

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

Connecticut Department of P			0		
Water Quality Monitor	ring and Con	npliance	e Schedul	e	
PWS ID PWS Name		Classificatio	n Population	Owner Type P	rimary Source
CT1680124 308 SHERMAN HILL ROAD		NC	25	Р	GW
	ervice Residen	tial Comme	rcial Industria	I Combined	Agricultural
308 SHERMAN HILL ROAD	Connections	1			
Towns Served: WOODBURY					
Monitor	ing Requireme	nts			
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)				
Total Coliform (3100)			1	routine (RT)	per quarter
Sampling Point (Sampling Point ID)	Monitori	ing Period	Collection Per	iod Compli	ance Status
Select from Inventory of Active Sampling Points	10/1/23 -	12/31/23		Со	mplete
	1/1/24 -	3/31/24		Co	mplete
	4/1/24 -	6/30/24			
	7/1/24 -	9/30/24			
Physical Parameters (PPS)			1	routine (RT)	per quarter
Sampling Point (Sampling Point ID)	Monitori	ing Period	Collection Per	iod Compli	ance Status
Select from Inventory of Active Sampling Points	10/1/23 -	12/31/23		Co	mplete
		3/31/24		Co	mplete
	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 routine (F	T) per year
Sampling Point (Sampling Point ID)	Monitori	ing Period	Collection Per	iod Compli	ance Status
ENTRY POINT (3)	1/1/23 -	12/31/23		Co	mplete
	1/1/24 -	12/31/24		Co	mplete
	1/1/25 -	12/31/25			
Water System Facility	y and Sampling	Point Inv	ventory		
Water			Total Lead	and	
System Water System Facility Sampling Point So		0	Coliform Copp		Stage
, ,	escription	Status		Tier Asbestos	WQP 2 DBPR
	ISTRIBUTION SYSTEM		Y		
	VITHIN 5 SERVICE CON				
	VITHIN 5 SERVICE CON				
	NTRY POINT	A			
22656 WELL 2 W	VELL	A			
Conta	act Information	1			
Name Orga	anization			Job Title	
Mr. David Scully					
Mailing Address Line One Mailing Address Li	ine Two		City	State	Zip Code
153 Hazel Plain Rd.			odbury	СТ	06798
Business Phone Extension Fax Mobile	Phone Emergency	Phone Ema			
203-263-5256 203-754-2353	203-206-	9192 dscu	ılly@ksmlegal.c	om	
Contact Role(s): Administrative Contact, Legal Contact, Owner					

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. Schedule Generation Date: 4/3/2024

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

PWS ID	PWS Name			Classifica	ation P	opulation	Owner Type	Primary Source
CT1680124	308 SHERMAN HILL ROAD			NC		25	Р	GW
Local Address (where applicable)	Service	Residen	tial Com	nmercial	l Industria	al Combine	ed Agricultural
308 SHERMAN	HILL ROAD	Connections			1			
Towns Served:	WOODBURY					·	·	·

Please note the following:

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

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