	Connecticut Departmen					_			ection	
	Water Quality Mo	mitoring an	a Con	_						
PWS ID	PWS Name				ssificatio	n Pc		Owi		imary Source
СТ0770072	SHADY GLEN RESTAURANT				NTNC		30		Р	GW
	(where applicable)	Service		itial	Comme	rcial	Industria	al	Combined	Agricultural
840 EAST MIDI		Connections	1							
Towns Served:	MANCHESTER									
	Mo	nitoring Requ	uireme	nts	;					
Water Systen	n Facility: DISTRIBUTION SYSTEM (W	/SF ID: 00600)								
Chlorine Res	idual (1012)						1	rou	ıtine (RT) ı	per quarter
	Point (Sampling Point ID)		Monitori	ing P	Period	Coll	ection Per			ance Status
	m Inventory of Active Sampling Points		4/1/25 -	6/3	0/25				Co	mplete
			7/1/25 -	9/3	0/25				Co	mplete
			10/1/25 -	12/	31/25				Co	mplete
Asbestos (1	094)						1 ro	utir	ne (RT) per	nine years
-	Point (Sampling Point ID)		Monitori	ing P	Period	Coll	ection Per			ance Status
	m Inventory of Active Sampling Points		1/1/20 -							
	etic Acids (2456)							1	routine (R	T) per year
Sampling	Point (Sampling Point ID)		Monitori	ing P	Period	Coll	ection Per		-	ance Status
KITCHEN	HAND SINK (4004)		1/1/24 -	12/3	31/24		8/1-8/31		Co	mplete
			1/1/25 -	12/3	31/25		8/1-8/31		Co	mplete
			1/1/26 -	12/3	31/26		8/1-8/31			
Total Trihalo	omethanes (2950)							1	routine (R	T) per year
Sampling	Point (Sampling Point ID)		Monitori	ing P	Period	Coll	ection Per		=	ance Status
BASEMEN	IT WEST (4003)		1/1/24 -	12/3	31/24		8/1-8/31		Co	mplete
			1/1/25 -	12/3	31/25		8/1-8/31		Co	mplete
			1/1/26 -	12/3	31/26		8/1-8/31			
Total Colifor	m (3100)						1	rou	ıtine (RT) ı	oer quarter
Sampling	Point (Sampling Point ID)		Monitori	ing P	Period	Coll	ection Per	riod	Compli	ance Status
Select fro	m Inventory of Active Sampling Points		4/1/25 -	6/3	0/25				Co	mplete
			7/1/25 -	9/3	0/25				Co	mplete
			10/1/25 -	12/	31/25				Co	mplete
			1/1/26 -	3/3	1/26					
			4/1/26 -	6/3	0/26					
Lead And Co	pper (PBCU)						5 rou	utin	e (RT) per	six months
Sampling	Point (Sampling Point ID)		Monitori	ing P	Period	Coll	ection Per	riod	Compli	ance Status
Select fro	m Inventory of Active Sampling Points		1/1/25 -	6/3	0/25				Co	mplete
			7/1/25 -	12/3	31/25				Co	mplete
			1/1/26 -	6/3	0/26					
Physical Para	ameters (PPS)						1	rou	ıtine (RT) ı	per quarter
Sampling	Point (Sampling Point ID)		Monitori	ing P	Period	Coll	ection Per	riod	Compli	ance Status
Select fro	m Inventory of Active Sampling Points		4/1/25 -	6/3	0/25				Co	mplete
			7/1/25 -	9/3	0/25				Co	mplete
			10/1/25 -	12/	31/25				Co	mplete
			1/1/26 -	3/3	1/26					
			4/1/26 -	6/3	0/26					
Water Systen	n Facility: ENTRY POINT (WSF ID: 00	700)								
Inorganic Ch	emicals (IOCS)						1 rou	itine	e (RT) per 1	three years
~	Point (Sampling Point ID)		Monitori	ing P	Period	Coll	ection Per			ance Status

Conno	ecticut Department o	f Dublic L	Ioalth	Dı	rinkir	na I	Mator	· Sc	ction	
Comile	^					_			ction	
PWS ID PWS Nam	Water Quality Monit	toring an	u Con	_					nor Tuno Di	cimanu Cauras
	EN RESTAURANT				NTNC	n Po	30	OW		rimary Source
		Comico	Dosidon		_	raial		ial	P	_
Local Address (where appli	•	Service Connections		itiai	Comme	rciai	Industr	iai	Combined	Agricultura
840 EAST MIDDLE TURNPIN		Connections	1							
Towns Served: MANCHEST		• -	•	_						
Water System Facility:	ENTRY POINT (WSF ID: 00700)	oring Requ	ııreme	ents						
Inorganic Chemicals (IC	•						1 ro	utin	e (RT) per	three years
Sampling Point (Sam	•		Monitor	ina P	Period	Colle	ection Pe			ance Status
ENTRY POINT (3)	g : 0,		1/1/23 -							mplete
- (-)			1/1/26 -							
Nitrate And Nitrite (NO	OX)		, -,	=, =	, ==			1 roı	utine (RT)	per quarter
Sampling Point (Sam	•		Monitor	ing P	Period	Colle	ection Pe			ance Status
ENTRY POINT (3)		_	4/1/25 -							mplete
, ,			7/1/25 -							mplete
			10/1/25 -							mplete
			1/1/26	- 3/3	1/26					
			4/1/26	- 6/3	0/26					
Pesticides, Herbicides a	and PCBs-Phase II (SOC2)						1 ro	utine	e (RT) per	three years
Sampling Point (Sam	• •		Monitor	ing P	Period	Colle	ection Pe			ance Status
ENTRY POINT (3)			1/1/23 -	12/3	31/25				Со	mplete
			1/1/26 -	12/3	31/28					
Pesticides, Herbicides a	and PCBs-Phase V (SOC5)						1 ro	utin	e (RT) per	three years
Sampling Point (Sam	pling Point ID)		Monitor	ing P	Period	Colle	ection Pe	riod	Compli	ance Status
ENTRY POINT (3)		_	1/1/23 -	12/3	31/25				Co	mplete
			1/1/26 -	12/3	31/28					
Organic Chemicals (VO	(CS)						1 ro	utin	e (RT) per	three years
Sampling Point (Sam	oling Point ID)		Monitor	ing P	Period	Colle	ection Pe	riod	Compli	ance Status
ENTRY POINT (3)			1/1/23 -	12/3	31/25				Со	mplete
			1/1/26 -	12/3	31/28					
Water System Facility:	WELL 2 (WSF ID: 10990)									
E. Coli (3014)							:	1 rou	utine (RT)	per quarter
Sampling Point (Sam	oling Point ID)		Monitor	ing P	Period	Colle	ection Pe	riod	Compli	ance Status
WELL 2 (2)			4/1/25 -	- 6/3	0/25				Со	mplete
			7/1/25 -	9/3	0/25				Со	mplete
			10/1/25 -	- 12/	31/25				Со	mplete
			1/1/26	- 3/3	1/26					
			4/1/26	- 6/3	0/26					
Moi	nthly Water System Faci	lity (WSF)	Level N	Mor	nitorin	g R	equire	me	nts	
Water System Facility: I	ENTRY POINT (WSFID: 00700)									
Analyte	Monitoring Requirement (Summ	nary Type)	Ope	ratin	ng Limit				Samples Ro	eq/Month
Chlorine	Entry Point Chlorine Residual Mo	nitoring (CHLR) Min	imur	n: .2 MG	i/L			Da	ily
Start Date: 1/1/2002		Complia	nce Hist	ory:		Opera	ating Lim	it	Monitor	ing
		Monitor	ing Perio	d		-	liance St			nce Status:
			5 - 6/30/							
		7/4/000	- 7/24 <i>l</i>							

7/1/2025 - 7/31/2025

	Conne	•	artment of ality Monit								ection		
PWS ID	PWS Nam		arrey Monie	or mg am	u Con	_					oor Typo	Drima	ry Source
CT0770072		e .EN RESTAURANT	•				NTNC	III PO	30	II Owi	P P		GW Source
	s (where appli			Service	Residen			rcial	Indust	rial	Combine		ricultural
	DDLE TURNPIK			Connections	1	itiai	COMMINE	lClai	illuust	.i iai	COITIBILITE	u Ag	ricultural
	d: MANCHEST												
		ENTRY POINT (WSFID: 00700)										
Analyte	,		uirement (Summa	ary Type)	Ope	rating	g Limit				Samples	Reg/N	/lonth
Chlorine			rine Residual Mor		-		: .2 MC	3/L				Daily	
Start Date	e: 1/1/2002	,		= :	nce Histo				nting Lir	mit	Monit	-	
				Monitor	ing Perio	d		-	liance S			_	Status:
				8/1/202	5 - 8/31/2	2025		•					
				9/1/202	5 - 9/30/2	2025							
				10/1/202	25 - 10/3:	1/202	25						
Analyte		Monitoring Req	uirement (Summa	ary Type)	Ope	rating	g Limit				Samples	Req/N	/lonth
рН		Entry Point pH N	Monitoring (PHRD)	Mini	imum	: 7.0 PI	Н				4	
Start Date	e: 7/1/2003			Complia	nce Histo	ory:		Opera	nting Lir	nit	Monit	oring	
				Monitor	ing Perio	d		-	liance S		Comp	liance :	Status:
				6/1/202	5 - 6/30/2	2025							
				7/1/202	5 - 7/31/2	2025							
				8/1/202	5 - 8/31/2	2025							
				9/1/202	5 - 9/30/2	2025							
				10/1/20	25 - 10/2	1/202	5						
				10, 1, 20.	23 - 10/3.	1/202							
			Other C	ompliance									
	Schedule Activ		Other Co		Sched	lule: Due D	S Date		Ach	ieved	Date		
SUBMIT LEAD	SERVICE LINE	E INVENTORY	Other C		Sched	dule: Due D 0/16/	S <i>Date</i> /2024		Ach	ieved	Date		
SUBMIT LEAD	SERVICE LINE	E INVENTORY ENTORY	Other Co		Sched	dule: Due D 0/16/ 0/16/	S Date '2024		Ach	ieved	Date		
SUBMIT LEAD COMPLETE IN CROSS CONN	SERVICE LINE NITIAL LSL INV ECTION SURV	E INVENTORY ENTORY EY REPORT			Sched	Due D 0/16/ 0/16/ 3/1/2	Soate (2024) (2024) (2024) (026)		Ach	ieved	Date		
SUBMIT LEAD COMPLETE IN CROSS CONN	SERVICE LINE NITIAL LSL INV ECTION SURV	E INVENTORY ENTORY EY REPORT NOTICE CERTIFICA	ATE	ompliance	Sched	Due D 0/16/ 0/16/ 3/1/2 3/31/2	S			ieved	Date		
SUBMIT LEAD COMPLETE IN CROSS CONN SUBMIT LEAD	SERVICE LINE NITIAL LSL INV ECTION SURV	E INVENTORY ENTORY EY REPORT NOTICE CERTIFICA		ompliance	Sched	Due D 0/16/ 0/16/ 3/1/2 3/31/2	S		ory		Date		
SUBMIT LEAD COMPLETE IN CROSS CONN SUBMIT LEAD Water	O SERVICE LINE NITIAL LSL INV ECTION SURV O CONSUMER	E INVENTORY ENTORY EY REPORT NOTICE CERTIFICA Water S	^{ATE} System Facil i	ompliance	Sched	Due D 0/16/ 0/16/ 3/1/2 3/31/2	S Date (2024 (2024 026 0206 nt Inv	Tota	ory Lea	d and	Date		Shares
SUBMIT LEAD COMPLETE IN CROSS CONN SUBMIT LEAD Water System W	SERVICE LINE NITIAL LSL INV ECTION SURV	E INVENTORY ENTORY EY REPORT NOTICE CERTIFICA Water S	ATE System Facili Sampling Point	ity and Sar	Sched	Due D 0/16/ 0/16/ 3/1/2 3/31/2 Poi	S Date (2024 (2024 (2026 (2026 (nt Inv	Tota Colifor	: Ory I Lea rm Co	d and pper		os WO	Stage P 2 DBPR
SUBMIT LEAD COMPLETE IN CROSS CONN SUBMIT LEAD Water System W Facility ID	O SERVICE LINE NITIAL LSL INV ECTION SURV O CONSUMER (ater System F	E INVENTORY ENTORY EY REPORT NOTICE CERTIFICA Water S Facility	ATE System Facili Sampling Point ID	ity and Sar Sampling Poil Description	Sched	Due D 0/16/ 0/16/ 3/1/2 3/31/2 Poi	024 026 02026 nt Inv	Tota	: Ory I Lea rm Co	d and pper		s WQ	Stage P 2 DBPR
SUBMIT LEAD COMPLETE IN CROSS CONN SUBMIT LEAD Water System W Facility ID	O SERVICE LINE NITIAL LSL INV ECTION SURV O CONSUMER	E INVENTORY ENTORY EY REPORT NOTICE CERTIFICA Water S Facility	ATE System Facili Sampling Point ID 2001	ity and Sar Sampling Poil Description WELL #1 RAW	Sched	Due D 0/16/ 0/16/ 3/1/2 3/31/2 Poi	S Date (2024 (2024 (2026 nt Inv	Tota Colifor	: Ory I Lea rm Co	d and pper		es WQ	_
SUBMIT LEAD COMPLETE IN CROSS CONN SUBMIT LEAD Water System W Facility ID	O SERVICE LINE NITIAL LSL INV ECTION SURV O CONSUMER (ater System F	E INVENTORY ENTORY EY REPORT NOTICE CERTIFICA Water S Facility	System Facili Sampling Point ID 2001 2002	ity and Sar Sampling Poin Description WELL #1 RAW WELL #2 RAW	s Sched	Jules 0/16/ 0/16/ 3/1/2 3/31/2 Poi	S Date (2024) (2024) (2026) (2026) (10 Inv.) (2026)	Tota Colifor	: Ory I Lea rm Co	d and pper		ıs WQı	_
SUBMIT LEAD COMPLETE IN CROSS CONN SUBMIT LEAD Water System W Facility ID	O SERVICE LINE NITIAL LSL INV ECTION SURV O CONSUMER (ater System F	E INVENTORY ENTORY EY REPORT NOTICE CERTIFICA Water S Facility	ATE System Facili Sampling Point ID 2001	ity and Sar Sampling Poil Description WELL #1 RAW WELL #2 RAW FINISH ENTER	s Sched	Jules 0/16/ 0/16/ 3/1/2 3/31/2 Poi	S Date (2024 (2024 (2026 nt Inv	Tota Colifor	: Ory I Lea rm Co	d and pper		s WQ	_
SUBMIT LEAD COMPLETE IN CROSS CONN SUBMIT LEAD Water System W Facility ID	O SERVICE LINE NITIAL LSL INV ECTION SURV O CONSUMER (ater System F	E INVENTORY ENTORY EY REPORT NOTICE CERTIFICA Water S Facility	System Facili Sampling Point ID 2001 2002 3003	ity and Sar Sampling Poin Description WELL #1 RAW WELL #2 RAW	s Sched	Jules 0/16/ 0/16/ 3/1/2 3/31/2 Poi	2024 026 2026 nt Inv	Total Colifor Rule	: Ory I Lea rm Co	d and pper		s WQ	_
SUBMIT LEAD COMPLETE IN CROSS CONN SUBMIT LEAD Water System W Facility ID	O SERVICE LINE NITIAL LSL INV ECTION SURV O CONSUMER (ater System F	E INVENTORY ENTORY EY REPORT NOTICE CERTIFICA Water S Facility	System Facili Sampling Point ID 2001 2002 3003 4	Sampling Poil Description WELL #1 RAW WELL #2 RAW FINISH ENTER DISTRIBUTION	a Sched	Jules 0/16/ 0/16/ 3/1/2 3/31/2 Poi	Soute (2024) (2024) (2026) (2026) (Status) (Ca	Total Colifor Rule	: Ory I Lea rm Co	d and pper le Tier		s WQ	_
SUBMIT LEAD COMPLETE IN CROSS CONN SUBMIT LEAD Water System W Facility ID	O SERVICE LINE NITIAL LSL INV ECTION SURV O CONSUMER (ater System F	E INVENTORY ENTORY EY REPORT NOTICE CERTIFICA Water S Facility	System Facili Sampling Point ID 2001 2002 3003 4 4001	sty and Sar Sampling Poin Description WELL #1 RAW WELL #2 RAW FINISH ENTER DISTRIBUTION BASEMENT EA	a Sched	Jules 0/16/ 0/16/ 3/1/2 3/31/2 Poi	S Date (2024) (2024) (2026) (2	Total Colifor Rule	: Ory I Lea rm Co	d and pper le Tier		s WQ	_
SUBMIT LEAD COMPLETE IN CROSS CONN SUBMIT LEAD Water System W Facility ID	O SERVICE LINE NITIAL LSL INV ECTION SURV O CONSUMER (ater System F	E INVENTORY ENTORY EY REPORT NOTICE CERTIFICA Water S Facility	System Facili Sampling Point ID 2001 2002 3003 4 4001 4002	Sampling Poil Description WELL #1 RAW WELL #2 RAW FINISH ENTER DISTRIBUTION BASEMENT EA	a System Ast HIDDLE	Jules 0/16/ 0/16/ 3/1/2 3/31/2 Poi	S Date (2024) (2024) (2026) (2	Total Colifor Rule	: Ory I Lea rm Co	d and pper le Tier 1 1		is WQ	P 2 DBPR
SUBMIT LEAD COMPLETE IN CROSS CONN SUBMIT LEAD Water System W Facility ID	O SERVICE LINE NITIAL LSL INV ECTION SURV O CONSUMER (ater System F	E INVENTORY ENTORY EY REPORT NOTICE CERTIFICA Water S Facility	System Facili Sampling Point ID 2001 2002 3003 4 4001 4002 4003	Sampling Point Description WELL #1 RAW WELL #2 RAW FINISH ENTER DISTRIBUTION BASEMENT MEASEMENT MEASEMENT WELL BASEMENT WELL BASEMENT WELL	a Sched 10 11 11 33 mpling 11 12 13 MAST IIDDLE VEST ID SINK	Jules 0/16/ 0/16/ 3/1/2 3/31/2 Poi	S Date (2024) (2024) (2026) (2	Total Colifor Rule	: Ory I Lea rm Co	d and pper le Tier		s WQ	P 2 DBPR
SUBMIT LEAD COMPLETE IN CROSS CONN SUBMIT LEAD Water System W Facility ID	O SERVICE LINE NITIAL LSL INV ECTION SURV O CONSUMER (ater System F	E INVENTORY ENTORY EY REPORT NOTICE CERTIFICA Water S Facility	System Facili Sampling Point ID 2001 2002 3003 4 4001 4002 4003 4004	Sampling Poil Description WELL #1 RAW WELL #2 RAW FINISH ENTER DISTRIBUTION BASEMENT EA BASEMENT M BASEMENT W KITCHEN HAN KITCHEN SLOPE	asystem asyste	Jules 0/16/ 0/16/ 3/1/2 3/31/2 Poi	S Date (2024) (2024) (2026) (2	Total Colifor Rule	: Ory I Lea rm Co	d and pper le Tier 1 1 1		is WQ	P 2 DBPR
SUBMIT LEAD COMPLETE IN CROSS CONN SUBMIT LEAD Water System W Facility ID	O SERVICE LINE NITIAL LSL INV ECTION SURV O CONSUMER Sater System F	E INVENTORY ENTORY EY REPORT NOTICE CERTIFICA Water S Facility	System Facili Sampling Point ID 2001 2002 3003 4 4001 4002 4003 4004 4005	Sampling Poil Description WELL #1 RAW WELL #2 RAW FINISH ENTER DISTRIBUTION BASEMENT EA BASEMENT M BASEMENT W KITCHEN HAN KITCHEN SLOPE	a System Ast HIDDLE VEST ID SINK E SINK EVICE CON	Jules 0/16/ 0/16/ 3/1/2 3/31/2 3/31/2 5 Poi	Soute (2024) (2024) (2026) (20	Total Colifor Rule	: Ory I Lea rm Co	d and pper le Tier 1 1 1		s WQ	P 2 DBPR
SUBMIT LEAD COMPLETE IN CROSS CONN SUBMIT LEAD Water System W Facility ID 00600 DI	O SERVICE LINE NITIAL LSL INV ECTION SURV O CONSUMER Sater System F	E INVENTORY ENTORY EY REPORT NOTICE CERTIFICA Water S Facility	System Facili Sampling Point ID 2001 2002 3003 4 4001 4002 4003 4004 4005 DOWNSTREAM	Sampling Point Description WELL #1 RAW WELL #2 RAW FINISH ENTER DISTRIBUTION BASEMENT MEASEMENT WELL WITCHEN SLOW WITHIN 5 SER	a Sched In 11	Jules 0/16/ 0/16/ 3/1/2 3/31/2 3/31/2 5 Poi	S Date (2024) (2024) (2026) (2	Total Colifor Rule	: Ory I Lea rm Co	d and pper le Tier 1 1 1		s WQ	P 2 DBPR
SUBMIT LEAD COMPLETE IN CROSS CONN SUBMIT LEAD Water System W Facility ID 00600 DI:	D SERVICE LINE NITIAL LSL INV ECTION SURV CONSUMER Cater System F STRIBUTION S	E INVENTORY ENTORY EY REPORT NOTICE CERTIFICA Water S Facility	System Facili Sampling Point ID 2001 2002 3003 4 4001 4002 4003 4004 4005 DOWNSTREAM UPSTREAM	Sampling Poil Description WELL #1 RAW WELL #2 RAW FINISH ENTER DISTRIBUTION BASEMENT EA BASEMENT M BASEMENT W KITCHEN HAN KITCHEN SLOR WITHIN 5 SER	a Sched In 11	Jules 0/16/ 0/16/ 3/1/2 3/31/2 3/31/2 5 Poi	S Date (2024) (2024) (2026) (2	Total Colifor Rule	: Ory I Lea rm Co	d and pper le Tier 1 1 1		s WQ	P 2 DBPR

Schedule Generation Date: 11/13/2025

	Water Quality Monitoring and Compliance Schedule							
PWS ID PWS Name				Cla	ssification	Population	Owner Type	Primary Source
CT0770072 SHADY GLEN RESTAURANT				NTNC		30	Р	GW
Local Address (where applicable)		Service	Residentia		Commerci	al Industri	al Combin	ed Agricultural
840 EAST MID	Connections	1						

Connecticut Department of Public Health Drinking Water Section

Towns Served: MANCHESTER

Certified Operator Information

Water System Facility: SHADY GLEN TP (WSF ID: 1332)

Facility Classification: CLASS 1 TREATMENT PLANT									
Operator Name	Operator Type	Certification(s)	Expiration						
NIGRO, JR., VICTOR N.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2027						
		DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2026						
NIGRO, SCOTT A.	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2028						
		WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2026						

Contact Information										
Name				Organization	1		Job Title			
Mr. William Hoch				Shady Glen I	Shady Glen Inc.					
Mailing Address Line One Mailing			Mailing A	ddress Line Two		City	State	Zip Code		
840 East Middle Tur	npike						Manchester		06040	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	E Email Address				
860-649-4245 860-646-2			1993		860-649-4245	hoch.will	iam@yahoo.d	com		

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 Departmen	nt of Public H	lealth	Dı	rinkin	g W	ater	Se	ction	
	Water Quality M	onitoring an	d Con	npl	iance	Sch	edul	e		
PWS ID	PWS Name			Clas	ssification	Popu	ulation	Own	er Type Pr	imary Source
СТ0779073	BIRCH MOUNTAIN SCHOOL				NTNC		83		Р	GW
Local Address	(where applicable)	Service	Residen	itial	Commerc	cial I	ndustria	I (Combined	Agricultural
645 BIRCH MO	OUNTAIN ROAD	Connections			1					
Towns Served	: MANCHESTER	'								
	M	onitoring Requ	iireme	nts						
Water Syste	m Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)								
Asbestos (1	1094)						1 ro	utine	e (RT) per	nine years
Sampling	g Point (Sampling Point ID)		Monitor	ing P	eriod	Collect	tion Per	iod	Compli	ance Status
Select fro	om Inventory of Active Sampling Points		1/1/20 -	12/3	31/28					
Total Colifo	rm (3100)						1	rout	tine (RT) _l	per quarter
Sampling	g Point (Sampling Point ID)		Monitor	ing P	eriod (Collect	tion Per	iod	Compli	ance Status
Select fro	om Inventory of Active Sampling Points		4/1/25 -	- 6/30	0/25				Со	mplete
			7/1/25 -	9/30	0/25				Co	mplete
			10/1/25 -	- 12/3	31/25					
			1/1/26 -	- 3/3:	1/26					
			4/1/26 -	- 6/30	0/26					
Lead And Co	opper (PBCU)						5 rou	tine	(RT) per	six months
	g Point (Sampling Point ID)		Monitor	ing P	eriod	Collect	tion Per			ance Status
Select fro	om Inventory of Active Sampling Points		1/1/25 -	- 6/30	0/25				Со	mplete
	, , , , ,		7/1/25 -	12/3	31/25					mplete
			1/1/26 -							<u>'</u>
Physical Par	rameters (PPS)			<u> </u>	•		1	rout	tine (RT)	per quarter
-	g Point (Sampling Point ID)		Monitor	ing P	eriod	Collect	tion Per			ance Status
	om Inventory of Active Sampling Points	_	4/1/25 -					_	_	mplete
	,		7/1/25 -	- 9/30	0/25					mplete
			10/1/25 -							<u></u>
			1/1/26 -							
			4/1/26 -							
Water Syste	m Facility: ENTRY POINT (WSF ID: 0	0700)	., _, _ = 0	0,0	0, = 0					
	hemicals (IOCS)	,					1 rou	tine	(RT) per i	three years
_	g Point (Sampling Point ID)		Monitor	ina P	eriod	Collect	tion Per			ance Status
ENTRY P			1/1/24 -							
	(-)		1/1/27 -							
Nitrate And	Nitrite (NOX)		_, _, _,	, 5	-, - -			1 r	outine (P	T) per year
	g Point (Sampling Point ID)		Monitori	ina P	Period	Collect	tion Per		=	ance Status
ENTRY P	<u> </u>		1/1/24 -							mplete
LINITAL F	···· (5)		1/1/25 -							mplete
			1/1/26 -							pictc
Posticidos I	Herbicides and Polychlorinated Biphe	anyle (DCRs) (SOCS)		12/3	11/20		1	tino	(PT) nor 1	three years
	nerbicides and Polychiorinated Бірпе g Point (Sampling Point ID)	• • • •	l Monitori	ina P	Period	Collect	tion Peri			ance Status
ENTRY P			1/1/23 -			Conec	aon Pen	Ju		mplete
LININIP	OINT (3)		1/1/25 -	-					CO	inhiere

1/1/26 - 12/31/28

Monitoring Period 1/1/23 - 12/31/25

1/1/26 - 12/31/28

Schedule Generation Date: 11/13/2025

Organic Chemicals (VOCS)

ENTRY POINT (3)

Sampling Point (Sampling Point ID)

1 routine (RT) per three years

Compliance Status

Complete

Collection Period

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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0779073	BIRCH MOUNTAIN SCHOOL				NTNC	83	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
645 BIRCH MOU	INTAIN ROAD	Connections			1			

Towns Served: MANCHESTER

Monthly Water System Facility (WSF) Level Monitoring Requirements

	- (
Analyte	Monitoring Requirement (Summary T	ype) Operating Lim	nit	Samples Req/Month
рН	Entry Point pH Monitoring (PHRD)	Minimum: 7.0) PH	4
Start Date: 4/1/2006		Compliance History:	Operating Limit	Monitoring
		Monitoring Period	Compliance Statu	S: Compliance Status:
		6/1/2025 - 6/30/2025		
		7/1/2025 - 7/31/2025		
		8/1/2025 - 8/31/2025		
		9/1/2025 - 9/30/2025		
		10/1/2025 - 10/31/2025		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	3/31/2026	
CROSS CONNECTION EXEMPTION	3/1/2030	

		•	•			-			
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	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	M A	Υ				

Water System Facility and Sampling Point Inventory

Facility II	D	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBF
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		BCKBTH	BACK BATH	Α	Υ	N		
		BM1	RES	Α	Υ			
		BM2	LITTLE RS	Α	Υ			
		BM3	LF BATH	Α	Υ			
		BM4	BREAK ROOM	Α	Υ			
		BM5	BM5	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		KITCH	KITCHEN SINK	Α	Υ	N		
		LDSBTH	LADIES BATH	Α	Υ	N		
		MB5	RIGHT CENTER SINK	Α	Υ			
		MNSBTH	MENS BATH	Α	Υ	N		
		MNSFKT	MENS FRONT SINK	Α	Υ	N		
		PRESCH	PRESCHOOL SINK	Α	Υ	N	Υ	Υ
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
10970	WELL	2	WELL	Α		·		
40242	TDEATMAENT DI ANIT							

48342 TREATMENT PLANT

Certified Operator Information

Water System Facility: TREATMENT PLANT (WSF ID: 48342)

Facility Classification: CLASS 1 TREATMENT PLANT

Operator Name

Operator Type

Certification(s)

Expiration

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.

		at Depa	i cilic	iic oi i c	ublic	Hearth	עו	311111111	, water				
	Wa	ter Qua	lity M	lonitori	ing a	nd Con	np	liance S	Schedu	le			
PWS ID P	WS Name						Cla	assification	Population	Ow	ner Type	Primary	Source
СТ0779073 В	IRCH MOUNTA	IN SCHOOL						NTNC	83		Р	GV	V
Local Address (wh	ere applicable)			Ser	rvice	Residen	itial	Commerci	al Industri	ial	Combine	ed Agric	cultural
645 BIRCH MOUN	TAIN ROAD			Cor	nnection	ns		1					
Towns Served: MA	ANCHESTER												
			Cert	ified Op	erato	r Inform	nat	ion					
Water System Fa	acility: TREAT	TMENT PLA	NT (WS	F ID: 4834	2)								
Facility Classificat	ion: CLASS 1 TF	REATMENT P	LANT									Certifi	ication
Operator Name			Opera	tor Type		Certification(s) Expire							ration
COSSETTE, EVAN J			CHIEF O	PERATOR		WATER TRE	EATI	MENT PLAN	T OPERATO	R - C	LASS IV	6/30	/2027
						DISTRIBUTI	ON	SYSTEM OP	ERATOR IN	TRAI	NING	6/30	/2027
						DISTRIBUTION SYSTEM OPERATOR - CLASS II					9/30	/2027	
				Contac	t Info	rmation	1						
Name				Organi	ization						Job Title	9	
Ms. Jenifer Minicu	ıcci			Birch N	Mountai	n Day Scho	ol		President				
Mailing Address Li	ne One		Mailing	Address Line	e Two				City		State	Zip C	ode
645 Birch Mounta	in Road							Manch	ester		СТ	060	40
Business Phone	Extension	Fax		Mobile Ph	hone	Emergency	/ Ph	one Email A	Address				
860-649-2067		860-649-2	2139			860-645-	-175	51 birchm	ountainday	scho	ol@gmail	.com	
Contact Role(s):	Administrative	Contact, Leg	al Conta	ct									
Name	Name				ization	ation Job T			Job Title	9			
Mr. Ryan J Orsini			Birch N	ch Mountain Day School Owner / Director			ctor						
Mailing Address Line One Mailing Add			Address Line	s Line Two City Stat				State	Zip C	ode			

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Owner Please note the following:

645 Birch Mountain Road

Extension

Business Phone

860-649-2067

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

Mobile Phone

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

Fax

860-649-2139

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.

Manchester

Emergency Phone Email Address

860-462-0132

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

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

End of schedule

06040

CT

birchmountaindayschool@gmail.com

Connecticut Departi	ment of Public H	lealth	Dr	inkin	g V	Vater	·S	ectio	n	
*	Monitoring an			`	_					
PWS ID PWS Name	, 1101110011118 0111	0. 0011	_		_		т .	ner Typ	e Pri	imary Source
CT0779093 CTWC - BUCKLAND ROAD SERVIC	CE AREA			NTNC		25		P		SWP
Local Address (where applicable)	Service	Residen	itial	Commerc	ial	Industri	al	Combi	ned	Agricultural
BUCKLAND ROAD	Connections			5						J
Towns Served: MANCHESTER	l l	1								
	Monitoring Requ	ıireme	nts							
Water System Facility: DISTRIBUTION SYSTE										
Chlorine Residual (1012)	, ,						1 r	outine ((RT)	per month
Sampling Point (Sampling Point ID)		Monitori	ing P	eriod (Colle	ection Pe			-	ince Status
Select from Inventory of Active Sampling Poir		6/1/25 -								nplete
7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		7/1/25 -								nplete
		8/1/25 -								nplete
		9/1/25 -								nplete
		10/1/25 -	•	*						nplete
Asbestos (1094)		0, _,0		, _, _ <u></u>		1 rc	outi	ne (RT)		nine years
Sampling Point (Sampling Point ID)		Monitori	ing P	eriod (Colle	ection Pe		• •	•	ince Status
Select from Inventory of Active Sampling Poir		1/1/20 -							•	
Total Haloacetic Acids (2456)						1	l ro	utine (I	RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitori	ing P	eriod (Colle	ection Pe		_		ınce Status
LOWES-31 BUCKLAND HILLS DR (3045)		4/1/25 -	- 6/30)/25		5/1-5/31			Cor	nplete
		7/1/25 -	9/30)/25		8/1-8/31			Cor	nplete
		10/1/25 -	- 12/3	31/25	1	1/1-11/30	0			
		1/1/26 -	- 3/31	1/26		2/1-2/28				
		4/1/26 -	- 6/30	0/26		5/1-5/31				
Total Trihalomethanes (2950)						1	l ro	utine (I	RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitori	ing P	eriod (Colle	ection Pe		_		ınce Status
TARGET-125 BUCKLAND HILLS DR (3046)	-	4/1/25 -	- 6/30)/25		5/1-5/31			Cor	nplete
		7/1/25 -	9/30)/25		8/1-8/31			Cor	nplete
		10/1/25 -	- 12/3	31/25	1	1/1-11/30	0			
		1/1/26 -				2/1-2/28				
		4/1/26 -				5/1-5/31				
Total Coliform (3100)							1 r	outine	(RT)	per month
Sampling Point (Sampling Point ID)		Monitori	ing P	eriod (Colle	ection Pe				nce Status
Select from Inventory of Active Sampling Poir	nts	6/1/25 -	- 6/30)/25					Cor	nplete
		7/1/25 -	- 7/31	L/25					Cor	nplete
		8/1/25 -	- 8/31	L/25					Cor	nplete
		9/1/25 -	9/30)/25					Cor	nplete
		10/1/25 -	- 10/3	31/25					Cor	nplete
		11/1/25 -	- 11/3	30/25						
		12/1/25 -	- 12/3	31/25						
		1/1/26 -								
		2/1/26 -								
		3/1/26 -								
		4/1/26 -								
		5/1/26 -								
		-	-							

Monitoring Period

Schedule Generation Date: 11/13/2025

Lead And Copper (PBCU)

Sampling Point (Sampling Point ID)

5 routine (RT) per year

Collection Period

Compliance Status

	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
CT0779093 CTWC - BUCKLAND ROAD SERVICE AREA					NTNC	25	Р	SWP
Local Address (where applicable) Service Resid					Commercia	al Industri	al Combine	ed Agricultural

5

Connections

Towns Served: MANCHESTER

BUCKLAND ROAD

TOWIS SELVED. MANCHESTER								
Monitoring Requirements								
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600))							
Lead And Copper (PBCU)		5 r	outine (RT) per year					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	1/1/24 - 12/31/24	6/1-9/30	Complete					
	1/1/25 - 12/31/25	6/1-9/30	Complete					
	1/1/26 - 12/31/26	6/1-9/30						
Physical Parameters (PPS) 1 routine (RT) per month								
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	6/1/25 - 6/30/25		Complete					
	7/1/25 - 7/31/25		Complete					
	8/1/25 - 8/31/25		Complete					
	9/1/25 - 9/30/25		Complete					
	10/1/25 - 10/31/25		Complete					
	11/1/25 - 11/30/25							
	12/1/25 - 12/31/25							
	1/1/26 - 1/31/26							
	2/1/26 - 2/28/26							
	3/1/26 - 3/31/26							
	4/1/26 - 4/30/26							
	5/1/26 - 5/31/26							
Other Complia	nco Cobodulos							

Other Compliance Schedules

Compliance Schedule Activity **Due Date Achieved Date** 3/1/2025

CROSS CONNECTION SURVEY REPORT

Water System Facility and Sampling Point Inventory									
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	3045	LOWES-31 BUCKLAND HI	Α		N	Υ		Υ
		3045-1	ORECK STORE	Α	Υ	N			
		3045A	31 BCKLND-KIT	Α		N			
		3045B	31 BCKLND - BATH	Α		N			
		3046	TARGET-125 BUCKLAND	Α	Υ	N			Υ
		3046A	125 BCKLND - KIT	Α		N			
		3046B	125 BCKLND - BATH	Α		N			
		3047	VIT SHOP-105 BUCK	Α	Υ	N			
		3047A	105 BCKLND - KIT	Α		N			
		3047B	105 BCKLND - BATH	Α		N			
		3048	MN WHS-194 BUCK	Α	Υ	N			
		3048A	95 BCKLND - KIT	Α		N			
		3048B	95 BCKLND - BATH	Α		N			

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 of	Public	Health	Dri	nking	g Water	Se	ction	
	Wa	ter Qual	lity Monit	oring a	nd Con	nplia	ance	Schedu	le		
PWS ID	PWS Name					Classi	fication	Population	Own	er Type P	rimary Source
СТ0779093	CTWC - BUCKLAI	ND ROAD SE	RVICE AREA			N.	TNC	25		Р	SWP
Local Address	(where applicable)			Service	Resider	tial C	ommerc	ial Industr	ial (Combined	Agricultural
BUCKLAND R	OAD			Connection	ns		5				
Towns Served	: MANCHESTER				,	·		,	·		,
		Water Sy	stem Facili	ity and S	ampling	Poir	it Inve	entory			
Water							T	otal Lead	and		
System W	ater System Facility		Sampling Point				Col	liform Cop	per		Stage
Facility ID			ID	Description	1	St	atus ^F	Rule Rule	Tier	Asbestos	WQP 2 DBPR
			4	DISTRIBUTI	ON SYSTEM	1	Α				
			DOWNSTREAM	WITHIN 5 S	ERVICE COI	V	Α				
			UPSTREAM	WITHIN 5 S	ERVICE COI	V	Α				
	TERCONNECTION - C WC WESTERN	Т0473011-									
	TERCONNECTION - ANCHESTER WATER	DEPT									
			Certified	Operato	r Inform	natio	n				
Water Syste	m Facility: DISTR	IBUTION SY	STEM (WSF II	D: 00600)							
Facility Class	ification: SMALL WA	TER SYSTEM									Certification
Operator Na	me		Operator Type	е	Certification	on(s)					Expiration
GREEN, III, CL	IFFORD		CHIEF OPERATO)R	DISTRIBUTI	ON SYS	STEM OP	ERATOR - C	LASS II	II	3/31/2026
			Con	tact Info	rmation	1					
Name			Or	ganization						Job Title	
Mr. Craig J. P	atla			nnecticut W	/ater Comp	any		Vp, Servi	ce Deli	ivery	
Mailing Addr	ess Line One		Mailing Address	Line Two	<u> </u>			City		State	Zip Code
93 West Mair	n Street						Clintor	1		СТ	06413
Business Ph	none Extension	Fax	Mobi	le Phone	Emergency	/ Phone	e Email /	Address		1	
860-664-6	140				800-391	-1924	craig.p	atla@ctwat	er.cor	n	
Contact Role	(s): Legal Contact, C	Owner	,				ı				
Name	'		Or	ganization						Job Title	
Mr. Paul C. Lowry Connecticut Water Company Manager											

Contact Role(s): Administrative Contact

Extension

Please note the following:

Mailing Address Line One

93 W Main Street

Business Phone

860-944-9655

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

860-654-1903

B. 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

06413

City

ctwcdphadmin@ctwater.com

Clinton

Emergency Phone Email Address

800-208-5700

State

CT

	Connecticut Department	of Public F	Iealth	Dr	inki	ng '	Water	Se	ection	l	
	Water Quality Mo	nitoring an	d Con	npli	ianc	e So	chedu	le			
PWS ID	PWS Name			_	sificati			_	ner Type	Pri	mary Source
СТ0779083	ELISABETH M. BENNET ACADEMY			1	NTNC		536		L		SWP
Local Address	(where applicable)	Service	Residen	ntial	Comm	ercial	Industr	ial	Combin	ed	Agricultura
1151 MAIN ST	REET	Connections			1						
Towns Served:	MANCHESTER	1									
	Mo	nitoring Requ	ıireme	nts							
Water Syster	n Facility: DISTRIBUTION SYSTEM (W	SF ID: 00600)									
Chlorine Res	sidual (1012)							1 r	outine (F	RT) p	er month
	Point (Sampling Point ID)		Monitori	ing Pe	eriod	Col	lection Pe	riod	l Com	plia	nce Status
Select fro	m Inventory of Active Sampling Points		6/1/25 -	- 6/30)/25					Com	plete
			7/1/25 -							Com	plete
			8/1/25 -	-	-						plete
			9/1/25 -	-	-						plete
			10/1/25 -	- 10/3	31/25					Com	plete
Asbestos (1											nine years
	Point (Sampling Point ID)		Monitori			Col	lection Pe	rioa	l Com	plia	nce Status
	m Inventory of Active Sampling Points		1/1/20 -	12/3	1/28						
	cetic Acids (2456)								-		er quarter
	Point (Sampling Point ID)		Monitori			Col	lection Pe		l Com	_	nce Status
CONE WA	ATER COOLER (B4C001)		4/1/25 -				6/1-6/30				plete
			7/1/25 -	-	-		9/1-9/30			Com	plete
			10/1/25 -				12/1-12/3				
			1/1/26 -				3/1-3/31				
			4/1/26 -	- 6/30	0/26		6/1-6/30				
	omethanes (2950)								-		er quarter
	Point (Sampling Point ID)	_	Monitori			Col	lection Pe				nce Status
BARNARI	WATER COOLER (B4B001)		4/1/25 -				6/1-6/30				plete
			7/1/25 -				9/1-9/30			Com	plete
			10/1/25 -			-	12/1-12/3				
			1/1/26 -				3/1-3/31				
	(2.22)		4/1/26 -	- 6/30)/26		6/1-6/30				
Total Colifor	m (3100) Point (Sampling Point ID)		Monitori	ina Da	erind	Col	lection Pe		-		oer month
	m Inventory of Active Sampling Points		6/1/25 -			COI	iection re	Hou	Com		plete
Jelect II c	in inventory of Active Sampling Folits		7/1/25 -								plete
			8/1/25 -								plete
			9/1/25 -								plete
			3/1/25 - 10/1/25 -								plete
			11/1/25 -	-						2011	.,,,,,,,,
			12/1/25 -								
			1/1/26 -								
			2/1/26 -								
			3/1/26 -								
			4/1/26 -								
			5/1/26 -								
			J, 1, 20 -	اد رد	., 20						

Monitoring Period

Lead And Copper (PBCU)

Sampling Point (Sampling Point ID)

20 routine (RT) per six months

Compliance Status

Collection Period

Conne	ecticut Department of P	ublic H	lealth Drink	ing Water Se	ction
001111	Water Quality Monitor			Ŭ	
PWS ID PWS Nam					ner Type Primary Sour
CT0779083 ELISABETI	H M. BENNET ACADEMY		NTNC	536	L SWP
ocal Address (where appli	cable) Se	ervice	Residential Comm	nercial Industrial	Combined Agricultur
151 MAIN STREET		onnections	-	1	
owns Served: MANCHEST	ER		· ·		
	Monitori	ing Requ	irements		
Vater System Facility:	DISTRIBUTION SYSTEM (WSF ID:	00600)			
Lead And Copper (PBC	U)			20 routin	e (RT) per six month
Sampling Point (Sam	oling Point ID)		Monitoring Period	Collection Period	Compliance Status
Select from Inventory	of Active Sampling Points		1/1/25 - 6/30/25		Complete
			7/1/25 - 12/31/25		
			1/1/26 - 6/30/26		
Physical Parameters (P	PS)			1 ro	utine (RT) per mont
Sampling Point (Sam			Monitoring Period	Collection Period	Compliance Status
Select from Inventory	of Active Sampling Points		6/1/25 - 6/30/25		Complete
			7/1/25 - 7/31/25		Complete
			8/1/25 - 8/31/25		Complete
			9/1/25 - 9/30/25		Complete
		:	10/1/25 - 10/31/25		Complete
		:	11/1/25 - 11/30/25		
		:	12/1/25 - 12/31/25		
			1/1/26 - 1/31/26		
			2/1/26 - 2/28/26		
			3/1/26 - 3/31/26		
			4/1/26 - 4/30/26		
			5/1/26 - 5/31/26		
Moi	nthly Water System Facility	(WSF) l	evel Monitor	ing Requireme	nts
Vater System Facility:	TREATMENT PLANT (WSFID: 5779	2)			
Analyte	Monitoring Requirement (Summary	Type)	Operating Limi	t	Samples Req/Month
рН	Entry Point pH Monitoring (PHRD)		Minimum: 7.0	PH	4
Start Date: 9/1/2011		Complia	nce History:	Operating Limit	Monitoring
		Monitor	ing Period	Compliance Status	Compliance Status
		6/1/2025	5 - 6/30/2025		
			5 - 7/31/2025		
			5 - 8/31/2025		
			5 - 9/30/2025		
		10/1/202	25 - 10/31/2025		
Analyte	Monitoring Requirement (Summary	Type)	Operating Limi		Samples Req/Month
рН	Entry Point pH Monitoring (PHRD)		Maximum: 7.6	PH	4
Start Date: 9/1/2011		Compliance History:		Operating Limit	Monitoring
			ing Period	Compliance Status	Compliance Status
			5 - 6/30/2025		
			5 - 7/31/2025		
			5 - 8/31/2025		
			5 - 9/30/2025		
		40/4/00			

10/1/2025 - 10/31/2025

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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Pri	mary Source
СТ0779083	ELISABETH M. BENNET ACADEMY				NTNC	536	L		SWP
Local Address (v	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Combin	ied	Agricultural
1151 MAIN STRI	EET	Connections			1				

Towns Served: MANCHESTER

Other Compliance Schedules								
Compliance Schedule Activity	Due Date	Achieved Date						
CCTS 5: PWS OCCT INSTALLATION								
SWTS 2: DWS REVIEW & APPROVAL OF SOWT	6/27/2024							
CCTS 2: DWS REVIEW & APPROVAL OF OCCT	6/30/2024							
CROSS CONNECTION SURVEY REPORT	3/1/2026							

Water System Facility and Sampling Point Inventory										
Water System Water System Facility Facility ID		Sampling Point Description			Lead and Copper	Asbestos	Stage WQP 2 DBPR			
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α							
	B4117	BARNARD OFFICE	Α	Υ	1					
	B4B001	BARNARD WATER COOLER	Α	Υ			Υ			
	B4B004	BARNARD FAC LAV	Α	Υ	2					
	B4B016	BARNARD CUSTODIAL	Α		2					
	B4B100	BARNARD WATER CONUR	Α		2					
	B4B104	BARNARD FAC LAV	Α		2					
	B4B113	BARNARD SCIENCE LAB	Α		2					
	B4B116	BARNARD CUSTODIAL	Α		2					
	B4B206	BARNARD-SCIENCE LAV	Α	Υ	2					
	B4B211	BARNARD SCIENCE LAV	Α	Υ	2					
	B4B213	BARNARD SCIENCE LAV	Α	Υ	2					
	B4C001	CONE WATER COOLER	Α	Υ	2		Υ			
	B4C011	CONE BOYS LR LAV	Α	Υ	2					
	B4C024	CONE-CHANGING LAV	Α	Υ	2					
	B4C101	CONE-WATER COOLER	Α	Υ	2					
	B4C104	CONE HC LAV	Α	Υ	2					
	B4C107	CONE LIBRARY WK RM	Α	Υ	2					
	B4C204	CONE CHANGING LAV	Α	Υ	2					
	B4CH100	CHENEY COOLER	Α		1					
	B4CH107	CHENEY CLASSROOM	Α		1					
	B4CH1HC	CHENEY HC LAV	Α		1					
	B4CH201	CHENEY COOICV	Α		1					
	B4CH209	CHENEY CISS ROOM	Α		1					
	B4CH20FI	CHENEY CICSS ROOM	Α		1					
	B4CHNURSE	CHENEY NURSE	Α		1					
	B4CHZHC	CHENEY HC LAV	Α		1					
	B4CN207	CHENEY CICSS ROOM	Α		1					
	B4F001	FRANKLIN COOLER	Α		2					
	B4F004	FRANKLIN LAV	Α		2					
	B4F009	FRANKLIN ART LAB	Α		2					

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 De	partment of	f Public	Health	Drinki	ng Wa	ater Se	ction				
Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name				Classificati		lation Own	er Type P	rimary Sc	ource		
СТ0779083	ELISABETH M. BENNET AC	CADEMY			NTNC	53		L	SWP			
Local Address (v	vhere applicable)		Service	Resident	ial Comm	ercial In	dustrial	Combined	Agricul	ltural		
1151 MAIN STRI			Connection	S	1							
Towns Served: MANCHESTER												
Water System Facility and Sampling Point Inventory												
Water						Total						
System Water Facility ID	er System Facility	Sampling Point ID	Sampling Po			Coliform Rule	Copper Pule Tier	Asbestos		tage DRDD		
rucinty 1D		B4F014	FRANKLIN T		<u>Status</u> A	Nuic	2	ASSESTEDS	7707 21	DDIK		
		B4F101	FRAN WATE	-	A	Υ	2					
		B4F101 B4F104	FRAN FACU		A	Υ	2					
		B4F104 B4F107	FRANKLIN-N			Ϋ́	2					
		B4F107 B4F111	FRANK SCIE		A A	Ϋ́	2					
						-						
		B4F117	FRANKLIN N	-	A	Y	2					
		B4F201	FRANK WAT			Y	2					
		B4F213	FRANK SCIE REC WATER		A	Y	2					
					Α	Y	2					
		B4R107	REC FACULT		Α	Y	2					
		B4R112	REC DIST KI	-	Α		2					
		B4R207	REC FACULT		Α	Y	2					
		B4RSTR20	RECREATIO		Α	Υ	2					
		DOWNSTREAM	WITHIN 5 SI	ERVICE CON	Α							
		UPSTREAM	WITHIN 5 SI	ERVICE CON	Α							
	RCONNECTION - 70021 - MANCHESTER											
57792 TREA	TMENT PLANT	B3RAW	ENTRY POIN	IT RAW	Α							
		ENTRY POIN	IT TREATED	Α								
		Certified	Operato	r Inform	ation							
Water System	Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)									
Facility Classific	ation:								Certifica	ition		
Operator Name Operator Typ		Operator Type	e Certification(s)						Expirat	tion		
GRANT, SHANE		CHIEF OPERATO	R WATER TREATMENT			ANT OPE	ASS II	9/30/2	026			
			DISTRIBUTION SYSTEM OP			OPERATO	DR - CLASS I	I	9/30/2	:026		
Water System	Facility: TREATMENT P	LANT (WSF ID: 5	7792)									
Facility Classific	ation: CLASS 1 TREATMEN						Certifica	ition				
Operator Name	е	Certification(s)					Expirat	tion				
GRANT, SHANE CHIEF OPERAT			OR WATER TREAT		ATMENT PL	ANT OPE	ASS II	9/30/2	:026			
				DISTRIBUTIO	N SYSTEM	OPERATO	1	9/30/2	026			
PETITTI, ANDY ASSIGNED OPE			RATOR DISTRIBUTIO		N SYSTEM	OPERATO		6/30/2	:028			
		,	WATER TREA	ATMENT PL	ANT OPE	ASS I	12/31/2	2025				
		Con	tact Info	rmation								
Nama			rganization					Joh Titlo				

Organization Job Title Name Mr. Matt Geary Manchester Public Schools Supt of Schools Mailing Address Line One City Zip Code Mailing Address Line Two State 45 North School Street Manchester CT 06042 Business Phone Extension Fax Mobile 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.

Connecticut Department of Public Health Drinking Water Section													
Water Quality Monitoring and Compliance Schedule													
PWS ID	PWS Name						Classification P		Population	Ow	ner Type	Primary	Source
СТ0779083	ELISABETH M. BENNET ACADEMY						N	TNC	536		L	SV	٧P
ocal Address (where applicable)				Service	Residential Cor		ommerci	al Industri	al	Combine	d Agri	cultural	
1151 MAIN STREET				Connection	ns	1							
Towns Served: MANCHESTER													
860-647-3441	1						mgeary@m _l			mpspride.org			
Contact Role(s): Legal Contact													
Name	Organization Job Title												
Mr. Lindsey Boutilier Manchester Public Scho						ublic Schoo	ls		Dir. of Oper & Athle				
Mailing Address Line One Mailing Address				Line Two				City		State	Zip C	ode	
45 North School Street						Manch	Manchester			060)42		
Business Phone	e Extension	n Fax		Mobile	e Phone	Emergency	/ Phon	e Email A	Email Address				
860-647-5011		860-647-3	3381					Lindsey.Boutilier@mpspride.org					
Contact Role(s): Administrative Contact													

Please note the following:

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

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

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

End of schedule