

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT1190021	APPLE REHAB			C	238	P	SWP	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
45 ELM ST							1	
Towns Served: ROCKY HILL								

### Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Chlorine Residual (1012)		1 routine (RT) per month	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	5/1/25 - 5/31/25		Complete
	6/1/25 - 6/30/25		Complete
	7/1/25 - 7/31/25		Complete
	8/1/25 - 8/31/25		Complete
Asbestos (1094)		1 routine (RT) per nine years	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/25 - 12/31/33		
Total Haloacetic Acids (2456)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ROOM 32 (RM32)	1/1/25 - 9/30/25	8/1-8/31	Complete
Total Trihalomethanes (2950)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ROOM 47 (RM47)	1/1/25 - 9/30/25	8/1-8/31	Complete
Total Coliform (3100)		1 routine (RT) per month	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	5/1/25 - 5/31/25		Complete
	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		
	10/1/25 - 10/31/25		
	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		
Disinfectant Byproducts - TTHM & HAA5 (DBP)		1 routine (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	7/1-9/30	
Disinfectant Byproducts - TTHM & HAA5 (DBP)		2 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ROOM 32 (RM32)	10/1/25 - 12/31/25	11/1-11/30	
	1/1/26 - 3/31/26	2/1-2/28	
ROOM 47 (RM47)	10/1/25 - 12/31/25	11/1-11/30	
	1/1/26 - 3/31/26	2/1-2/28	
Lead And Copper (PBCU)		10 routine (RT) per six months	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status

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.

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Towns Served: ROCKY HILL								

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

**Lead And Copper (PBCU)** **10 routine (RT) per six months**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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 (PPS)** **1 routine (RT) per month**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	5/1/25 - 5/31/25		Complete
	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		
	10/1/25 - 10/31/25		
	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		

### Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **ENTRY POINT (WSFID: 00700)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
Chlorine	Entry Point Chlorine Residual Monitoring (CHLR)	Minimum: 0.05 MG/L	Daily
Start Date: 3/1/2024	Compliance History:	Operating Limit	Monitoring
	Monitoring Period	Compliance Status:	Compliance Status:
	5/1/2025 - 5/31/2025		
	6/1/2025 - 6/30/2025		
	7/1/2025 - 7/31/2025		
	8/1/2025 - 8/31/2025		
	9/1/2025 - 9/30/2025		

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2026	

### Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Lead and Copper M&R Violation	7/1/24 - 12/31/24	3	8/19/2025		8/29/2025	
Chlorine M&R Violation	1/1/25 - 1/31/25	3	3/11/2026		3/21/2026	
Total Coliform M&R Violation	1/1/25 - 1/31/25	3	3/11/2026		3/21/2026	

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Towns Served: ROCKY HILL								

### Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Physical Parameters M&R Violation	1/1/25 - 1/31/25	3	3/11/2026		3/21/2026	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		RM1	ROOM 1	A	Y	N	Y	
		RM10	ROOM 10	A	Y	N	Y	
		RM11	ROOM 11	A	Y	N	Y	
		RM12	ROOM 12	A	Y	N	Y	
		RM13	ROOM 13	A	Y	N	Y	
		RM14	ROOM 14	A	Y	N	Y	
		RM15	ROOM 15	A	Y	N	Y	
		RM16	ROOM 16	A	Y	N	Y	
		RM17	ROOM 17	A	Y	N	Y	
		RM18	ROOM 18	A	Y	N	Y	
		RM19	ROOM 19	A	Y	N	Y	
		RM2	ROOM 2	A	Y	N	Y	
		RM20	ROOM 20	A	Y	N	Y	
		RM21	ROOM 21	A	Y	N	Y	
		RM22	ROOM 22	A	Y	N	Y	
		RM23	ROOM 23	A	Y	N	Y	
		RM24	ROOM 24	A	Y	N	Y	
		RM25	ROOM 25	A	Y	N	Y	
		RM26	ROOM 26	A	Y	N	Y	
		RM27	ROOM 27	A	Y	N	Y	
		RM28	ROOM 28	A	Y	N	Y	
		RM29	ROOM 29	A	Y	N	Y	
		RM3	ROOM 3	A	Y	N	Y	
		RM30	ROOM 30	A	Y	N	Y	
		RM31	ROOM 31	A	Y	N	Y	
		RM32	ROOM 32	A	Y	N	Y	Y
		RM33	ROOM 33	A	Y	N	Y	
		RM34	ROOM 34	A	Y	N	Y	
		RM35	ROOM 35	A	Y	N	Y	
		RM36	ROOM 36	A	Y	N	Y	
		RM37	ROOM 37	A	Y	N	Y	
		RM38	ROOM 38	A	Y	N	Y	

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45 ELM ST							1	
Towns Served: ROCKY HILL								

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		RM39	ROOM 39	A	Y	N	Y	
		RM4	ROOM 4	A	Y	N	Y	
		RM40	ROOM 40	A	Y	N	Y	
		RM41	ROOM 41	A	Y	N	Y	
		RM42	ROOM 42	A	Y	N	Y	
		RM43	ROOM 43	A	Y	N	Y	
		RM44	ROOM 44	A	Y	N	Y	
		RM45	ROOM 45	A	Y	N	Y	
		RM46	ROOM 46	A	Y	N	Y	
		RM47	ROOM 47	A	Y	N	Y	Y
		RM48	ROOM 48	A	Y	N	Y	
		RM49	ROOM 49	A	Y	N	Y	
		RM5	ROOM 5	A	Y	N	Y	
		RM51	ROOM 51	A	Y	N	Y	
		RM52	ROOM 52	A	Y	N	Y	
		RM53	ROOM 53	A	Y	N	Y	
		RM54	ROOM 54	A	Y	N	Y	
		RM55	ROOM 55	A	Y	N	Y	
		RM56	ROOM 56	A	Y	N	Y	
		RM57	ROOM 57	A	Y	N	Y	
		RM6	ROOM 6	A	Y	N	Y	
		RM63	ROOM 63	A	Y	N	Y	
		RM64	ROOM 64	A	Y	N	Y	
		RM65	ROOM 65	A	Y	N	Y	
		RM66	ROOM 66	A	Y	N	Y	
		RM67	ROOM 67	A	Y	N	Y	
		RM68	ROOM 68	A	Y	N	Y	
		RM69	ROOM 69	A	Y	N	Y	
		RM7	ROOM 7	A	Y	N	Y	
		RM70	ROOM 70	A	Y	N	Y	
		RM71	ROOM 71	A	Y	N	Y	
		RM72	ROOM 72	A	Y	N	Y	
		RM73	ROOM 73	A	Y	N	Y	
		RM74	ROOM 74	A	Y	N	Y	
		RM8	ROOM 8	A	Y	N	Y	
		RM9	ROOM 9	A	Y	N	Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT							

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### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
62142	INTERCONNECTION CT0640011 (CONSECUTIVE)							
62145	TREATMENT PLANT							

### Certified Operator Information

Water System Facility: **TREATMENT PLANT (WSF ID: 62145)**

Facility Classification: CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
COSSETTE, EVAN J	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS IV	6/30/2027
		DISTRIBUTION SYSTEM OPERATOR IN TRAINING	6/30/2027
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	9/30/2027

### Contact Information

Name				Organization			Job Title			
Mr. Ryan Vess				Apple Rehab			Cfo			
Mailing Address Line One			Mailing Address Line Two				City		State	Zip Code
21 Waterville Rd							Avon		CT	06001
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone	Email Address		
860-678-9755								rvess@apple-rehab.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**