	Connecticut Dep	artme	ent o	f Public	Health	Drii	nkin	g Wa	ater	Se	ction	
	Water Qu							_				
PWS ID	PWS Name					_					er Type F	rimary Source
CT1450024	TRAVELERS RESTAURANT					Ν	IC	2	5		Р	GW
Local Addres	s (where applicable)			Service	Residen	tial Co	mmer	cial In	dustri	al	Combined	Agricultural
1257-1259 B	UCKLEY HIGHWAY			Connection	ns		1					
Towns Serve	d: UNION				"							
		ſ	Monit	oring Red	quireme	nts						
Water Syste	em Facility: DISTRIBUTION	SYSTEM	(WSF	ID: 00600)								
Total Colif	orm (3100)								1	. rou	tine (RT)	per quarter
Samplin	ng Point (Sampling Point ID)				Monitori	ng Peri	iod	Collecti	ion Pei	riod	Compl	iance Status
Select f	rom Inventory of Active Samplir	ng Points			4/1/25 -	6/30/2	25				Co	omplete
					7/1/25 -	9/30/2	25				Co	omplete
					10/1/25 -	12/31/	/25					
					1/1/26 -	3/31/2	26					
					4/1/26 -	6/30/2	26					
Physical Pa	rameters (PPS)								1	. rou	tine (RT)	per quarter
Samplin	ng Point (Sampling Point ID)				Monitori	ng Peri	iod	Collecti	ion Pe	riod	Compl	iance Status
Select f	rom Inventory of Active Samplin	ng Points			4/1/25 -	6/30/2	25				Co	omplete
					7/1/25 -	9/30/2	25				Co	omplete
					10/1/25 -	12/31/	/25					
					1/1/26 -	3/31/2	26					
					4/1/26 -	6/30/2	26					
Water Syste	em Facility: ENTRY POINT	WSF ID:	00700)								
Nitrate An	d Nitrite (NOX)									1	routine (RT) per year
Samplin	ng Point (Sampling Point ID)				Monitori	ng Peri	iod	Collecti	ion Pei	riod	Compl	iance Status
ENTRY I	POINT (3)				1/1/24 -	12/31/	24				Co	omplete
					1/1/25 -	12/31/	25				Co	omplete
					1/1/26 -	12/31/	26					
	Water	System	r Facil	lity and Sa	ampling	Poin	t Inv	entoi	Ύ			
Water								Total	Lead	and		
	ater System Facility	Samplin	ng Point	t Sampling P			Co	liform	Сор			Stage
Facility ID		I	D	Description	1	Sto	itus	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600 D	ISTRIBUTION SYSTEM		4	DISTRIBUTION			A	Υ				
				1 WITHIN 5 S			A					
		UPST	REAM	WITHIN 5 S		1 ,	A					
00700 EI	NTRY POINT		3	ENTRY POIN	NT	,	A					
22421 W	/ELL	:	2	WELL			A					
61660 TI	REATMENT PLANT											
			Cor	ntact Info	rmation	1						
Name			0	rganization							Job Title	
Mr. Art Mur	dock		C	/O Travelers	Restaurant							
Mailing Addr	ess Line One	Mailing	Addres	ss Line Two				Ci	ty		State	Zip Code
1257 Buckley	/ Highway						Unior	1			СТ	06076
Business P	hone Extension Fa	х	Mob	ile Phone	Emergency	Phone	Email	Addres	SS			
860-684-4	1920						karen	17@co	x.net			
Contact Bolo	(c): Administrative Contact L	anal Camb	aat 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: 11/13/2025

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

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1450024	TRAVELERS RESTAURANT			NC	25	Р	GW
Local Address (where applicable)		Service	Residen	ntial Commerc	ial Industri	al Combine	ed Agricultural
1257-1259 BUCKLEY HIGHWAY		Connections		1			

Towns Served: UNION

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

Page 2

Schedule Generation Date: 11/13/2025

Conn	acticut Donartr	nont of	Dublic L	loalth D	rinki	na M	Jator Sc	ction	
Comin	ecticut Departr					_		ction	
DIA/C ID	Water Quality	MOIIIU	oring an					- 5	
PWS ID PWS Nam CT1450214 UNION W	re /EIGH STATION			Cla	assificati NC	on Pop	25	ner Type P	rimary Source GW
			Service	Residential		orgial	Industrial	Combined	
Local Address (where appl INTERSTATE 84 WEST	icable)		Connections	Residential	1		iliuustiiai	Combined	Agricultural
Towns Served: UNION			COTTTCCCTOTTS		1				
Towns served. Olvion		Monit	oring Dogu	iromont	_				
Water System Facility:	DISTRIBUTION SYSTE		oring Requ D: 00600)	memem	5				
Total Coliform (3100)							1 rou	utine (RT)	per quarter
Sampling Point (Sam	pling Point ID)			Monitoring	Period	Collec	tion Period	Compli	ance Status
Select from Inventory	of Active Sampling Poin	its		4/1/25 - 6/3	30/25			Co	mplete
				7/1/25 - 9/3	30/25			Со	mplete
				10/1/25 - 12	/31/25			Co	mplete
				1/1/26 - 3/3	31/26				
				4/1/26 - 6/3	30/26				
Physical Parameters (F	PPS)						1 rou		per quarter
Sampling Point (Sam				Monitoring		Collec	tion Period	•	ance Status
Select from Inventory	of Active Sampling Poin	its		4/1/25 - 6/3	-				mplete
				7/1/25 - 9/3					mplete
				10/1/25 - 12				Со	mplete
				1/1/26 - 3/3					
				4/1/26 - 6/3	30/26				
Water System Facility:		D: 00700)							
Nitrate And Nitrite (No	•							- '	RT) per year
Sampling Point (Sam	pling Point ID)		_	Monitoring		Collec	tion Period		ance Status
ENTRY POINT (3)				1/1/24 - 12/					mplete
				1/1/25 - 12/				Co	mplete
				1/1/26 - 12/	•				
	nthly Water Syste		ity (WSF) I	evel Mo	nitori	ng Re	quireme	nts	
Water System Facility:		<u> </u>							
Analyte	Monitoring Requirem			-	ing Limit			Samples R	eq/Month
рН	Entry Point pH Monito	ring (PHRD			ım: 7.0 f	PH		2	ļ
Start Date: 9/1/2008				nce History:			ing Limit	Monitor	_
				ing Period		Compli	ance Status	: Complia	nce Status:
				5 - 6/30/202					
				5 - 7/31/202					
				5 - 8/31/202					
				5 - 9/30/202 25 - 10/31/2					
		O+b = C							
		Other C	ompliance						
Compliance Schedule Acti					/2020		Achieved	Date	
CROSS CONNECTION SURV	Water Syste	m Facili	ty and Sar		/2029 nint In	vento	nrv		
Water	water syste	i deili	ty and Jai	nping P		Total	Lead and		
System Water System	Facility Sami	plina Point	Sampling Poi	nt		Coliforn			Stage
Facility ID	.,	ID	Description		Status	Rule		Asbestos	WQP 2 DBPR
00600 DISTRIBUTION	SYSTEM	3	GENERATED E	SY BATCH	A	Υ			

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: 11/13/2025

Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source		
CT1450214	UNION WEIGH STATION			NC	25	S	GW		
Local Address (v	vhere applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural		

Connections

Connecticut Department of Public Health Drinking Water Section

INTERSTATE 84 WEST
Towns Served: UNION

Water System Facility and Sampling Point Inventory									
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR	
	4	DISTRIBUTION SYSTEM	Α	Υ					
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
	UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700 ENTRY POINT	3	ENTRY POINT	Α						
23033 WELL #1	2	WELL #1	Α						
55195 TREATMENT PLANT									

Certified Operator Information

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

Facility Classification: DISTRIBU	JTION SYSTEM		Certification
Operator Name	Operator Type	Certification(s)	Expiration
GRANT, SHANE	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2026
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	9/30/2026

Contact Information										
Name				Organization		Job Title				
Mr. Joseph Giulietti				Department of Transportation			Commissioner			
Mailing Address Line One Mailing Add				ess Line Two		City		State	Zip Code	
2800 Berlin Turnpik	е					Newingt	on	СТ	06111	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	mail Address			
860-594-3000										

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.
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End of schedule