

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0770072</b>	<b>SHADY GLEN RESTAURANT</b>	NTNC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
840 EAST MIDDLE TURNPIKE			1				
Towns Served: MANCHESTER							

### Monitoring Requirements

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

<b>Asbestos (1094)</b>		<b>1 routine (RT) per nine years</b>			
<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	1/1/11 - 12/31/19				
<b>Total Haloacetic Acids (2456)</b>		<b>1 routine (RT) per year</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
KITCHEN HAND SINK (4004)	1/1/16 - 12/31/16	8/13-8/19	Complete		
	1/1/17 - 12/31/17	8/13-8/19			
	1/1/18 - 12/31/18	8/13-8/19			
<b>Total Trihalomethanes (2950)</b>		<b>1 routine (RT) per year</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
BASEMENT WEST (4003)	1/1/16 - 12/31/16	8/13-8/19	Complete		
	1/1/17 - 12/31/17	8/13-8/19			
	1/1/18 - 12/31/18	8/13-8/19			
<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>			
<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	7/1/16 - 9/30/16		Complete		
	10/1/16 - 11/30/16		Complete		
	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				
<b>Total Coliform (3100)</b>		<b>3 (TR) per month</b>			
<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	12/1/16 - 12/31/16		Complete		
<b>Lead And Copper (PBCU)</b>		<b>5 routine (RT) per year</b>			
<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	1/1/16 - 12/31/16	6/1-9/30	Complete		
	1/1/17 - 12/31/17	6/1-9/30			
	1/1/18 - 12/31/18	6/1-9/30			
<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>			
<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	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				
<b>Physical Parameters (PPX)</b>		<b>1 routine (RT) per quarter</b>			
<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	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16		Complete		
Water System Facility: <b>ENTRY POINT (WSF ID: 00700)</b>					
<b>Inorganic Chemicals (IOCS)</b>		<b>1 routine (RT) per three years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		

*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	Population	Owner Type	Primary Source		
<b>CT0770072</b>	<b>SHADY GLEN RESTAURANT</b>	NTNC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
840 EAST MIDDLE TURNPIKE			1				

Towns Served: MANCHESTER

### Monitoring Requirements

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

<b>Inorganic Chemicals (IOCS)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/14 - 12/31/16		Complete
	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
<b>Nitrate And Nitrite (NOX)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		Complete
	1/1/17 - 3/31/17		
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		
<b>Pesticides, Herbicides and PCBs-Phase II (SOC2)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/14 - 12/31/16		Complete
	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
<b>Pesticides, Herbicides and PCBs-Phase V (SOC5)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/14 - 12/31/16		Complete
	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
<b>Organic Chemicals (VOCS)</b>	<b>1 routine (RT) per three years</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/14 - 12/31/16		Complete
	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		

Water System Facility: **WELL 1 (WSF ID: 10366)**

<b>E. Coli (3014)</b>	<b>1 triggered (TG) per period</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 1 (2)	12/1/16 - 12/6/16		Complete
<b>E. Coli (3014)</b>	<b>1 routine (RT) per quarter</b>		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 1 (2)	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		Complete
	1/1/17 - 3/31/17		
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

Water System Facility: **WELL 2 (WSF ID: 10990)**

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0770072</b>	<b>SHADY GLEN RESTAURANT</b>	NTNC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
840 EAST MIDDLE TURNPIKE			1				
Towns Served: MANCHESTER							

## Monitoring Requirements

Water System Facility: <b>WELL 2 (WSF ID: 10990)</b>			
<b>E. Coli (3014)</b>		<b>1 triggered (TG) per period</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 2 (2)	12/1/16 - 12/6/16		Complete
<b>E. Coli (3014)</b>		<b>1 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 2 (2)	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		Complete
	1/1/17 - 3/31/17		
	4/1/17 - 6/30/17		
	7/1/17 - 9/30/17		

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

Water System Facility: <b>ENTRY POINT (WSFID: 00700)</b>			
<b>Analyte</b>	<b>Monitoring Requirement (Summary Type)</b>	<b>Operating Limit</b>	<b>Samples Req/Month</b>
Chlorine Residual, Free	Entry Point Chlorine Residual Monitoring (CHLR)	Minimum: .2 MG/L	Daily
<b>Start Date:</b> 1/1/2002	<b>Compliance History:</b>	<b>Operating Limit</b>	<b>Monitoring</b>
	<b>Monitoring Period</b>	<b>Compliance Status:</b>	<b>Compliance Status:</b>
	8/1/2016 - 8/31/2016		N
	9/1/2016 - 9/30/2016		N
	10/1/2016 - 10/31/2016		N
	11/1/2016 - 11/30/2016		N
	12/1/2016 - 12/31/2016		
	1/1/2017 - 1/31/2017		

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	2/16/2017	
CROSS CONNECTION SURVEY REPORT	3/1/2017	

## 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 2 DBPR
00600	DISTRIBUTION SYSTEM	2001	WELL #1 RAW	P				
		2002	WELL #2 RAW	P				
		3003	FINISH ENTER SYSTEM	P				
		4	DISTRIBUTION SYSTEM	A	Y			
		4001	BASEMENT EAST	P			1	
		4002	BASEMENT MIDDLE	P			1	
		4003	BASEMENT WEST	A			1	Y
		4004	KITCHEN HAND SINK	A			1	Y
		4005	KITCHEN SLOP SINK	P			1	

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0770072</b>	<b>SHADY GLEN RESTAURANT</b>	NTNC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
840 EAST MIDDLE TURNPIKE			1				
Towns Served: MANCHESTER							

## 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 2 DBPR
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10366	WELL 1	2	WELL 1	A				
10990	WELL 2	2	WELL 2	A				
1332	SHADY GLEN TP							

## Certified Operator Information

Water System Facility: <b>SHADY GLEN TP (WSF ID: 1332)</b>			
Facility Classification: CLASS 1 TREATMENT PLANT			
Operator Name	Operator Type	Certification(s)	Certification Expiration
KLOBUKOWSKI, STEVEN J.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III WATER TREATMENT PLANT OPERATOR - CLASS IV	6/30/2017 6/30/2019

## Contact Information

Name		Organization			Job Title		
Mr. William Hoch		Shady Glen Inc.			Owner		
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
840 East Middle Turnpike					Manchester	CT	06040
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-649-4245		860-646-2993		860-649-4245			
Contact Role(s): <b>Administrative Contact, Owner</b>							

**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	Classification	Population	Owner Type	Primary Source		
<b>CT0779023</b>	<b>MANCHESTER PACKING COMPANY, INC.</b>	NTNC	34	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
349 WETHERALL STREET			1				

Towns Served: MANCHESTER

### Monitoring Requirements

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

<b>Asbestos (1094)</b>		<b>1 routine (RT) per nine years</b>			
<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	1/1/11 - 12/31/19				
<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>			
<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	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16		Complete		
	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				
<b>Lead And Copper (PBCU)</b>		<b>5 routine (RT) per year</b>			
<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	1/1/16 - 12/31/16	6/1-9/30	Complete		
	1/1/17 - 12/31/17	6/1-9/30			
	1/1/18 - 12/31/18	6/1-9/30			
<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>			
<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	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				
<b>Physical Parameters (PPX)</b>		<b>1 routine (RT) per quarter</b>			
<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	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16		Complete		
<b>Water System Facility: ENTRY POINT (WSF ID: 00700)</b>					
<b>Inorganic Chemicals (IOCS)</b>		<b>1 routine (RT) per three years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/16 - 12/31/18				
	1/1/19 - 12/31/21				
<b>Nitrate And Nitrite (NOX)</b>		<b>1 routine (RT) per year</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/16 - 12/31/16		Complete		
	1/1/17 - 12/31/17				
	1/1/18 - 12/31/18				
<b>Pesticides, Herbicides and PCBs-Phase II (SOC2)</b>		<b>1 routine (RT) per three years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/14 - 12/31/16		Complete		
	1/1/17 - 12/31/19				
	1/1/20 - 12/31/22				

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0779023</b>	<b>MANCHESTER PACKING COMPANY, INC.</b>	NTNC	34	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
349 WETHERALL STREET			1				
Towns Served: MANCHESTER							

## Monitoring Requirements

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

**Pesticides, Herbicides and PCBs-Phase V (SOC5) 1 routine (RT) per three years**

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/14 - 12/31/16		Complete
	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		

**Organic Chemicals (VOCS) 1 routine (RT) per year**

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/16 - 12/31/16		Complete
	1/1/17 - 12/31/17		
	1/1/18 - 12/31/18		

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2012	
CROSS CONNECTION SURVEY REPORT	3/1/2018	

## 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 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		4-1	Pattie Room	A	Y			
		4-2	Cutting Room	A	Y			
		4-3	Retail	A	Y			
		4-4	Bathroom	A	Y			
		4-5	Dock	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10368	WELL	2	WELL	A				

## Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration
FALLON, IRVING W.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2019
		DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2019

## Contact Information

Name	Organization	Job Title		
<b>Mr. Michael Perry</b>	Manchester Packing Co.	Plant Manager		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
349 Wetherell Street		Manchester	CT	06040

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
<b>CT0779023</b>	<b>MANCHESTER PACKING COMPANY, INC.</b>	NTNC	34	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
349 WETHERALL STREET			1				
Towns Served: MANCHESTER							
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-896-1899					michael@bravorawdiet.com		
Contact Role(s):		<b>Administrative Contact, Legal Contact</b>					

**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	Classification	Population	Owner Type	Primary Source		
<b>CT0779073</b>	<b>BIRCH MOUNTAIN DAY SCHOOL</b>	NTNC	83	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
645 BIRCH MOUNTAIN ROAD				1			
Towns Served: MANCHESTER							

### Monitoring Requirements

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

<b>Asbestos (1094)</b>		<b>1 routine (RT) per nine years</b>			
<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	1/1/11 - 12/31/19				
<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>			
<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	7/1/16 - 9/30/16		Complete		
	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				
<b>Total Coliform (3100)</b>		<b>3 (TR) per month</b>			
<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	10/1/16 - 10/31/16		Complete		
<b>Lead And Copper (PBCU)</b>		<b>5 routine (RT) per six months</b>			
<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	7/1/16 - 12/31/16		Complete		
	1/1/17 - 6/30/17				
	7/1/17 - 12/31/17				
<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>			
<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	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				
<b>Physical Parameters (PPX)</b>		<b>1 routine (RT) per quarter</b>			
<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	7/1/16 - 9/30/16		Complete		
	10/1/16 - 12/31/16		Complete		
<b>Water System Facility: ENTRY POINT (WSF ID: 00700)</b>					
<b>Inorganic Chemicals (IOCS)</b>		<b>1 routine (RT) per three years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/15 - 12/31/17				
	1/1/18 - 12/31/20				
<b>Nitrate And Nitrite (NOX)</b>		<b>1 routine (RT) per year</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/16 - 12/31/16		Complete		
	1/1/17 - 12/31/17				
	1/1/18 - 12/31/18				
<b>Pesticides, Herbicides and PCBs - Phase II &amp; V (SOCS)</b>		<b>1 routine (RT) per three years</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/14 - 12/31/16		Complete		
	1/1/17 - 12/31/19				

*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	Population	Owner Type	Primary Source		
<b>CT0779073</b>	<b>BIRCH MOUNTAIN DAY SCHOOL</b>	NTNC	83	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
645 BIRCH MOUNTAIN ROAD				1			
Towns Served: MANCHESTER							

## Monitoring Requirements

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

**Pesticides, Herbicides and PCBs - Phase II & V (SOCS) 1 routine (RT) per three years**

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
	1/1/20 - 12/31/22		

**Organic Chemicals (VOCS) 1 routine (RT) per three years**

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/14 - 12/31/16		Complete
	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		

Water System Facility: **WELL (WSF ID: 10970)**

**E. Coli (3014) 1 triggered (TG) per period**

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	9/27/16 - 10/2/16		

## 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
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7.0 PH	4
<b>Start Date:</b> 4/1/2006		<b>Compliance History:</b>	<b>Monitoring Compliance Status:</b>
		<b>Monitoring Period</b>	<b>Compliance Status:</b>
		8/1/2016 - 8/31/2016	N
		9/1/2016 - 9/30/2016	N
		10/1/2016 - 10/31/2016	N
		11/1/2016 - 11/30/2016	N
		12/1/2016 - 12/31/2016	
		1/1/2017 - 1/31/2017	

## Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SWTS 1: SOURCE WATER MONITORING	3/31/2016	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	9/28/2016	
SWTS 2: DWS TREATMENT DETERMINATION	9/30/2016	
CROSS CONNECTION SURVEY REPORT	3/1/2017	
CCTS 2: DWS REVIEW OF PROPOSED OCCT	9/30/2017	

## 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 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		BM1	RES	A	Y			
		BM2	LITTLE RS	A	Y			
		BM3	LF BATH	A	Y			

*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	Population	Owner Type	Primary Source		
<b>CT0779073</b>	<b>BIRCH MOUNTAIN DAY SCHOOL</b>	NTNC	83	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
645 BIRCH MOUNTAIN ROAD				1			
Towns Served: MANCHESTER							

## 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 2 DBPR
		BM4	BREAK ROOM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		MB5	RIGHT CENTER SINK	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10970	WELL	2	WELL	A				
1659	WTP							
51998	PRESSURE STORAGE							

## Certified Operator Information

Water System Facility: <b>WTP (WSF ID: 1659)</b>			
Facility Classification: CLASS 1 TREATMENT PLANT			
Operator Name	Operator Type	Certification(s)	Certification Expiration
KLOBUKOWSKI, STEVEN J.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2017
		WATER TREATMENT PLANT OPERATOR - CLASS IV	6/30/2019

## Contact Information

Name		Organization		Job Title		
<b>Ms. Jenifer Minicucci</b>		Birch Mountain Day School		President		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
645 Birch Mountain Road				Manchester	CT	06040
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-649-2067		860-649-2139		860-645-1751		

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 Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0779093	CTWC - BUCKLAND ROAD SERVICE AREA	NTNC	25	P	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
BUCKLAND ROAD				5			
Towns Served: MANCHESTER							

### Monitoring Requirements

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

<b>Asbestos (1094)</b>	<b>1 routine (RT) per nine years</b>		
<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	1/1/11 - 12/31/19		Complete
<b>Total Haloacetic Acids (2456)</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
TARGET-125 BUCKLAND HILLS DR (3046)	1/1/16 - 12/31/16	8/1-8/31	Complete
	1/1/17 - 12/31/17	8/1-8/31	
	1/1/18 - 12/31/18	8/1-8/31	
<b>Total Trihalomethanes (2950)</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
LOWES-31 BUCKLAND HILLS DR (3045)	1/1/16 - 12/31/16	8/1-8/31	Complete
	1/1/17 - 12/31/17	8/1-8/31	
	1/1/18 - 12/31/18	8/1-8/31	
<b>Total Coliform (3100)</b>			
<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	8/1/16 - 8/31/16		Complete
	9/1/16 - 9/30/16		Complete
	10/1/16 - 10/31/16		Complete
	11/1/16 - 11/30/16		Complete
	12/1/16 - 12/31/16		Complete
	1/1/17 - 1/31/17		
	2/1/17 - 2/28/17		
	3/1/17 - 3/31/17		
	4/1/17 - 4/30/17		
	5/1/17 - 5/31/17		
	6/1/17 - 6/30/17		
	7/1/17 - 7/31/17		
	8/1/17 - 8/31/17		
<b>Lead And Copper (PBCU)</b>			
<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	1/1/16 - 12/31/16	6/1-9/30	Complete
	1/1/17 - 12/31/17	6/1-9/30	
	1/1/18 - 12/31/18	6/1-9/30	
<b>Physical Parameters (PPS)</b>			
<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	1/1/17 - 1/31/17		
	2/1/17 - 2/28/17		
	3/1/17 - 3/31/17		
	4/1/17 - 4/30/17		
	5/1/17 - 5/31/17		

*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	Population	Owner Type	Primary Source		
<b>CT0779093</b>	<b>CTWC - BUCKLAND ROAD SERVICE AREA</b>	NTNC	25	P	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
BUCKLAND ROAD				5			

Towns Served: MANCHESTER

## Monitoring Requirements

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

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>
	6/1/17 - 6/30/17		
	7/1/17 - 7/31/17		
	8/1/17 - 8/31/17		

Physical Parameters (PPX)	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	8/1/16 - 8/31/16		Complete
	9/1/16 - 9/30/16		Complete
	10/1/16 - 10/31/16		Complete
	11/1/16 - 11/30/16		Complete
	12/1/16 - 12/31/16		Complete

## Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	9/28/2014	
CROSS CONNECTION SURVEY REPORT	3/1/2017	

## 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 2 DBPR
00600	DISTRIBUTION SYSTEM	3045	LOWES-31 BUCKLAND HI	A			Y	Y
		3045-1	ORECK STORE	A	Y			
		3046	TARGET-125 BUCKLAND	A	Y			Y
		4	DISTRIBUTION SYSTEM	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
57781	INTERCONNECTION - CTWC - WESTERN SYSTEM							
57783	INTERCONNECTION - MANCHESTER WATER DEPT							

## Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

Operator Name	Operator Type	Certification(s)	Certification Expiration
RACICOT, JEFF	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2018

## Contact Information

Name		Organization		Job Title		
Mr. Paul C. Lowry		Connecticut Water Company		Superintendent		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code

*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	Population	Owner Type	Primary Source		
<b>CT0779093</b>	<b>CTWC - BUCKLAND ROAD SERVICE AREA</b>	NTNC	25	P	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
BUCKLAND ROAD				5			
Towns Served: MANCHESTER							
P. O. Box 857			East Windsor		CT	06088	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-292-2809		860-654-1903		800-208-5700	plowry@ctwater.com		
Contact Role(s):		<b>Administrative Contact</b>					

**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	Classification	Population	Owner Type	Primary Source		
<b>CT0779083</b>	<b>ELISABETH M. BENNET ACADEMY</b>	NTNC	536	L	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1151 MAIN STREET				1			
Towns Served: MANCHESTER							

### Monitoring Requirements

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

<b>Asbestos (1094)</b>		<b>1 routine (RT) per nine years</b>			
<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	1/1/11 - 12/31/19				
<b>Total Haloacetic Acids (2456)</b>		<b>1 routine (RT) per quarter</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
CONE WATER COOLER (B4C001)	7/1/16 - 9/30/16	9/1-9/30	Complete		
	10/1/16 - 12/31/16	12/1-12/31	Complete		
	1/1/17 - 3/31/17	3/1-3/31			
	4/1/17 - 6/30/17	6/1-6/30			
	7/1/17 - 9/30/17	9/1-9/30			
<b>Total Trihalomethanes (2950)</b>		<b>1 routine (RT) per quarter</b>			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
BARNARD WATER COOLER (B4B001)	7/1/16 - 9/30/16	9/1-9/30	Complete		
	10/1/16 - 12/31/16	12/1-12/31	Complete		
	1/1/17 - 3/31/17	3/1-3/31			
	4/1/17 - 6/30/17	6/1-6/30			
	7/1/17 - 9/30/17	9/1-9/30			
<b>Total Coliform (3100)</b>		<b>1 routine (RT) per month</b>			
<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	8/1/16 - 8/31/16		Complete		
	9/1/16 - 9/30/16		Complete		
	10/1/16 - 10/31/16		Complete		
	11/1/16 - 11/30/16		Complete		
	12/1/16 - 12/31/16		Complete		
	1/1/17 - 1/31/17				
	2/1/17 - 2/28/17				
	3/1/17 - 3/31/17				
	4/1/17 - 4/30/17				
	5/1/17 - 5/31/17				
	6/1/17 - 6/30/17				
	7/1/17 - 7/31/17				
	8/1/17 - 8/31/17				
<b>Lead And Copper (PBCU)</b>		<b>20 routine (RT) per six months</b>			
<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	7/1/16 - 12/31/16		Complete		
	1/1/17 - 6/30/17				
	7/1/17 - 12/31/17				
<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per month</b>			
<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	1/1/17 - 1/31/17				

*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	Population	Owner Type	Primary Source		
<b>CT0779083</b>	<b>ELISABETH M. BENNET ACADEMY</b>	NTNC	536	L	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1151 MAIN STREET				1			
Towns Served: MANCHESTER							

### Monitoring Requirements

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

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>
	2/1/17 - 2/28/17		
	3/1/17 - 3/31/17		
	4/1/17 - 4/30/17		
	5/1/17 - 5/31/17		
	6/1/17 - 6/30/17		
	7/1/17 - 7/31/17		
	8/1/17 - 8/31/17		

Physical Parameters (PPX)	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	8/1/16 - 8/31/16		Complete
	9/1/16 - 9/30/16		Complete
	10/1/16 - 10/31/16		Complete
	11/1/16 - 11/30/16		Complete
	12/1/16 - 12/31/16		Complete

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

Water System Facility: **TREATMENT PLANT (WSFID: 57792)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
pH	Entry Point pH Monitoring (PHRD)	Minimum: 7.0 PH	4
<b>Start Date:</b> 9/1/2011	<b>Compliance History:</b>	<b>Operating Limit</b>	<b>Monitoring</b>
	<b>Monitoring Period</b>	<b>Compliance Status:</b>	<b>Compliance Status:</b>
	8/1/2016 - 8/31/2016		N
	9/1/2016 - 9/30/2016		N
	10/1/2016 - 10/31/2016		N
	11/1/2016 - 11/30/2016		N
	12/1/2016 - 12/31/2016		
	1/1/2017 - 1/31/2017		

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	3/30/2012	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	9/28/2012	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	3/31/2013	
CCTS 1: PWS TO PROPOSE OCCT	6/30/2013	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	9/28/2013	
SWTS 1: SOURCE WATER MONITORING	12/31/2013	
SWTS 2: DWS TREATMENT DETERMINATION	12/31/2013	
CCTS 1: PWS TO PROPOSE OCCT	12/31/2013	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	3/31/2014	

*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	Population	Owner Type	Primary Source		
<b>CT0779083</b>	<b>ELISABETH M. BENNET ACADEMY</b>	NTNC	536	L	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1151 MAIN STREET				1			
Towns Served: MANCHESTER							

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CCTS 2: DWS REVIEW OF PROPOSED OCCT	6/30/2014	
SWTS 2: DWS TREATMENT DETERMINATION	6/30/2014	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	9/28/2014	
CCTS 2: DWS REVIEW OF PROPOSED OCCT	12/31/2014	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	3/31/2015	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	9/28/2015	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	3/31/2017	
CROSS CONNECTION SURVEY REPORT	3/1/2018	

### Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
		B4B001	BARNARD WATER COOLER	A	Y			Y
		B4B004	BARNARD FAC LAV	A	Y			
		B4B016	BARNARD CUSTODIAL	A				
		B4B201	BARNARD WATER COOLER	A	Y			
		B4B206	BARNARD-SCIENCE LAV	A	Y			
		B4B211	BARNARD SCIENCE LAV	A	Y			
		B4B213	BARNARD SCIENCE LAV	A	Y			
		B4C001	CONE WATER COOLER	A	Y			Y
		B4C011	CONE BOYS LR LAV	A	Y			
		B4C024	CONE-CHANGING LAV	A	Y			
		B4C101	CONE-WATER COOLER	A	Y			
		B4C104	CONE HC LAV	A	Y			
		B4C107	CONE LIBRARY WK RM	A	Y			
		B4C204	CONE CHANGING LAV	A	Y			
		B4F101	FRAN WATER COOLER	A	Y			
		B4F104	FRAN FACULTY LAV	A	Y			
		B4F107	FRANKLIN-NURSE	A	Y			
		B4F111	FRANK SCIENCE LAB	A	Y			
		B4F117	FRANKLIN NURSE	A	Y			
		B4F201	FRANK WATER COOLER	A	Y			
		B4F213	FRANK SCIENCE LAB	A	Y			
		B4R103	REC WATER COOLER	A	Y			
		B4R107	REC FACULTY LAV	A	Y			
		B4R112	REC DIST KITCHEN	A				
		B4R207	REC FACULTY LAV	A	Y			
		B4RSTR20	REC WATER COOLER	A	Y			

*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	Population	Owner Type	Primary Source		
<b>CT0779083</b>	<b>ELISABETH M. BENNET ACADEMY</b>	NTNC	536	L	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1151 MAIN STREET				1			
Towns Served: MANCHESTER							

## 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 2 DBPR
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
57789	INTERCONNECTION - MANCHESTER WATER DEPT							
57792	TREATMENT PLANT	B3RAW	ENTRY POINT RAW	A				
		B3TREAT	ENTRY POINT TREATED	A				

## Certified Operator Information

Water System Facility: <b>TREATMENT PLANT (WSF ID: 57792)</b>			
Facility Classification: CLASS 1 TREATMENT PLANT			
<b>Operator Name</b>	<b>Operator Type</b>	<b>Certification(s)</b>	<b>Certification Expiration</b>
BORMOLINI, STEPHEN W.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2017
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	9/30/2017
PETITTI, ANDY	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2019

## Contact Information

Name		Organization			Job Title	
<b>Mr. Christopher C. Till</b>		Town of Manchester			Project Manager	
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
		P. O. Box 191		Manchester	CT	06040
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-647-3145		860-647-3061		860-463-3516	ctill@manchesterct.gov	
Contact Role(s): <b>Legal Contact</b>						
Name		Organization			Job Title	
<b>Dr. Richard Kisiel</b>		Manchester School District			Superintendent	
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
45 North School Street				Manchester	CT	06040
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-647-3441					rkisiel@manchesterct.gov	
Contact Role(s): <b>Legal Contact</b>						
Name		Organization			Job Title	
<b>Mr. Richard Ziegler</b>		Manchester School District			Facilities Manager	
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
45 North School Street				Manchester	CT	06042
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-647-3511		860-647-3381		860-647-5011		
Contact Role(s): <b>Administrative Contact</b>						

*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	Population	Owner Type	Primary Source	
<b>CT0779083</b>	<b>ELISABETH M. BENNET ACADEMY</b>	NTNC	536	L	SWP	
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1151 MAIN STREET			1			
Towns Served: MANCHESTER						

**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**