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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1160034	**MARIKA'S PLACE**	NC	29	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
156 PROVIDENCE TURNPIKE			1			

Towns Served: PUTNAM

Monitoring Requirements

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

Total Coliform (3100) — **1 routine (RT) per quarter**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
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		

Physical Parameters (PPS) — **1 routine (RT) per quarter**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
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		

Physical Parameters (PPX) — **1 routine (RT) per quarter**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		Complete

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

Nitrate And Nitrite (NOX) — **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		

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			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22009	WELL	2	WELL	A				

Contact Information

Name	Organization	Job Title
Mr. Craig Gates	Rayliene's Corner Cafe	Owner

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
156 Providence Pike		Putnam	CT	06260

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-928-9400				860-774-5482	

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

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
CT1160034	**MARIKA'S PLACE**	NC	29	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
156 PROVIDENCE TURNPIKE			1			

Towns Served: PUTNAM

Name	Organization	Job Title
Busy Corner LLC		

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
P. O. Box 130		Windham	CT	06256

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address

Contact Role(s): **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

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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
CT1160064	**STONEWALL COMMONS OF PUTNAM**	NC	25	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
7 PROVIDENCE TURNPIKE			1			

Towns Served: PUTNAM

Monitoring Requirements

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

Total Coliform (3100) — **1 routine (RT) per quarter**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
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		

Physical Parameters (PPS) — **1 routine (RT) per quarter**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
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		

Physical Parameters (PPX) — **1 routine (RT) per quarter**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		Complete

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

Nitrate And Nitrite (NOX) — **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		

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			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22703	WELL	2	WELL	A				
56917	WATER SOFTENER							

Contact Information

Name	Organization	Job Title
Tavern Brook LLC		

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
826 Southbridge Street	Suite 100	Auburn	MA	01501

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
508-721-0005		508-721-0055			

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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
CT1160064	**STONEWALL COMMONS OF PUTNAM**	NC	25	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
7 PROVIDENCE TURNPIKE			1			

Towns Served: PUTNAM

Contact Role(s): **Owner**

Name	Organization	Job Title
Mr. Kyle Napierata	Millenium Water	Certified Operator

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
647 Thompson Road	P.O. Box 303	Thompson	CT	06277

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-923-9543		860-923-9971		860-508-1330	kyle@thewaterexperts.com

Contact Role(s): **Administrative Contact**

Name	Organization	Job Title
Mr. Michael C. O'brien	Tavern Brook, LLC	Member

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
826 Southbridge Street	Suite 100	Auburn	MA	01501

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
508-721-0005		508-721-0055			

Contact Role(s): **Legal 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

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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
CT1160074	**VILLAGE RESTAURANT & LOUNGE**	NC	49	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
ROUTE 171			5			

Towns Served: PUTNAM

Monitoring Requirements

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

Total Coliform (3100) — **1 routine (RT) per quarter**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
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		

Physical Parameters (PPS) — **1 routine (RT) per quarter**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
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		

Physical Parameters (PPX) — **1 routine (RT) per quarter**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
Select from Inventory of Active Sampling Points	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		Complete

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

Nitrate And Nitrite (NOX) — **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		

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			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22704	WELL	2	WELL	A				

Contact Information

Name	Organization	Job Title
Ms. Judy Stavropoulos	Village Retsaurant & Lounge	President & Owner

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
P O Box 198		Woodstock	CT	06281

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-928-0230				860-928-5433	

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

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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
CT1160074	**VILLAGE RESTAURANT & LOUNGE**	NC	49	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
ROUTE 171			5			

Towns Served: PUTNAM

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.

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

End of schedule

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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
CT1169033	**COLONIAL PLAZA CONDOMINIUM ASSN, INC.**	NC	40	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
554 LIBERTY HIGHWAY			1			

Towns Served: PUTNAM

Monitoring Requirements

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

Total Coliform (3100) — **1 routine (RT) per quarter**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
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		

Physical Parameters (PPS) — **1 routine (RT) per quarter**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
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		

Physical Parameters (PPX) — **1 routine (RT) per quarter**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
GENERIC DISTRIBUTION (4)	7/1/16 - 9/30/16		Complete
	10/1/16 - 12/31/16		Complete

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

Nitrate (1040) — **1 routine (RT) per quarter**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
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		

Nitrite (1041) — **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*
CROSS CONNECTION SURVEY REPORT	3/1/2014	
CROSS CONNECTION SURVEY REPORT	3/1/2015	

Public Notification Requirements

Violation/Situation	*Compliance Period*	*Notice Tier*	*Public Notification*		*PN Certification*	
			Required	*Performed*	*Due to DPH*	*Received*
Physical Parameters M&R Violation	1/1/14 - 3/31/14	3	7/15/2015		7/25/2015	
Physical Parameters M&R Violation	10/1/13 - 12/31/13	3	7/15/2015		7/25/2015	
Total Coliform MCL Violation	11/1/15 - 11/30/15	2	1/10/2016		1/20/2016	

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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
CT1169033	**COLONIAL PLAZA CONDOMINIUM ASSN, INC.**	NC	40	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
554 LIBERTY HIGHWAY			1			

Towns Served: PUTNAM

Public Notification Requirements

Violation/Situation	*Compliance Period*	*Notice Tier*	*Public Notification*		*PN Certification*	
			Required	*Performed*	*Due to DPH*	*Received*
Physical Parameters M&R Violation	7/1/15 - 9/30/15	3	1/13/2017		1/23/2017	

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	GENERIC DISTRIBUTION	A				
		4-1	UNIT 4	A	Y	2	Y	
		4-2	UNIT 6	A	Y	2		
		4-3	UNIT 12	A	Y	2		
		4-4	UNIT 14	A	Y	2		
		4-5	UNIT 1	A	Y	2		
		4-6	UNIT 6 BATHROOM SINK	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
49293	WELL 1	2	WELL 1	A				
53330	BLADDER TANKS							

Contact Information

Name	Organization	Job Title
Mr. Thomas M. Tagg		President

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
554 Liberty Highway	Unit 4	Putnam	CT	06260

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-928-2352				508-873-2200	taggsrus@aol.com

Contact Role(s): **Administrative Contact, Legal 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.

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End of schedule

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