

# 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>CT1240094</b>	<b>THE MEETING PLACE RESTAURANT</b>	NC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
716 DERBY AVENUE				1			
Towns Served: SEYMOUR							

## Monitoring Requirements

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

<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				
	10/1/16 - 12/31/16				
	1/1/17 - 3/31/17				
	4/1/17 - 6/30/17				
	7/1/17 - 9/30/17				

<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				
	10/1/16 - 12/31/16				

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

<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				

## 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				
22113	WELL	2	WELL	A				

## Contact Information

Name			Organization			Job Title			
<b>Mr. Francesco Librandi</b>									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
15 Mead Farm Rd						Seymour		CT	06483
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-888-9529									
Contact Role(s):		<b>Legal Contact, Owner</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

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<b>CT1240094</b>	<b>THE MEETING PLACE RESTAURANT</b>	NC	30	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
716 DERBY AVENUE				1				
Towns Served: SEYMOUR								
Name			Organization			Job Title		
<b>Ms. Gina Librandi</b>						Owner		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
15 Mead Farm Rd						Seymour	CT	06483
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-734-0100								
Contact Role(s): <b>Owner</b>								
Name			Organization			Job Title		
<b>Mr. George Kattis</b>			The Meeting Place			Restaurant Owner		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
716 Derby Avenue						Seymour	CT	06483
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-234-8258				203-606-7285				
Contact Role(s): <b>Administrative Contact</b>								
<b>Please note the following:</b>								
<ol style="list-style-type: none"> <li>1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.</li> <li>2. If a Collection Period is specified, all water quality samples must be collected during the specified period.</li> <li>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.</li> </ol>								

***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>CT1249021</b>	<b>SEYMOUR LAND TRUST-BLDG&amp; ATHLETIC FIELD</b>	NC	25	L	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
13 CHATFIELD STREET				1			
Towns Served: SEYMOUR							

## Monitoring Requirements

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

<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				
	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>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>		
DISTRIBUTION (4)	7/1/16 - 9/30/16				
	10/1/16 - 12/31/16		Complete		

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

<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				

## 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>
Total Coliform M&R Violation	7/1/04 - 9/30/04	2	3/3/2005		3/13/2005	
Total Coliform M&R Violation	10/1/04 - 12/31/04	2	7/1/2005		7/11/2005	
Physical Parameters M&R Violation	7/1/04 - 9/30/04	3	2/1/2006		2/11/2006	
Physical Parameters M&R Violation	10/1/04 - 12/31/04	3	6/1/2006		6/11/2006	
Physical Parameters M&R Violation	10/1/05 - 12/31/05	3	4/7/2007		4/17/2007	
Distribution Color MCL Violation	1/1/08 - 3/31/08	2	5/30/2008		6/9/2008	
Distribution Color MCL Violation	4/1/08 - 6/30/08	2	10/11/2008		10/21/2008	
Distribution Color MCL Violation	7/1/08 - 9/30/08	2	12/4/2008		12/14/2008	
Total Coliform MCL Violation	7/1/12 - 9/30/12	2	10/24/2012		11/3/2012	
Total Coliform M&R Violation	1/1/16 - 3/31/16	2	7/27/2016		8/6/2016	
Physical Parameters M&R Violation	1/1/16 - 3/31/16	3	6/27/2017		7/7/2017	

## 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>Total Coliform Status</i>	<i>Lead and Copper Rule</i>	<i>Asbestos Rule Tier</i>	<i>Stage 2 DBPR</i>
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Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
13 CHATFIELD STREET				1			
Towns Served: SEYMOUR							

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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	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
48857	WELL	2	WELL	A				

## Contact Information

Name		Organization			Job Title			
<b>Seymour</b>								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
Seymour Town Hall			1 First Street			Seymour	CT	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-888-2511		203-881-5005			info@seymourct.org			

Contact Role(s): **Owner**

Name		Organization			Job Title			
<b>Seymour Land And Trust</b>								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
First Street						Seymour	CT	06483
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			

Contact Role(s): **Owner**

Name		Organization			Job Title			
<b>Mr. Alex Danka</b>		The Seymour Land Trust, Inc.			President			
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
P.O.Box 366						Seymour	CT	06483
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-464-4345					Membership@seymourlandtrust.org			

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

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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**