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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0770072	**SHADY GLEN RESTAURANT**	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)**

Chlorine Residual (1012) — **1 routine (RT) per quarter**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
Select from Inventory of Active Sampling Points	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		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	1/1/20 - 12/31/28		

Total Haloacetic Acids (2456) — **1 routine (RT) per year**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
KITCHEN HAND SINK (4004)	1/1/24 - 12/31/24	8/1-8/31	Complete
	1/1/25 - 12/31/25	8/1-8/31	
	1/1/26 - 12/31/26	8/1-8/31	

Total Trihalomethanes (2950) — **1 routine (RT) per year**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
BASEMENT WEST (4003)	1/1/24 - 12/31/24	8/1-8/31	Complete
	1/1/25 - 12/31/25	8/1-8/31	
	1/1/26 - 12/31/26	8/1-8/31	

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	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

Lead And Copper (PBCU) — **5 routine (RT) per six months**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
Select from Inventory of Active Sampling Points	1/1/25 - 6/30/25		Complete
	7/1/25 - 12/31/25		

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	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

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

Inorganic Chemicals (IOCS) — **1 routine (RT) per three years**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
ENTRY POINT (3)	1/1/23 - 12/31/25		Complete
	1/1/26 - 12/31/28		

Nitrate And Nitrite (NOX) — **1 routine (RT) per quarter**

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.

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0770072	**SHADY GLEN RESTAURANT**	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)**

Nitrate And Nitrite (NOX) — **1 routine (RT) per quarter**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
ENTRY POINT (3)	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

Pesticides, Herbicides and PCBs-Phase II (SOC2) — **1 routine (RT) per three years**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
ENTRY POINT (3)	1/1/23 - 12/31/25		Complete
	1/1/26 - 12/31/28		

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)	1/1/23 - 12/31/25		Complete
	1/1/26 - 12/31/28		

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

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
ENTRY POINT (3)	1/1/23 - 12/31/25		Complete
	1/1/26 - 12/31/28		

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

E. Coli (3014) — **1 routine (RT) per quarter**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
WELL 2 (2)	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

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: .2 MG/L	Daily

Start Date: 1/1/2002

Compliance History: Monitoring Period	Operating Limit Compliance Status:	Monitoring Compliance Status:
2/1/2025 - 2/28/2025		
3/1/2025 - 3/31/2025		
4/1/2025 - 4/30/2025		
5/1/2025 - 5/31/2025		
6/1/2025 - 6/30/2025		

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
CT0770072	**SHADY GLEN RESTAURANT**	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: 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

Start Date: 7/1/2003

Compliance History: Monitoring Period	Operating Limit Compliance Status:	Monitoring Compliance Status:
2/1/2025 - 2/28/2025		
3/1/2025 - 3/31/2025		
4/1/2025 - 4/30/2025		
5/1/2025 - 5/31/2025		
6/1/2025 - 6/30/2025		

Other Compliance Schedules

Compliance Schedule Activity	*Due Date*	*Achieved Date*
SUBMIT LEAD SERVICE LINE INVENTORY	10/16/2024	
COMPLETE INITIAL LSL INVENTORY	10/16/2024	
CROSS CONNECTION SURVEY REPORT	3/1/2026	

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 2 DBPR WQP*
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		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10990	WELL 2	2	WELL 2	A				
1332	SHADY GLEN TP							

Certified Operator Information

Water System Facility: SHADY GLEN TP (WSF ID: 1332)

Facility Classification: CLASS 1 TREATMENT PLANT

Operator Name	*Operator Type*	*Certification(s)*	*Certification Expiration*
NIGRO, JR., VICTOR N.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2027
		DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2026
NIGRO, SCOTT A.	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2025
		WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2026

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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
CT0770072	**SHADY GLEN RESTAURANT**	NTNC	30	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
840 EAST MIDDLE TURNPIKE		1				

Towns Served: MANCHESTER

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	hoch.william@yahoo.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

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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
CT0779073	**BIRCH MOUNTAIN SCHOOL**	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)**

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	1/1/20 - 12/31/28		

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	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

Lead And Copper (PBCU) — **5 routine (RT) per six months**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
Select from Inventory of Active Sampling Points	1/1/25 - 6/30/25		Complete
	7/1/25 - 12/31/25		

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	1/1/25 - 3/31/25		Complete
	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		
	10/1/25 - 12/31/25		

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

Inorganic Chemicals (IOCS) — **1 routine (RT) per three years**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
ENTRY POINT (3)	1/1/24 - 12/31/26		
	1/1/27 - 12/31/29		

Nitrate And Nitrite (NOX) — **1 routine (RT) per year**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (SOCS) — **1 routine (RT) per three years**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
ENTRY POINT (3)	1/1/23 - 12/31/25		Complete
	1/1/26 - 12/31/28		

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

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
ENTRY POINT (3)	1/1/23 - 12/31/25		Complete
	1/1/26 - 12/31/28		

Monthly Water System Facility (WSF) Level Monitoring Requirements

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
CT0779073	**BIRCH MOUNTAIN SCHOOL**	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: **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

Start Date: 4/1/2006

Compliance History: Monitoring Period	Operating Limit Compliance Status:	Monitoring Compliance Status:
2/1/2025 - 2/28/2025		
3/1/2025 - 3/31/2025		
4/1/2025 - 4/30/2025		
5/1/2025 - 5/31/2025		
6/1/2025 - 6/30/2025		

Other Compliance Schedules

Compliance Schedule Activity	*Due Date*	*Achieved Date*
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	9/28/2025	
CROSS CONNECTION EXEMPTION	3/1/2030	

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 WQP*
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		BCKBTH	BACK BATH	A	Y	N		
		BM1	RES	A	Y			
		BM2	LITTLE RS	A	Y			
		BM3	LF BATH	A	Y			
		BM4	BREAK ROOM	A	Y			
		BM5	BM5	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		KITCH	KITCHEN SINK	A	Y	N		
		LDSBTH	LADIES BATH	A	Y	N		
		MB5	RIGHT CENTER SINK	A	Y			
		MNSBTH	MENS BATH	A	Y	N		
		MNSFKT	MENS FRONT SINK	A	Y	N		
		PRESCH	PRESCHOOL SINK	A	Y	N	Y	Y
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
10970	WELL	2	WELL	A				
48342	TREATMENT PLANT							

Certified Operator Information

Water System Facility: **TREATMENT PLANT (WSF ID: 48342)**

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

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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
CT0779073	**BIRCH MOUNTAIN SCHOOL**	NTNC	83	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
645 BIRCH MOUNTAIN ROAD			1			

Towns Served: MANCHESTER

Certified Operator Information

Water System Facility: **TREATMENT PLANT (WSF ID: 48342)**

Facility Classification: CLASS 1 TREATMENT PLANT

Operator Name	*Operator Type*	*Certification(s)*	*Certification Expiration*
		DISTRIBUTION SYSTEM OPERATOR IN TRAINING	6/30/2027
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	9/30/2027

Contact Information

Name	Organization	Job Title
Ms. Jenifer Minicucci	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	birchmountaindayschool@gmail.com

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

Name	Organization	Job Title
Mr. Ryan J Orsini	Birch Mountain Day School	Owner / Director

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		860-462-0132	birchmountaindayschool@gmail.com

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
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)**

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Chlorine Residual (1012)			**1 routine (RT) per month**
Select from Inventory of Active Sampling Points	2/1/25 - 2/28/25		Complete
	3/1/25 - 3/31/25		Complete
	4/1/25 - 4/30/25		Complete
	5/1/25 - 5/31/25		Complete
	6/1/25 - 6/30/25		Complete
Asbestos (1094)			**1 routine (RT) per nine years**
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		
Total Haloacetic Acids (2456)			**1 routine (RT) per quarter**
LOWES-31 BUCKLAND HILLS DR (3045)	1/1/25 - 3/31/25	2/1-2/28	Complete
	4/1/25 - 6/30/25	5/1-5/31	Complete
	7/1/25 - 9/30/25	8/1-8/31	
	10/1/25 - 12/31/25	11/1-11/30	
Total Trihalomethanes (2950)			**1 routine (RT) per quarter**
TARGET-125 BUCKLAND HILLS DR (3046)	1/1/25 - 3/31/25	2/1-2/28	Complete
	4/1/25 - 6/30/25	5/1-5/31	Complete
	7/1/25 - 9/30/25	8/1-8/31	
	10/1/25 - 12/31/25	11/1-11/30	
Total Coliform (3100)			**1 routine (RT) per month**
Select from Inventory of Active Sampling Points	2/1/25 - 2/28/25		Complete
	3/1/25 - 3/31/25		Complete
	4/1/25 - 4/30/25		Complete
	5/1/25 - 5/31/25		Complete
	6/1/25 - 6/30/25		Complete
	7/1/25 - 7/31/25		
	8/1/25 - 8/31/25		
	9/1/25 - 9/30/25		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		
	12/1/25 - 12/31/25		
Lead And Copper (PBCU)			**5 routine (RT) per year**
Select from Inventory of Active Sampling Points	1/1/24 - 12/31/24	6/1-9/30	Complete
	1/1/25 - 12/31/25	6/1-9/30	
	1/1/26 - 12/31/26	6/1-9/30	

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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
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)**

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

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
Select from Inventory of Active Sampling Points	2/1/25 - 2/28/25		Complete
	3/1/25 - 3/31/25		Complete
	4/1/25 - 4/30/25		Complete
	5/1/25 - 5/31/25		Complete
	6/1/25 - 6/30/25		Complete
	7/1/25 - 7/31/25		
	8/1/25 - 8/31/25		
	9/1/25 - 9/30/25		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		
	12/1/25 - 12/31/25		

Other Compliance Schedules

Compliance Schedule Activity	*Due Date*	*Achieved Date*
CROSS CONNECTION SURVEY REPORT	3/1/2025	

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 WQP*
00600	DISTRIBUTION SYSTEM	3045	LOWES-31 BUCKLAND HI	A		N	Y	Y
		3045-1	ORECK STORE	A	Y	N		
		3045A	31 BCKLND-KIT	A		N		
		3045B	31 BCKLND - BATH	A		N		
		3046	TARGET-125 BUCKLAND	A	Y	N		Y
		3046A	125 BCKLND - KIT	A		N		
		3046B	125 BCKLND - BATH	A		N		
		3047	VIT SHOP-105 BUCK	A	Y	N		
		3047A	105 BCKLND - KIT	A		N		
		3047B	105 BCKLND - BATH	A		N		
		3048	MN WHS-194 BUCK	A	Y	N		
		3048A	95 BCKLND - KIT	A		N		
		3048B	95 BCKLND - BATH	A		N		
		4	DISTRIBUTION SYSTEM	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
57781	INTERCONNECTION - CT0473011-CTWC WESTERN							
57783	INTERCONNECTION - MANCHESTER WATER DEPT							

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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
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

Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

Operator Name	*Operator Type*	*Certification(s)*	*Certification Expiration*
GREEN, III, CLIFFORD	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	3/31/2026

Contact Information

Name	Organization	Job Title
Mr. Craig J. Patla	Connecticut Water Company	Vp, Service Delivery

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
93 West Main Street		Clinton	CT	06413

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-664-6140				800-391-1924	craig.patla@ctwater.com

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

Name	Organization	Job Title
Mr. Paul C. Lowry	Connecticut Water Company	Manager

Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
93 W Main Street		Clinton	CT	06413

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-292-2809		860-654-1903		800-208-5700	ctwcdphadmin@ctwater.com

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.
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

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
CT0779083	**ELISABETH M. BENNET ACADEMY**	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: **DISTRICTION SYSTEM (WSF ID: 00600)**

Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Chlorine Residual (1012)			**1 routine (RT) per month**
Select from Inventory of Active Sampling Points	2/1/25 - 2/28/25		Complete
	3/1/25 - 3/31/25		Complete
	4/1/25 - 4/30/25		Complete
	5/1/25 - 5/31/25		Complete
	6/1/25 - 6/30/25		Complete
Asbestos (1094)			**1 routine (RT) per nine years**
Select from Inventory of Active Sampling Points	1/1/20 - 12/31/28		
Total Haloacetic Acids (2456)			**1 routine (RT) per quarter**
CONE WATER COOLER (B4C001)	1/1/25 - 3/31/25	3/1-3/31	Complete
	4/1/25 - 6/30/25	6/1-6/30	Complete
	7/1/25 - 9/30/25	9/1-9/30	
	10/1/25 - 12/31/25	12/1-12/31	
Total Trihalomethanes (2950)			**1 routine (RT) per quarter**
BARNARD WATER COOLER (B4B001)	1/1/25 - 3/31/25	3/1-3/31	Complete
	4/1/25 - 6/30/25	6/1-6/30	Complete
	7/1/25 - 9/30/25	9/1-9/30	
	10/1/25 - 12/31/25	12/1-12/31	
Total Coliform (3100)			**1 routine (RT) per month**
Select from Inventory of Active Sampling Points	2/1/25 - 2/28/25		Complete
	3/1/25 - 3/31/25		Complete
	4/1/25 - 4/30/25		Complete
	5/1/25 - 5/31/25		Complete
	6/1/25 - 6/30/25		Complete
	7/1/25 - 7/31/25		
	8/1/25 - 8/31/25		
	9/1/25 - 9/30/25		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		
	12/1/25 - 12/31/25		
Lead And Copper (PBCU)			**20 routine (RT) per six months**
Select from Inventory of Active Sampling Points	1/1/25 - 6/30/25		Complete
	7/1/25 - 12/31/25		

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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**

Sampling Point (Sampling Point ID)	*Monitoring Period*	*Collection Period*	*Compliance Status*
Select from Inventory of Active Sampling Points	2/1/25 - 2/28/25		Complete
	3/1/25 - 3/31/25		Complete
	4/1/25 - 4/30/25		Complete
	5/1/25 - 5/31/25		Complete
	6/1/25 - 6/30/25		Complete
	7/1/25 - 7/31/25		
	8/1/25 - 8/31/25		
	9/1/25 - 9/30/25		
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		
	12/1/25 - 12/31/25		

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

Start Date: 9/1/2011

Compliance History: Monitoring Period	Operating Limit Compliance Status:	Monitoring Compliance Status:
2/1/2025 - 2/28/2025		
3/1/2025 - 3/31/2025		
4/1/2025 - 4/30/2025		
5/1/2025 - 5/31/2025		
6/1/2025 - 6/30/2025		

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month
pH	Entry Point pH Monitoring (PHRD)	Maximum: 7.6 PH	4

Start Date: 9/1/2011

Compliance History: Monitoring Period	Operating Limit Compliance Status:	Monitoring Compliance Status:
2/1/2025 - 2/28/2025		
3/1/2025 - 3/31/2025		
4/1/2025 - 4/30/2025		
5/1/2025 - 5/31/2025		
6/1/2025 - 6/30/2025		

Other Compliance Schedules

Compliance Schedule Activity	*Due Date*	*Achieved Date*
SWTS 2: DWS REVIEW & APPROVAL OF SOWT	6/27/2024	
CCTS 2: DWS REVIEW & APPROVAL OF OCCT	6/30/2024	
COMPLETE INITIAL LSL INVENTORY	10/16/2024	
MAIL/HAND DELIVER NOTICE TO CONSUMERS	5/7/2025	

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Connecticut Department of Public Health Drinking Water Section
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PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
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1151 MAIN STREET			1			

Towns Served: MANCHESTER

Other Compliance Schedules

Compliance Schedule Activity	*Due Date*	*Achieved Date*
CCTS 5: PWS OCCT INSTALLATION	6/30/2025	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	9/28/2025	
CROSS CONNECTION SURVEY REPORT	3/1/2026	
CERTIFY LEAD SL NOTIFICATION	7/1/2026	

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 2 DBPR WQP*
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
		B4117	BARNARD OFFICE	A	Y	1		
		B4B001	BARNARD WATER COOLER	A	Y			Y
		B4B004	BARNARD FAC LAV	A	Y	2		
		B4B016	BARNARD CUSTODIAL	A		2		
		B4B100	BARNARD WATER CONUR	A		2		
		B4B104	BARNARD FAC LAV	A		2		
		B4B113	BARNARD SCIENCE LAB	A		2		
		B4B116	BARNARD CUSTODIAL	A		2		
		B4B206	BARNARD-SCIENCE LAV	A	Y	2		
		B4B211	BARNARD SCIENCE LAV	A	Y	2		
		B4B213	BARNARD SCIENCE LAV	A	Y	2		
		B4C001	CONE WATER COOLER	A	Y	2		Y
		B4C011	CONE BOYS LR LAV	A	Y	2		
		B4C024	CONE-CHANGING LAV	A	Y	2		
		B4C101	CONE-WATER COOLER	A	Y	2		
		B4C104	CONE HC LAV	A	Y	2		
		B4C107	CONE LIBRARY WK RM	A	Y	2		
		B4C204	CONE CHANGING LAV	A	Y	2		
		B4CH100	CHENEY COOLER	A		1		
		B4CH107	CHENEY CLASSROOM	A		1		
		B4CH1HC	CHENEY HC LAV	A		1		
		B4CH201	CHENEY COOICV	A		1		
		B4CH209	CHENEY CISS ROOM	A		1		
		B4CH20FI	CHENEY CICSS ROOM	A		1		
		B4CHNURSE	CHENEY NURSE	A		1		
		B4CHZHC	CHENEY HC LAV	A		1		
		B4CN207	CHENEY CICSS ROOM	A		1		
		B4F001	FRANKLIN COOLER	A		2		
		B4F004	FRANKLIN LAV	A		2		
		B4F009	FRANKLIN ART LAB	A		2		

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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 WQP
		B4F014	FRANKLIN TECH LAB	A		2		
		B4F101	FRAN WATER COOLER	A	Y	2		
		B4F104	FRAN FACULTY LAV	A	Y	2		
		B4F107	FRANKLIN-NURSE	A	Y	2		
		B4F111	FRANK SCIENCE LAB	A	Y	2		
		B4F117	FRANKLIN NURSE	A	Y	2		
		B4F201	FRANK WATER COOLER	A	Y	2		
		B4F213	FRANK SCIENCE LAB	A	Y	2		
		B4R103	REC WATER COOLER	A	Y	2		
		B4R107	REC FACULTY LAV	A	Y	2		
		B4R112	REC DIST KITCHEN	A		2		
		B4R207	REC FACULTY LAV	A	Y	2		
		B4RSTR20	RECREATION COOLER	A	Y	2		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
57790	INTERCONNECTION - CT0770021 - MANCHESTER							
57792	TREATMENT PLANT	B3RAW	ENTRY POINT RAW	A				
		B3TREAT	ENTRY POINT TREATED	A				

Certified Operator Information

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

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

Water System Facility: **TREATMENT PLANT (WSF ID: 57792)**

Facility Classification: CLASS 1 TREATMENT PLANT

Operator Name	Operator Type	Certification(s)	Certification Expiration
GRANT, SHANE	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS II	9/30/2026
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	9/30/2026
PETITTI, ANDY	ASSIGNED OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2028
		WATER TREATMENT PLANT OPERATOR - CLASS I	12/31/2025

Contact Information

Name	Organization	Job Title
Mr. Matt Geary	Manchester Public Schools	Supt of Schools

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

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Towns Served: MANCHESTER

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-647-3441					mgeary@mpspride.org

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

Name	Organization	Job Title
Mr. Lindsey Boutilier	Manchester Public Schools	Dir. of Oper & Athle

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
860-647-5011		860-647-3381			Lindsey.Boutilier@mpspride.org

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

End of schedule

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