

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1650034	482 SPRING STREET			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
482 SPRING STREET				1			
Towns Served: WINDSOR LOCKS							

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
<u>Sampling Point (Sampling Point ID)</u>	<u>Monitoring Period</u>	<u>Collection Period</u>	<u>Compliance Status</u>
Select from Inventory of Active Sampling Points	7/1/20 - 9/30/20		Complete
	10/1/20 - 12/31/20		
	1/1/21 - 3/31/21		
	4/1/21 - 6/30/21		

Physical Parameters (PPS)	1 routine (RT) per quarter		
<u>Sampling Point (Sampling Point ID)</u>	<u>Monitoring Period</u>	<u>Collection Period</u>	<u>Compliance Status</u>
Select from Inventory of Active Sampling Points	7/1/20 - 9/30/20		Complete
	10/1/20 - 12/31/20		
	1/1/21 - 3/31/21		
	4/1/21 - 6/30/21		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<u>Sampling Point (Sampling Point ID)</u>	<u>Monitoring Period</u>	<u>Collection Period</u>	<u>Compliance Status</u>
ENTRY POINT (3)	1/1/20 - 12/31/20		Complete
	1/1/21 - 12/31/21		
	1/1/22 - 12/31/22		

Other Compliance Schedules

<u>Compliance Schedule Activity</u>	<u>Due Date</u>	<u>Achieved Date</u>
RESPOND TO SANITARY SURVEY	11/16/2018	

Public Notification Requirements

<u>Violation/Situation</u>	<u>Compliance Period</u>	<u>Notice Tier</u>	<u>Public Notification Required</u>	<u>Public Notification Performed</u>	<u>PN Certification Due to DPH</u>	<u>PN Certification Received</u>
E. Coli	4/10/19 - 6/10/19	3	6/10/2020		6/20/2020	

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 WQP 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				
22598	WELL	2	WELL	A				

Contact Information

Name		Organization	Job Title		
Mr. Angelo F. D'aleo		Strega LLC.	Co-Owner		
Mailing Address Line One	Mailing Address Line Two		City	State	Zip Code
6 Stepping Stone Drive			Broad Brook	CT	06096

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.

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Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
482 SPRING STREET			1		
Towns Served: WINDSOR LOCKS					
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-254-5522				860-292-1469	

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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