

# 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)	482 SPRING STREET	Service Connections	Residential	Commercial	Industrial
			1		Combined Agricultural

Towns Served: WINDSOR LOCKS

### 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	7/1/20 - 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		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
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

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

### Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification Required	Public Notification Performed	PN Certification Due to DPH	PN Certification Received
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	Lead and Copper Rule	Asbestos Rule Tier	WQP 2 Stage	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
6 Stepping Stone Drive		State Zip Code
		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)	482 SPRING STREET	Service Connections	Residential	Commercial	Industrial
Towns Served: WINDSOR LOCKS					
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-254-5522				860-292-1469	
Contact Role(s): <b>Administrative Contact, Legal Contact, Owner</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**