

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT1190021	APPLE REHAB	C	238	P	SWP		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
45 ELM ST						1	
Towns Served: ROCKY HILL							

Monitoring Requirements

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

Chlorine Residual (1012)	1 routine (RT) per month		
<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	12/1/24 - 12/31/24		Complete
	2/1/25 - 2/28/25		Complete
	3/1/25 - 3/31/25		Complete
Asbestos (1094)	1 routine (RT) per nine years		
<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	1/1/16 - 12/31/24		Complete
	1/1/25 - 12/31/33		
Total Coliform (3100)	1 routine (RT) per month		
<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	12/1/24 - 12/31/24		Complete
	1/1/25 - 1/31/25		
	2/1/25 - 2/28/25		Complete
	3/1/25 - 3/31/25		Complete
	4/1/25 - 4/30/25		
	5/1/25 - 5/31/25		
	6/1/25 - 6/30/25		
	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		
Disinfectant Byproducts - TTHM & HAA5 (DBP)	1 routine (RT) per year		
<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	1/1/24 - 12/31/24	7/1-9/30	
	1/1/25 - 12/31/25	7/1-9/30	
	1/1/26 - 12/31/26	7/1-9/30	
Lead And Copper (PBCU)	10 routine (RT) per six months		
<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	7/1/24 - 12/31/24		Complete
	1/1/25 - 6/30/25		Complete
	7/1/25 - 12/31/25		
Physical Parameters (PPS)	1 routine (RT) per month		
<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	12/1/24 - 12/31/24		Complete
	1/1/25 - 1/31/25		
	2/1/25 - 2/28/25		Complete
	3/1/25 - 3/31/25		Complete
	4/1/25 - 4/30/25		

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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Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Physical Parameters (PPS)			1 routine (RT) per month
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	5/1/25 - 5/31/25		
	6/1/25 - 6/30/25		
	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		

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: 0.05 MG/L	Daily
Start Date: 3/1/2024	Compliance History:	Operating Limit	Monitoring
	Monitoring Period	Compliance Status:	Compliance Status:
	12/1/2024 - 12/31/2024		
	1/1/2025 - 1/31/2025		
	2/1/2025 - 2/28/2025		
	3/1/2025 - 3/31/2025		
	4/1/2025 - 4/30/2025		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SAMPLING SITE PLAN	4/5/2024	
STAGE 2 DBPR - SUBMIT MONITORING PLAN	4/5/2024	
COMPLETE INITIAL LSL INVENTORY	10/16/2024	
SUBMIT CCR TO THE DEPARTMENT	6/30/2025	
SUBMIT CCR CERTIFICATION FORM	8/9/2025	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	9/28/2025	

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>
Lead and Copper M&R Violation	7/1/24 -	3	8/19/2025		8/29/2025	
Chlorine M&R Violation	1/1/25 - 1/31/25	3	3/11/2026		3/21/2026	
Total Coliform M&R Violation	1/1/25 - 1/31/25	3	3/11/2026		3/21/2026	
Physical Parameters M&R Violation	1/1/25 - 1/31/25	3	3/11/2026		3/21/2026	

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>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>PN Certification Received</i>	<i>Stage WQP 2 DBPR</i>
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Towns Served: ROCKY HILL							
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A			
	DOWNSTREAM		WITHIN 5 SERVICE CON	A			
	UPSTREAM		WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT						
62142	INTERCONNECTION CT0640011 (CONSECUTIVE)						
62145	TREATMENT PLANT						

Certified Operator Information

Water System Facility: **TREATMENT PLANT (WSF ID: 62145)**

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
		DISTRIBUTION SYSTEM OPERATOR IN TRAINING	6/30/2027
		DISTRIBUTION SYSTEM OPERATOR - CLASS II	9/30/2027

Contact Information

Name		Organization		Job Title		
Mr. Ryan Vess		Apple Rehab		Cfo		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
21 Waterville Rd				Avon	CT	06001
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-678-9755					rvess@apple-rehab.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