|                       | Connecticut De             | partment of          | Public H                    | lealth   | Drink         | ing W    | /ater                  | Se     | ction      |               |  |  |  |  |  |
|-----------------------|----------------------------|----------------------|-----------------------------|--|---------------|----------|------------------------|--------|------------|---------------|--|--|--|--|--|
|                       | Water Q                    | uality Monit         | oring an                    | d Com  | plianc        | e Sch    | nedul                  | e      |            |               |  |  |  |  |  |
| PWS ID                | PWS Name                   |                      | 0                           |  |               |          |                        |        | ner Type P | rimary Source |  |  |  |  |  |
| СТ0010024             | ANDOVER TOWN HALL 8        |                      | ſ                           |  | NC            |          | 25                     |        | P          | GW            |  |  |  |  |  |
| Local Address (       | where applicable)          |                      | Service                     | Resident                                       | ial Comm      | ercial   | Industria              | al     | Combined   | Agricultural  |  |  |  |  |  |
| 11 & 17 SCHOO         | DL STREET                  |                      | Connections                 |  | 2             | 2        |                        |        |            |               |  |  |  |  |  |
| Towns Served:         | ANDOVER                    |                      |                             | 1  |               |          |                        |        |            |               |  |  |  |  |  |
|                       |                            | Monito               | oring Requ                  | uiremen  | nts           |          |                        |        |            |               |  |  |  |  |  |
| Water System          | a Facility: DISTRIBUTIO    |                      |                             | 0600)  |               |          |                        |        |            |               |  |  |  |  |  |
| <b>Chlorine Resi</b>  | idual (1012)               |                      |                             |  |               | rou      | itine (RT) per quarter |        |            |               |  |  |  |  |  |
| Sampling              | Point (Sampling Point ID)  |                      |                             | Monitoring Period Collection Period Compliance |               |          |                        |        |            |               |  |  |  |  |  |
| Select from           | m Inventory of Active Samp | ling Points          |                             | 7/1/19 -                                       |               |          |                        | ,      | Co         | mplete        |  |  |  |  |  |
|                       |                            |                      |                             | 10/1/19 -                                      | 12/31/19      |          |                        |        | Co         | mplete        |  |  |  |  |  |
|                       |                            |                      |                             | 1/1/20 -                                       |               |          |                        |        | Co         | mplete        |  |  |  |  |  |
|                       |                            |                      |                             | 4/1/20 -                                       |               |          |                        |        |            |               |  |  |  |  |  |
|                       |                            |                      |                             | 7/1/20 -                                       | 9/30/20       |          |                        |        |            |               |  |  |  |  |  |
| <b>Total Coliforr</b> |                            |                      |                             |  |               |          | 1                      | rou    |            | per quarter   |  |  |  |  |  |
|                       | Point (Sampling Point ID)  |                      |                             | Monitorii                                      | -             | Collec   | ction Per              | iod    | Compl      | ance Status   |  |  |  |  |  |
| Select from           | m Inventory of Active Samp | ling Points          |                             | 7/1/19 -                                       |               |          | mplete                 |        |            |               |  |  |  |  |  |
|                       |                            |                      |                             | 10/1/19 -                                      | mplete        |          |                        |        |            |               |  |  |  |  |  |
|                       |                            |                      |                             | 1/1/20 -                                       | 3/31/20       |          | Co                     | mplete |            |               |  |  |  |  |  |
|                       |                            |                      |                             | 4/1/20 -                                       | 6/30/20       |          |                        |        |            |               |  |  |  |  |  |
|                       |                            |                      |                             | 7/1/20 -                                       | 9/30/20       |          |                        |        |            |               |  |  |  |  |  |
| -                     | ameters (PPS)              |                      |                             |  |               |          | 1                      | rou    |            | per quarter   |  |  |  |  |  |
| Sampling              | Point (Sampling Point ID)  |                      |                             | Monitorir                                      | iod           | Compl    | ance Status            |        |            |               |  |  |  |  |  |
| Select from           | m Inventory of Active Samp | ling Points          |                             | 7/1/19 -                                       | 9/30/19       |          |                        |        | Complete   |               |  |  |  |  |  |
|                       |                            |                      |                             | 10/1/19 -                                      | 12/31/19      |          |                        |        | Co         | mplete        |  |  |  |  |  |
|                       |                            |                      |                             | 1/1/20 -                                       | 3/31/20       |          |                        |        | Co         | mplete        |  |  |  |  |  |
|                       |                            |                      |                             | 4/1/20 -                                       | 6/30/20       |          |                        |        |            |               |  |  |  |  |  |
|                       |                            |                      |                             | 7/1/20 -                                       | 9/30/20       |          |                        |        |            |               |  |  |  |  |  |
| Water System          | Facility: ENTRY POINT      | (WSF ID: 00700)      |                             |  |               |          |                        |        |            |               |  |  |  |  |  |
| Nitrate And N         | Nitrite (NOX)              |                      |                             |  |               |          |                        | 1      | routine (F | T) per year   |  |  |  |  |  |
| Sampling              | Point (Sampling Point ID)  |                      |                             | Monitorir                                      | ng Period     | Collec   | ction Per              | iod    | Compl      | ance Status   |  |  |  |  |  |
| ENTRY PO              | INT (3)                    |                      |                             | 1/1/19 - 1                                     | 12/31/19      |          |                        |        | Co         | mplete        |  |  |  |  |  |
|                       |                            |                      |                             | 1/1/20 - 1                                     |               |          |                        |        | Co         | mplete        |  |  |  |  |  |
|                       |                            |                      |                             | 1/1/21 - 1                                     | 12/31/21      |          |                        |        |            |               |  |  |  |  |  |
|                       |                            | Other Co             | ompliance                   | Sched  | ules          |          |                        |        |            |               |  |  |  |  |  |
| Compliance Sch        | hedule Activity            |                      |                             | Ľ  | Due Date      |          | Achiev                 | ved I  | Date       |               |  |  |  |  |  |
| CROSS CONNEC          | CTION EXEMPTION            |                      |                             | 3  | 3/1/2019      |          |                        |        |            |               |  |  |  |  |  |
|                       | Water                      | r System Facili      | ity and Sar                 | npling   | Point Ir      | vento    | ory                    |        |            |               |  |  |  |  |  |
| Water                 |                            | e 11                 |                             |  |               | Total    | Lead o                 |        |            | _             |  |  |  |  |  |
|                       | ter System Facility        | Sampling Point<br>ID | Sampling Poi<br>Description | nt   |               | Coliforn |                        |        | Achasta -  | Stage         |  |  |  |  |  |
| Facility ID           |                            |                      | -                           |  | <u>Status</u> | Rule     | кие                    | iier   | ASDESTOS   | WQP 2 DBPR    |  |  |  |  |  |
| 00600 DIST            | RIBUTION SYSTEM            |                      |                             |  | A             | Y        |                        |        |            |               |  |  |  |  |  |
|                       |                            | DOWNSTREAM           |                             |  |               |          |                        |        |            |               |  |  |  |  |  |
| 00700                 | DV DOINT                   | UPSTREAM             | WITHIN 5 SER                |  |               |          |                        |        |            |               |  |  |  |  |  |
|                       | RY POINT                   | 3                    | ENTRY POINT                 |  | A             |          |                        |        |            |               |  |  |  |  |  |
| 20017 WEL             | -L                         | 2                    | WELL                        |  | A             |          |                        |        |            |               |  |  |  |  |  |

|                    | vva               | ici Qua        | muy Mo       | moning          | an      | u compi         | iance.         | Junuar      |             |                |
|--------------------|-------------------|----------------|--------------|-----------------|---------|-----------------|----------------|-------------|-------------|----------------|
| PWS ID             | PWS Name          |                |              |                 |         | Clas            | ssification    | Population  | Owner Type  | Primary Source |
| СТ0010024          | ANDOVER TOW       | N HALL & FII   | RE DEPARTI   | <b>MENT</b>     |         |                 | NC             | 25          | Р           | GW             |
| Local Address (w   | here applicable)  |                |              | Service         |         | Residential     | Commerci       | al Industri | al Combin   | ed Agricultura |
| 11 & 17 SCHOOL     | STREET            |                |              | Connec          | tions   |                 | 2              |             |             |                |
| Towns Served: A    | NDOVER            |                |              |                 |         |                 |                |             |             |                |
|                    |                   |                |              | Contact In      | forr    | mation          |                |             |             |                |
| Name               |                   |                |              | Organizatio     | on      |                 |                |             | Job Titl    | e              |
| Mr. Robert F. Bu   | rbank             |                |              | Town of Ar      | dove    | r               |                | First Seleo | ctman       |                |
| Mailing Address    | ine One           |                | Mailing Ad   | dress Line Tw   | 0       |                 |                | City        | State       | Zip Code       |
| Town Office Build  | ling              |                | 17 School    | Road            |         |                 | Andov          | er          | СТ          | 06232          |
| Business Phone     | e Extension       | Fax            | ſ            | Mobile Phone    | Er      | mergency Pho    | one Email A    | Address     |             |                |
| 860-742-7305       |                   | 860-742-       | 7535         |                 |         |                 | andove         | erselectman | 1@comcast.r | net            |
| Contact Role(s):   | Administrative    | Contact, Leg   | gal Contact, | Owner           |         |                 |                |             |             |                |
| Please note the f  | ollowing:         |                |              |                 |         |                 |                |             |             |                |
| 1. The residual di | sinfectant concen | tration must b | be measured  | at the same loc | ation a | and time as ead | ch total colif | orm sample. |             |                |

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

|   | Connecticut<br>Water  | C Quality M                    |  |  |   |                      |  | 0                          |              |             | ction                    |                                   |
|---|---|--------------------------------|--|--|---|----------------------|--|----------------------------|--------------|-------------|--------------------------|-----------------------------------|
| PWS ID  | PWS Name  | Quality I                      | 101110   | u mg u   |   |                      |  |                            |              | -           | ner Type P               | rimary Sourc                      |
| CT0010044   | ANDOVER PLAZA   |                                |  |  |   | 0.000                | NC   |                            | 25           |             | P                        | GW                                |
| Local Addre   | ess (where applicable)  |                                |  | Service  | Resident                                      | ial (                | Comme  |                            | ndustri      | al          | Combined                 |                                   |
| 144 ROUTE   |   |                                |  | Connectior   | ns  |                      | 1  |                            |              |             |                          |                                   |
| Towns Serve   | ed: ANDOVER   |                                |  |  |   |                      |  |                            |              |             |                          |                                   |
|   |   | D                              | <b>Aonit</b>   | oring Red  | quireme                                       | nts                  |  |                            |              |             |                          |                                   |
| Water Syst  | tem Facility: DISTRIBU  |                                |  |  | 1   |                      |  |                            |              |             |                          |                                   |
| Total Colif   | form (3100)   |                                |  |  |   |                      |  |                            | 1            | l rou       | itine (RT)               | per quarte                        |
| Sampli  | ing Point (Sampling Point   | ID)                            |  |  | Monitorii                                     | n <mark>g P</mark> e | eriod  | Collec                     | tion Pe      | riod        | Compl                    | iance Status                      |
| Select  | from Inventory of Active S  | ampling Points                 |  |  | 7/1/19 -                                      |                      |  | _                          |              |             | Co                       | omplete                           |
|   |   |                                |  |  | 10/1/19 -                                     |                      | •  |                            |              |             | Co                       | omplete                           |
|   |   |                                |  |  | 1/1/20 -                                      |                      |  |                            |              |             |                          |                                   |
|   |   |                                |  |  | 4/1/20 -                                      |                      |  |                            |              |             |                          |                                   |
|   |   |                                |  |  | 7/1/20 -                                      | 9/30                 | /20  |                            |              |             |                          |                                   |
| -   | arameters (PPS) ing Point (Sampling Point   | (ID)                           |  |  | Monitorii                                     | na Pe                | eriod  | Collec                     | 1<br>tion Pe |             |                          | per quarte<br><i>iance Status</i> |
|   | from Inventory of Active S  |                                |  |  | 7/1/19 -                                      | _                    |  |                            |              |             |                          | omplete                           |
| 00.000  |   |                                |  |  | 10/1/19 -                                     |                      |  |                            |              |             |                          | mplete                            |
|   |   |                                |  |  | 1/1/20 -                                      |                      |  |                            |              |             |                          | piete                             |
|   |   |                                |  |  | 4/1/20 -                                      |                      |  |                            |              |             |                          |                                   |
|   |   |                                |  |  | 7/1/20 -                                      |                      |  |                            |              |             |                          |                                   |
| Nater Svst  | tem Facility: ENTRY PC  | DINT (WSFID:                   | 00700)   |  | ,,-   |                      | , -  |                            |              |             |                          |                                   |
|   | nd Nitrite (NOX)  |                                |  |  |   | _                    |  |                            |              | 1           | routine (I               | RT) per yea                       |
|   | ing Point (Sampling Point   | ID)                            |  |  | Monitorii                                     | ng Pe                | eriod  | Collec                     | tion Pe      |             |                          | iance Status                      |
| ENTRY   | POINT (3)   |                                |  |  | 1/1/19 - 1                                    | 12/31                | 1/19   |                            |              |             | Co                       | mplete                            |
|   |   |                                |  |  | 1/1/20 - 1                                    | 12/31                | 1/20   |                            |              |             |                          |                                   |
|   |   |                                |  |  | 1/1/21 - 1                                    | 12/31                | 1/21   |                            |              |             |                          |                                   |
|   | Wa  | ater System                    | Facil  | ity and S  | ampling                                       | Poi                  | nt In  | vento                      | ry           |             |                          |                                   |
|   |   | •                              |  | •  |   |                      |  |                            | Lead         | and         |                          |                                   |
| Water<br>System   | Nater System Facility   | Samplin                        | a Point  | Samplina P   | Point   |                      |  | Total<br>Coliform          |              |             |                          | Staa                              |
| System V  | Nater System Facility   | Samplin<br>II                  | -  | Sampling P<br>Description  |   | c                    |  | Totai<br>Coliform<br>Rule  | Сор          | per         | Asbestos                 | Stage<br>WQP 2 DBF                |
| System V<br>Facility ID   | Nater System Facility   |                                | D  | Description  |   | S                    | tatus<br>A                                     | Coliform                   | Сор          | per         | Asbestos                 | Stage<br>WQP 2 DBF                |
| System V<br>Facility ID   |   | 11                             | D<br>1   | Description  | ON SYSTEM                                     |                      | tatus  | Coliform<br>Rule           | Сор          | per         | Asbestos                 | -                                 |
| System V<br>Facility ID   |   | 11                             | D<br>1<br>STREAM   | Description<br>DISTRIBUTI<br>WITHIN 5 S  | ON SYSTEM                                     | l                    | tatus<br>A                                     | Coliform<br>Rule           | Сор          | per         | Asbestos                 | -                                 |
| System V<br>Facility ID<br>00600 E  | DISTRIBUTION SYSTEM   | DOWNS                          | D<br>I<br>STREAM<br>REAM   | Description<br>DISTRIBUTI<br>WITHIN 5 S<br>WITHIN 5 S  | ON SYSTEM<br>SERVICE CON<br>SERVICE CON       | l                    | A<br>A<br>A                                    | Coliform<br>Rule           | Сор          | per         | Asbestos                 | -                                 |
| System         V           Facility ID         00600         E           00600         E         00700         E  | DISTRIBUTION SYSTEM   | DOWNS<br>UPSTF                 | D<br>A<br>STREAM<br>REAM<br>B                                    | Description<br>DISTRIBUTI<br>WITHIN 5 S<br>WITHIN 5 S<br>ENTRY POI   | ON SYSTEM<br>SERVICE CON<br>SERVICE CON       | l                    | A<br>A<br>A<br>A<br>A                          | Coliform<br>Rule           | Сор          | per         | Asbestos                 | -                                 |
| System         V           Facility ID         00600         E           00700         E         20018         V  | DISTRIBUTION SYSTEM   | DOWNS<br>UPSTR                 | D<br>A<br>STREAM<br>REAM<br>B                                    | Description<br>DISTRIBUTI<br>WITHIN 5 S<br>WITHIN 5 S  | ON SYSTEM<br>SERVICE CON<br>SERVICE CON       | l                    | A<br>A<br>A<br>A                               | Coliform<br>Rule           | Сор          | per         | Asbestos                 | -                                 |
| System         V           Facility ID         00600         E           000700         E         20018         V           57695         E         57695         E   | ENTRY POINT<br>WELL<br>BLADDER TANK   | DOWNS<br>UPSTF                 | D<br>A<br>STREAM<br>REAM<br>B                                    | Description<br>DISTRIBUTI<br>WITHIN 5 S<br>WITHIN 5 S<br>ENTRY POI   | ON SYSTEM<br>SERVICE CON<br>SERVICE CON       | l                    | A<br>A<br>A<br>A<br>A                          | Coliform<br>Rule           | Сор          | per         | Asbestos                 | -                                 |
| System         V           Facility ID         00600         E           000700         E         20018         V           57695         E         57695         E   | DISTRIBUTION SYSTEM   | DOWNS<br>UPSTF                 | D<br>STREAM<br>REAM<br>3<br>2                                    | Description<br>DISTRIBUTI<br>WITHIN 5 S<br>WITHIN 5 S<br>ENTRY POII<br>WELL  | ON SYSTEM<br>SERVICE CON<br>SERVICE CON<br>NT | l                    | A<br>A<br>A<br>A<br>A                          | Coliform<br>Rule           | Сор          | per         | Asbestos                 | -                                 |
| System         V           Facility ID         00600         E           000700         E         20018         V           57695         E         57695         E   | ENTRY POINT<br>WELL<br>BLADDER TANK   | DOWNS<br>UPSTF                 | D<br>GTREAM<br>REAM<br>3<br>2<br>Con                             | Description<br>DISTRIBUTI<br>WITHIN 5 S<br>WITHIN 5 S<br>ENTRY POII<br>WELL  | ON SYSTEM<br>SERVICE CON<br>SERVICE CON<br>NT | l                    | A<br>A<br>A<br>A<br>A                          | Coliform<br>Rule           | Сор          | per         |                          | -                                 |
| System         V           Facility ID         00600         E           00700         E         20018         V           57695         E         60390         T           Name         1         1         1                   | DISTRIBUTION SYSTEM   | DOWNS<br>UPSTF                 | D<br>STREAM<br>REAM<br>3<br>2<br>Con                             | Description<br>DISTRIBUTI<br>WITHIN 5 S<br>WITHIN 5 S<br>ENTRY POII<br>WELL  | ON SYSTEM<br>SERVICE CON<br>SERVICE CON<br>NT | l                    | A<br>A<br>A<br>A<br>A                          | Coliform<br>Rule           | Сор          | per         | Asbestos                 | -                                 |
| System         K           Facility ID         00600         E           00700         E         20018         K           57695         E         60390         T           Name         Ms. Lata Sh         Sh         Sh       | DISTRIBUTION SYSTEM<br>ENTRY POINT<br>WELL<br>BLADDER TANK<br>IREATMENT PLANT                                 | II<br>DOWNS<br>UPSTI           | D<br>STREAM<br>REAM<br>3<br>2<br>Con<br>Ar                       | Description<br>DISTRIBUTI<br>WITHIN 5 S<br>WITHIN 5 S<br>ENTRY POIL<br>WELL<br>Ntact Info<br>rganization<br>ndover Plaza                 | ON SYSTEM<br>SERVICE CON<br>SERVICE CON<br>NT | l                    | A<br>A<br>A<br>A<br>A                          | Coliform<br>Rule<br>Y      | Cop          | per         | Job Title                | WQP 2 DBF                         |
| System         K           Facility ID         00600         E           00700         E         20018         K           57695         E         60390         T           Name         Ms. Lata Sh         Mailing Add         | DISTRIBUTION SYSTEM ENTRY POINT WELL BLADDER TANK IREATMENT PLANT ah dress Line One                           | II<br>DOWNS<br>UPSTI           | D<br>STREAM<br>REAM<br>3<br>2<br>Con<br>Ar                       | Description<br>DISTRIBUTI<br>WITHIN 5 S<br>WITHIN 5 S<br>ENTRY POII<br>WELL  | ON SYSTEM<br>SERVICE CON<br>SERVICE CON<br>NT | l                    | A<br>A<br>A<br>A<br>A<br>A                     | Coliform<br>Rule<br>Y      | Cop<br>Rule  | per         | Job Title<br>State       | WQP 2 DBF                         |
| System         K           Facility ID         00600         E           00700         E         20018         V           57695         E         60390         T           Name         Mailing Add         191         East Op | DISTRIBUTION SYSTEM<br>ENTRY POINT<br>WELL<br>BLADDER TANK<br>TREATMENT PLANT<br>INTERS LINE ONE<br>Dal Drive | II<br>DOWNS<br>UPSTF<br>3<br>2 | D<br>A<br>STREAM<br>REAM<br>3<br>2<br>Con<br>On<br>An<br>Address | Description<br>DISTRIBUTI<br>WITHIN 5 S<br>WITHIN 5 S<br>ENTRY POII<br>WELL<br>Matact Info<br>rganization<br>Indover Plaza<br>s Line Two | ON SYSTEM<br>SERVICE CON<br>SERVICE CON<br>NT |                      | A<br>A<br>A<br>A<br>A<br>A<br>Glas             | Coliform<br>Rule<br>Y<br>Y | Cop,<br>Rule | per         | Job Title                | WQP 2 DBF                         |
| System         K           Facility ID         00600         E           00700         E         20018         K           57695         E         60390         T           Name         Ms. Lata Sh         Vailing Add         | DISTRIBUTION SYSTEM   | II<br>DOWNS<br>UPSTI           | D<br>A<br>STREAM<br>REAM<br>3<br>2<br>Con<br>On<br>An<br>Address | Description<br>DISTRIBUTI<br>WITHIN 5 S<br>WITHIN 5 S<br>ENTRY POIL<br>WELL<br>Ntact Info<br>rganization<br>ndover Plaza                 | ON SYSTEM<br>SERVICE CON<br>SERVICE CON<br>NT |                      | A<br>A<br>A<br>A<br>A<br>A<br>Glassee<br>E Ema | Coliform<br>Rule<br>Y<br>Y | Cop,<br>Rule | per<br>Tier | Job Title<br>State<br>CT | WQP 2 DBF                         |

|                    | e y  | 0               |             | 1          |            |            |            |                |
|--------------------|--|-----------------|-------------|------------|------------|------------|------------|----------------|
| PWS ID             | PWS Name   |                 |             | Classific  | cation I   | Population | Owner Type | Primary Source |
| СТ0010044          | ANDOVER PLAZA  |                 |             | NC         | 2          | 25         | Р          | GW             |
| Local Address      | (where applicable)   | Service         | Residen     | ntial Con  | nmercia    | Industri   | al Combine | ed Agricultura |
| 144 ROUTE 6        |  | Connections     |             |            | 1          |            |            |                |
| Towns Served:      | ANDOVER  |                 |             |            |            | 1          |            | ·              |
| Please note th     | e following:   |                 |             |            |            |            |            |                |
| 1. The residual    | disinfectant concentration must be measured at the   | e same location | and time a  | as each to | tal colifo | rm sample. |            |                |
| 2. If a Collection | on Period is specified, all water quality samples must   | be collected du | ring the sp | ecified pe | eriod.     |            |            |                |
|                    | on results, additional monitoring may be required (i.e<br>ence sent by the DWS on or after the generation date |                 |             |            |            |            | 0,         | ,              |

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

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

| Connecticut Depa<br>Water Qua                                   |                            |             |               |                         |        | <u> </u> |                   | 000001       |                                    |
|---|----------------------------|-------------|---------------|-------------------------|--------|----------|-------------------|--------------|------------------------------------|
| PWS ID PWS Name   |                            | 0           |               | Classifi                |        |          |                   | wner Type P  | rimary Source                      |
| CT0010054 FIRST CONGREGATIONAL CH                               | URCH                       |             |               | Ν                       | С      | 2        | 25                | Р            | GW                                 |
| Local Address (where applicable)                                |                            | Service     | Resident      | tial Co                 | mmerc  | cial Ir  | dustrial          | Combined     | Agricultura                        |
| 359 ROUTE 6   |                            | Connection  | ns            |                         | 1      |          |                   | 1            |                                    |
| Towns Served: ANDOVER   |                            |             |               |                         |        |          |                   |              |                                    |
|   | Monite                     | oring Re    | quireme       | nts                     |        |          |                   |              |                                    |
| Water System Facility: DISTRIBUTION SY                          | (STEM (WSF I               | D: 00600)   |               |                         |        |          |                   |              |                                    |
| Total Coliform (3100)   |                            |             |               |                         |        |          | 1 rc              | outine (RT)  | per quarter                        |
| Sampling Point (Sampling Point ID)                              |                            |             | Monitori      | n <mark>g Per</mark> io | od (   | Collect  | ion Perio         | d Compl      | iance Status                       |
| Select from Inventory of Active Sampling                        | Points                     |             | 7/1/19 -      |                         |        |          |                   | Co           | omplete                            |
|   |                            |             | 10/1/19 -     |                         |        |          |                   | Co           | omplete                            |
|   |                            |             | 1/1/20 -      |                         |        |          |                   |              |                                    |
|   |                            |             | 4/1/20 -      |                         |        |          |                   |              |                                    |
|   |                            |             | 7/1/20 -      | 9/30/2                  | 0      |          |                   |              |                                    |
| Physical Parameters (PPS)<br>Sampling Point (Sampling Point ID) |                            |             | Monitori      | na Perie                | od (   | Collect  | 1 rc<br>ion Perio | • •          | per quarter<br><i>iance Status</i> |
| Select from Inventory of Active Sampling                        | Points                     |             | 7/1/19 -      | -                       |        | concer   |                   | -            | omplete                            |
| ,,,,,,, _   |                            |             | 10/1/19 -     |                         |        |          |                   |              | omplete                            |
|   |                            |             | 1/1/20 -      |                         |        |          |                   |              | <b>-</b>                           |
|   |                            |             | 4/1/20 -      |                         |        |          |                   |              |                                    |
|   |                            |             | 7/1/20 -      |                         |        |          |                   |              |                                    |
| Water System Facility: ENTRY POINT (W                           | /SF ID: 00700)             |             |               |                         |        |          |                   |              |                                    |
| Nitrate And Nitrite (NOX)                                       |                            |             |               |                         |        |          |                   | 1 routine (I | RT) per year                       |
| Sampling Point (Sampling Point ID)                              |                            |             | Monitori      | ng Perio                | od (   | Collect  | ion Perio         | d Compl      | iance Status                       |
| ENTRY POINT (3)   |                            |             | 1/1/19 - 1    | 12/31/1                 | 19     |          |                   |              |                                    |
|   |                            |             | 1/1/20 - 1    | 12/31/2                 | 20     |          |                   |              |                                    |
|   |                            |             | 1/1/21 - 1    | 12/31/2                 | 21     |          |                   |              |                                    |
| Water Sy  | <mark>/stem Facil</mark> i | ity and S   | ampling       | Point                   | t Inve | ento     | ry                |              |                                    |
| Water   |                            |             |               |                         | 7      | Total    | Lead an           | d            |                                    |
|   | Sampling Point             |             |               |                         |        | liform   |                   |              | Stage                              |
| Facility ID   | ID                         | Description |               | Sta                     | lus    | Rule     | Rule Tie          | er Asbestos  | WQP 2 DBP                          |
| 00600 DISTRIBUTION SYSTEM                                       | 4                          |             | ION SYSTEM    |                         |        | Y        |                   |              |                                    |
|   | DOWNSTREAM                 |             |               |                         |        |          |                   |              |                                    |
|   | UPSTREAM                   |             | SERVICE CON   |                         |        |          |                   |              |                                    |
| 00700 ENTRY POINT   | 3                          | ENTRY POI   | NT            | A                       |        |          |                   |              |                                    |
| 20019 WELL  | 2                          | WELL        |               | A                       | 4      |          |                   |              |                                    |
|   | Con                        | tact Info   | ormation      |                         |        |          |                   |              |                                    |
| Name  |                            | rganization |               |                         |        |          |                   | Job Title    |                                    |
| Ms. Laurel W. Andrews   |                            |             | ational Churo | ch                      |        |          | stee              |              |                                    |
| Mailing Address Line One  | Mailing Addres             | s Line Two  |               |                         | <br>   |          | ty                | State        | Zip Code                           |
| 359 Route 6   | P. O. Box 55               |             | _             | 8                       | Ando   | -        |                   | СТ           | 06232                              |
| Business Phone Extension Fax                                    | Mobi                       | le Phone    | Emergency     | Phone                   |        |          |                   |              |                                    |
| 860-742-7696  |                            |             |               |                         | iew18  | @com     | cast.net          |              |                                    |
| Contact Role(s): Administrative Contact                         |                            |             |               |                         |        |          |                   |              |                                    |

|                    | -                    | · · · · ·     | - ) -            |         | 0 -          |             | 1-      |               |            | -     |           | 1               |
|--------------------|----------------------|---------------|------------------|---------|--------------|-------------|---------|---------------|------------|-------|-----------|-----------------|
| PWS ID             | PWS Name             |               |                  |         |              |             | Clas    | sification    | Population | ו Owr | ner Type  | Primary Source  |
| СТ0010054          | FIRST CONGREG        | ATIONAL CH    | IURCH            |         |              |             |         | NC            | 25         |       | Р         | GW              |
| Local Address (w   | here applicable)     |               |                  | Se      | ervice       | Resider     | ntial   | Commerci      | al Indust  | rial  | Combine   | ed Agricultural |
| 359 ROUTE 6        |                      |               |                  | Co      | onnections   |             |         | 1             |            |       | 1         |                 |
| Towns Served: A    | NDOVER               |               |                  |         |              |             |         |               | 1          |       |           |                 |
| Name               |                      |               |                  | Orga    | nization     |             |         |               |            |       | Job Title | 5               |
| Ms. Katherine H    | utchinson            |               |                  | First   | Congregati   | onal Chui   | rch     |               | Trustee    |       |           |                 |
| Mailing Address    | Line One             |               | Mailing Addr     | ress Li | ine Two      |             |         |               | City       |       | State     | Zip Code        |
| 359 Route 6        |                      |               | P. O. Box 55     |         |              |             | Andov   | er            |            | СТ    | 06232     |                 |
| Business Phon      | e Extension          | Fax           | Мо               | obile F | Phone E      | mergency    | y Pho   | ne Email /    | Address    |       |           |                 |
| 860-742-7696       | 5                    |               |                  |         |              |             |         | dolove        | prince@ac  | l.com |           |                 |
| Contact Role(s):   | Legal Contact        |               |                  |         | ·            |             |         |               |            |       |           |                 |
| Please note the    | following:           |               |                  |         |              |             |         |               |            |       |           |                 |
| 1. The residual d  | isinfectant concent  | ration must b | be measured at   | the sa  | me location  | and time a  | as eac  | h total colif | orm sample |       |           |                 |
| 2. If a Collection | Period is specified, | all water qua | ality samples mi | ust be  | collected du | ring the sp | oecifie | d period.     |            |       |           |                 |

Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related 3. 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

| С                            |  | -                |  |                            | c Health I<br>and Comp                  |         |     | <u> </u>         |                    | ction                    |                                       |
|------------------------------|--|------------------|--|----------------------------|---|---------|-----|------------------|--------------------|--------------------------|---------------------------------------|
|                              | VS Name<br>ELEVEN #3252<br>ere applicable) | 3                |  | Service                    | Residentia                              | N       |     | 2                | 5                  | ner Type<br>P<br>Combine | Primary Source<br>GW<br>d Agricultura |
| 390 ROUTE 6                  |  |                  |  | Connecti                   | ons                                     |         | 1   |                  |                    |                          |                                       |
| Towns Served: ANI            | DOVER                                      |                  |  | L.                         |   |         |     |                  | I                  |                          |                                       |
|                              |  |                  | Mon                                    | itoring Re                 | equirement                              | ts      |     |                  |                    |                          |                                       |
| Water System Fa              | cility: DISTR                              | IBUTION SY       | STEM (WS                               | F ID: 00600)               | 1                                       |         |     |                  |                    |                          |                                       |
| Total Coliform (             | 3100)                                      |                  |  |                            |   |         |     |                  | 1 rou              | tine (RT)                | per quarter                           |
| Sampling Poir                | nt (Sampling P                             | oint ID)         |  |                            | Monitoring                              | , Perio | od  | Collecti         | ion Period         | Сотр                     | liance Status                         |
| Select from In               | ventory of Act                             | ive Sampling     | Points                                 |                            | 7/1/19 - 9,                             | /30/19  | 9   |                  |                    | C                        | omplete                               |
|                              |  |                  |  |                            | 10/1/19 - 12                            |         |     |                  |                    |                          | omplete                               |
|                              |  |                  |  |                            | 1/1/20 - 3,                             |         |     |                  | C                  | omplete                  |                                       |
|                              |  |                  |  |                            | 4/1/20 - 6/                             | -       |     |                  |                    |                          |                                       |
|                              | 4  |                  |  |                            | 7/1/20 - 9,                             | /30/20  | 0   |                  |                    |                          |                                       |
| Physical Parame              |  |                  |  |                            |   | 0       |     | C                |                    |                          | per quarter                           |
|                              | nt (Sampling P<br>ventory of Acti          |                  | Doints                                 |                            | Monitoring<br>7/1/19 - 9/               |         |     | Collecti         | on Period          | -                        | liance Status                         |
| Select from in               | ventory of Act                             | ive sampling     | Points                                 |                            |   |         |     |                  |                    |                          | omplete<br>omplete                    |
|                              |  |                  | 10/1/19 - 12/31/19<br>1/1/20 - 3/31/20 |                            |   |         |     |                  | omplete            |                          |                                       |
|                              |  | 4/1/20 - 6/30/20 |  |                            |   |         | C   | ompiete          |                    |                          |                                       |
|                              |  |                  |  |                            | 7/1/20 - 9/                             |         |     |                  |                    |                          |                                       |
| Water System Fa              | cility: ENTR                               | Y POINT (W       | /SF ID: 0070                           | )0)                        | .,_,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 00, 20  | •   |                  |                    |                          |                                       |
| Nitrate And Nitr             |  |                  |  |                            | Monitoring                              | Dorio   | od  | Collacti         | 1<br>ion Period    |                          | RT) per year<br><i>liance Status</i>  |
| ENTRY POINT                  |  |                  |  |                            | 1/1/19 - 12                             |         |     | conecti          | onrenou            |                          | omplete                               |
|                              | (3)  |                  |  |                            | 1/1/20 - 12                             |         |     |                  |                    |                          | omplete                               |
|                              |  |                  |  |                            | 1/1/21 - 12                             |         |     |                  |                    |                          |                                       |
|                              |  | Water Sv         | vstem Fac                              | cility and                 | Sampling P                              |         |     | ventor           | 'v                 |                          |                                       |
|                              | ystem Facility                             |                  |  | int Sampling<br>Descriptio | Point                                   |         |     | Total<br>oliform | Lead and<br>Copper | Arterte                  | Stage                                 |
| Facility ID<br>00600 DISTRIB |  |                  | 4                                      |                            | TION SYSTEM                             | Stat    |     | Rule<br>Y        | Rule Her           | Aspestos                 | WQP 2 DBP                             |
|                              | UTION SYSTEM                               |                  |  |                            | SERVICE CON                             | A<br>A  |     | T                |                    |                          |                                       |
|                              |  |                  | UPSTREAM                               |                            | SERVICE CON                             | A       |     |                  |                    |                          |                                       |
| 00700 ENTRY P                | OINT                                       |                  | 3                                      | ENTRY PC                   |   | A       |     |                  |                    |                          |                                       |
| 56532 WELL# 1                |  |                  | 2                                      | WELL# 1                    |   | A       |     |                  |                    |                          |                                       |
|                              |  |                  |  | ontact Inf                 | ormation                                |         | -   |                  |                    |                          |                                       |
| Namo                         |  |                  |  | Organization               |   |         |     |                  |                    | Job Title                |                                       |
| Name<br>M&M Realty LLC       |  |                  |  | Sigamzation                | 1                                       |         |     |                  |                    | 100 1116                 |                                       |
| Mailing Address Lir          | ne One                                     |                  | Mailing Add                            | ress Line Two              |   |         |     | Ci               | tv                 | State                    | Zip Code                              |
| 540 North Main St            |  |                  |  |                            |   |         | Man | chester          | -1                 | CT                       | 06042                                 |
| Business Phone               | Extension                                  | Fax              | M                                      | obile Phone                | Emergency P                             |         |     |                  | S                  |                          |                                       |
|                              |  |                  |  |                            |   |         |     |                  |                    |                          |                                       |
| Contact Role(s): O           | wner                                       |                  |  |                            |   |         |     |                  |                    |                          |                                       |
|                              |  |                  |  |                            |   |         |     |                  |                    |                          |                                       |

|                    |                      |               |                              |                  | 0            |            | 1      |           |             |      |           | -      |           |       | 1            |
|--------------------|----------------------|---------------|------------------------------|------------------|--------------|------------|--------|-----------|-------------|------|-----------|--------|-----------|-------|--------------|
| PWS ID             | PWS Name             |               |                              |                  |              |            | C      | lassi     | ification   | Po   | pulation  | Owne   | er Type   | Prin  | mary Source  |
| СТ0010084          | 7-ELEVEN #3252       | 3             |                              |                  |              |            |        |           | NC          |      | 25        |        | Р         |       | GW           |
| Local Address (w   | here applicable)     |               |                              |                  | Service      | Resid      | entia  | al C      | ommerci     | al   | Industria | al C   | ombine    | ed /  | Agricultural |
| 390 ROUTE 6        |                      |               |                              |                  | Connectio    | ns         |        |           | 1           |      |           |        |           |       |              |
| Towns Served: A    | NDOVER               |               |                              |                  |              |            |        |           |             |      |           | ·      |           |       |              |
| Name               |                      |               |                              | Org              | ganization   |            |        |           |             |      |           |        | Job Title | e     |              |
| Mr. William Mo     | ores Jr              |               |                              | M&M Realty LLC O |              |            |        |           |             |      | Owner     |        |           |       |              |
| Mailing Address    | Line One             |               | Mailing Addr                 | ress Line Two    |              |            |        |           |             |      | City      |        | State     | Z     | Zip Code     |
| 4 Pine Rd          |                      |               |                              |                  |              |            |        | Southv    | wick        | [    |           | MA     |           | 01077 |              |
| Business Phon      | e Extension          | Mo            | lobile Phone Emergency Phone |                  |              |            |        | e Email A | ٩dd         | ress |           |        |           |       |              |
|                    |                      |               |                              |                  |              |            |        |           |             |      |           |        |           |       |              |
| Contact Role(s):   | Legal Contact, C     | Dwner         |                              |                  |              |            |        |           | ÷           |      |           |        |           |       |              |
| Name               |                      |               |                              | Org              | ganization   |            |        |           |             |      |           |        | Job Title | e     |              |
| Ms. Alicia Busco   | ni                   |               |                              | Key              | Point Part   | tners - Sh | ell E> | кр        |             | А    | dministr  | ator   |           |       |              |
| Mailing Address    | Line One             |               | Mailing Addr                 | ess              | Line Two     |            |        |           |             |      | City      |        | State     | Z     | Zip Code     |
| 1 Burlington Wo    | ods Drive            |               |                              |                  |              |            |        |           | Burling     | gton | n         |        | MA        |       | 01803        |
| Business Phon      | e Extension          | Fax           | Mo                           | bile             | e Phone      | Emerger    | псу Р  | hone      | e Email A   | ٩dd  | ress      |        |           |       |              |
| 781-273-5555       |                      |               |                              |                  |              |            |        |           | ABusco      | oni@ | @KeyPoir  | ntPart | ners.co   | m     |              |
| Contact Role(s):   | Administrative       | Contact       |                              |                  |              |            |        |           |             |      |           |        |           |       |              |
| Please note the    | following:           |               |                              |                  |              |            |        |           |             |      |           |        |           |       |              |
| 1. The residual d  | isinfectant concent  | ration must b | be measured at               | the s            | same locatio | on and tim | e as e | each      | total colif | orm  | sample.   |        |           |       |              |
| 2. If a Collection | Period is specified, | all water qua | ality samples mu             | ust b            | e collected  | during the | spec   | ified     | period.     |      |           |        |           |       |              |
|                    |                      |               |                              | 1.               |              | <b>C</b> 1 |        |           | · · · ·     |      |           |        |           |       |              |

Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related 3. 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

|             |   | ut Departmer                |           |                    |           |       |              |                      |           |        | tion         |                                      |
|-------------|---|-----------------------------|-----------|--------------------|-----------|-------|--------------|----------------------|-----------|--------|--------------|--------------------------------------|
|             |   | ter Quality Mo              | onit      | oring an           | a Con     |       |              | 1                    |           |        |              |                                      |
| PWS ID      | PWS Name                                    |                             |           |                    |           | Cla   |              | -                    | tion      |        |              | Primary Sour                         |
| CT001012    |   | TER SUPPLY                  |           |                    |           |       | NC           | 25                   |           |        | P            | GW                                   |
|             | ress (where applicable)                     |                             |           | Service            | Residen   | tial  |              | ial Ind              | ustria    | I C    | ombine       | d Agricultur                         |
| 497 ROUT    |   |                             |           | Connections        |           |       | 1            |                      |           |        |              |                                      |
| Towns Ser   | ved: ANDOVER                                |                             |           |                    |           |       |              |                      |           |        |              |                                      |
|             |   | M                           | onito     | oring Requ         | uireme    | nts   | 5            |                      |           |        |              |                                      |
| Water Sy    | stem Facility: DISTR                        | IBUTION SYSTEM (            | WSF I     | D: 00600)          |           |       |              |                      |           |        |              |                                      |
|             | liform (3100)                               |                             |           |                    |           |       |              |                      |           |        |              | ) per quarte                         |
|             | oling Point (Sampling P                     |                             |           |                    | Monitori  |       |              | Collectio            | n Peri    | iod    |              | liance Status                        |
| Selec       | t from Inventory of Act                     | ive Sampling Points         |           |                    | 7/1/19 -  |       | · · · · ·    |                      |           |        | _            | omplete                              |
|             |   |                             |           |                    | 10/1/19 - |       |              |                      |           |        |              | omplete                              |
|             |   |                             |           |                    | 1/1/20 -  |       |              |                      |           |        | C            | omplete                              |
|             |   |                             |           |                    | 4/1/20 -  |       |              |                      |           |        |              |                                      |
|             |   |                             |           |                    | 7/1/20 -  | 9/3   | 0/20         |                      |           |        |              |                                      |
| -           | Parameters (PPS)<br>pling Point (Sampling P | oint ID)                    |           |                    | Monitori  | ina P | Period (     | Collectio            |           |        | •            | ) per quarte<br><i>liance Status</i> |
| -           | t from Inventory of Act                     |                             |           |                    | 7/1/19 -  |       |              |                      |           |        |              | omplete                              |
|             |   |                             |           |                    | 10/1/19 - |       |              |                      |           |        |              | omplete                              |
|             |   |                             |           |                    | 1/1/20 -  |       |              |                      |           |        |              | omplete                              |
|             |   |                             |           |                    | 4/1/20 -  |       |              |                      |           |        |              | •                                    |
|             |   |                             |           |                    | 7/1/20 -  |       |              |                      |           |        |              |                                      |
| Water Sy    | stem Facility: ENTR                         | Y POINT (WSF ID: 00         | 0700)     |                    |           |       |              |                      |           |        |              |                                      |
| Nitrate A   | And Nitrite (NOX)                           | -                           |           |                    |           |       |              |                      |           | 1 rc   | outine       | RT) per yea                          |
| Samp        | oling Point (Sampling P                     | oint ID)                    |           |                    | Monitori  | ing P | Period (     | Collectio            | n Peri    | iod    | Сотр         | liance Status                        |
| ENTR        | Y POINT (3)                                 |                             |           |                    | 1/1/19 -  | 12/3  | 31/19        |                      |           |        | C            | omplete                              |
|             |   |                             |           |                    | 1/1/20 -  | 12/3  | 31/20        |                      |           |        | C            | omplete                              |
|             |   |                             |           |                    | 1/1/21 -  | 12/3  | 31/21        |                      |           |        |              |                                      |
|             |   | Public                      | Not       | ification <b>F</b> | Require   | eme   | ents         |                      |           |        |              |                                      |
|             |   |                             | C         | ompliance          | Notice    | •     | Public N     | lotificati           | <u>on</u> |        | <u>PN Ce</u> | rtification                          |
| Violation/  | Situation                                   |                             |           | Period             | Tier      |       | Required     | Perfo                | rmed      |        | e to DP      |                                      |
| E. Coli     |   |                             |           | /17 - 4/17/17      | 3         |       | 4/13/2018    |                      |           | 4/     | 23/2018      | 8                                    |
|             |   | Water System F              | acili     | ty and Sa          | mpling    | Ро    | oint Inve    | entory               | 1         |        |              |                                      |
| Water       |   |                             |           |                    |           |       |              |                      | ead a     |        |              |                                      |
| System      | Water System Facility                       |                             | Point     | Sampling Poi       | int       |       |              |                      | Сорр      |        | Ashasta      | Stag                                 |
| Facility ID |   | ID                          |           | Description        |           |       | Status       | Rule I               | kule I    | lier / | ASDESIO      | s WQP 2 DB                           |
| 00600       | DISTRIBUTION SYSTEM                         |                             |           | DISTRIBUTIO        |           |       | A            |                      |           |        |              |                                      |
|             |   |                             |           |                    |           |       | A            |                      |           |        |              |                                      |
| 00700       |   | UPSTRE                      | AIVI      | WITHIN 5 SEP       |           | N     | A            |                      |           |        |              |                                      |
| 00700       | ENTRY POINT<br>WELL 1                       | 3                           |           | ENTRY POINT        |           |       | A            |                      |           |        |              |                                      |
| 49297       |   | 2                           |           | WELL 1             |           |       | A            |                      |           |        |              |                                      |
| 49301       | PRESSURE TANK                               |                             | •         |                    |           |       |              |                      |           |        |              |                                      |
|             |   |                             |           | tact Infor         | mation    |       |              |                      |           |        |              |                                      |
| Name        |   |                             |           | ganization         |           |       |              |                      |           | J      | lob Title    |                                      |
|             | m P Genovese                                | I                           |           | 7 Andover LLC      | 2         |       | 1            | Owne                 |           |        | ,            |                                      |
|             | dress Line One                              | Mailing A                   | ddress    | s Line Two         |           |       |              | City                 |           |        | State        | Zip Code                             |
| 497 Route   | 6   |                             |           |                    |           |       | Andov        | ver                  |           |        | СТ           | 06232                                |
|             | nformation has been provide                 | d to halp owners and energy | A A a b i |                    |           | nh-   | malianco wit | Addrace<br>hdrinking | wator     |        | u monitor    |                                      |

|                  | -                | · · · · ·  | - /     |         | - 0 -       |         | -    | I      |           |             | -            |                 |
|------------------|------------------|------------|---------|---------|-------------|---------|------|--------|-----------|-------------|--------------|-----------------|
| PWS ID           | PWS Name         |            |         |         |             |         |      | Classi | fication  | Population  | Owner Type   | Primary Source  |
| СТ0010124        | XTRA MART WA     | TER SUPPLY |         |         |             |         |      | I      | NC        | 25          | Р            | GW              |
| Local Address (w | here applicable) |            |         |         | Service     | Resid   | dent | ial C  | ommerci   | al Industri | al Combin    | ed Agricultural |
| 497 ROUTE 6      |                  |            |         |         | Connectio   | ons     |      |        | 1         |             |              |                 |
| Towns Served: A  | -                |            |         |         |             | ·       |      |        |           | ·           |              |                 |
| Business Phone   | Extension        | FdX        |         |         | le Phone    | Emerge  | псу  | PHONE  |           | Address     |              |                 |
|                  |                  |            |         |         |             |         |      |        |           |             |              |                 |
| Contact Role(s): | Legal Contact, ( | Owner      |         |         |             |         |      |        |           |             |              |                 |
| Name             |                  |            |         | Or      | ganization  |         |      |        |           |             | Job Titl     | e               |
| Mr. Eric Harvey  |                  |            |         | Gl      | obal Partne | ers, Lp |      |        |           | Environm    | ntl Proj Mgr |                 |
| Mailing Address  | Line One         |            | Mailing | Address | s Line Two  |         |      |        |           | City        | State        | Zip Code        |
| 15 Ne Industrial | Road             |            |         |         |             |         |      |        | Branfo    | rd          | СТ           | 06405           |
| Business Phone   | e Extension      | Fax        |         | Mobi    | le Phone    | Emerge  | ncy  | Phone  | e Email A | Address     | ÷            |                 |
|                  |                  | 203-488-   | 3065    | 845-2   | 38-7354     |         |      |        | eharve    | y@globalp.o | 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