	Connecticut De	*							ection	
		uality Monit	oring an		<u> </u>					
PWS ID	PWS Name			(ner Type Primary Source				
CT0210024	251 ROUTE 7 S				NC		25		Р	GW
	where applicable)		Service	Resident	al Comr	nercial	Industri	ial	Combined	Agricultural
251 ROUTE 7 SO			Connections			1				
Towns Served:	CANAAN									
Water System	Facility: DISTRIBUTIO		oring Requ	iiremer	its					
Total Coliforn	•	14 31312101 (4431 1	D. 00000j				1	l rou	ıtine (RT) r	oer quarter
	Point (Sampling Point ID)			Monitorin	a Period	Coll	ection Pe			ance Status
	n Inventory of Active Samp	oling Points		7/1/19 - 9						mplete
30.0001101				10/1/19 - 1		_				mplete
				1/1/20 - 3						mplete
				4/1/20 - 6						
				7/1/20 - 9						
Physical Para	meters (PPS)						1	l rou	ıtine (RT) բ	er quarter
Sampling	Point (Sampling Point ID)			Monitorin	g Period	Coll	ection Pe	riod	Compli	ance Status
Select fror	m Inventory of Active Samբ	oling Points		7/1/19 - 9	9/30/19				Co	mplete
				10/1/19 - 1					Co	mplete
				1/1/20 - 3	3/31/20				Co	mplete
				4/1/20 - 6	5/30/20					
				7/1/20 - 9	9/30/20					
Water System	Facility: ENTRY POINT	(WSF ID: 00700)								
Nitrate (104	0)						1	l rou	ıtine (RT) բ	oer quarter
Sampling	Point (Sampling Point ID)			Monitorin	g Period	Coll	ection Pe	riod	Compli	ance Status
ENTRY PO	INT (3)			7/1/19 - 9	9/30/19				Co	mplete
			:	10/1/19 - 1					Co	mplete
				1/1/20 - 3	3/31/20				Co	mplete
				4/1/20 - 6	5/30/20					
				7/1/20 - 9	9/30/20					
Nitrite (1041	L)						1	l rou	ıtine (RT) բ	oer quarter
Sampling	Point (Sampling Point ID)			Monitorin	g Period	Coll	ection Pe	riod	Compli	ance Status
ENTRY PO	INT (3)			1/1/20 - 3					Co	mplete
				4/1/20 - 6						
				7/1/20 - 9	9/30/20					
	Nitrite (NOX)							1	=	T) per year
	Point (Sampling Point ID)			Monitorin			ection Pe			ance Status
ENTRY PO	INT (3)			1/1/19 - 3	3/31/19		1/1-3/31		Co	mplete
		Other C	ompliance	Sched	ules					
Compliance Sch	hedule Activity			D	ue Date		Achie	eved	Date	
CROSS CONNEC	CTION SURVEY REPORT			3,	/1/2020					
	Wate	r System Facili	ity and Sar	mpling	Point I	nvent	tory			
Water						Tota				
-	er System Facility	Sampling Point		nt		Colifo		•	0-1 :	Stage
Facility ID		ID .	Description		Status		e Rule	Tier	Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4 DOWNSTREAM	DISTRIBUTION WITHIN 5 SER		A A	Υ				

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.

Schedule Generation Date: 3/10/2020 Page 1

Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source		
CT0210024	T0210024 251 ROUTE 7 S					Р	GW		
Local Address (where applicable)		Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural		
251 ROUTE 7 SOUTH		Connections		1					

Connecticut Department of Public Health Drinking Water Section

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage 2 DBPR		
		MTSCAFE 001	KITCHEN HANDWASH 1	Α	Υ	N	Υ				
		MTSCAFE 002	KITCHEN HANDWASH 2	Α	Υ	N	Υ				
		MTSCAFE 003	MENS ROOM	Α	Υ	N	Υ				
		MTSCAFE 004	LADIES ROOM	Α	Υ	Ν	Υ				
		MTSCAFE 005	KITCHEN PREP	Α	Υ	N	Υ				
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
20452	WELL	2	WELL	Α							
61323	TREATMENT PLANT										

Contact Information

				Contact iiii	or mation					
Name		Organization	1	Job Title						
Artisanal Foods LLC	3									
Mailing Address Lin	e One		Mailing Ad	dress Line Two			City		Zip Code	
347 West 36Th Street Sduite 1601						New Yor	·k	NY	10018	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress			
Contact Role(s): O	wner									
Name	Wilei			Organization	 1			Job Title		
Mr. John Steele				Mountainsid			Director Operations			
Mailing Address Lin	e One		Mailing Ad	dress Line Two		City		State	Zip Code	
P.O. Box 717			187 Route	7		Canaan		СТ	06018	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress			
860-824-1397		888-848-	2850		860-558-8636	john.ste	john.steele@mountainside.com			
Contact Role(s): A	dministrative	Contact, Leg	al Contact			•				

Please note the following:

Towns Served: CANAAN

- 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

Schedule Generation Date: 3/10/2020

	Connecticut Dep						_		ection	
	Water Qua	anty Mo	mitc	oring and						
PWS ID	PWS Name				C	Classificatio				rimary Source
CT0210044	172 ROUTE 7 N				5 11 11	NC	_	.5	Р	GW
	where applicable)			Service Connections	Residentia		rcial Ir	dustrial	Combined	Agricultural
172 ROUTE 7 N				Connections		1				
Towns Served: (CANAAN									
Water System	Facility: DISTRIBUTION 9			ring Requ : 00600)	iiremen	ts				
Total Coliforn	,	•		•				1 rc	outine (RT)	per quarter
	Point (Sampling Point ID)				Monitoring	g Period	Collect	ion Perio		iance Status
	n Inventory of Active Samplin	g Points			7/1/19 - 9					mplete
	, ,	<u> </u>			10/1/19 - 1		-			<u> </u>
					1/1/20 - 3					
					4/1/20 - 6					
					7/1/20 - 9					
Physical Para	meters (PPS)				, ,== 0			1 rc	outine (RT)	per quarter
-	Point (Sampling Point ID)				Monitoring	a Period	Collect	ion Perio		iance Status
	n Inventory of Active Samplin	g Points			7/1/19 - 9					mplete
	, , , , , , , , , , , , , , , , , , , ,	0			10/1/19 - 1					I
					1/1/20 - 3					
					4/1/20 - 6					
					7/1/20 - 9	•				
-	Facility: ENTRY POINT -	WELL 2 (W	SF ID:	00701)	7,1,20	733723				
Nitrate And N	•							;	=	RT) per year
	Point (Sampling Point ID)				Monitoring		Collect	ion Perio		iance Status
EP - WELL 2	2 (3)				1/1/19 - 12				Co	mplete
					1/1/20 - 12	2/31/20				
					1/1/21 - 12	2/31/21				
		Public		fication R	-			_		
\(\(\text{i} = 1 = \text{i} = \text{i} = \text{i} \(\text{G}\)	At			mpliance	Notice		Notifica			<u>tification</u>
Violation/Situa	tion			Period	Tier	Require		formed	Due to DPH	Received
E. Coli				.8 - 8/31/18	3	8/31/20			9/10/2019	
	Water 9	System Fa	acilit	y and Sar	npling F	Point Inv	vento	r y		
Water							Total	Lead an		
,	er System Facility			Sampling Poil	nt	(Coliform			Stage
Facility ID		ID		Description		Status	Rule	Rule Tie	er Asbestos	WQP 2 DBPR
00600 DISTI	RIBUTION SYSTEM	4		DISTRIBUTION		Α	Υ			
				WITHIN 5 SER		Α				
		SP2		FRONT HAND		Α	Υ			
		UPSTREA		WITHIN 5 SER	VICE CON	Α				
	RY POINT - WELL 2	3		EP - WELL 2		Α				
54110 WELI	L2	2	'	WELL 2		Α				
54113 TREA	ATMENT PLANT									
54115 PRES	SURE TANK									

Schedule Generation Date: 3/10/2020 Page 3

Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source		
CT0210044	172 ROUTE 7 N	NC	25	Р	GW				
Local Address (where applicable)		Service	Residen	ntial Commerc	ial Industri	al Combin	ed Agricultural		
172 ROUTE 7 N	1	Connections		1					

Connecticut Department of Public Health Drinking Water Section

Towns Served: CANAAN

Contact Information										
Name				Organization	1			Job Title		
Mr. Ahmed Amer Almasoudi							Owner			
Mailing Address Line One Mailing Addr				ess Line Two			City	State	Zip Code	
172 Route 7 N						Falls Villa	age	СТ	06031	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address				
860-824-4661										

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.
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End of schedule

Schedule Generation Date: 3/10/2020