| Water Quality Monitoring and Compliance Schedule  PWS ID PWS Name Classification Population Owner Type Primary S  CT0230044 180 CHERRY BROOK ROAD - CANTON NC 36 P GW  Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultus Served: Connections 3 2  Towns Served: CANTON  Monitoring Requirements  Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)  Total Coliform (3100) 1 routine (RT) per quality in the complex of the comple |
|--|
| CT0230044 180 CHERRY BROOK ROAD - CANTON NC 36 P GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agrical 180 CHERRY BROOK RD Connections 3 2  Towns Served: CANTON  Monitoring Requirements  Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)   |
| Local Address (where applicable)  180 CHERRY BROOK RD  Towns Served: CANTON  Monitoring Requirements  Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)   |
| 180 CHERRY BROOK RD  Connections  3 2  Towns Served: CANTON  Monitoring Requirements  Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)   |
| Towns Served: CANTON  Monitoring Requirements  Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)  |
| Monitoring Requirements  Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)  |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)   |
|  |
| Total Coliform (3100) 1 routine (RT) per qu  |
| , ,  |
| Sampling Point (Sampling Point ID)  Monitoring Period Collection Period Compliance St  |
| Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19   |
| 10/1/19 - 12/31/19 Complete  |
| 1/1/20 - 3/31/20 Complete  |
| 4/1/20 - 6/30/20   |
| 7/1/20 - 9/30/20   |
| Physical Parameters (PPS) 1 routine (RT) per qui   |
| Sampling Point (Sampling Point ID)  Monitoring Period Collection Period Compliance St  |
| Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19   |
| 10/1/19 - 12/31/19 Complete  |
| 1/1/20 - 3/31/20 Complete  |
| 4/1/20 - 6/30/20   |
| 7/1/20 - 9/30/20   |
| Water System Facility: ENTRY POINT (WSF ID: 00700)   |
| Nitrate And Nitrite (NOX)  Sampling Point (Sampling Point ID)  Monitoring Period Collection Period Compliance St   |
| ENTRY POINT (3)  1/1/19 - 12/31/19  Complete   |
| 1/1/20 - 12/31/20 Complete   |
| 1/1/21 - 12/31/21 Complete   |
|  |
| Public Notification Requirements   |
| Compliance Notice <u>Public Notification</u> <u>PN Certification</u> Violation/Situation Period Tier Required Performed Due to DPH Rece  |
| nequired religionical bactorism need   |
| Physical Parameters M&R Violation 7/1/19 - 9/30/19 3 1/28/2021 2/7/2021  Total Coliform M&R Violation 7/1/19 - 9/30/19 3 1/28/2021 2/7/2021  |
|  |
| Water System Facility and Sampling Point Inventory   |
| Water Total Lead and   |
| System Water System Facility Sampling Point Sampling Point Coliform Copper Status Rule Tier Asbestos WQP 2   |
| , Stutus   |
| 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y  DOWNSTREAM WITHIN 5 SERVICE CON A   |
| UPSTREAM WITHIN 5 SERVICE CON A  UPSTREAM WITHIN 5 SERVICE CON A   |
| 00700 ENTRY POINT 3 ENTRY POINT A  |
| 20465 WELL 2 WELL A  |
|  |
| Contact Information  |
| Name Organization Job Title  |
| Mr. Robert J. Oullette, III Cherry Brook Development, LLC Manager/Member   |
| Mailing Address Line One Mailing Address Line Two City State Zip Co  |
| 153 Babbling Brook Road Torrington CT 0679  Rusiness Phone Extension Fax Mobile Phone Emergency Phone Email Address  |

Rusiness Phone Extension Fax Mobile Phone Emargency Phone Email Address

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.

| (                  | onnectic        | ut Depa      | rtm     | ent of    | Public     | Healt    | h    | Drin     | king     | Water      | Se   | ction     |                |
|--------------------|-----------------|--------------|---------|-----------|------------|----------|------|----------|----------|------------|------|-----------|----------------|
|                    | Wa              | ter Qua      | lity l  | Monite    | oring a    | nd Co    | m    | plia     | nce S    | chedul     | le   |           |                |
| PWS ID P           | WS Name         |              |         |           |            |          | (    | Classifi | cation F | opulation  | Own  | ner Type  | Primary Source |
| CT0230044 1        | 80 CHERRY BR    | OOK ROAD -   | CANTO   | N         |            |          |      | N        | С        | 36         |      | Р         | GW             |
| Local Address (wh  | ere applicable) |              |         |           | Service    | Reside   | enti | al Cor   | mmercia  | l Industri | al   | Combine   | d Agricultural |
| 180 CHERRY BROO    | K RD            |              |         |           | Connection | ns 3     | 3    |          | 2        |            |      |           |                |
| Towns Served: CA   | NTON            |              |         |           |            |          |      |          |          |            | ·    |           |                |
| business Phone     | Extension       | Гах          |         | IVIODIII  | e Filone   | Lineigen |      |          |          |            |      |           |                |
| 860-712-5821       |                 |              |         |           |            | 860-71   | .2-5 | 821      | robertjo | let@gmail  | .com |           |                |
| Contact Role(s):   | Administrative  | Contact, Leg | al Cont | act       |            |          |      |          |          |            |      |           |                |
| Name               |                 |              |         | Or        | ganization |          |      |          |          |            |      | Job Title |                |
| Cherry Brook Dev   | elopment LLC    |              |         |           |            |          |      |          |          |            |      |           |                |
| Mailing Address Li | ne One          |              | Mailin  | g Address | Line Two   |          |      |          |          | City       |      | State     | Zip Code       |
| 153 Babling Brook  | Rd              |              |         |           |            |          |      |          | Torringt | on         |      | СТ        | 06790          |
| Business Phone     | Extension       | Fax          |         | Mobil     | e Phone    | Emergen  | cy F | Phone    | Email Ad | ddress     |      |           |                |
| Contact Role(s):   | Owner           |              |         |           |            |          |      |          |          |            |      |           |                |
| Please note the fo | llowing:        |              |         |           |            |          |      |          |          |            |      |           |                |

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

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

End of schedule

| (                        |                        | ut Departm<br>er Quality |                  |             |            |         | •                      | _              |          |      | ction      |                    |
|--------------------------|------------------------|--------------------------|------------------|-------------|------------|---------|------------------------|----------------|----------|------|------------|--------------------|
| PWS ID F                 | PWS Name               |                          |                  |             |            |         |                        | T              | T        |      | ner Type I | Primary Source     |
| CT0230144 F              | IRST CONGREGA          | ATIONAL CHURCH           | OF CANT          | ON CE       |            | ١       | NC                     | 2              | 25       |      | Р          | GW                 |
| Local Address (wh        | nere applicable)       |                          |                  | Service     | Residen    | tial Co | ommerc                 | ial Ir         | ndustria | al   | Combine    | d Agricultura      |
| 184 CHERRY BROO          | OK ROAD                |                          |                  | Connections | 5          |         | 1                      |                |          |      |            |                    |
| Towns Served: CA         | NTON                   |                          |                  |             | '          |         |                        |                |          |      |            | 1                  |
|                          |                        |                          | Monit            | oring Req   | uireme     | nts     |                        |                |          |      |            |                    |
| Water System F           | acility: <b>DISTRI</b> | BUTION SYSTEM            |                  |             |            |         |                        |                |          |      |            |                    |
| <b>Total Coliform</b>    | •                      |                          |                  |             |            |         |                        |                | 1        | rou  | tine (RT)  | per quarte         |
| Sampling Po              | int (Sampling Po       | oint ID)                 |                  |             | Monitori   | ng Per  | riod (                 | Collect        | ion Per  | riod | Comp       | liance Status      |
| Select from I            | nventory of Activ      | ve Sampling Point        | S                |             | 7/1/19 -   | 9/30/   | 19                     |                |          |      | C          | omplete            |
|                          |                        |                          |                  |             | 10/1/19 -  | 12/31   | /19                    |                |          |      | С          | omplete            |
|                          |                        |                          |                  |             | 1/1/20 -   | 3/31/   | 20                     |                |          |      | С          | omplete            |
|                          |                        |                          |                  |             | 4/1/20 -   | 6/30/   | 20                     |                |          |      |            |                    |
|                          |                        |                          |                  |             | 7/1/20 -   | 9/30/   | 20                     |                |          |      |            |                    |
| <b>Physical Param</b>    | eters (PPS)            |                          |                  |             |            |         |                        |                | 1        | rou  | tine (RT)  | per quarte         |
| Sampling Po              | int (Sampling Po       | oint ID)                 |                  |             | Monitori   | ng Per  | riod (                 | Collect        | ion Per  | riod | Comp       | liance Status      |
| Select from I            | nventory of Activ      | ve Sampling Point        | S                |             | 7/1/19 -   | 9/30/   | 19                     |                |          |      | С          | omplete            |
|                          |                        |                          |                  |             | 10/1/19 -  | 12/31   | /19                    |                |          |      | С          | omplete            |
| -                        |                        |                          |                  |             | 1/1/20 -   |         |                        |                |          |      | С          | omplete            |
|                          |                        |                          |                  |             | 4/1/20 -   | 6/30/   | 20                     |                |          |      |            |                    |
|                          |                        |                          |                  |             | 7/1/20 -   | 9/30/   | 20                     |                |          |      |            |                    |
| Water System F           | acility: <b>ENTRY</b>  | POINT (WSF II            | ): 00700)        |             |            |         |                        |                |          |      |            |                    |
| <b>Nitrate And Nit</b>   | rite (NOX)             |                          |                  |             |            |         |                        |                |          | 1    | routine (  | RT) per yea        |
| Sampling Po              | int (Sampling Po       | oint ID)                 |                  |             | Monitori   | ng Per  | riod (                 | Collect        | ion Per  | riod | Comp       | liance Status      |
| ENTRY POIN               | Г (3)                  |                          |                  |             | 1/1/19 -   | 12/31/  | /19                    |                |          |      | С          | omplete            |
|                          |                        |                          |                  |             | 1/1/20 -   | 12/31/  | /20                    |                |          |      | С          | omplete            |
|                          |                        |                          |                  |             | 1/1/21 -   | 12/31/  | /21                    |                |          |      |            |                    |
|                          | 1                      | Water Syste              | m Facil          | ity and Sa  | mpling     | Poin    | it Inve                | ento           | ry       |      |            |                    |
| Water                    | Contract English       | C                        | ltaan Datas      | C           | .ta        |         |                        | otal           | Lead     |      |            |                    |
| System Water Facility ID | System Facility        | Samp                     | iing Point<br>ID | Sampling Po | oint       |         |                        | liform<br>Rule |          |      | Achesto    | Stage<br>WQP 2 DBF |
| -                        | BUTION SYSTEM          |                          | 4                | DISTRIBUTIO | NI CVCTENA |         | <del>atus '</del><br>A | Y              | Nuie     | 1161 | ASDESIUS   | VVQF Z DDF         |
| OOOOO DISTRI             | BUTION STSTEIN         |                          |                  | WITHIN 5 SE |            |         |                        | ĭ              |          |      |            |                    |
|                          |                        |                          | TREAM            | WITHIN 5 SE |            |         | Α                      |                |          |      |            |                    |
| 00700 ENTRY              | POINT                  | UPS                      | 3                | ENTRY POIN  |            |         | Α                      |                |          |      |            |                    |
|                          | FUINI                  |                          |                  |             | 1          |         | Α                      |                |          |      |            |                    |
| 20475 WELL               |                        |                          | 2                | WELL        |            |         | Α                      |                |          |      |            |                    |
|                          |                        |                          |                  | tact Infor  | mation     |         |                        |                |          |      |            |                    |
| Name                     |                        |                          | 0                | rganization |            |         |                        |                |          |      | Job Title  |                    |
| Reverend Rushan          | -                      |                          |                  |             |            |         |                        |                | stor     |      |            |                    |
| Mailing Address L        |                        |                          |                  | s Line Two  |            |         |                        |                | ity      |      | State      | Zip Code           |
| 184 Cherry Brook         |                        |                          | 3ox 133          |             |            |         | Canto                  |                |          |      | CT         | 06020              |
| Business Phone           | Extension              | Fax                      | Mobi             | le Phone E  | Emergency  |         |                        |                |          |      |            |                    |
| 860-693-4581             |                        |                          |                  |             | 860-693-   | 6912    | pastor                 | @can           | toncen   | terc | hurch.org  |                    |
| Contact Role(s):         | Administrative (       | Contact                  |                  |             |            |         |                        |                |          |      |            |                    |
|                          |                        |                          |                  |             |            |         |                        |                |          |      |            |                    |

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| (                  | Connecticut Department of Public Health Drinking Water Section |            |                 |               |              |       |             |             |               |                |  |  |  |
|--------------------|--|------------|-----------------|---------------|--------------|-------|-------------|-------------|---------------|----------------|--|--|--|
|                    | Wat  | ter Qua    | lity Monit      | oring a       | nd Con       | npl   | liance S    | Schedul     | le            |                |  |  |  |
| PWS ID F           | WS Name  |            |                 |               |              | Cla   | ssification | Population  | Owner Type    | Primary Source |  |  |  |
| CT0230144 F        | IRST CONGREG   | ATIONAL CH | IURCH OF CANTO  | ON CE         |              |       | NC          | 25          | Р             | GW             |  |  |  |
| Local Address (wh  | ere applicable)  |            |                 | Service       | Residen      | itial | Commerci    | al Industri | al Combin     | ed Agricultura |  |  |  |
| 184 CHERRY BROO    | OK ROAD  |            |                 | Connection    | ns           |       | 1           |             |               |                |  |  |  |
| Towns Served: CA   | NTON   |            |                 |               | ·            |       |             |             |               |                |  |  |  |
| Name               |  |            | Or              | ganization    |              |       |             |             | Job Titl      | e              |  |  |  |
| Mr. James Mager    | nnis   |            | Fir             | rst Congr. Ch | nurch of Car | nton  |             | Church Co   | ouncil Pres   |                |  |  |  |
| Mailing Address L  | ine One  |            | Mailing Address | s Line Two    |              |       |             | City        | State         | Zip Code       |  |  |  |
| President of The 0 | Church Council   |            | P.O. Box 133    |               |              |       | Cantor      | n Center    | СТ            | 06020          |  |  |  |
| Business Phone     | Extension  | Fax        | Mobil           | le Phone      | Emergency    | / Pho | one Email A | Address     | ·             |                |  |  |  |
| 860-693-4581       |  |            |                 |               |              |       | office@     | cantoncen   | terchurch.org |                |  |  |  |
| Contact Role(s):   | Legal 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.
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End of schedule

|                       | Connecticut Dep<br>Water Qua  |                  |          |               |                                     |      | ,           | _      |                |        | ection       |                 |
|-----------------------|-------------------------------|------------------|----------|---------------|-------------------------------------|------|-------------|--------|----------------|--------|--------------|-----------------|
| PWS ID                | PWS Name                      |                  |          |               |                                     | Cla  | ssification | Pop    | oulation       | Ow     | ner Type Pri | mary Source     |
| CT0230234             | NORTH CANTON UNITED N         | <b>1ETHODIST</b> | CHUR     | СН            |                                     |      | NC          |        | 25             |        | Р            | GW              |
| Local Address (v      | vhere applicable)             |                  |          | Service       | Residen                             | tial | Commerc     | ial    | Industri       | al     | Combined     | Agricultural    |
| 3 CASE STREET         |                               |                  |          | Connections   |                                     |      | 1           |        |                |        |              |                 |
| Towns Served: C       | CANTON                        |                  |          |               |                                     |      |             |        |                |        |              |                 |
|                       |                               | M                | onit     | oring Requ    | ireme                               | nts  | ;           |        |                |        |              |                 |
| Water System          | Facility: DISTRIBUTION        | SYSTEM (         | WSF I    | D: 00600)     |                                     |      |             |        |                |        |              |                 |
| <b>Total Coliform</b> | n (3100)                      |                  |          |               |                                     |      |             |        | 2              | 2 ro   | utine (RT) p | er quarter      |
| Sampling F            | Point (Sampling Point ID)     |                  |          |               | Monitori                            | ng F | Period (    | Colle  | ction Pe       | riod   | l Complia    | nce Status      |
| Select from           | n Inventory of Active Samplir | ng Points        |          |               | 7/1/19 -                            | 9/3  | 0/19        |        |                |        | Cor          | nplete          |
|                       |                               |                  |          | :             | 10/1/19 -                           | 12/  | 31/19       |        |                |        | Cor          | nplete          |
|                       |                               |                  |          |               | 1/1/20 -                            | 3/3  | 1/20        |        |                |        | Cor          | nplete          |
|                       |                               |                  |          |               | 4/1/20 -                            | 6/3  | 0/20        |        |                |        |              |                 |
|                       |                               |                  |          |               | 7/1/20 -                            | 9/3  | 0/20        |        |                |        |              |                 |
| <b>Physical Parar</b> | meters (PPS)                  |                  |          |               |                                     |      |             |        | 2              | 2 ro   | utine (RT) p | er quarter      |
|                       | Point (Sampling Point ID)     |                  |          |               | Monitori                            | ng F | Period (    | Colle  | ction Pe       | riod   | l Complia    | ince Status     |
| Select from           | n Inventory of Active Samplir | ng Points        |          |               | 7/1/19 - 9/30/19                    |      |             |        |                |        |              | nplete          |
|                       |                               |                  |          | :             | 10/1/19 -                           |      |             |        |                |        |              | nplete          |
|                       |                               |                  | 1/1/20 - |               |                                     |      |             |        | Cor            | nplete |              |                 |
|                       |                               |                  |          |               | 4/1/20 -                            |      |             |        |                |        |              |                 |
|                       |                               |                  |          |               | 7/1/20 -                            | 9/3  | 0/20        |        |                |        |              |                 |
| Water System          | Facility: ENTRY POINT -       | WELL 1 (V        | VSF II   | D: 00700)     |                                     |      |             |        |                |        |              |                 |
| Nitrate And N         | • •                           |                  |          |               |                                     |      |             |        |                | 1      | routine (R   |                 |
|                       | Point (Sampling Point ID)     |                  |          |               | Monitoring Period Collection Period |      |             |        |                |        | l Complia    | ince Status     |
| ENTRY POII            | NT - WELL 1 (3)               |                  |          |               | 1/1/19 -                            |      | *           |        |                |        |              | nplete          |
|                       |                               |                  |          |               | 1/1/20 -                            |      |             |        |                |        | Cor          | nplete          |
|                       |                               |                  |          |               | 1/1/21 -                            | 12/3 | 31/21       |        |                |        |              |                 |
| Water System          | Facility: ENTRY POINT -       | WELL 2 (V        | VSF II   | D: 00701)     |                                     |      |             |        |                |        |              |                 |
| Nitrate And N         | litrite (NOX)                 |                  |          |               |                                     |      |             |        |                | 1      | routine (R   | Γ) per year     |
| Sampling P            | Point (Sampling Point ID)     |                  |          |               | Monitori                            |      |             | Colle  | ction Pe       | riod   | l Complia    | ince Status     |
| ENTRY POII            | NT - WELL 2 (3)               |                  |          |               | 1/1/19 -                            | 12/3 | 31/19       |        |                |        | Cor          | nplete          |
|                       |                               |                  |          |               | 1/1/20 -                            | 12/3 | 31/20       |        |                |        | Cor          | nplete          |
|                       |                               |                  |          |               | 1/1/21 -                            | 12/3 | 31/21       |        |                |        |              |                 |
|                       |                               | Public           | Not      | ification R   | equire                              | eme  | ents        |        |                |        |              |                 |
|                       |                               |                  | С        | ompliance     | Notice                              | •    | Public N    | Votifi | <u>ication</u> |        | PN Certi     | <u>fication</u> |
| Violation/Situat      | tion                          |                  |          | Period        | Tier                                |      | Required    | Р      | erforme        | d      | Due to DPH   | Received        |
| Total Coliform N      |                               |                  |          | /04 - 6/30/04 | 2                                   |      | 11/12/200   |        |                |        | 11/22/2004   |                 |
| Physical Parame       | eters M&R Violation           |                  | 4/1,     | /04 - 6/30/04 | 3                                   | 1    | 11/12/200   | 4      |                |        | 11/22/2004   |                 |
|                       | Water 9                       | System I         | acili    | ity and Sar   | npling                              | Po   | int Inve    | ent    | ory            |        |              |                 |
| Water                 |                               |                  |          |               |                                     |      | 7           | otal   | Lead           | and    | 1            |                 |
|                       | er System Facility            |                  | Point    | Sampling Poi  | nt                                  |      |             | lifori |                |        |              | Stage           |
| Facility ID           |                               | ID               |          | Description   |                                     |      | Status      | Rule   | Rule           | Tie    | r Asbestos   | NQP 2 DBPR      |
| 00600 DISTE           | RIBUTION SYSTEM               | 4                |          | DISTRIBUTION  |                                     |      | Α           | Υ      |                |        |              |                 |
|                       |                               |                  |          | WITHIN 5 SER  |                                     |      | Α           |        |                |        |              |                 |
|                       |                               | UPSTRE           | AM       | WITHIN 5 SER  |                                     |      | Α           |        |                |        |              |                 |
| 00700 ENTR            | RY POINT - WELL 1             | 3                |          | ENTRY POINT   | - WELL 1                            |      | Α           |        |                |        |              |                 |

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

| PWS ID          | PWS Name                            |             |         | Clas  | sification | Population  | Owner Type | Primary Sour | ce  |
|-----------------|-------------------------------------|-------------|---------|-------|------------|-------------|------------|--------------|-----|
| СТ0230234       | NORTH CANTON UNITED METHODIST CHURC | СН          |         |       | NC         | 25          | Р          | GW           |     |
| Local Address ( | where applicable)                   | Service     | Resider | ntial | Commercia  | al Industri | al Combine | ed Agricultu | ral |
| 3 CASE STREET   |                                     | Connections |         |       | 1          |             |            |              |     |

Towns Served: CANTON

|                                | Wa                    | ter System Facili    | ity and Sampling F         | oint Ir | nventoi | ry                              |          |     |                 |
|--------------------------------|-----------------------|----------------------|----------------------------|---------|---------|---------------------------------|----------|-----|-----------------|
| Water<br>System<br>Facility ID | Water System Facility | Sampling Point<br>ID | Sampling Point Description | Status  | D. J.   | Lead and<br>Copper<br>Rule Tier | Asbestos | WQP | Stage<br>2 DBPR |
| 00701                          | ENTRY POINT - WELL 2  | 3                    | ENTRY POINT - WELL 2       | Α       |         |                                 |          |     |                 |
| 20484                          | WELL 1                | 2                    | WELL 1                     | Α       |         |                                 |          |     |                 |
| 60640                          | WELL 2                | 2                    | WELL 2                     | Α       |         |                                 |          |     |                 |

|   |   |            | Organization United Metho |   |   |   | Job Title  |  |  |  |
|---|---|------------|---------------------------|---|---|---|--|--|--|--|
|   |   |            | United Metho              | adist Church                                      |   |   |  |  |  |  |
|   | Ms. Dawn Harris United Methodist Church Treasurer |            |                           |   |   |   |  |  |  |  |
| Mailing Address Line One Mailing Address Line Two     |   |            |                           |   |   |   |  | Zip Code   |  |  |
|   |   | P.O. Bo    | x 311                     |   | North Ca  | anton   | СТ   | 06059  |  |  |
| tension   | Fax   |            | Mobile Phone              | Emergency Phone                                   | Email Ad  | ldress  |  |  |  |  |
| 860-693-4589 860-841-1155 860-693-8619 Nccumc@att.net |   |            |                           |   |   |   |  |  |  |  |
|   | ension  | ension Fax | P.O. Bo                   | P.O. Box 311 ension Fax Mobile Phone 860-841-1155 | P.O. Box 311  ension Fax Mobile Phone Emergency Phone 860-841-1155 860-693-8619 | P.O. Box 311 North Carension Fax Mobile Phone Emergency Phone Email Ac 860-841-1155 860-693-8619 Nccumo | P.O. Box 311 North Canton  ension Fax Mobile Phone Emergency Phone Email Address  860-841-1155 860-693-8619 Nccumc@att.net | P.O. Box 311 North Canton CT ension Fax Mobile Phone Emergency Phone Email Address |  |  |

Contact Role(s): Administrative Contact, Legal 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

End of schedule

|                    | Co         | onnecticu       | ut Denar      | tment of            | Public       | Health     | Dr   | inki               | nø I            | Nate      | r Se   | ection       |                       |
|--------------------|------------|-----------------|---------------|---------------------|--------------|------------|------|--------------------|-----------------|-----------|--------|--------------|-----------------------|
|                    | O.         |                 | •             | ty Monit            |              |            |      |                    |                 |           |        | 201011       |                       |
| PWS ID             | PV         | /S Name         |               |                     |              |            | Clas | sification         | on Po           | pulation  | Ow     | ner Type     | Primary Source        |
| CT0230264          | 4 RC       | ARING BROOK     | K NATURE CEI  | NTER                |              |            |      | NC                 |                 | 25        |        | Р            | GW                    |
| Local Addr         | ess (whe   | re applicable)  |               |                     | Service      | Residen    | tial | Comme              | ercial          | Industr   | ial    | Combine      | d Agricultura         |
| 70 GRACY           | ROAD       |                 |               |                     | Connection   | ns         |      | 1                  |                 |           |        |              |                       |
| Towns Ser          | ved: CAN   | TON             |               |                     |              |            |      |                    |                 |           |        |              |                       |
|                    |            |                 |               | Monito              | oring Red    | quireme    | nts  |                    |                 |           |        |              |                       |
| Water Sys          | stem Fac   | cility: DISTRI  | IBUTION SYS   | STEM (WSF I         | D: 00600)    |            |      |                    |                 |           |        |              |                       |
| <b>Total Col</b>   | iform (3   | 3100)           |               |                     |              |            |      |                    |                 |           | 1 ro   | utine (RT    | ) per quarter         |
| Samp               | oling Poin | t (Sampling Po  | oint ID)      |                     |              | Monitori   | ng P | eriod              | Colle           | ection Pe | eriod  | Comp         | liance Status         |
| Select             | t from Inv | entory of Acti  | ve Sampling P | oints               |              | 7/1/19 -   | 9/30 | 0/19               |                 |           |        |              | Complete              |
|                    |            |                 |               |                     |              | 10/1/19 -  | 12/3 | 31/19              |                 |           |        | (            | Complete              |
|                    |            |                 |               |                     |              | 1/1/20 -   | 3/31 | 1/20               |                 |           |        | (            | Complete              |
|                    |            |                 |               |                     |              | 4/1/20 -   |      | -                  |                 |           |        |              |                       |
|                    |            |                 |               |                     |              | 7/1/20 -   | 9/30 | 0/20               |                 |           |        |              |                       |
| •                  |            | ters (PPS)      |               |                     |              |            |      |                    |                 |           |        | <del>-</del> | ) per quarter         |
|                    |            | t (Sampling Po  |               |                     |              | Monitori   |      |                    | Colle           | ection Pe | eriod  |              | liance Status         |
| Select             | t from Inv | entory of Acti  | ve Sampling P | oints               |              | 7/1/19 -   |      | -                  |                 |           |        |              | Complete              |
|                    |            |                 |               |                     |              | 10/1/19 -  |      |                    |                 |           |        |              | Complete              |
|                    |            |                 |               |                     |              | 1/1/20 -   |      |                    |                 |           |        | (            | Complete              |
|                    |            |                 |               |                     |              | 4/1/20 -   |      |                    |                 |           |        |              |                       |
|                    |            | 1111            | , DOINE /14/  |                     |              | 7/1/20 -   | 9/30 | )/20               |                 |           |        |              |                       |
| •                  |            | cility: ENTRY   | POINT (WS     | SF ID: 00/00)       |              |            |      |                    |                 |           |        |              | /\                    |
|                    |            | te (NOX)        | -t-+ (D)      |                     |              | 0.0 16 1   | 0    |                    | C-11            | t' D      |        |              | (RT) per year         |
|                    |            | t (Sampling Po  | oint ID)      |                     |              | Monitori   |      |                    | Colle           | ection Pe | erioa  |              | liance Status         |
| ENIK               | Y POINT (  | (3)             |               |                     |              | 1/1/19 -   |      |                    |                 |           |        |              | Complete              |
|                    |            |                 |               |                     |              | 1/1/20 -   |      |                    |                 |           |        |              | Complete              |
|                    |            |                 |               | "                   |              | 1/1/21 -   |      |                    |                 |           |        |              |                       |
|                    |            |                 | Water Sys     | stem Facili         | ity and S    | ampling    | Po   | ınt In             | vent            | tory      |        |              |                       |
| Water              |            |                 |               |                     | c !: 5       |            |      |                    | Tota            |           | and    | 1            |                       |
| System Facility ID |            | ystem Facility  | 30            | ampling Point<br>ID | Description  |            |      |                    | Colifor<br>Rule | -         | per    | Achasta      | Stage<br>s WQP 2 DBPI |
| -                  |            | JTION SYSTEM    |               | 4                   |              | ON SYSTEM  |      | <u>Status</u><br>A | Y               | - Kule    | riei   | Asbesto      | S WQF 2 DBFI          |
| 00000              | אםוא ו כוע | JIION STSTEIN   |               | 4<br>OWNSTREAM      |              |            |      | A                  | ī               |           |        |              |                       |
|                    |            |                 | D             | UPSTREAM            | WITHIN 5 S   |            |      | A                  |                 |           |        |              |                       |
| 00700              | ENTRY P    | OINT            |               | 3                   | ENTRY POI    |            | N .  | A                  |                 |           |        |              |                       |
|                    | WELL       | Olivi           |               | 2                   | WELL         | N I        |      | A                  |                 |           |        |              |                       |
|                    | BLADDEI    | D TANK          |               |                     | VVLLL        |            |      | Α                  |                 |           |        |              |                       |
| 30239              | BLADDEI    | TAINK           |               | Can                 | 44 l-f-      |            |      |                    |                 |           |        |              |                       |
|                    |            |                 |               |                     | tact Info    | rmation    |      |                    |                 |           |        |              |                       |
| Name               |            |                 |               |                     | rganization  |            |      |                    |                 |           |        | Job Title    | ļ                     |
| Mr. Jay Ka         |            |                 |               |                     | paring Brook | Nature Cer | nter |                    | Į.              | Director  |        | 6            | 7: 0 1                |
| Mailing Ad         |            | e One           | N             | Mailing Address     | s Line I wo  |            |      |                    |                 | City      |        | State        | Zip Code              |
| 70 Gracey          |            | Fytoma:         | F             | B 4 = 1 *           | lo Dhara-    | Emeration  | DF.  |                    | nton            | lnoce     |        | СТ           | 06019                 |
| Business           |            | Extension       | Fax           |                     | le Phone     | Emergency  | Pno  |                    |                 |           | ro:= - | m            | 0.00                  |
| 860-693            |            | dministrative ( | 860-693-02    | .04                 |              |            |      | јкар               | hiail@          | mechila   | ensr   | nuseumct     | .urg                  |
| Contact RC         | ne(s). A   | ammistrative (  | Contact       |                     |              |            |      |                    |                 |           |        |              |                       |

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.

|                  | Connectic        | ut Depa    | Tunent      | of I ublic    | Health    | ווועו    | שווואו. | , water     | Sec   | tion     |                       |
|------------------|------------------|------------|-------------|---------------|-----------|----------|---------|-------------|-------|----------|-----------------------|
|                  | Wa               | ter Qua    | lity Mon    | itoring a     | nd Con    | nplia    | nce S   | Schedul     | le    |          |                       |
| PWS ID           | PWS Name         |            |             |               |           | Classif  | ication | Population  | Owne  | r Type   | <b>Primary Source</b> |
| CT0230264        | ROARING BROO     | K NATURE C | ENTER       |               |           | N        | IC      | 25          | F     | )        | GW                    |
| ocal Address (w  | here applicable) |            |             | Service       | Residen   | itial Co | mmerci  | al Industri | al Co | ombine   | ed Agricultural       |
| 70 GRACY ROAD    |                  |            |             | Connection    | ıs        |          | 1       |             |       |          |                       |
| Towns Served: C  | ANTON            |            |             | ·             | ·         |          |         |             |       |          |                       |
| Name             |                  |            |             | Organization  |           |          |         |             | J     | ob Title | 5                     |
| The Children's N | luseum, Inc.     |            |             |               |           |          |         |             |       |          |                       |
| Mailing Address  | Line One         |            | Mailing Add | ress Line Two |           |          |         | City        |       | State    | Zip Code              |
| 950 Trout Brook  | Drive            |            |             |               |           |          | West F  | lartford    |       | СТ       | 06119                 |
| Business Phon    | e Extension      | Fax        | Mo          | obile Phone   | Emergency | / Phone  | Email A | Address     |       |          |                       |
| 860-231-2824     |                  |            |             |               |           |          |         |             |       |          |                       |
| Contact Polo(c): | Legal Contact (  | Jwnor      | ,           |               |           |          |         |             |       |          |                       |

Connecticut Department of Public Health Drinking Water Section

# Contact Role(s): Legal Contact, Owner

## Please note the following:

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

End of schedule

|                       | Connecticut Dep                 | oartm      | ent of         | Public               | Health      | Drir       | nking     | Wate       | r Se           | ection     |                     |
|-----------------------|---------------------------------|------------|----------------|----------------------|-------------|------------|-----------|------------|----------------|------------|---------------------|
|                       | Water Qu                        | ality I    | Monit          | oring a              | ind Con     | nplia      | nce S     | chedu      | lle            |            |                     |
| PWS ID                | PWS Name                        |            |                |                      |             | Classifi   | ication I | Population | n Ow           | ner Type P | rimary Source       |
| CT0235074             | 306 ALBANY TURNPIKE             |            |                |                      |             | N          | С         | 25         |                | Р          | GW                  |
| Local Address         | (where applicable)              |            |                | Service              | Residen     | ntial Co   | mmercia   | l Industr  | rial           | Combined   | Agricultural        |
|                       |                                 |            |                | Connectio            | ns          |            | 1         |            |                |            |                     |
| Towns Served:         | CANTON                          |            |                |                      |             |            |           |            |                |            |                     |
|                       |                                 | 1          | Monit          | oring Re             | quireme     | nts        |           |            |                |            |                     |
| Water Systen          | m Facility: <b>DISTRIBUTION</b> | SYSTEM     | (WSF I         | D: 00600)            |             |            |           |            |                |            |                     |
| <b>Total Colifor</b>  | rm (3100)                       |            |                |                      |             |            |           |            | 1 ro           | utine (RT) | per quarter         |
| Sampling              | Point (Sampling Point ID)       |            |                |                      | Monitor     | ing Perio  | od Co     | llection P | eriod          | Compl      | iance Status        |
| Select fro            | m Inventory of Active Sampl     | ing Points |                |                      | 7/1/19 -    | - 9/30/1   | 9         |            |                | Co         | omplete             |
|                       |                                 |            |                |                      | 10/1/19 -   | - 12/31/   | 19        |            |                | Co         | omplete             |
|                       |                                 |            |                |                      | 1/1/20 -    | - 3/31/2   | 0         |            |                |            |                     |
|                       |                                 |            |                |                      | 4/1/20 -    | - 6/30/2   | 0         |            |                |            |                     |
|                       |                                 |            |                |                      | 7/1/20 -    | - 9/30/2   | 0         |            |                |            |                     |
| Physical Para         | ameters (PPS)                   |            |                |                      |             |            |           |            | 1 ro           | utine (RT) | per quarter         |
| Sampling              | Point (Sampling Point ID)       |            |                |                      | Monitor     |            |           | llection P | eriod          | Compl      | iance Status        |
| Select fro            | m Inventory of Active Sampl     | ing Points |                |                      | 7/1/19 -    | - 9/30/1   | 9         |            |                | Co         | omplete             |
|                       |                                 |            |                |                      | 10/1/19 -   | - 12/31/   | 19        |            |                | Co         | omplete             |
|                       |                                 |            |                |                      | 1/1/20 -    | - 3/31/2   | 0         |            |                |            |                     |
|                       |                                 |            |                |                      | 4/1/20 -    | - 6/30/2   | 0         |            |                |            |                     |
|                       |                                 |            |                |                      | 7/1/20 -    | - 9/30/2   | 0         |            |                |            |                     |
| Water Systen          | m Facility: ENTRY POINT         | (WSF ID:   | 00700)         |                      |             |            |           |            |                |            |                     |
|                       | Nitrite (NOX)                   |            |                |                      |             |            |           |            | 1              | routine (  | RT) per year        |
|                       | Point (Sampling Point ID)       |            |                |                      | Monitor     |            |           | llection P | eriod          | Compl      | iance Status        |
| ENTRY PC              | DINT (3)                        |            |                |                      | 1/1/19 -    |            |           |            |                | Co         | omplete             |
|                       |                                 |            |                |                      | 1/1/20 -    |            |           |            |                |            |                     |
|                       |                                 |            |                |                      | 1/1/21 -    | 12/31/2    | 21        |            |                |            |                     |
|                       | Water                           | Systen     | n Facili       | ity and S            | Sampling    | Point      | t Inver   | ntory      |                |            |                     |
| Water                 | And Contain Familia             | C!         | Defeat         | C                    | Detet       |            | To        |            | d and          | 1          |                     |
| System Wa Facility ID | ter System Facility             | -          | ng Point<br>ID | Sampling Description |             |            | Colif     |            | pper<br>o Tier | Achestos   | Stage<br>WQP 2 DBPI |
|                       | TRIBUTION SYSTEM                |            | 4              | -                    | OISTRIBUTIO | Sta<br>N A | tus       | ne Kuit    | e men          | Asbestos   | WQF Z DDFI          |
| 00000 DIS             | INIBUTION STSTEIN               |            | -              |                      | SERVICE COI |            |           |            |                |            |                     |
|                       |                                 |            | REAM           |                      | SERVICE COI |            |           |            |                |            |                     |
| 00700 ENT             | TRY POINT                       |            |                | ENTRY POI            |             |            |           |            |                |            |                     |
|                       | LL #1                           |            | 3              |                      | IIN I       | F          |           |            |                |            |                     |
| 53072 WE              | LL #1                           |            | 2              | WELL                 |             | P          | 1         |            |                |            |                     |
|                       |                                 |            |                |                      | ormation    | 1          |           |            |                |            |                     |
| Name                  |                                 |            |                | rganization          |             |            |           |            |                | Job Title  |                     |
| Mr. David J. W        |                                 | 1.         |                | liance Ener          | gy, LLC.    |            |           |            | npliai         | nce Mngr   |                     |
| Mailing Addres        |                                 | Mailin     | g Address      | s Line Two           |             |            |           | City       |                | State      | Zip Code            |
|                       | Industrial Drive                |            |                |                      |             |            | Branfor   |            |                | СТ         | 06405               |
| Business Pho          |                                 | ax         | Mobi           | le Phone             | Emergency   |            |           |            |                |            |                     |
| 781-402-88            |                                 | 4-7799     | <u> </u>       |                      | 339-368-    | -0668      | DWent(    | @globalp.d | com            |            |                     |
| Contact Role(s        | Administrative Contact,         | egal Cont  | act, Owr       | ner                  |             |            |           |            |                |            |                     |

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

|                                  |                           |   |             |         | 1              |              |             |                 |
|----------------------------------|---------------------------|---|-------------|---------|----------------|--------------|-------------|-----------------|
| PWS ID                           | PWS Name                  |   |             |         | Classification | Population   | Owner Type  | Primary Source  |
| CT0235074                        | <b>306 ALBANY TURNPIK</b> | Œ |             |         | NC             | 25           | Р           | GW              |
| Local Address (where applicable) |                           |   | Service     | Residen | itial Commer   | cial Industr | ial Combine | ed Agricultural |
|                                  |                           |   | Connections |         | 1              |              |             |                 |

Towns Served: CANTON

### Please note the following:

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- 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

|                       | Connecticut Depa                | rtment o       | of Public      | Health            | Drin    | king           | Wate     | er Se           | ection     |                     |
|-----------------------|---------------------------------|----------------|----------------|-------------------|---------|----------------|----------|-----------------|------------|---------------------|
|                       | Water Qua                       | lity Moni      | itoring ar     | nd Con            | nplia   | nce So         | ched     | ule             |            |                     |
| PWS ID                | PWS Name                        |                |                |                   |         |                |          |                 | ner Type P | rimary Source       |
| CT0235084             | GIV COFFEE ROASTERY AND         | CAFE           |                |                   | N       | С              | 34       |                 | Р          | GW                  |
| Local Address (       | where applicable)               |                | Service        | Residen           | tial Co | mmercial       | Indus    | strial          | Combined   | Agricultural        |
| 194 ALBANY TU         | JRNPIKE                         |                | Connection     | S                 |         |                |          |                 | 1          |                     |
| Towns Served:         | CANTON                          |                | ·              | ·                 | ·       |                |          |                 |            |                     |
|                       |                                 | Moni           | toring Req     | uireme            | nts     |                |          |                 |            |                     |
| Water System          | Facility: <b>DISTRIBUTION S</b> | YSTEM (WSF     | ID: 00600)     |                   |         |                |          |                 |            |                     |
| <b>Total Coliforn</b> | m (3100)                        |                |                |                   |         |                |          | 1 ro            | utine (RT) | per quarter         |
|                       | Point (Sampling Point ID)       |                |                | Monitori          |         |                | llection | Period          | Compl      | iance Status        |
| Select fror           | n Inventory of Active Sampling  | Points         |                | 7/1/19 -          |         |                |          |                 |            | mplete              |
|                       |                                 |                |                | 10/1/19 -         | 12/31/  | 19             |          |                 | Co         | mplete              |
|                       |                                 |                |                | 1/1/20 -          |         |                |          |                 |            |                     |
|                       |                                 |                |                | 4/1/20 -          |         |                |          |                 |            |                     |
|                       |                                 |                |                | 7/1/20 -          | 9/30/2  | 0              |          |                 |            |                     |
| _                     | meters (PPS)                    |                |                |                   |         |                |          |                 |            | per quarter         |
|                       | Point (Sampling Point ID)       |                |                | Monitori          |         |                | llection | Period          |            | iance Status        |
| Select fror           | m Inventory of Active Sampling  | Points         |                | 7/1/19 -          |         |                |          |                 |            | mplete              |
|                       |                                 |                |                | 10/1/19 -         |         |                |          |                 | Co         | mplete              |
|                       |                                 |                |                | 1/1/20 -          |         |                | 1/2-3/   | 31              |            |                     |
|                       |                                 |                |                | 4/1/20 -          |         |                |          |                 |            |                     |
|                       | - 111                           |                | -1             | 7/1/20 -          | 9/30/2  | 0              |          |                 |            |                     |
| -                     | Facility: ENTRY POINT (V        | VSF ID: 00700  | 0)             |                   |         |                |          |                 |            |                     |
|                       | Nitrite (NOX)                   |                |                |                   |         |                |          |                 | =          | RT) per year        |
|                       | Point (Sampling Point ID)       |                |                | Monitori          |         |                | llection |                 |            | iance Status        |
| ENTRY PO              | INT (3)                         |                |                | 1/1/19 - 12/31/19 |         |                |          | Complete        |            |                     |
|                       |                                 |                |                | 1/1/20 -          |         |                | 1/2-12,  |                 |            |                     |
|                       | Motor C                         | ustom Fasi     | ility and Ca   |                   |         |                |          | /31             |            |                     |
|                       | water 5                         | ystem Faci     | ility and Sa   | ampling           | Poini   |                |          |                 |            |                     |
| Water System Wat      | er System Facility              | Samplina Poin  | nt Sampling Po | oint              |         | Tota<br>Colife |          | ad and<br>opper |            | Stago               |
| Facility ID           | er System Facility              | ID             | Description    |                   | Char    | D.,            |          |                 | Asbestos   | Stage<br>WQP 2 DBPR |
|                       | RIBUTION SYSTEM                 | 4              | DISTRIBUTIO    |                   | Sta     | tus            |          |                 | 71000000   |                     |
|                       | RY POINT                        | 3              | ENTRY POIN     |                   | Δ       |                |          |                 |            |                     |
| 60019 WEL             |                                 | 2              | WELL 1         |                   | Α       |                |          |                 |            |                     |
|                       | ATMENT PLANT                    | =              | -:             |                   | •       |                |          |                 |            |                     |
|                       |                                 | Co             | ntact Info     | rmation           |         |                |          |                 |            |                     |
| Name                  |                                 |                | Organization   |                   |         |                |          |                 | Job Title  |                     |
| Mr. Jeffrey Bro       | oks                             |                | -15a1112at1011 |                   |         |                |          |                 | JOD TILLE  |                     |
| Mailing Addres        |                                 | Mailing Addre  | ess Line Two   |                   |         |                | City     |                 | State      | Zip Code            |
| 194 Albany Tur        |                                 | 7.0010         |                |                   |         | Canton         | 2.01     |                 | CT         | 06019               |
| Business Pho          |                                 | Mo             | bile Phone     | Emergency         | Phone   |                | ldress   |                 |            |                     |
| 860-874-530           |                                 |                |                | 860-626-          |         | givcoffee      |          | il.com          |            |                     |
|                       | : Administrative Contact, Leg   | al Contact, Ov | wner           |                   |         | 1-             | -0 -     |                 |            |                     |
| COTTUCE TOTE(S)       |                                 | , Contact, Ov  |                |                   |         |                |          |                 |            |                     |

| Connecticut Department of Public Health | D   | ri  | n  | king | g W | Va | iter | Se | ction | 1  |
|---|-----|-----|----|------|-----|----|------|----|-------|----|
| Water Quality Monitoring and Con        | np. | lia | an | ice  | Scł | ıe | du   | le |       |    |
|   |     | -   |    |      | _   | -  |      | _  |       | T_ |

|                                  |                    |             |         |            |        | 1              |            |                 |            |                       |
|----------------------------------|--------------------|-------------|---------|------------|--------|----------------|------------|-----------------|------------|-----------------------|
| PWS ID                           | PWS Name           |             |         |            |        | Classification | n Po       | pulation        | Owner Type | <b>Primary Source</b> |
| СТ0235084                        | GIV COFFEE ROASTER | Y AND C     | CAFE    |            |        | NC             |            | 34              | Р          | GW                    |
| Local Address (where applicable) |                    | Service     | Resider | itial Comm | ercial | Industria      | al Combine | ed Agricultural |            |                       |
| 194 ALBANY TURNPIKE              |                    | Connections |         |            |        |                | 1          |                 |            |                       |
|                                  |                    |             |         |            |        |                |            |                 |            |                       |

Towns Served: CANTON

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End of schedule

|                 | Connectic          | ut Depa      | rtment o       | f Public      | Health       | Drir     | nkii   | ng Wa     | ater    | Sec    | ction     |           |       |
|-----------------|--------------------|--------------|----------------|---------------|--------------|----------|--------|-----------|---------|--------|-----------|-----------|-------|
|                 | Wa                 | ter Qual     | lity Moni      | toring ai     | nd Com       | plia     | nce    | Sche      | edul    | e      |           |           |       |
| PWS ID          | PWS Name           |              |                |               | (            | Classifi | icatio | n Popu    | ation   | Owne   | er Type P | rimary So | urce  |
| CT0235094       | CANTON CONGR       | REGATION O   | F JEHOVAH'S W  | /ITNESS       |              | N        | IC     | 5         | 0       |        | Р         | GW        |       |
| Local Address ( | where applicable)  |              |                | Service       | Residenti    | al Co    | mme    | rcial In  | dustria | ıl C   | Combined  | Agricult  | tural |
| 18 BARBOURTO    | )WN RD             |              |                | Connection    | ıs           |          |        |           |         |        | 1         |           |       |
| Towns Served:   | CANTON             |              |                |               |              |          |        |           |         |        |           |           |       |
|                 |                    |              | Monit          | oring Rec     | quiremen     | ts       |        |           |         |        |           |           |       |
| Water System    | Facility: DISTR    | IBUTION (    | WSF ID: 0060   | 0)            |              |          |        |           |         |        |           |           |       |
| Total Coliforn  | n (3100)           |              |                |               |              |          |        |           | 1       | routi  | ine (RT)  | per quar  | ter   |
| Sampling        | Point (Sampling P  | oint ID)     |                |               | Monitorin    | g Perio  | od     | Collecti  | on Per  | iod    | Compli    | ance Stat | tus   |
| Select fror     | n Inventory of Act | ive Sampling | Points         |               | 1/1/20 - 3   | 3/31/2   | :0     |           |         |        |           |           |       |
|                 |                    |              |                |               | 4/1/20 - 6   |          |        |           |         |        |           |           |       |
|                 |                    |              |                |               | 7/1/20 - 9   | )/30/2   | :0     |           |         |        |           |           |       |
| Physical Para   | meters (PPS)       |              |                |               |              |          |        |           | 1       | routi  | ine (RT)  | per quar  | ter   |
| Sampling        | Point (Sampling P  | oint ID)     |                |               | Monitorin    | g Perio  | od     | Collecti  | on Per  | iod    | Compli    | ance Stat | tus   |
| DISTRIBUT       | ION (4)            |              |                |               | 1/1/20 - 3   | 3/31/2   | :0     |           |         |        |           |           |       |
|                 |                    |              |                |               | 4/1/20 - 6   | 5/30/2   | :0     |           |         |        |           |           |       |
|                 |                    |              |                |               | 7/1/20 - 9   | /30/2    | :0     |           |         |        |           |           |       |
| Water System    | Facility: ENTR     | Y POINT (W   | /SF ID: 00700  | )             |              |          |        |           |         |        |           |           |       |
| Nitrate And I   | Nitrite (NOX)      |              |                |               |              |          |        |           |         | 1 rc   | outine (F | RT) per y | ear   |
| Sampling        | Point (Sampling P  | oint ID)     |                |               | Monitorin    | g Perio  | od     | Collecti  | on Per  | iod    | Compli    | ance Stat | tus   |
| ENTRY PO        | INT (3)            |              |                |               | 1/1/20 - 1   | 2/31/2   | 20     |           |         |        |           |           |       |
|                 |                    |              |                |               | 1/1/21 - 1   | 2/31/2   | 21     |           |         |        |           |           |       |
|                 |                    | Water Sy     | stem Faci      | lity and Sa   | ampling I    | Point    | t Inv  | ventor    | У       |        |           |           |       |
| Water           |                    |              |                |               |              |          |        | Total     | Lead o  | and    |           |           |       |
| *               | er System Facility |              | Sampling Point |               |              |          | C      | Coliform  | Сорр    |        |           |           | age   |
| Facility ID     |                    |              | ID             | Description   |              |          | itus   | Rule      | Rule    | Tier / | Asbestos  | WQP 2 E   | )BPR  |
| 00600 DIST      | RIBUTION           |              | 4              | DISTRIBUTION  |              | -        | 4      | Υ         |         |        |           |           |       |
|                 |                    |              | DOWNSTREAM     |               |              |          | 4      | Υ         |         |        |           |           |       |
|                 |                    |              | UPSTREAM       |               | CONNECTION   | l A      | 4      | Υ         |         |        |           |           |       |
| 00700 ENT       | RY POINT           |              | 3              | ENTRY POIN    | NT .         | P        | 4      |           |         |        |           |           |       |
| 61797 WEL       | L                  |              | 2              | WELL          |              | Α        | 4      |           |         |        |           |           |       |
|                 |                    |              | Coi            | ntact Info    | rmation      |          |        |           |         |        |           |           |       |
| Name            |                    |              | C              | )rganization  |              |          |        |           |         |        | Job Title |           |       |
| Mr. Wayne S. O  |                    |              | C              | Canton Congr. | of Jehovah's | Wit      |        |           |         |        |           |           |       |
| Mailing Addres  | s Line One         |              | Mailing Addre  | ss Line Two   |              |          |        | Ci        | ty      |        | State     | Zip Cod   | e     |
| P.O Box 1024    |                    |              |                |               |              |          | Cant   |           |         |        | СТ        | 06019     |       |
| Business Pho    | ne Extension       | Fax          | Mob            | ile Phone     | Emergency F  | Phone    | Ema    | il Addres | SS      |        |           |           |       |
| 860-693-056     | 3                  |              |                |               | 860-944-8    | 910      | wsga   | arrett@c  | harter. | net    |           |           |       |
| Contact Role(s) | : Administrative   | Contact, Leg | al Contact, Ow | ner           |              |          |        |           |         |        |           |           |       |

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