	Connecticut De	epartment	of Public H	ealth I	Drinkir	ng W	ater S	Section	
		*	nitoring and			<u> </u>			
PWS ID	PWS Name	uality 1101	into ing un		lassificatio)wner Type Pr	imary Source
CT0380024					NC		25	P	GW
	ess (where applicable)		Service	Residentia	I Comme	rcial Ir	ndustrial	Combined	Agricultural
285 R MAIE			Connections		1				
Towns Serv	ved: DURHAM								1
		Мо	nitoring Requ	irement	ts				
Water Sys	tem Facility: DISTRIBUTIC	N SYSTEM (W	SF ID: 00600)						
Total Coli	iform (3100)						1	routine (RT)	per month
Sampl	ling Point (Sampling Point ID)			Monitoring	Period	Collect	tion Perio	od Compli	ance Status
Select	from Inventory of Active Sam	pling Points		5/1/20 - 5/	/31/20				
				6/1/20 - 6/					
				7/1/20 - 7/					
				8/1/20 - 8/	/31/20				
-	Parameters (PPS)							routine (RT)	-
	ling Point (Sampling Point ID)	-		Monitoring		Collect	tion Perio	od Compli	ance Status
Select	from Inventory of Active Sam	pling Points		5/1/20 - 5/					
				6/1/20 - 6/					
				7/1/20 - 7/					
			201	8/1/20 - 8/	/31/20				
	tem Facility: ENTRY POIN	I (WSFID: 007	00)					4 (5	-1
	nd Nitrite (NOX)			Monitorino	Devied	Colloct	tion Dori	1 routine (R	
-	<i>ling Point (Sampling Point ID)</i> (POINT (3)			<i>Monitoring</i> 1/1/19 - 12		Conect	tion Perio		once Status
LININI				1/1/19 - 12 1/1/20 - 12				Out t	I Service
				1/1/20 - 12					
		Othe	r Compliance						
Compliance	e Schedule Activity	Othe			e Date		Achieve	ed Date	
-	START UP COMPLETION				1/2020				
		Public N	Notification R						
			Compliance	Notice	T	Notific	ation	PN Cert	ification
Violation/S	Situation		Period	Tier	Require	d Per	rformed	Due to DPH	Received
REVISED TO	DTAL COLIFORM RULE (RTCR) 1	T Violation	5/2/17 -	2	7/30/202	17		8/9/2017	
Total Colifo	orm M&R Violation		8/1/18 - 8/31/18	3	11/13/20	19		11/23/2019	
Physical Pa	rameters M&R Violation		8/1/18 - 8/31/18	3	11/20/20	19		11/30/2019	
	Wate	r System Fa	cility and Sar	npling P	oint Inv	vento	ry		
Water						Total	Lead a	nd	
System Facility ID	Water System Facility	Sampling Po ID	oint Sampling Poil Description	nt	C Status	oliform Rule		er ier Asbestos	Stage WQP 2 DBPI
-	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	A	Y			-
		DOWNSTRE	AM WITHIN 5 SER		А				
		UPSTREAM			А				
00700	ENTRY POINT	3	ENTRY POINT		А				
20673	WELL	2	WELL		А				

	110	201 200	mey r	101110	<u></u>		<u>- P</u>	lance		mouu	<u> </u>			
PWS ID	PWS Name						Clas	sification	Po	opulation	Owne	er Type	Prir	mary Source
CT0380024	CAMP FARNAM							NC		25		Р		GW
Local Address (w	vhere applicable)				Service	Resider	ntial	Commerc	ial	Industria	al C	Combine	ed	Agricultural
285 R MAIDEN L	ANE				Connection	ıs		1						
Towns Served:	DURHAM					·					·			
				Con	tact Info	rmatior	ו							
Name				Or	rganization							Job Title	e	
Ms. Elizabeth G	ambardella			Fa	irnam Neighl	borhood H	ouse	Inc		Exec Direc	tor			
Mailing Address	Line One		Mailing	, Address	s Line Two					City		State	2	Zip Code
162 Fillmore Str	eet							New H	lav	en		СТ		06513
Business Phon	e Extension	Fax		Mobil	le Phone	Emergency	/ Pho	ne Email	Ado	dress				
203-562-9194	1	203-562-	2812					farnar	nhơ	ouse@ear	thlink	.net		
Contact Role(s):	Legal Contact,	Owner												
Name				Or	rganization							Job Title	e	
Ms. Nickelle Co	oper			Fa	irnam Comm	nunity				Executive	Direct	tor		
Mailing Address	Line One		Mailing	, Address	s Line Two					City		State	2	Zip Code
162 Fillmore Str	eet							New H	lav	en		СТ		06513
Business Phon	e Extension	Fax		Mobil	le Phone	Emergency	/ Pho	ne Email	Ado	dress				
203-562-9194	4 101							NCoo	per	@farnamo	comm	unity.or	rg	
Contact Role(s):	Administrative	Contact, Leg	al Conta	act										
Please note the	following:													
1. The residual of	lisinfectant concen	tration must b	e measu	red at the	e same locatio	on and time a	as ead	h total coli	forr	n sample.				
2. If a Collection	Period is specified	, all water qua	lity samp	oles must	be collected of	during the sp	ecifie	d 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

		^										
	20674 WELL 2 WELL A 55981 TREATMENT PLANT Contact Information											
-		M				Clas					FIII	
				Service	Residen	tial			trial	-	ed .	
Towns Served	: DURHAM											
		М	onit	oring Requ	iireme	nts						
Water Syste	m Facility: DISTRIBUTIO											
Total Colifo	rm (3100)								1 r	outine (RT	⁻) pe	er quarter
Sampling	g Point (Sampling Point ID)				Monitori	ing P	eriod Co	ollection	Perio	od Com	pliar	nce Status
Select fro	om Inventory of Active Sam	oling Points										-
							-					•
										(Com	plete
					7/1/20 -	9/30)/20				- \	
-							aniad C	- lle etieve		•		•
		aling Points				-		Direction	Perio			
Select III	on inventory of Active Sam	Jillig Politis										
												-
											com	piece
Water Syster	m Facility: ENTRY POIN	r (WSF ID: 00)700)		<u> </u>	- 1 -	-, -					
		•				_			_	1 routine	(RT)) per year
	• •				Monitori	ing P	eriod Co	ollection	Perio			• •
ENTRY P	OINT (3)				1/1/19 -	12/3	1/19			(Com	plete
					1/1/20 -	12/3	1/20					
					1/1/21 -	12/3	1/21					
		Public	Not	ification R	equire	eme	ents					
			C						_			i <u>cation</u>
-			- 14					Perfori	ned			Received
Physical Parar										2/7/2021	L	
	wate	r System F	acii	ity and Sar	npiing	PO		-	-			
	nter System Eacility	Samplina	Doint	Sampling Poi	nt							Staac
	iter System Facility		Foint		in c						os N	
	STRIBUTION SYSTEM	4		-	SYSTEM		Julus					_
00000 210			REAM					•				
00700 EN	TRY POINT											
20674 WE	ELL	2		WELL			А					
55981 TR	EATMENT PLANT											
			Con	tact Inform	nation							
Name										Job Title	2	
	nlon							Health	& Sa		-	
		0.4-110									-	Vin Codo
Mailing Addre	ess Line One	Ivialling A	dares	s Line I wo				CITV		State		

						г -				1
PWS ID	PWS Name					Clas	sification	Population	Owner Type	Primary Source
СТ0380034	CITIZENS BANK -	DURHAM					NC	25	Р	GW
Local Address (v	where applicable)			Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural
376 MAIN STRE	ET			Connections			1			
Towns Served:										
115 mpps care							East PI	obluence	KI	02915
Business Phor	ne Extension	Fax	Mobil	e Phone E	mergenc	y Pho	ne Email /	Address		
781-974-960	6						brian.ł	nanlon@citiz	zensbank.con	า
Contact Role(s):	Administrative	Contact	i							
Please note the	following:									
1. The residual	disinfectant concent	ration must b	e measured at the	same location	and time	as eac	h total colif	orm sample.		
2. If a Collection	Period is specified,	all water qua	lity samples must l	be collected du	iring the sp	pecifie	d period.			
3. Depending of	n results, additional	monitoring m	ay be required (i.e	. repeat or con	firmation	sampl	es). This sc	hedule is subj	ect 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.

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	Connectic	.					0				ction	
	Wa	ter Qua	lity Monit	coring an	d Com	plia	ance S	Sche	dul	e		
PWS ID	PWS Name					Classi	fication	Popula	ation	Owr	ner Type P	rimary Source
CT0380044	COMMERCE CIR	CLE ASSOC		1			NC	25			Р	GW
	s (where applicable)			Service	Resident	tial Co	ommercia	al Inc	dustria	al	Combined	Agricultura
9 COMMERC				Connections			1					
Towns Serve	d: DURHAM											
			Monit	oring Requ	uireme	nts						
Water Syste	em Facility: DISTR	IBUTION S	YSTEM (WSFI	D: 00600)								
Total Colif	orm (3100)								1	rou	tine (RT)	per quarter
Sampliı	ng Point (Sampling P	oint ID)			Monitori	ng Per	riod Co	ollectio	on Per	riod	Compli	ance Status
Select f	rom Inventory of Act	ive Sampling	g Points		7/1/19 -	9/30/2	19				Co	mplete
					10/1/19 -	12/31	/19				Со	mplete
					1/1/20 -	3/31/2	20				Со	mplete
					4/1/20 -	6/30/2	20					
					7/1/20 -	9/30/2	20					
Physical Pa	arameters (PPS)								1	rou	tine (RT)	per quarter
Samplii	ng Point (Sampling P	oint ID)			Monitori	ng Per	riod Co	ollectio	on Per	riod	Compli	ance Status
Select f	rom Inventory of Act	ive Sampling	g Points		7/1/19 -	9/30/2	19				Со	mplete
					10/1/19 -	12/31	/19				Co	mplete
					1/1/20 -	3/31/2	20				Co	mplete
					4/1/20 -	6/30/2	20					
					7/1/20 -	9/30/2	20					
Water Syste	em Facility: ENTR	Y POINT (V	VSF ID: 00700)									
Nitrate An	d Nitrite (NOX)									1	routine (F	T) per year
Sampliı	ng Point (Sampling P	oint ID)			Monitori	n <mark>g P</mark> er	riod Co	ollectio	on Per	riod	Compli	ance Status
ENTRY I	POINT (3)				1/1/19 - 1	12/31/	/19				Со	mplete
					1/1/20 - 2	12/31/	/20					
					1/1/21 - 1	12/31/	/21					
			Other C	ompliance	Sched	ules						
Compliance	Schedule Activity			-	Ĺ	Due Da	nte		Achie	ved I	Date	
-	SANITARY SURVEY				10)/22/2	016					
		Water S	ystem Facil	ity and Sau				ntor	V			
Mator		water 5	ystem racii	ity and Sal	mpining.	1 011			y Lead (and		
Water System M	/ater System Facility		Sampling Point	Samplina Poi	int			tai form	сорр			Stage
Facility ID			ID	Description	-	C+	-	ule			Asbestos	WQP 2 DBPI
-	ISTRIBUTION SYSTEM	1	4	DISTRIBUTIO	N SYSTEM		utus	Y				
			DOWNSTREAM				A					
			UPSTREAM	WITHIN 5 SEF			A					
00700 EI	NTRY POINT		3	ENTRY POINT	-		A					
	/ELL		2	WELL			A					
			Cor	tact Infori	mation							
Name					nation						Job Title	
Name	Cordona			rganization	0.0000			Droc	ident		JUD TITIE	
Mr. Anthony				ommerce Circle	E ASSUC						Stata	7in Codo
	ess Line One	ing Dont	Mailing Addres 9 Commerce Ci				Durhan	Cit	У		State	Zip Code 06422
Business P	ircle Assoc C/O Printi				morgoner	Dhone			-		СТ	00422
203-627-9		Fax	IVIOD	lie Priorie El	mergency	FIIONE		uures	5			
205-027-5	200											

			0						
PWS ID	PWS Name				Clas	ssification	Population	Owner Type	Primary Source
СТ0380044	COMMERCE CIRCLE	ASSOC				NC	25	Р	GW
Local Addr	ess (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
9 COMME	RCE CIRCLE		Connections			1			
Towns Serv	ed: DURHAM								
Contact Ro	le(s): Administrative Co	ntact, Legal Contact							
Please not	e the following:								
1. The res	dual disinfectant concentrat	ion must be measured at	the same location	and time a	as ead	ch total colif	orm sample.		
2. If a Coll	ection Period is specified, all	water quality samples mu	ust be collected dur	ring the sp	pecifie	ed period.			
3. Depend	ing on results, additional mo	nitoring may be required	(i.e. repeat or conf	irmation s	samp	les). This sc	hedule is subj	ect to change,	and any related
corresp	ondence sent by the DWS on	or after the generation d	late of this schedul	e will have	e pred	cedence ove	r what is cont	tained in this so	hedule.
	If you hav	e any questions, please	e contact the Dri	nking W	ater	Section at	(860) 509-73	333.	

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	Connecticut De	^				0		ection	
	Water Q	uality Monit	oring an	d Com	plianc	e Sch	ledule		
PWS ID	PWS Name				Classificat	ion Pop	ulation Ow	vner Type Pi	rimary Source
СТ0380054	THE LNJS REALTY FAMIL	Y LTD PARTNERSHIP	-		NC		25	Р	GW
Local Addre	ess (where applicable)		Service	Resident	tial Comm	nercial	Industrial	Combined	Agricultural
339 MAIN 9	STREET		Connections		1	L			
Towns Serv	ed: DURHAM								
		Monito	oring Requ	iiremei	nts				
Water Sys	tem Facility: DISTRIBUTIC	ON SYSTEM (WSF I	D: 00600)						
Total Coli	form (3100)						1 ro	utine (RT)	per quarter
Sampl	ling Point (Sampling Point ID)			Monitoriı	ng Period	Collec	tion Period	l Compli	ance Status
Select	from Inventory of Active Sam	pling Points		7/1/19 -	9/30/19			Co	mplete
				10/1/19 -	12/31/19			Со	mplete
				1/1/20 -	3/31/20			Со	mplete
				4/1/20 -					
				7/1/20 -	9/30/20				
-	Parameters (PPS)					C 11			per quarter
	ling Point (Sampling Point ID)			Monitorii	-	Collec	tion Period		ance Status
Select	from Inventory of Active Sam	pling Points		7/1/19 -					mplete
					12/31/19				mplete
				1/1/20 -				Co	mplete
				4/1/20 -					
		- /		7/1/20 -	9/30/20				
	tem Facility: ENTRY POIN	I (WSF ID: 00700)							
Nitrate (•								per quarter
	ling Point (Sampling Point ID)			Monitorii	-	Collec	tion Period		ance Status
ENTRY	POINT (3)			7/1/19 -					mplete
					12/31/19				mplete
				1/1/20 -				Со	mplete
				4/1/20 -					
				7/1/20 -	9/30/20				
Nitrite (1	•							-	T) per year
	ling Point (Sampling Point ID)			Monitoriı	-	Collec	tion Period		ance Status
ENTRY	POINT (3)			1/1/19 - 1					mplete
				1/1/20 - 1				Со	mplete
				1/1/21 - 1					
		Other C	ompliance						
-	e Schedule Activity				Due Date		Achieved	I Date	
RESPOND T	O SANITARY SURVEY				/15/2009				
	Wate	er System Facili	ity and Sar	npling	Point Ir	vento	ory		
Water						Total	Lead and	d	
	Water System Facility	Sampling Point		nt		Coliforn		. Ashart	Stage
Facility ID		ID	Description	L CV/CT-1 -	Status	Rule	κυιέ Πε	r ASDESTOS	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		A	Y			
		DOWNSTREAM							
00707		UPSTREAM	WITHIN 5 SER	VICE CON					
		3	ENTRY POINT		A				
20676	WELL	2	WELL		A				

		2									
PWS ID	PWS Name					Class	sification P	opulation	Own	er Type l	Primary Source
СТ0380054	THE LNJS REALT	Y FAMILY LT	D PARTNERS	нір			NC	25		Р	GW
Local Address (v	vhere applicable)		Service	Reside	ntial	Commercial	Industri	al (Combine	d Agricultural
339 MAIN STRE	ET			Connectio	ns		1				
Towns Served: I	DURHAM							1	1		
			С	ontact Info	ormatio	n					
Name				Organization						Job Title	
Mr. Leonard A.	Rossicone			Lnhs Realty Fa	amily Ltd Pa	artner		Manager			
Mailing Address	Line One		Mailing Add	ress Line Two				City		State	Zip Code
The Lnjs Realty	Family Ltd. Partn	ership	12 Turnberr	y Road			Wallingf	ord		СТ	06492
Business Phor	e Extension	Fax	М	obile Phone	Emergenc	y Phoi	ne Email Ad	dress			
203-265-045	3		20)3-213-4982			Irossicor	e@sbcglo	bal.ne	et	
Contact Role(s):	Administrative	Contact, Le	gal Contact, C	Dwner							
Name				Organization						Job Title	
The Lnjs Realty	Family Ltd. Partr	nership									
Mailing Address	Line One		Mailing Add	ress Line Two				City		State	Zip Code
12 Turnberry Ro	bad						Wallingf	ord		СТ	06492
Business Phor	e Extension	Fax	M	obile Phone	Emergenc	y Phoi	ne Email Ad	ldress			
Contact Role(s):	Owner										
Please note the	following:										
1. The residual	disinfectant concer	ntration must l	be measured at	t the same locati	on and time	as eacl	n total colifor	m sample.			
2. If a Collection	Period is specified	l, all water qua	ality samples m	ust be collected	during the s	pecifie	d period.				
	n results, additiona nce sent by the DW	-						-			

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

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	partment of Publi		<u> </u>			
	uality Monitoring		<u> </u>			
PWS ID PWS Name					Owner Type Pr	-
CT0380064 FAS MART #313			NC	25	P	GW
Local Address (where applicable)	Service Connect	Residentia		al Industrial	Combined	Agricultural
384 MAIN STREET	Connect	IONS	1			
Towns Served: DURHAM						
	Monitoring R	•	ts			
Water System Facility: DISTRIBUTIO	N SYSTEM (WSF ID: 00600	1				
Total Coliform (3100)					outine (RT) p	-
Sampling Point (Sampling Point ID)		Monitoring		ollection Perio		ance Status
Select from Inventory of Active Samp	oling Points	7/1/19 - 9				mplete
		10/1/19 - 1			Со	mplete
		1/1/20 - 3				
		4/1/20 - 6				
		7/1/20 - 9	/30/20			
Physical Parameters (PPS)				1 r	outine (RT) p	•
Sampling Point (Sampling Point ID)		Monitoring	g Period Co	ollection Perio	od Complia	ance Status
Select from Inventory of Active Samp	oling Points	7/1/19 - 9	/30/19		Со	mplete
		10/1/19 - 1	2/31/19		Сог	mplete
		1/1/20 - 3	/31/20			
		4/1/20 - 6	/30/20			
		7/1/20 - 9	/30/20			
Water System Facility: ENTRY POINT	(WSF ID: 00700)					
Nitrate And Nitrite (NOX)					1 routine (R	T) per year
Sampling Point (Sampling Point ID)		Monitoring	g Period Co	ollection Perio	-	ance Status
ENTRY POINT (3)		1/1/19 - 12	2/31/19		Сог	mplete
		1/1/20 - 12				
		1/1/21 - 12				
	Public Notificatio					
	Compliance		1	otification	PN Cert	ification
Violation/Situation	Period	Tier	Required	Performed		Received
Total Coliform MCL Violation	8/1/09 - 8/31		2/20/2010	. c.jornicu	3/2/2010	
Total Coliform M&R Violation	4/1/13 - 6/30		10/12/2013		10/22/2013	
Physical Parameters M&R Violation	4/1/13 - 6/30		9/12/2014		9/22/2014	
Total Coliform M&R Violation	10/1/17 - 12/3		3/15/2019		3/25/2019	
Physical Parameters M&R Violation	10/1/17 - 12/3		3/15/2019		3/25/2019	
·				-	3/23/2013	
	r System Facility and	Sampling F		-		
Water	Complian Datat Consulta	- Doint		tal Lead a		<i></i>
System Water System Facility Facility ID	Sampling Point Sampling ID Descripti			form Coppe ule Rule Ti	er ier Asbestos	Stage
rucinty ID	•		Status		ICI ASDESLOS	WQF Z UDPI
		JTION SYSTEM	A	Y		
00600 DISTRIBUTION SYSTEM						
00600 DISTRIBUTION SYSTEM	DOWNSTREAM WITHIN !	5 SERVICE CON	A			
	DOWNSTREAM WITHIN SUPSTREAM WITHIN	5 SERVICE CON 5 SERVICE CON	А			
00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT 20677 WELL	DOWNSTREAM WITHIN !	5 SERVICE CON 5 SERVICE CON				

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWSID PWS** Name Classification Population Owner Type Primary Source Р CT0380064 **FAS MART #313** NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections **384 MAIN STREET** 1

Towns Served: DURHAM

Name

Contact Information Organization Ms. Marianne Corona Mailing Address Line One Mailing Address Line Two

City State Zip Code 245 Cherry Hill Rd Middlefield СТ 06455 **Business Phone** Extension **Mobile Phone** Emergency Phone Email Address Fax 860-349-9593 860-349-9593 860-349-9593 Contact Role(s): Legal Contact, Owner Organization Job Title Name Mr. Gary Tierney Gpm Investments LLC District Manaer Mailing Address Line One Mailing Address Line Two City State **Zip Code**

682 Walnut Hill Road 06787 Thomaston CT **Business Phone** Extension Fax Mobile Phone **Emergency Phone** Email Address 860-372-1927 Gtierney@gpminvestments.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

End of schedule

Job Title

	Common attin				D l. l: .	TT]+	L D				- C -	atta a	
	Connectio	*							0			ection	
	Wa	ter Qua	lity №	lonit	coring a	ind Co	mpl	lianc	e Sc	hedu	le		
PWS ID	PWS Name						Cla	ssificati	ion Po	pulation	Ow	ner Type	Primary Sourc
СТ0380074	22 NEW HAVEN	ROAD						NC		25		Р	GW
Local Address (where applicable)				Service	Reside	ential	Comm	nercial	Industr	ial	Combined	d Agricultura
22 NEW HAVEN	NROAD - DURHAN	1			Connectio	ons		1					
Towns Served:	DURHAM												
			Ν	/lonit	oring Re	auirem	ents	5					
Water System	Facility: DISTR					4							
Total Coliforn				(110) 1	2.00000						1 roi	iting (RT)	per quarter
	Point (Sampling F	Point ID)				Monito	orina F	Period	Colle	ection Pe			liance Status
	n Inventory of Act		Points			10/1/19			com		nou	comp	nunce Status
Select nor	in inventory of Act		TOIL			1/1/20							
						4/1/20							
						7/1/20		,					
Physical Para	meters (PPS)					,, 1, 20	,	.5,20			1 rov	iting (RT)	per quarter
-	Point (Sampling F	Point ID)				Monito	orina F	Period	Colle	ection Pe		• •	liance Status
	TION SYSTEM (4)					10/1/19			com			comp	
2.0.11201						1/1/20							
						4/1/20							
						7/1/20							
Water System	Facility: ENTR	Y POINT (M	SF ID:	00700)	I	.,_,_	,-						
Nitrate And N				,		_				_	1	routine (RT) per year
	Point (Sampling F	Point ID)				Monito	orina F	Period	Colle	ection Pe			liance Status
ENTRY PO		••,				1/1/19						p	
						1/1/20							
						1/1/21							
			Ot	har C	omplian								
			U		unpilan	ice Sche							
Compliance Scl								Date		Achie	eved	Date	
	ANITARY SURVEY							/2020					
CORRECTIVE AC	CTION/CORRECTIV				_			/2020					
		Water Sy	ystem	Facil	ity and S	Samplin	g Po	oint Ir	vent	ory			
Water									Tota				
	er System Facility			-	Sampling				Colifor		-	0 - h t	Stage
Facility ID		_	IL		Descriptio			Status	Rule	e Rule	lier	Aspestos	WQP 2 DBP
00600 DIST	RIBUTION SYSTEM		4		DISTRIBUT			A	Y				
					5 SERVICE			A	Y				
			UPSTF		5 SERVICE		ION	A	Y				
	RY POINT		3		ENTRY PO	INI		A					
20678 WEL	L		2		WELL			A					
				Con	tact Info	ormatio	n						
Name				0	rganization							Job Title	
Mr. Nurul Alam	1			22	2 New Have	n Road							
Mailing Addres	s Line One		Mailing	Addres	s Line Two					City		State	Zip Code
22 New Haven	Road							Du	rham			СТ	06422
Business Pho	ne Extension	Fax		Mobi	ile Phone	Emergen	cy Pho	one Em	nail Ado	lress		· · ·	
860-538-407	7	860-956-9	9918			860-95	6-416	51 Fo	od.Lan	d@aol.co	om		
	: Administrative	Contact. Leg	al Conta	ict, Owi	ner			I					

		0		1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0380074	22 NEW HAVEN ROAD			NC	25	Р	GW
Local Address	(where applicable)	Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultura
22 NEW HAVE	N ROAD - DURHAM	Connections		1			
Towns Served	DURHAM						
Please note th	e following:						
1. The residua	I disinfectant concentration must be measured at th	e same location	and time a	as each total colif	form sample.		
2. If a Collecti	on Period is specified, all water quality samples must	be collected du	ring the sp	pecified period.			
	on results, additional monitoring may be required (i. ence sent by the DWS on or after the generation dat			1 1	-		

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

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L	onnectic Wa	•				nd Comp			0		CUOII		
PWS ID PV	VS Name					С	lassifi	icatior	n Popu	lation Owr	ner Type	Primary	Sourc
CT0380084 DI	JNKIN DONUT	S					Ν	IC	2	.5	Р	GV	N
ocal Address (whe	ere applicable)				Service	Residentia	l Co	mmer	cial In	dustrial	Combine	d Agric	cultura
38 MAIN STREET					Connectio	ns		1					
Fowns Served: DU	RHAM					·							
			Мо	onite	oring Re	quiremen	ts						
Nater System Fa	cility: DISTR	IBUTION S	(STEM (V	VSF I	D: 00600)								
Total Coliform (3100)									1 rou	tine (RT)	per qu	Jarter
Sampling Poir	nt (Sampling P	oint ID)				Monitoring	Perio	od	Collect	ion Period	Сотр	liance S	tatus
Select from In	ventory of Act	ive Sampling	Points			7/1/19 - 9,	/30/1	.9			C	omplete	е
						10/1/19 - 1	2/31/	′19			C	omplete	е
						1/1/20 - 3,	/31/2	20					
						4/1/20 - 6,							
						7/1/20 - 9,	/30/2	0					
Physical Parame	ters(PPS) nt (Sampling P	oint (D)				Monitoring	Dori	od	Collect	1 rou ion Period	tine (RT)	per qu <i>liance S</i>	
	ventory of Act		Points			7/1/19 - 9			Conecti	ion Periou		omplete	
Select Irolli III	Ventory of Act	ive Sampling	FUIILS			10/1/19 - 12	-					omplete	
						1/1/20 - 3					C	ompiete	-
						4/1/20 - 6							
						7/1/20 - 9,							
Water System Fa	cility: ENTR	Y POINT (W	/SF ID: 00	700)		771720 - 57	5072	.0					
Nitrate And Nitr										1	routine (RT) pei	r year
Sampling Poir	nt (Sampling P	oint ID)				Monitoring	Perio	od	Collect	ion Period	Сотр	liance S	tatus
ENTRY POINT	(3)					1/1/19 - 12	/31/1	19			C	omplete	e
						1/1/20 - 12	/31/2	20					
						1/1/21 - 12	/31/2	21					
		Water Sy	/stem F	acili	ity and S	ampling P	oint	t Inv	ento	r y			
Water									Total	Lead and			
	ystem Facility			Point	Sampling			С	oliform	Copper			Stage
Facility ID			ID		Descriptio		Sta	itus	Rule	Rule Tier	Asbestos	WQP	2 DBP
00600 DISTRIB	UTION SYSTEM		4			ION SYSTEM	A	4	Y				
					-	SERVICE CON	A	4					
			UPSTRE/	٩M		SERVICE CON	A						
00700 ENTRY F	POINT		3		ENTRY PO	NT	A	4					
20679 WELL			2		WELL		A	4					
61482 TREATM	IENT PLANT												
				Con	tact Info	ormation							
Name				Oı	rganization						Job Title		
Mr. Dominic Delve	cchio			Dı	unkin Donu [.]	ts			Pre	sident			
Mailing Address Lir	ne One		Mailing Ad	ddres	s Line Two				Ci	ty	State	Zip C	ode
51 Sand Hill Road								Durh	am		СТ	064	.22
Business Phone	Extension	Fax		Mobi	le Phone	Emergency P	hone	Emai	l Addre	SS			
860-349-0025								sued	el@sne	t.net			
Contact Role(s):	dministrative	Contact, Leg	al Contact										

Schedule Generation Date: 3/10/2020

		x				r				
PWS ID	PWS Name					Clas	sification	Population	Owner Type	Primary Source
CT0380084	DUNKIN DONUTS						NC	25	Р	GW
Local Address (w	here applicable)			Service	Resider	ntial	Commerc	ial Industri	al Combin	ed Agricultural
38 MAIN STREET				Connections			1			
Towns Served: D	URHAM			· ·		·				
Name				Organization					Job Tit	e
Sterling Associat	es of Durham, Llp									
Mailing Address I	ine One		Mailing Addr	ress Line Two				City	State	Zip Code
61 Sand Hill Road	I						Durha	m	СТ	06422
Business Phone	e Extension	Fax	Mo	obile Phone E	mergenc	y Pho	ne Email	Address		
Contact Role(s):	Owner									
Please note the following:										
1. The residual di	sinfectant concentr	ation must b	e measured at	the same location	and time	as eac	h total coli	form 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.

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00700 ENTRY P 20680 WELL 47600 GAC FIL Name Mr. William Witko Mailing Address Lir 360D Main Street Business Phone 860-349-1123 Contact Role(s): L	Extension	Mailing Fax	; Addres	rganization s Line Two le Phone	Emergency		Durham Email Ad	Owner City dress	State CT	Zip Code 06422
20680 WELL 47600 GAC FIL Name Mr. William Witko Mailing Address Lir 360D Main Street Business Phone	ne One		; Addres	s Line Two	Emergency			City		
20680 WELL 47600 GAC FIL Name Mr. William Witko Mailing Address Lir 360D Main Street	ne One		; Addres	s Line Two				City		
20680 WELL 47600 GAC FIL Name Mr. William Witko Mailing Address Lir		Mailin								
20680 WELL 47600 GAC FIL Name Mr. William Witko									e ()	
20680 WELL 47600 GAC FIL			0	Iganization				~		
20680 WELL 47600 GAC FIL				raphization					Job Title	
20680 WELL				tact Info	mation					
20680 WELL			Cor	tact lafe	rmation					
	TRATION			**			•			
			2	WELL		A				
00700 ENTRY P	POINT		B	ENTRY POI		A				
			REAM		ERVICE CON					
00600 DISTRIB	UTION SYSTEM		1 Strfam	WITHIN 5 S	ON SYSTEM	A A				
Facility ID		1	D	Description	1	Sta	tus Rul	e Rule Tie		s WQP 2 DBI
Water System Water S	ystem Facility	Sampli	na Point	Sampling P	oint		Toto Colifo			Stag
	Wat	er System	Facil	ity and Sa	ampling	Point	Inven	-		
		• •			1/1/21 - 1			_		
					1/1/20 - 1					
ENTRY POINT	(3)				1/1/19 - 1				C	omplete
	nt (Sampling Point IL)			Monitorin	-		lection Period	-	liance Status
Nitrate And Nitr	• •									RT) per yea
Nater System Fa	cility: ENTRY POI	NT (WSF ID:	00700)							
					7/1/20 - 9	9/30/20)			
					4/1/20 - 6	5/30/20)			
					1/1/20 - 3	3/31/20)		C	omplete
					10/1/19 - 1	12/31/:	19		C	omplete
Select from In	ventory of Active Sa	mpling Points			7/1/19 - 9	9/30/19	Э		C	omplete
•	nt (Sampling Point IL)			Monitorin	g Perio	od Col	lection Period		liance Status
Physical Parame	ters (PPS)				.,_,_,_,	,,	-	1 ro	utine (RT)	per quarte
					7/1/20 - 9					
					4/1/20 - 0					empiere
					1/1/20 - 3					omplete
Select from In	ventory of Active Sa	inpling Points			7/1/19 - 9 10/1/19 - 1					omplete omplete
	nt (Sampling Point IL				Monitorin	-		lection Period	-	liance Status
Total Coliform (-	- 1								per quarte
•	cility: DISTRIBUT	ION SYSTEM	(WSF I	D: 00600)						
				oring Rec	quiremer	nts				
owns Served: DUF	RHAM									
360 D MAIN STREE				Connectior	IS		1			
ocal Address (whe	ere applicable)			Service	Resident	ial Cor	mmercial	Industrial	Combine	d Agricultur
CT0380094 DI	URHAM COMMONS					N	C	25	Р	GW
WS ID PV	WS Name				1	Classifi	cation P	opulation Ov	vner Type	Primary Sour
	Water	Quality N	<i>l</i> onit	coring a	nd Com	plia	nce So	chedule		
		epartme					0		ection	
		•					0		ection	

Schedule Generation Date: 3/10/2020

							- P -						<u> </u>
PWS ID	PWS Name						Clas	ssification	Рор	ulation	Owner Type	e Pri	imary Source
СТ0380094	DURHAM COM	VONS						NC		25	Р		GW
Local Address (wi	nere applicable)			Serv	vice	Residen	tial	Commerc	ial	Industria	al Combir	ed	Agricultural
360 D MAIN STRE	ET			Con	inection	IS		1					
Towns Served: D	JRHAM												
Name				Organiz	zation						Job Tit	le	
Mr. Alan Witkow	ski								0	wner			
Mailing Address I	Mailing Address Line One Mailing Address Line One								(City	State		Zip Code
360D Main Street				Du					m		СТ		06422
Business Phone Extension Fax				obile Pho	one	Emergency	/ Phc	ne Email	Addr	ess			
860-349-1123													
Contact Role(s):	Administrative	Contact, Leg	al Contact										
Name	•			Organization Job Tit					le				
Washington Trai	Associates												
Mailing Address I	ine One		Mailing Addr	ess Line	e Two					City	State		Zip Code
360 Main Street								Durha	m		СТ		06422
Business Phone	Extension	Fax	Mo	obile Pho	one	Emergency	/ Phc	ne Email	Addr	ess			
Contact Role(s):	Owner												
Please note the f	ollowing:												
1. The residual di	sinfectant concen	tration must b	e measured at	the same	e locatio	n and time a	as ead	ch total coli	form	sample.			
2. If a Collection I	2. If a Collection Period is specified, all water quality samples m				llected d	luring the sp	ecifie	ed period.					
3. Depending on						nfirmation s	amp	les). This sc	hedu	le is subj	ect 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.

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	Connecticut Departme Water Quality N				0						
		nonitoring and		^			mary Cours				
PWS ID CT0380144	PWS Name 238 MAIN STREET			NC	47	Owner Type Pri P	GW				
	(where applicable)	Service	Resident				Agricultura				
238 MAIN ST		Connections	Resident	1		Combined	Agriculture				
Towns Served	DURHAM										
		Monitoring Requ	iremer	nts							
Water Syster	n Facility: DISTRIBUTION SYSTEM	• •	•								
Total Colifor	rm (3100)				1	1 routine (RT) per quarter					
Sampling	Point (Sampling Point ID)		Monitorin	ng Period	Collection Peri	iod Complia	nce Status				
Select fro	m Inventory of Active Sampling Points	_	7/1/19 -	9/30/19		Con	nplete				
			10/1/19 -	12/31/19		Con	nplete				
			1/1/20 -	3/31/20		Con	nplete				
			4/1/20 -	6/30/20							
			7/1/20 -	9/30/20							
Physical Par	ameters (PPS)				1	routine (RT) p	er quarter				
Sampling	Point (Sampling Point ID)		Monitorin	ng Period	Collection Peri	iod Complia	nce Status				
Select fro	m Inventory of Active Sampling Points		7/1/19 -	9/30/19		Con	nplete				
			10/1/19 -	12/31/19		Con	nplete				
			1/1/20 - 3			Con	nplete				
			4/1/20 -								
			7/1/20 -	9/30/20							
Water Syster	m Facility: ENTRY POINT (WSF ID:	00700)									
Nitrate And	Nitrite (NOX)					1 routine (R	「) per year				
	Point (Sampling Point ID)		Monitorin	Collection Peri							
ENTRY PO	DINT (3)		1/1/19 - 1			Con	nplete				
			1/1/20 - 1			Con	nplete				
			1/1/21 - 1	.2/31/21							
Water Syster											
mater oyoter	m Facility: WELL (WSF ID: 22893)										
E. Coli (301					1	routine (RT) p	-				
E. Coli (301 Sampling			Monitorir	-	1 Collection Peri	• • •	er quarter Ince Status				
E. Coli (301	4)		7/1/19 -	9/30/19		iod Complia	nce Status				
E. Coli (301 Sampling	4)		7/1/19 - 9 10/1/19 -	9/30/19 12/31/19		iod Complia	-				
E. Coli (301 Sampling	4)		7/1/19 - 9 10/1/19 - 1/1/20 - 1	9/30/19 12/31/19 3/31/20		iod Complia	nce Status				
E. Coli (301 Sampling	4)		7/1/19 - 10/1/19 - 1/1/20 - 1 4/1/20 -	9/30/19 12/31/19 3/31/20 6/30/20		iod Complia	nce Status				
E. Coli (301 Sampling	4) I Point (Sampling Point ID)		7/1/19 - 9 10/1/19 - 1/1/20 - 1 4/1/20 - 1 7/1/20 - 1	9/30/19 12/31/19 3/31/20 6/30/20 9/30/20		iod Complia	nce Status				
E. Coli (301 Sampling	4) I Point (Sampling Point ID)		7/1/19 - 9 10/1/19 - 1/1/20 - 1 4/1/20 - 1 7/1/20 - 1	9/30/19 12/31/19 3/31/20 6/30/20 9/30/20		iod Complia	nce Status				
E. Coli (301 Sampling WELL (2)	4) I Point (Sampling Point ID)		7/1/19 - 9 10/1/19 - 1/1/20 - 9 4/1/20 - 9 7/1/20 - 9 Sched	9/30/19 12/31/19 3/31/20 6/30/20 9/30/20	Collection Peri	iod Complia	nce Status				
E. Coli (301 Sampling WELL (2)	4) 1 Point (Sampling Point ID)		7/1/19 - 3 10/1/19 - 1/1/20 - 3 4/1/20 - 4 7/1/20 - 4 Sched	9/30/19 12/31/19 3/31/20 6/30/20 9/30/20 ules	Collection Peri	iod Complia Con	nce Status				
E. Coli (301 Sampling WELL (2)	4) 1 Point (Sampling Point ID) Chedule Activity SANITARY SURVEY		7/1/19 - 9 10/1/19 - 1/1/20 - 9 4/1/20 - 9 7/1/20 - 9 Sched D 1(9/30/19 12/31/19 3/31/20 6/30/20 9/30/20 ules ue Date 0/9/2014	Collection Peri	iod Complia Con	nce Status				
E. Coli (301 Sampling WELL (2)	4) 1 Point (Sampling Point ID) Chedule Activity SANITARY SURVEY Pub	ther Compliance	7/1/19 - 9 10/1/19 - 1/1/20 - 1 4/1/20 - 1 7/1/20 - 9 5ched D 10 equire Notice	9/30/19 12/31/19 3/31/20 6/30/20 9/30/20 ules 0/9/2014 ments Public	Collection Peri	iod Complia Con red Date	nplete				
E. Coli (301 Sampling WELL (2) Compliance So RESPOND TO S	4) 1 Point (Sampling Point ID) Chedule Activity SANITARY SURVEY Puble	ther Compliance	7/1/19 - 3 10/1/19 - 1/1/20 - 3 4/1/20 - 4 7/1/20 - 4 Sched D 10 equire Notice Tier	9/30/19 12/31/19 3/31/20 6/30/20 9/30/20 ules 0/9/2014 ments Public Require	Collection Peri Achiev	iod Complia Con red Date <u>PN Certi</u> Due to DPH	nplete				
E. Coli (301 Sampling WELL (2) Compliance So RESPOND TO S Violation/Situ Total Coliform	4) 1 Point (Sampling Point ID) Or Chedule Activity SANITARY SURVEY Puble ation M&R Violation	ther Compliance lic Notification R Compliance Period 10/1/12 - 12/31/12	7/1/19 - 3 10/1/19 - 1/1/20 - 3 4/1/20 - 3 7/1/20 - 3 Sched 20 10 equire Notice Tier 3	9/30/19 12/31/19 3/31/20 6/30/20 9/30/20 wiles we Date 0/9/2014 ments Public Require 3/7/201	Collection Peri Achiev Notification d Performed 3	iod Complia Con red Date <u>PN Certi</u> Due to DPH 3/17/2013	nplete				
E. Coli (301 Sampling WELL (2) Compliance So RESPOND TO S Violation/Situ Total Coliform Total Coliform	4) 1 Point (Sampling Point ID) Chedule Activity SANITARY SURVEY Pub M&R Violation M&R Violation	ther Compliance lic Notification R Compliance Period 10/1/12 - 12/31/12 1/1/13 - 3/31/13	7/1/19 - 9 10/1/19 - 1/1/20 - 1 4/1/20 - 1 7/1/20 - 9 Sched 10 equire Notice Tier 3 2	9/30/19 12/31/19 3/31/20 6/30/20 9/30/20 ules ue Date 0/9/2014 ments <u>Public</u> <u>Require</u> 3/7/201 7/24/201	Collection Peri Achiev	iod Complia Com red Date <u>PN Certi</u> Due to DPH 3/17/2013 8/3/2013	nplete				
E. Coli (301 Sampling WELL (2) Compliance So RESPOND TO S Violation/Situ Total Coliform Physical Paran	4) 1 Point (Sampling Point ID) Or Chedule Activity SANITARY SURVEY Puble ation M&R Violation	ther Compliance lic Notification R Compliance Period 10/1/12 - 12/31/12	7/1/19 - 3 10/1/19 - 1/1/20 - 3 4/1/20 - 3 7/1/20 - 3 Sched 20 10 equire Notice Tier 3	9/30/19 12/31/19 3/31/20 6/30/20 9/30/20 wiles we Date 0/9/2014 ments Public Require 3/7/201	Collection Peri Achiev	iod Complia Con red Date <u>PN Certi</u> Due to DPH 3/17/2013	nplete				

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWS** Name Classification Population Owner Type Primary Source PWS ID Р CT0380144 238 MAIN STREET NC 47 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 238 MAIN ST 1 Towns Served: DURHAM **Public Notification Requirements** Compliance Notice **Public Notification PN** Certification Violation/Situation Period Tier Reauired Performed Due to DPH Received Physical Parameters M&R Violation 1/1/19 - 3/31/19 3 5/6/2020 5/16/2020 Total Coliform M&R Violation 4/1/19 - 6/30/19 8/12/2020 3 8/22/2020 Physical Parameters M&R Violation 4/1/19 - 6/30/19 3 8/12/2020 8/22/2020 Water System Facility and Sampling Point Inventory Water Lead and Total Water System Facility Sampling Point Sampling Point System Coliform Copper Stage ID Description Facility ID Rule Tier Asbestos WQP 2 DBPR Rule Status 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM γ А DOWNSTREAM WITHIN 5 SERVICE CON Δ UPSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT А 2 WELL 22893 WELL Α 61481 TREATMENT SYSTEM **Contact Information** Name Organization Job Title Mr. Amit Patel Durham Market Property Owner Mailing Address Line One Mailing Address Line Two City State Zip Code 238 Main Street Durham 06422 CT **Business Phone** Extension Fax **Mobile Phone** Emergency Phone Email Address 860-349-1785 Contact Role(s): Legal Contact Name Organization Job Title 238 Main St Durham LLC Mailing Address Line One Mailing Address Line Two City State Zip Code 1133 Meriden Waterburv Plantsville CT 06043 **Business Phone** Extension Fax **Mobile Phone** Emergency Phone Email Address Contact Role(s): Owner Name Organization Job Title Mr. Walter Tregoning Durham Market Mailing Address Line One Mailing Address Line Two City State Zip Code 238 Main Street Durham СТ 06422 **Business Phone** Extension Mobile Phone Email Address Fax **Emergency Phone** 860-276-1255 860-620-9158 860-794-6586 wtregoning948@gmail.com

Contact Role(s): Administrative Contact

		0		L					
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source		
СТ0380144	238 MAIN STREET			NC	47	Р	GW		
Local Address (where applicable)	Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural		
238 MAIN ST			1						
Towns Served:	DURHAM			·					
Please note th	e following:								
1. The residual	disinfectant concentration must be measured at the	e same location	and time a	as each total coli	form sample.				
2. If a Collectio	n Period is specified, all water quality samples must	be collected du	ring the sp	ecified period.					
B. 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 Departme	ent of Public H	ealth	Drinkin	g Water S	Section				
	Water Quality N				0					
PWS ID	PWS Name	formeoring and		•	Population C		rimary Source			
CT0380184	DHI ENTERPRISES, INC.			NC	31	P	GW			
	(where applicable)	Service	Resident				-			
	EN ROAD - DURHAM	Connections		1			0			
Towns Served:	DURHAM									
		Monitoring Requ	iremer	nts						
Water Systen	n Facility: DISTRIBUTION SYSTEM									
Total Colifor	m (3100)		1 routine (RT) pe							
Sampling	Point (Sampling Point ID)		Monitorin	g Period	Collection Peri	od Compl	iance Status			
Select fro	m Inventory of Active Sampling Points		7/1/19 - 9	· · · · · · · · · · · · · · · · · · ·			omplete			
			LO/1/19 - 1				omplete			
			1/1/20 - 3			Co	omplete			
			4/1/20 - 6							
			7/1/20 - 9	9/30/20						
-	ameters (PPS)					routine (RT)				
	Point (Sampling Point ID)		Monitorin	-	Collection Peri		iance Status			
Select fro	m Inventory of Active Sampling Points		7/1/19 - 9				omplete			
			LO/1/19 - 1				omplete			
			1/1/20 - 3 4/1/20 - 6				omplete			
			7/1/20 - 9							
Water System	n Facility: ENTRY POINT (WSF ID:	00700)	//1/20	J, 30, 20						
-	Nitrite (NOX)					1 routine (F	RT) per year			
	Point (Sampling Point ID)		Monitorin	a Period	Collection Peri	-	iance Status			
ENTRY PC			1/1/19 - 1	-			omplete			
			1/1/20 - 1	2/31/20		Cc	mplete			
			1/1/21 - 1	2/31/21						
Water System	n Facility: WELL (WSF ID: 20688)									
E. Coli (3014	4)				1	routine (RT)	per quarter			
Sampling	Point (Sampling Point ID)		Monitorin	g Period	Collection Peri	od Compl	iance Status			
WELL (2)			10/1/19 - 1	12/31/19		Co	omplete			
			1/1/20 - 3			Co	omplete			
			4/1/20 - 6							
			7/1/20 - 9	9/30/20						
	Ot	ther Compliance	Sched	ules						
-	hedule Activity			ue Date		ed Date				
CORRECTIVE A	CTION/CORRECTIVE ACTION PLAN			/26/2019	8/21,	/2019				
	Publ	ic Notification R	equire	ments						
		Compliance	Notice		<u>lotification</u>		<u>tification</u>			
Violation/Situ		Period	Tier	Required			Received			
	M&R Violation	1/1/15 - 3/31/15	2	8/5/2015		8/15/2015				
-	neters M&R Violation	1/1/15 - 3/31/15	3	7/5/2016		7/15/2016				
	M&R Violation	4/1/19 - 6/30/19	3	9/19/2020		9/29/2020				
Physical Param	neters M&R Violation	4/1/19 - 6/30/19	3	9/19/2020)	9/29/2020				

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWSID PWS Name** Classification Population Owner Type Primary Source Р CT0380184 DHI ENTERPRISES, INC. NC 31 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 980 NEW HAVEN ROAD - DURHAM 1 Towns Served: DURHAM Water System Facility and Sampling Point Inventory Water **Total** Lead and Sampling Point Sampling Point Water System Facility Coliform System Copper Stage Facility ID ID Description Rule Rule Tier Asbestos WQP 2 DBPR Status Υ 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM Α DOWNSTREAM WITHIN 5 SERVICE CON А UPSTREAM WITHIN 5 SERVICE CON А 00700 ENTRY POINT 3 ENTRY POINT Α 2 WELL А 20688 WELL TREATMENT PLANT 55455 **Contact Information** Organization Job Title Name Mr. Joseph Alphonse Gambardella Dhi Enterprises, Inc. Owner Mailing Address Line One Mailing Address Line Two City State Zip Code P.O. Box 4308 Wallingford СТ 06492 **Business Phone** Extension Fax **Mobile Phone Emergency Phone** Email Address 203-627-8491 dhijg@icloud.com Contact Role(s): Administrative Contact, Legal Contact, Owner Please note the following: 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 2. If a Collection Period is specified, all water quality samples must be collected during the specified period. 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

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

	Connecticut Dep						0		ection	
		ality Monit	oring a	nd Com						
PWS ID	PWS Name				Classif					rimary Source
СТ0380204	LINOS MARKET					IC		25	Р	GW
	where applicable)		Service	Resident	tial Co	omme	ercial Ir	ndustrial	Combined	Agricultura
472 MAIN STRE			Connection	ns		1				
Towns Served:	DURHAM									
		Monite	oring Ree	quireme	nts					
Water System	Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)							
Total Colifor	m (3100)							1 rou	itine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitori	ng Peri	iod	Collect	ion Period	Compl	iance Status
Select fror	m Inventory of Active Samplin	ng Points		7/1/19 -	9/30/1	19			Co	omplete
				10/1/19 -	12/31/	/19			 C(omplete
				1/1/20 -	3/31/2	20			C	omplete
				4/1/20 -	6/30/2	20				
				7/1/20 -	9/30/2	20				
Physical Para	ameters (PPS)							1 rou	itine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitori	ng Peri	iod	Collect	ion Period	Compl	iance Status
Select from	m Inventory of Active Samplin	ng Points		7/1/19 -	9/30/1	19			C	omplete
				10/1/19 -	12/31/	/19			C	omplete
				1/1/20 -	3/31/2	20			C	omplete
				4/1/20 -	6/30/2	20				
				7/1/20 -	9/30/2	20				
Water System	Facility: ENTRY POINT	(WSF ID: 00700)								
Nitrate And I	Nitrite (NOX)							1 rou	itine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitori	ng Peri	iod	Collect	ion Period	Compl	iance Status
ENTRY PO	INT (3)			7/1/19 -	9/30/1	19			C	omplete
				10/1/19 -	12/31/	/19			Co	omplete
				1/1/20 -	3/31/2	20			C	omplete
				4/1/20 -	6/30/2	20				
				7/1/20 -	9/30/2	20				
	Water	System Facili	ity and S	ampling	Poin	t In	vento	ry		
	ter System Facility	Sampling Point				(Total Coliform			Stage
Facility ID		ID	Description			atus _	Rule	Rule Tier	ASDESTOS	WQP 2 DBP
00600 DIST	RIBUTION SYSTEM	4		ION SYSTEM		A	Y			
		DOWNSTREAM				A				
		UPSTREAM		SERVICE CON		A				
	RY POINT	3	ENTRY POI	NI		A				
20690 WEL	.L	2	WELL			A				
		Con	tact Info	ormation						
Name		O	rganization						Job Title	
Mr. Salvatore	Aparo					_				
Mailing Addres	s Line One	Mailing Address	s Line Two				Ci	ity	State	Zip Code
88 Saybrook Ro	bad					Mid	ldletown		СТ	06457
Business Pho		x Mobi	le Phone	Emergency	Phone	e Ema	ail Addre	SS		
	: Legal Contact, Owner									

			<i>J</i>	C C	5		1				7
PWS ID	PWS Name					Clas	sification	Population	Owner Type	Primary Source	
СТ0380204	LINOS MARKET							NC	25	Р	GW
Local Address (w	here applicable)			Service	5	Resider	itial	Commerc	ial Industri	al Combin	ed Agricultural
472 MAIN STREE	Т			Conne	ctions			1			
Towns Served: D	URHAM										'
Name	Organizat	Organization					Job Titl	e			
Mr. Lino Aparo											
Mailing Address	Line One		Mailing Add	dress Line Tv	ress Line Two				City	State	Zip Code
472 Main Street								Durha	m	СТ	06422
Business Phone	e Extension	Fax	N	Aobile Phone	e Er	nergency	/ Phoi	ne Email Address			
860-349-1717	6	860-349-	9962			860-250	-2004	linosm	kt@aol.com		
Contact Role(s):	Administrative	Contact, Leg	gal Contact,	Owner							
Please note the											

The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 1

If a Collection Period is specified, all water quality samples must be collected during the specified period. 2.

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.

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

	Connecticut Depa Water Qua						0		ection	
PWS ID	PWS Name								ner Type	Primary Source
CT0380224	NEW HAVEN RACOON CLUB				N		2		P	GW
Local Address (w	vhere applicable)		Service	Residentia	l Cor	mme	rcial In	dustrial	Combine	d Agricultura
853R NEW HAVE			Connectio	ns		1				
Towns Served: D	DURHAM									
		Monite	oring Re	quirement	ts					
Water System	Facility: DISTRIBUTION S									
Total Coliform	n (3100)							1 rou	itine (RT)	per quarter
Sampling P	Point (Sampling Point ID)			Monitoring	Perio	bd	Collecti	on Period	Сотр	liance Status
Select from	Inventory of Active Sampling	Points		7/1/19 - 9,	/30/19	9			C	omplete
				10/1/19 - 12	2/31/2	19			C	omplete
				1/1/20 - 3,	/31/20	0			C	omplete
				4/1/20 - 6,	/30/20	0				
				7/1/20 - 9,	/30/20	0				
Physical Parar								1 rou		per quarter
Sampling P	Point (Sampling Point ID)			Monitoring			Collecti	on Period	Сотр	liance Status
Select from	Inventory of Active Sampling	Points		7/1/19 - 9,					C	omplete
				10/1/19 - 12						omplete
				1/1/20 - 3,					C	omplete
				4/1/20 - 6,						
				7/1/20 - 9,	/30/20	0				
Water System	Facility: ENTRY POINT (V	VSF ID: 00700)								
Nitrate And N	• •								-	RT) per year
	Point (Sampling Point ID)			Monitoring			Collecti	on Period		liance Status
ENTRY POI	NT (3)			1/1/19 - 12					C	omplete
				1/1/20 - 12						
				1/1/21 - 12						
Matan	Water S	ystem Facili	ity and S	ampling P	oint	t Inv		-		
Water System Wate	er System Facility	Sampling Point	Samplina	Point		6	Total oliform	Lead and Copper		Stage
Facility ID	. System ruenty	ID	Descriptio		Stat		Rule		Asbesto	s WQP 2 DBP
	RIBUTION SYSTEM	4	DISTRIBUT	ION SYSTEM	A		Y			
		DOWNSTREAM			А	۱.				
		UPSTREAM	WITHIN 5	SERVICE CON	А	4				
00700 ENTR	Y POINT	3	ENTRY POI		А					
20692 WELL		2	WELL		A					
	ROPNEUMATIC TANK									
		Con	tact Infe	ormation						
Nama				mation					Joh Titl	
Name	h		rganization ew Haven R	acoon Club					Job Title	
Mr. John Negric								by .	Ctata	7in Code
Mailing Address 853R New Haver		Mailing Addres	S LITIE I WO			Durh	Cit	ιy	State CT	Zip Code 06422
Business Phon		Mobi	le Phone	Emergency P			-	c .	CI	00422
860-349-8139	9		IE FIIUIIE	860-349-81		LIIId	ii Auures	00		
Contact Role(s):	Administrative Contact									
NOTE: This informat	tion has been provided to help owne		-	ystems maintain o	-				-	ing 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

		· · · ·	<i>u</i>		0							
PWS ID	PWS Name					Class	ification	Population	Owner	Туре	Primary Source	
СТ0380224	NEW HAVEN RAC	OON CLUB						NC	25	Р		GW
Local Address (w	here applicable)				Service	Resider	ntial (Commerci	al Industri	al Co	mbine	ed Agricultural
853R NEW HAVE	N ROAD			(Connections			1				
Towns Served: D	URHAM											
Name				Org	anization					Jo	b Title	e
Mr. Tom Hinmar	ı			Nev	w Haven Rac	oon Club			President			
Mailing Address	Line One		Mailing Add	dress I	Line Two				City		State	Zip Code
853R New Haven	Road							Durha	m		СТ	06422
Business Phone	e Extension	Fax	N	/lobile	Phone E	mergenc	y Phor	e Email /	Address			
20				03-92	7-8755			tommy	/hsr@hotma	ail.com		
Contact Role(s):	Legal Contact				l							

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.

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

	Connecticut Dep	oartment o	f Public	: Health	Drir	nking '	Water Se	ection	
	Water Ou	ality Monit	toring a	and Com	plia	nce So	chedule		
PWS ID	PWS Name		0		*			ner Type F	rimary Source
СТ0380244	100 NEW HAVEN ROAD - I	DURHAM			N		25	P	GW
Local Address	(where applicable)		Service	Resident	ial Co	mmercial	Industrial	Combined	Agricultural
100 NEW HAV	EN ROAD		Connectio	ons		1			
Towns Served:	DURHAM								
		Monit	oring Re	quiremer	nts				
Water Systen	n Facility: DISTRIBUTION	SYSTEM (WSF	ID: 00600)	-					
Total Colifor	• •						1 ro		per quarter
	Point (Sampling Point ID)			Monitorir	-		ection Period	l Compl	iance Status
Select fro	m Inventory of Active Sampli	ing Points		10/1/19 -					
				1/1/20 -					
				4/1/20 -					
Dhuslas! D				7/1/20 -	9/30/2	U			
-	ameters (PPS) <i>Point (Sampling Point ID)</i>			Monitorir	na Dori	od Coll	1 ro lection Period		per quarter <i>iance Status</i>
	TION SYSTEM (4)			10/1/19 -	-		ection Period	Compl	unce status
DISTRIBU				1/1/20 -					
				4/1/20 -					
				7/1/20 -					
Water Systen	n Facility: ENTRY POINT	(WSF ID: 00700)		.,_,		-			
	Nitrite (NOX)						1	routine (RT) per year
	Point (Sampling Point ID)			Monitorir	ng Perio	od Coll	lection Period	-	iance Status
ENTRY PC	DINT (3)			1/1/19 - 1	2/31/1	L9			
				1/1/20 - 1	2/31/2	20			
				1/1/21 - 1	2/31/2	21			
		Other C	omplian	ce Sched	ules				
Compliance Sc	hedule Activity			D	oue Dat	te	Achieved	l Date	
RESPOND TO S	ANITARY SURVEY			3,	/25/202	20			
	Water	System Facil	ity and S	Sampling	Point	t Inven	tory		
Water						Tota		1	
	ter System Facility	Sampling Point				Colifo			Stage
Facility ID		ID	Descriptio		Sta		e Rule Tiel	r Asbestos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM			TON SYSTEM	A				
		DOWNSTREAM UPSTREAM							
00700 ENT	RY POINT	3	ENTRY PO	SERVICE CON					
20694 WE		2	WELL		A				
	ATMENT PLANT	۷	VVLLL		F	۱			
		Cor	tact Inf	ormation					
				Simation				tale white	
Name	ngolini		rganization	rant U.C			Concrol Mar	Job Title	
Ms. Gabriela A		Mailing Addres	atgio Restau	irant, LLC			General Man	ager State	Zin Codo
Mailing Addres			S LITE I WO			Wallingfo	City	CT	Zip Code 06492
Business Pho		ax Mob	ile Phone	Emergency	Phone	-			00492
860-930-35	77		ile i none	Emergency	none		rseshoetaver	ne.com	
Contact Role(s): Administrative Contact								
l									

		~	<i>.</i>	C C	5		1				
PWS ID P	WS Name					Clas	sification	Populatio	n Owner Type	Primary Source	
CT0380244 10	00 NEW HAVEN	I ROAD - DU	RHAM					NC	25	Р	GW
Local Address (who	ere applicable)			Service	9	Resider	ntial	Commerc	ial Indust	rial Combin	ed Agricultural
100 NEW HAVEN F	ROAD			Conne	ctions			1			
Towns Served: DU	RHAM						·			·	
Name				Organizat	ion					Job Tit	e
Ms. Tara Satrazem		Satgio Restaurant, LLC Owner									
Mailing Address Li	ne One		Mailing Add	ress Line Tv	NO				City	State	Zip Code
100 New Haven Ro	ad							Durha	m	СТ	06422
Business Phone	Extension	Fax	M	obile Phone	e Er	nergency	y Pho	ne Email	Address		
832-610-0279								tara@	horseshoet	averne.com	
Contact Role(s):	egal Contact, C)wner									
Please note the fo	llowing:										
1. The residual disi	nfectant concent	ration must b	e measured at	the same lo	cation	and time a	as eac	h total colif	orm 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.

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

Connecticut D	epartment of P	ublic H	ealth D	rinki	ng W	'ater Se	ection	
	uality Monitor				0			
PWS ID PWS Name		0		assificati			ner Type Pr	imary Source
CT0380264 325 MAIN STREET				NC		25	P	GW
Local Address (where applicable)	Se	ervice	Residential	Comm	ercial I	ndustrial	Combined	Agricultural
	Сс	onnections		1				
Towns Served: DURHAM	L. L							
	Monitori	ng Requ	irement	S				
Water System Facility: DISTRIBUTIO	ON SYSTEM (WSF ID: (00600)						
Total Coliform (3100)						1 roi	utine (RT) J	per quarter
Sampling Point (Sampling Point ID)	1	Monitoring	Period	Collect	tion Period	Compli	ance Status
Select from Inventory of Active Sam	pling Points		7/1/19 - 9/3	30/19			Со	mplete
		1	0/1/19 - 12	/31/19			Co	mplete
			1/1/20 - 3/3	31/20			Со	mplete
			4/1/20 - 6/3					
			7/1/20 - 9/3	30/20				
Physical Parameters (PPS)								per quarter
Sampling Point (Sampling Point ID)			Monitoring		Collect	tion Period		ance Status
Select from Inventory of Active Sam	pling Points		7/1/19 - 9/3	-				mplete
		1	0/1/19 - 12					mplete
			1/1/20 - 3/3				Со	mplete
			4/1/20 - 6/3	-				
Water System Facility - ENTRY DOIN			7/1/20 - 9/3	30/20				
Water System Facility: ENTRY POIN	(WSF 1D: 00700)					-		T)
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)	1		Monitoring	Deriod	Collec	⊥ tion Period	-	T) per year ance Status
ENTRY POINT (3)	/		1/1/19 - 12/		Conect	lion Periou	-	mplete
			1/1/10 - 12/ 1/1/20 - 12/					inpiete
			1/1/20 12/ 1/1/21 - 12/					
Water System Facility: WELL (WSF	ID: 20696)		-, -,,					
E. Coli (3014)						1 roi	utine (RT) i	per quarter
Sampling Point (Sampling Point ID)		Monitoring	Period	Collect	tion Period		ance Status
WELL (2)			7/1/19 - 9/3				Co	mplete
		1	0/1/19 - 12	/31/19			Со	mplete
			1/1/20 - 3/3	31/20			Со	mplete
			4/1/20 - 6/3	30/20				
			7/1/20 - 9/3	30/20				
	Other Con	npliance	Schedul	es				
Compliance Schedule Activity			Due	e Date		Achieved	Date	
CORRECTIVE ACTION/CORRECTIVE ACTIO	ON PLAN		11/2	3/2019		8/30/20)19	
CAP - ADDRESS DEFICIENCY			8/30	0/2020				
Wate	er System Facility	and San	npling Po	oint In	vento	ry		
Water					Total	Lead and		
System Water System Facility	Sampling Point Sa		nt		Coliform			Stage
Facility ID		escription		Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM		STRIBUTION		A	Y			
	DOWNSTREAM W			A				
	UPSTREAM W	ITHIN 5 SER	VICE CON	A				

PWS ID PV	VS Name				C	Classifica	ation F	Population	Owner Type	Primary Sour
стоз80264 32	5 MAIN STREE	т				NC		25	Р	GW
Local Address (whe	ere applicable)			Service	Residentia	al Com	mercia	l Industri	ial Combin	ed Agricultur
				Connection	ns		1			
Towns Served: DU	RHAM									
		Water Sv	ystem Faci	lity and S	ampling P	Point	Inver	ntory		
Water							Tot	tal Lead	and	
	ystem Facility		Sampling Poin				-	orm Cop	•	Stag
Facility ID			ID	Descriptior	า	Statu	_{is} Ru	ile Rule	Tier Asbest	os WQP 2 DB
00700 ENTRY F	POINT		3	ENTRY POI	NT	А				
20696 WELL			2	WELL		Α				
55939 TREATN	IENT PLANT									
			Co	ntact Info	rmation					
Name			(Organization					Job Tit	e
Mr. Mark Edward	Morrow							Building (Owner	
Mailing Address Lir	ne One		Mailing Addre	ss Line Two				City	State	Zip Code
PO Box 515						C	urham	1	СТ	06422
Business Phone	Extension	Fax	Mot	oile Phone	Emergency P	hone E	mail Ad	ddress		·
860-977-5100										
		Contract Los	al Contact, Ow	mor						

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.

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

Connecticut Depa	irtment of	f Public	Health	Drin	king	Water	Section	
Water Qua					<u> </u>			
PWS ID PWS Name	incy monite	uning a						Primary Source
CT0380294 GRIPPOS MOBIL SERVICE CE	NTFR			N		25	P	GW
Local Address (where applicable)		Service	Resident		e mmercial		-	
349 MAIN STREET		Connection			1	maastria		Britana
Towns Served: DURHAM								
	Monite	oring Red	nuireme	nts				
Water System Facility: DISTRIBUTION S			quirente					
Total Coliform (3100)						1	routine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitorii	-		lection Peri		iance Status
Select from Inventory of Active Sampling	; Points		7/1/19 -					omplete
			10/1/19 -					omplete
			1/1/20 -				Co	omplete
			4/1/20 -					
			7/1/20 -	9/30/20	0			
Physical Parameters (PPS)							routine (RT)	• •
Sampling Point (Sampling Point ID)			Monitorii	-		lection Peri		iance Status
Select from Inventory of Active Sampling	g Points		7/1/19 -					omplete
			10/1/19 -					omplete
			1/1/20 -				C	omplete
			4/1/20 -					
			7/1/20 -	9/30/20	0			
Water System Facility: ENTRY POINT (V	VSF ID: 00700)							
Nitrate And Nitrite (NOX)							-	RT) per year
Sampling Point (Sampling Point ID)			Monitorii	-		lection Peri		iance Status
ENTRY POINT (3)			1/1/19 - 1				C	omplete
			1/1/20 - 1					
			1/1/21					
		•	1/1/21 - 1		1			
	Other C	omplian			1			
Compliance Schedule Activity	Other C	omplian	ce Sched ر	ules Due Dat	e	Achiev	ed Date	
<i>Compliance Schedule Activity</i> RESPOND TO SANITARY SURVEY	Other C	omplian	ce Sched ر	ules	e	Achiev	ed Date	
RESPOND TO SANITARY SURVEY	Other Construction		ce Sched [10	ules Due Dat 0/22/20	е 16		ed Date	
RESPOND TO SANITARY SURVEY			ce Sched [10	ules Due Dat 0/22/20	е 16	tory		
RESPOND TO SANITARY SURVEY Water System Water System Facility	ystem Facili Sampling Point	ity and S Sampling F	ce Sched [10 ampling Point	ules Due Dat 0/22/20	e 16 t Inven Tota Colifa	tory al Lead a orm Coppe	ind er	Stage
RESPOND TO SANITARY SURVEY Water System Water System Facility Facility ID	ystem Facili Sampling Point ID	ity and S Sampling F Description	ce Sched L 10 ampling Point	ules Due Dat 0/22/20 Point	e 16 : Inven Toto Colifo tus Rul	tory al Lead a orm Coppe le Rule T	ind er	
RESPOND TO SANITARY SURVEY Water System Water System Facility	ystem Facili Sampling Point ID 4	ity and S Sampling F Descriptior DISTRIBUTI	ce Sched	ules Due Dat)/22/20 Point Stat	re 16 t Inven Tota Colifo tus Rul	tory al Lead a orm Coppe le Rule T	ind er	
RESPOND TO SANITARY SURVEY Water System Water System Facility Facility ID	ystem Facili Sampling Point ID 4 DOWNSTREAM	ity and S Sampling F Description DISTRIBUTI WITHIN 5 S	ce Sched	ules Due Dat)/22/20 Point Stat A	e 16 t Inven Colifo tus Rul	tory al Lead a orm Coppe le Rule T	ind er	Stage WQP 2 DBPR
RESPOND TO SANITARY SURVEY Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM	ystem Facili Sampling Point ID 4 DOWNSTREAM UPSTREAM	ity and S Sampling F Description DISTRIBUTI WITHIN 5 S WITHIN 5 S	ce Sched	ules Due Dat)/22/20 Point Star A I A	e 16 Tota Colifo tus Rul	tory al Lead a orm Coppe le Rule T	ind er	
RESPOND TO SANITARY SURVEY Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT	ystem Facili Sampling Point ID 4 DOWNSTREAM UPSTREAM 3	ity and S Sampling F Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POIN	ce Sched	ules Due Dat)/22/20 Point Stat A I A I A	re 16 t Inven Colifc tus Rul	tory al Lead a orm Coppe le Rule T	ind er	
RESPOND TO SANITARY SURVEY Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM	ystem Facili Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2	ity and S Sampling F Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POII WELL 1	ce Sched	ules Due Dat)/22/20 Point Star A I A I A A A A	re 16 t Inven Colifc tus Rul	tory al Lead a orm Coppe le Rule T	ind er	
RESPOND TO SANITARY SURVEY Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT	ystem Facili Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2	ity and S Sampling F Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POIN	ce Sched	ules Due Dat)/22/20 Point Star A I A I A A A A	re 16 t Inven Colifc tus Rul	tory al Lead a orm Coppe le Rule T	ind er	
RESPOND TO SANITARY SURVEY Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT	ystem Facili Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2 Con	ity and S Sampling F Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POII WELL 1	ce Sched	ules Due Dat)/22/20 Point Star A I A I A A A A	re 16 t Inven Colifc tus Rul	tory al Lead a orm Coppe le Rule T	ind er	
RESPOND TO SANITARY SURVEY Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT 51797 WELL 1	ystem Facili Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2 Con	ity and S Sampling F Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POIL WELL 1 tact Info	ce Sched	ules Due Dat)/22/20 Point Star A I A I A A A A	re 16 t Inven Colifc tus Rul	tory al Lead a orm Coppe le Rule T	ind er Tier Asbestos	
RESPOND TO SANITARY SURVEY Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT 51797 WELL 1 Name	ystem Facili Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2 Con	ity and S Sampling F Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POIL WELL 1 Itact Info	ce Sched	ules Due Dat)/22/20 Point Star A I A I A A A A	re 16 t Inven Colifc tus Rul	tory al Lead a orm Coppo le Rule T	ind er Tier Asbestos	
RESPOND TO SANITARY SURVEY Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT 51797 WELL 1 Name Mr. Peter Grippo	ystem Facili Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2 Con	ity and S Sampling F Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POIL WELL 1 Itact Info	ce Sched	ules Due Dat)/22/20 Point Star A I A I A A A A	re 16 t Inven Colifc tus Rul	tory al Lead a orm Coppe le Rule T	ind er Tier Asbestos Job Title	WQP 2 DBPR
RESPOND TO SANITARY SURVEY Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT 51797 WELL 1 Name Mr. Peter Grippo Mailing Address Line One	ystem Facili Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2 Con 0 Mailing Address	ity and S Sampling F Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POIL WELL 1 Itact Info	ce Sched	ules Due Dat)/22/20 Point A I A I A A A	e 16 Tota Colifo tus Rul Y	tory al Lead a orm Coppo le Rule T Owner City	ind er Tier Asbestos Job Title	WQP 2 DBPR

	C 5	0						
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0380294	GRIPPOS MOBIL SERVICE CENTER				NC	25	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
349 MAIN STREET Connections 1								
Towns Served:	DURHAM					1		
Contact Role(s)	Administrative Contact, Legal Contact, Own	er						
Please note the	e following:							
1. The residual	disinfectant concentration must be measured at the	same location	and time a	as ead	ch total colif	orm sample.		
2. If a Collection	n Period is specified, all water quality samples must	be collected du	ing the sp	pecifie	ed period.			
3. Depending o	n results, additional monitoring may be required (i.e	e. repeat or conf	irmation s	samp	les). This sc	hedule is subj	ect to change,	and any related
corresponde	nce sent by the DWS on or after the generation date	e of this schedul	e will have	e pred	cedence ove	r what is cont	tained in this so	hedule.
	If you have any questions, please co	ontact the Dri	nking Wo	ater	Section at	(860) 509-73	333.	

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	Connecticut Departm					0	·		ection	
	Water Quality	Monit	oring an	a con						
PWS ID	PWS Name	N 1			Clas				vner Type Pr	
CT0389133	UNITED CHURCHES CORPORATIO	N	Comilar	Desider	41-1	NC	25		P	GW
	where applicable)		Service Connections	Residen	tial	Commercia	al Industr	Tai	Combined	Agricultura
228R MAIN STE Towns Served:			connections			2				
Towns Served:	DORHAM									
Water System	Facility: DISTRIBUTION SYSTE		oring Requ D: 00600)	ureme	nts	_	_	-	_	_
Total Colifor	m (3100)							1 ro	outine (RT) p	per quarter
	Point (Sampling Point ID)			Monitori	ng P	eriod Co	ollection Pe			ance Status
Select from	m Inventory of Active Sampling Poin	ts		7/1/19 -	9/30)/19			Со	mplete
				10/1/19 -	12/3	31/19			Co	mplete
				1/1/20 -	3/31	/20				
				4/1/20 -	6/30)/20				
				7/1/20 -	9/30)/20				
Physical Para	ameters (PPS)							1 ro	outine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitori	ing Po	eriod Co	ollection Pe	eriod	d Compli	ance Status
Select from	m Inventory of Active Sampling Poin	ts		7/1/19 -	9/30)/19			Со	mplete
				10/1/19 -	12/3	31/19			Со	mplete
				1/1/20 -	3/31	/20				
				4/1/20 -	6/30)/20				
				7/1/20 -	9/30)/20				
Water System	Facility: ENTRY POINT (WSF I	D: 00700)								
Nitrate And	Nitrite (NOX)							:	1 routine (R	T) per year
Sampling	Point (Sampling Point ID)			Monitori	ing Po	eriod Co	ollection Pe		-	ance Status
ENTRY PO	INT (3)			1/1/19 -	12/3	1/19			Со	mplete
				1/1/20 -	12/3	1/20				
				1/1/21 -	12/3	1/21				
Water System	Facility: HALL WELL (WSF ID:	20695)								
E. Coli (3014								1 ro	outine (RT) p	per quarter
-	Point (Sampling Point ID)			Monitori	ng Po	eriod Co	ollection Pe			ance Status
HALL WEL	L (2)			7/1/19 -	9/30)/19			Со	mplete
				10/1/19 -	12/3	31/19			Со	mplete
				1/1/20 -	3/31	L/20				
				4/1/20 -	6/30)/20				
			-	7/1/20 -	9/30)/20				
	Pu	blic Not	tification R	Require	eme	ents				
		C	ompliance	Notice			otification		PN Cert	i <u>fication</u>
Violation/Situe			Period	Tier		Required	Performe	ed	Due to DPH	Received
Total Coliform			/14 - 3/31/14	2		5/26/2014			7/6/2014	
Physical Param	eters M&R Violation		/14 - 3/31/14	3		5/27/2015			6/6/2015	
	Water Syste	em Facil	ity and Sai	mpling	Poi	int Inve	ntory			
Water							otal Lead	l an	d	
	ter System Facility Sam	-	Sampling Poi	int				per		Stage
Facility ID		ID	Description		9	Julus		e Tie	er Asbestos	WQP 2 DBP
00600 DIST	RIBUTION SYSTEM	001	KITCHEN - HA				Y			
		002	KITCHEN - CH	URCH		A	Y			

		ter Qua	lity Monit	loi ilig al							
PWS ID	PWS Name								Own		rimary Sourc
СТ0389133	UNITED CHURCH	IES CORPOR	ATION				NC	25		Р	GW
	where applicable)			Service	Resider	ntial C	ommercial	Industr	ial (Combined	Agricultur
228R MAIN STR				Connection	IS		2				
Towns Served: [DURHAM										
		Water Sy	/stem Facil	ity and Sa	ampling	g Poir	nt Inven	tory			
Water							Tot	al Lead	l and		
	er System Facility		Sampling Point				Colife		oper		Stag
Facility ID			ID	Description		St	atus Ru	le Rule	e Tier	Asbestos	WQP 2 DBI
			003	DIST. CHUR	СН		A Y				
			004	KITCHEN - C	DFFICE		A Y				
			4	DISTRIBUTI	ON SYSTEN	Л	A Y				
			DOWNSTREAM	WITHIN 5 S	ERVICE CO	N	А				
			UPSTREAM	WITHIN 5 S	ERVICE CO	N	А				
00700 ENTR	RY POINT		3	ENTRY POIN	ΝT		A				
20695 HALL	WELL		2	HALL WELL			A				
61005 GAC	TREATMENT										
			Cor	ntact Info	rmatio	n					
Name			0	rganization						Job Title	
Mr. John Hogar	th			nited Church	es			Chairmar	า		
Mailing Address			Mailing Addres	s Line Two				City		State	Zip Code
228 Main Street							Durham	,		СТ	06422
Business Phor	e Extension	Fax	Mob	ile Phone	Emergenc	y Phon	e Email Ad	ldress			
860-349-3683	3	203-235-7	/149		203-349						
Contact Role(s):	Legal Contact										
Name			0	rganization						Job Title	
Ms. Stephanie I	Hutchison		U	nited Church	es Corpora	ation		Admin As	ssistan	nt	
Mailing Address	Line One		Mailing Addres	s Line Two				City		State	Zip Code
228 Main Street	:						Durham			СТ	06422
Business Phor	e Extension	Fax	Mob	ile Phone	Emergenc	y Phon	e Email Ad	dress			
860-349-3683	3	860-349-8	3080				the.unite	ed.church	es@sr	net.net	
Contact Role(s):	Administrative	Contact	1				4				
Please note the	following:										
1. The residual of	disinfectant concent	tration must b	e measured at th	e same locatio	n and time	as each	total colifor	m sample.			
2. If a Collection	Period is specified,	all water qua	lity samples must	be collected c	luring the s	pecified	period.				
B. Depending or	n results, additional	monitoring m	ay be required (i.	e. repeat or co	onfirmation	samples). This sche	dule is sub	ject to	change, an	d 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.

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	Connecticut Departme			0			
	Water Quality M	lonitoring and	d Comj	pliance S	chedule		
PWS ID	PWS Name		C	lassification	Population O	wner Type Pr	imary Source
СТ0389134	1041 NEW HAVEN ROAD - DURHAM			NC	25	Р	GW
Local Address (where applicable)	Service	Residentia	al Commercia	I Industrial	Combined	Agricultural
		Connections		1			
Towns Served:							
	N	Ionitoring Requ	iremen	ts			
Water System	n Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)					
Total Colifor	m (3100)				1 r	outine (RT) p	er quarter
Sampling	Point (Sampling Point ID)		Monitoring	g Period Co	llection Perio	d Complia	ince Status
Select fror	m Inventory of Active Sampling Points		7/1/19 - 9	/30/19		Cor	nplete
		1	LO/1/19 - 1	2/31/19		Cor	nplete
			1/1/20 - 3			Cor	nplete
			4/1/20 - 6	-			
			7/1/20 - 9	/30/20			
-	ameters (PPS)					outine (RT) p	•
	Point (Sampling Point ID)		Monitoring		llection Perio		ince Status
Select from	m Inventory of Active Sampling Points		7/1/19 - 9				nplete
		1	10/1/19 - 1				nplete
			1/1/20 - 3			Cor	nplete
			4/1/20 - 6				
			7/1/20 - 9	/30/20			
-	n Facility: ENTRY POINT (WSF ID: C	00700)					
	Nitrite (NOX)					1 routine (R	
	Point (Sampling Point ID)		Monitoring		llection Perio		ince Status
ENTRY PO	INT (3)		1/1/19 - 12			Cor	nplete
			1/1/20 - 12				
			1/1/21 - 12	· ·			
	Publi	c Notification R	equiren	nents		1	
		Compliance	Notice	<u>Public No</u>		<u>PN Certi</u>	
Violation/Situa		Period	Tier	Required	Performed	Due to DPH	Received
Total Coliform		7/1/04 - 9/30/04	2	2/2/2005		2/12/2005	
Total Coliform		10/1/04 - 12/31/04	2	6/19/2005		6/29/2005	
Total Coliform		1/1/05 - 3/31/05	2	8/24/2005		9/3/2005	
Total Coliform		4/1/05 - 6/30/05	2	11/17/2005		11/27/2005	
Total Coliform		10/1/05 - 12/31/05	2	4/12/2006		4/22/2006	
	trite M&R Violation	1/1/05 - 12/31/05 10/1/04 - 12/31/04	2	4/12/2006		4/22/2006	
Total Coliform	eters M&R Violation		3	5/20/2006		5/30/2006	
	eters M&R Violation	1/1/06 - 3/31/06 1/1/05 - 3/31/05	2	7/13/2006 7/25/2006		7/23/2006 8/4/2006	
Total Coliform		4/1/06 - 6/30/06	3	9/17/2006		9/27/2006	
	leters M&R Violation	4/1/05 - 6/30/05	3	10/18/2006		10/28/2006	
Total Coliform		7/1/06 - 9/30/06	2	12/30/2006		1/9/2007	
	eters M&R Violation	10/1/05 - 12/31/05	3	3/13/2007		3/23/2007	
	eters M&R Violation	1/1/06 - 3/31/06	3	6/13/2007		6/23/2007	
	eters M&R Violation	10/1/07 - 12/31/07	3	2/28/2009		3/10/2009	
	eters M&R Violation	10/1/08 - 12/31/08	3	6/29/2010		7/9/2010	
-	eters M&R Violation	7/1/08 - 9/30/08	3	6/29/2010		7/9/2010	
		.,_,	-	0, 20, 2020		., ., _,	

		Wa	ter Qua	lity Mon	itoring a	ind Comp	olian	ice S	che	edule		
PWS ID	PV	VS Name				C	lassific	ation I	Popul	ation O	wner Type	Primary Sour
СТ038913	4 10	41 NEW HAVE	N ROAD - D	URHAM			NC		2	5	Р	GW
Local Add	ress (whe	re applicable)			Service	Residentia	al Com	mercia	l In	dustrial	Combine	d Agricultu
					Connectio	ons		1				
Towns Ser	ved: DUF	RHAM										
			Water Sy	ystem Faci	ility and S	Sampling P	oint	Inver	ntor	у		
Water				-	-			То	tal	Lead an	d	
System	Water S	ystem Facility		Sampling Poin	nt Sampling	Point		Colif	orm	Coppe	r	Stag
Facility ID)			ID	Descriptio	n	Stati	ıs Rı	ıle	Rule Tie	er Asbesto	s WQP 2 DB
00600	DISTRIB	JTION SYSTEM	1	4	DISTRIBUT	ION SYSTEM	Α	١	(
				DOWNSTREAM	M WITHIN 5	SERVICE CON	А					
				UPSTREAM	WITHIN 5	SERVICE CON	А					
00700	ENTRY P	OINT		3	ENTRY PO	INT	А					
48826	WELL			2	WELL		А					
				Со	ontact Info	ormation						
Name					Organization						Job Title	<u>.</u>
Mr. Jay N	Mavani				Jay Enterprise	e LLC			Owi	ner		
Mailing Ad		e One		Mailing Addre					Cit	.v	State	Zip Code
1041 New				0			[Durham	1	,	СТ	06422
Busines	s Phone	Extension	Fax	Mo	bile Phone	Emergency P	hone E	Email A	ddres	S		
860-34	9-0460					203-215-84		mavani				
Contact R	ole(s): A	dministrative	Contact, Ow	/ner					-			
Please no	te the fol	lowing:										
		0	tration must b	e measured at t	the same locati	on and time as e	each tot	al colifo	rm sa	mple.		
2. If a Col	llection Pe	riod is specified,	, all water qua	lity samples mu	st be collected	during the spec	ified pe	riod.		-		
3. Depen	ding on res	sults, additional	monitoring m	nay be required ((i.e. repeat or o	confirmation san	nples).	This sch	edule	is subject	to change. a	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.

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	Connecticut Departm	ent of Public H Monitoring an			0			
PWS ID	PWS Name	Monitoring and		1				Primary Sourc
CT0389163	45R OZICK DRIVE - UNIT 18-R			NC		38	P	GW
	(where applicable)	Service	Resident		rcial	Industrial	Combine	-
		Connections		1				
Towns Served	: DURHAM							
		Monitoring Requ	iremer	nts				
Water Syster	m Facility: DISTRIBUTION SYSTE							
Total Colifor	· · · · · · · · · · · · · · · · · · ·					1 r	outino (PT) per quarte
	y Point (Sampling Point ID)		Monitorin	a Period	Colle	ction Perio	-	liance Status
	om Inventory of Active Sampling Point		7/1/19 - 9	-	conc		-	Complete
			10/1/19 - 1					Complete
			1/1/20 - 3					Complete
			4/1/20 - 0					- -
			7/1/20 - 9					
Physical Par	ameters (PPS)		-			1 r	outine (RT) per quarte
-	g Point (Sampling Point ID)		Monitorin	g Period	Colle	ction Perio	-	liance Status
Select fro	om Inventory of Active Sampling Point	S	7/1/19 - 9	9/30/19			C	Complete
			10/1/19 - 1	12/31/19			(Complete
			1/1/20 - 3	3/31/20		C	Complete	
			4/1/20 -	6/30/20				
			7/1/20 - 9	9/30/20				
Water Syster	m Facility: ENTRY POINT (WSF II	D: 00700)						
Nitrate And	Nitrite (NOX)						1 routine	(RT) per yea
	g Point (Sampling Point ID)		Monitorin	-	Colle	ction Perio	od Comp	liance Status
ENTRY PO	DINT (3)		1/1/19 - 1				C	Complete
			1/1/20 - 1					
			1/1/21 - 1	.2/31/21				
	(Other Compliance	Sched	ules				
Compliance S	chedule Activity		D	ue Date		Achieve	ed Date	
CROSS CONNE	ECTION SURVEY REPORT		3	/1/2016				
CROSS CONNE	ECTION SURVEY REPORT		3	/1/2017				
CROSS CONNE	ECTION SURVEY REPORT		3	/1/2018				
CROSS CONNE	ECTION SURVEY REPORT			/1/2019				
CROSS CONNE	ECTION SURVEY REPORT		3	/1/2020				
	Pul	blic Notification R	equire	ments				
		Compliance	Notice	Public	Notif	ication	PN Ce	<u>rtification</u>
Violation/Situ	lation	Period	Tier	Require	d P	Performed	Due to DP	H Received
	urbidity MCL Violation	4/1/10 - 6/30/10	2	8/26/201			9/5/2010	
	olor MCL Violation	4/1/10 - 6/30/10	2	8/26/201			9/5/2010	
	urbidity MCL Violation	10/1/10 - 12/31/10	2	3/2/201			3/12/2011	
	urbidity MCL Violation	7/1/10 - 9/30/10	2	3/24/201			4/3/2011	
	olor MCL Violation	7/1/10 - 9/30/10	2	3/24/201			4/3/2011	
	urbidity MCL Violation	4/1/12 - 6/30/12	2	8/9/201			8/19/2012	
	olor MCL Violation	4/1/12 - 6/30/12	2	9/7/201			9/17/2012	
Total Coliform	M&R Violation	7/1/12 - 9/30/12	2	1/11/201	13		1/21/2013	3
	itrite M&R Violation	1/1/12 - 12/31/12	2	10/12/20			10/22/201	-

PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
СТ0389163	45R OZICK DRIVE - UNIT 18-R				NC	38	Р	GW
Local Address (w	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
		Connections			1			

Towns Served: DURHAM

Public Notification Requirements											
	Compliance	Notice	Public No	tification	PN Certification						
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Total Coliform M&R Violation	10/1/12 - 12/31/12	2	10/12/2013		10/22/2013						
Total Coliform M&R Violation	1/1/13 - 3/31/13	2	10/12/2013		10/22/2013						
Total Coliform M&R Violation	4/1/13 - 6/30/13	2	10/12/2013		10/22/2013						
Physical Parameters M&R Violation	7/1/12 - 9/30/12	3	12/12/2013		12/22/2013						
Physical Parameters M&R Violation	4/1/13 - 6/30/13	3	9/12/2014		9/22/2014						
Physical Parameters M&R Violation	10/1/12 - 12/31/12	3	9/12/2014		9/22/2014						
Physical Parameters M&R Violation	1/1/13 - 3/31/13	3	9/12/2014		9/22/2014						

Water System Facility and Sampling Point Inventory

Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	А					
		DOWNSTREAM	WITHIN 5 SERVICE CON	А					
		UPSTREAM	WITHIN 5 SERVICE CON	А					
00700	ENTRY POINT	3	ENTRY POINT	А					
53787	WELL 1	2	WELL 1	А					
53791	TREATMENT PLANT								

Contact Information Name Organization Job Title Mr. Rory Wilson Aesthetic Structures, LLC President Mailing Address Line One Mailing Address Line Two City State Zip Code PO Box 117 Durham СТ 06422 **Business Phone** Extension **Mobile Phone** Emergency Phone Email Address Fax 860-305-7219 860-349-9595 860-349-1544 rwilsondisbuild@yahoo.com Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

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End of schedule

	Connecticut Departme				·		
	Water Quality M	lonitoring and					
PWS ID	PWS Name		C	lassification	Population (Owner Type Pr	mary Source
CT0389164	459 MADISON RD			NC	25	Р	GW
Local Address	(where applicable)	Service	Residentia	l Commerci	al Industria	l Combined	Agricultural
459 MADISON	I ROAD	Connections		1			
Towns Served	: DURHAM						
	N	Ionitoring Requ	irement	ts			
Water Syster	m Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)					
Total Colifo	rm (3100)				1	routine (RT) p	er quarter
Sampling	g Point (Sampling Point ID)		Monitoring	Period C	ollection Peri		nce Status
Select fro	om Inventory of Active Sampling Points		7/1/19 - 9/	/30/19		Cor	nplete
		1	10/1/19 - 12	2/31/19		Cor	nplete
			1/1/20 - 3/	/31/20		Cor	nplete
			4/1/20 - 6/				
			7/1/20 - 9/				
Physical Par	rameters (PPS)				1	routine (RT) p	er quarter
Sampling	g Point (Sampling Point ID)		Monitoring	Period C	ollection Peri	od Complic	ince Status
Select fro	om Inventory of Active Sampling Points		7/1/19 - 9/	/30/19		Cor	nplete
		1	10/1/19 - 12	2/31/19		Cor	nplete
			1/1/20 - 3/	/31/20		Cor	nplete
			4/1/20 - 6/	/30/20			
			7/1/20 - 9/	/30/20			
Water System	m Facility: ENTRY POINT (WSF ID: 0	00700)					
Nitrate And	Nitrite (NOX)					1 routine (R	Г) per year
Sampling	g Point (Sampling Point ID)	1	Monitoring	Period C	ollection Peri	od Complia	nce Status
ENTRY PO	DINT (3)		1/1/19 - 12	/31/19		Cor	nplete
			1/1/20 - 12	124 120			
			1/1/20 - 12	/31/20			
			1/1/20 - 12 1/1/21 - 12				
	Publi		1/1/21 - 12	/31/21			
	Publi	c Notification R	1/1/21 - 12	/31/21 nents	otification	<u>PN Certi</u>	<u>fication</u>
Violation/Situ		c Notification R	1/1/21 - 12 equiren	/31/21 nents	otification Performed		<u>fication</u> Received
		c Notification R	1/1/21 - 12 equiren Notice	/31/21 nents <u>Public N</u>	Performed		
Distribution C	uation	C Notification R Compliance Period	1/1/21 - 12 equiren Notice Tier	/31/21 Tents <u>Public N</u> Required	Performed	Due to DPH	
Distribution C Distribution C	<i>lation</i> olor MCL Violation	Compliance Period 7/1/11 - 9/30/11	1/1/21 - 12 equiren Notice Tier 2	/31/21 nents Public N Required 3/11/2012	Performed	Due to DPH 3/21/2012	
Distribution C Distribution C Distribution T	<i>uation</i> olor MCL Violation olor MCL Violation	Compliance Period 7/1/11 - 9/30/11 10/1/11 - 12/31/11	1/1/21 - 12 equiren Notice Tier 2 2	/31/21 nents Public N Required 3/11/2012 3/11/2012	Performed	Due to DPH 3/21/2012 3/21/2012	
Distribution C Distribution C Distribution T Distribution T	<i>uation</i> olor MCL Violation olor MCL Violation urbidity MCL Violation	C Notification R Compliance Period 7/1/11 - 9/30/11 10/1/11 - 12/31/11 10/1/11 - 12/31/11	1/1/21 - 12 equirem Notice Tier 2 2 2 2	/31/21 Dents <u>Public N</u> <u>Required</u> 3/11/2012 3/11/2012	Performed	Due to DPH 3/21/2012 3/21/2012 3/21/2012 3/21/2012	
Distribution C Distribution C Distribution T Distribution T Distribution T	<i>nation</i> olor MCL Violation olor MCL Violation urbidity MCL Violation urbidity MCL Violation	Compliance Period 7/1/11 - 9/30/11 10/1/11 - 12/31/11 10/1/11 - 12/31/11 7/1/11 - 9/30/11	1/1/21 - 12 equiren Notice Tier 2 2 2 2 2 2	/31/21 Pents Public N Required 3/11/2012 3/11/2012 3/11/2012 3/11/2012	Performed	Due to DPH 3/21/2012 3/21/2012 3/21/2012 3/21/2012 3/21/2012	
Distribution C Distribution C Distribution T Distribution T Distribution T Distribution C	olor MCL Violation olor MCL Violation urbidity MCL Violation urbidity MCL Violation urbidity MCL Violation	C Notification R Compliance Period 7/1/11 - 9/30/11 10/1/11 - 12/31/11 10/1/11 - 12/31/11 7/1/11 - 9/30/11 1/1/12 - 3/31/12	1/1/21 - 12 equiren Notice Tier 2 2 2 2 2 2 2 2 2 2 2	/31/21 Pents Public N Required 3/11/2012 3/11/2012 3/11/2012 3/11/2012 6/14/2012	Performed	Due to DPH 3/21/2012 3/21/2012 3/21/2012 3/21/2012 3/21/2012 6/24/2012	
Distribution C Distribution C Distribution T Distribution T Distribution T Distribution C Distribution C	olor MCL Violation olor MCL Violation urbidity MCL Violation urbidity MCL Violation urbidity MCL Violation olor MCL Violation	C Notification R Compliance Period 7/1/11 - 9/30/11 10/1/11 - 12/31/11 10/1/11 - 12/31/11 7/1/11 - 9/30/11 7/1/11 - 9/30/11 1/1/12 - 3/31/12 1/1/12 - 3/31/12	1/1/21 - 12 equirem Notice Tier 2 2 2 2 2 2 2 2 2 2 2 2 2	/31/21 Pents Public N Required 3/11/2012 3/11/2012 3/11/2012 3/11/2012 6/14/2012 6/14/2012	Performed	Due to DPH 3/21/2012 3/21/2012 3/21/2012 3/21/2012 6/24/2012 6/24/2012	
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Distribution C Distribution C Distribution T Distribution T Distribution T Distribution C Distribution C Distribution T Distribution T	olor MCL Violation olor MCL Violation urbidity MCL Violation urbidity MCL Violation urbidity MCL Violation olor MCL Violation olor MCL Violation urbidity MCL Violation	C Notification R Compliance Period 7/1/11 - 9/30/11 10/1/11 - 12/31/11 10/1/11 - 12/31/11 7/1/11 - 9/30/11 7/1/11 - 9/30/11 1/1/12 - 3/31/12 1/1/12 - 3/31/12 4/1/12 - 6/30/12 4/1/12 - 6/30/12	1/1/21 - 12 equirem Notice Tier 2 2 2 2 2 2 2 2 2 2 2 2 2	/31/21 Pents Public N Required 3/11/2012 3/11/2012 3/11/2012 3/11/2012 6/14/2012 6/14/2012 9/7/2012 9/7/2012	Performed	Due to DPH 3/21/2012 3/21/2012 3/21/2012 3/21/2012 6/24/2012 6/24/2012 9/17/2012 9/17/2012	
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Distribution C Distribution C Distribution T Distribution T Distribution T Distribution C Distribution C Distribution T Distribution T Distribution T Distribution C Distribution C Distribution C Distribution C Distribution C	Internation olor MCL Violation olor MCL Violation urbidity MCL Violation urbidity MCL Violation urbidity MCL Violation olor MCL Violation urbidity MCL Violation urbidity MCL Violation olor MCL Violation olor MCL Violation olor MCL Violation olor MCL Violation olor MCL Violation	Compliance Period 7/1/11 - 9/30/11 10/1/11 - 12/31/11 10/1/11 - 12/31/11 10/1/11 - 12/31/11 10/1/11 - 12/31/11 1/1/12 - 3/31/12 1/1/12 - 3/31/12 1/1/12 - 3/31/12 4/1/12 - 6/30/12 4/1/12 - 6/30/12 7/1/12 - 9/30/12 10/1/12 - 12/31/12 10/1/12 - 12/31/12 10/1/12 - 12/31/12 10/1/12 - 3/31/13	1/1/21 - 12 equirem Notice Tier 2 2 2 2 2 2 2 2 2 2 2 2 2	/31/21 Pents Public N Required 3/11/2012 3/11/2012 3/11/2012 3/11/2012 6/14/2012 6/14/2012 9/7/2012 9/7/2012 12/1/2012 12/1/2012 3/23/2013 3/23/2013 6/1/2013	Performed	Due to DPH 3/21/2012 3/21/2012 3/21/2012 3/21/2012 6/24/2012 6/24/2012 9/17/2012 9/17/2012 12/11/2012 4/2/2013 4/2/2013 6/11/2013	
Distribution C Distribution C Distribution T Distribution T Distribution T Distribution C Distribution C Distribution T Distribution T Distribution T Distribution C Distribution C Distribution C Distribution C Distribution C	action olor MCL Violation olor MCL Violation urbidity MCL Violation urbidity MCL Violation urbidity MCL Violation olor MCL Violation olor MCL Violation urbidity MCL Violation olor MCL Violation olor MCL Violation olor MCL Violation olor MCL Violation olor MCL Violation olor MCL Violation	C Notification R Compliance Period 7/1/11 - 9/30/11 10/1/11 - 12/31/11 10/1/11 - 12/31/11 10/1/11 - 12/31/11 7/1/11 - 9/30/11 1/1/12 - 3/31/12 1/1/12 - 3/31/12 1/1/12 - 6/30/12 4/1/12 - 6/30/12 7/1/12 - 9/30/12 7/1/12 - 9/30/12 10/1/12 - 12/31/12 10/1/12 - 12/31/12 10/1/12 - 3/31/13 1/1/13 - 3/31/13	1/1/21 - 12 equirem Notice Tier 2 2 2 2 2 2 2 2 2 2 2 2 2	/31/21 Pents Public N Required 3/11/2012 3/11/2012 3/11/2012 3/11/2012 3/11/2012 6/14/2012 6/14/2012 9/7/2012 9/7/2012 12/1/2012 3/23/2013 3/23/2013 6/1/2013	Performed	Due to DPH 3/21/2012 3/21/2012 3/21/2012 3/21/2012 6/24/2012 6/24/2012 9/17/2012 9/17/2012 12/11/2012 4/2/2013 4/2/2013 6/11/2013	

		~	5	0		1				
PWS ID	PWS Name					Cla	ssification	Population	Owner Type	Primary Source
СТ0389164	459 MADISON RD						NC	25	Р	GW
Local Address	(where applicable)			Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
459 MADISON	ROAD			Connections			1			
Towns Served	: DURHAM									
			Publi	c Notification R	Requir	em	ents			
				Compliance	Notic	е	Public N	otification	PN C	<u>ertification</u>
Violation/Situ	ation			Period	Tier		Required	Performe	d Due to DP	PH Received
Distribution Co	olor MCL Violation			7/1/13 - 9/30/13	2		2/8/2014		2/18/201	.4
Distribution Tu	urbidity MCL Violation			10/1/13 - 12/31/13	2		3/16/2014		3/26/201	4

10/1/13 - 12/31/13

		1 1	, ,					
		Water System Facili	ity and Sampling P	oint Ir	nvento	ry		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	А	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	А				
		UPSTREAM	WITHIN 5 SERVICE CON	А				
00700	ENTRY POINT	3	ENTRY POINT	А				
53845	WELL	2	WELL	А				
50109								 -

2

3/16/2014

3/26/2014

59108 TREATMENT PLANT

Distribution Color MCL Violation

ame		Organization			Job Title	
r. Ahmad B. Kohsar		Khorasan LLC		Owner		
ailing Address Line One	Mailing Ac	dress Line Two		State	Zip Code	
Mustang Dr			Guilford		СТ	06437
Business Phone Extension F	ах	Mobile Phone	Emergency Phone Email Ad	dress		
959-888-2945			bkohsar	@gmail.com		
ontact Role(s): Administrative Contact,	Legal Contact	, Owner				

The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 1.

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 Dep	artme	ent of	Public	: Health	Drir	nking	Wate	er Se	ection	
	Water Qu	ality N	/lonit	oring a	and Con	nplia	nce S	ched	ule		
PWS ID	PWS Name			0		Classifi	cation F	Populatic	on Ow	ner Type F	Primary Source
СТ0389174	350 MAIN ST WINDSOR	GOLD STA	R LLC			N		43		Р	GW
Local Address	(where applicable)			Service	Residen	tial Co	mmercia	I Indus	trial	Combined	Agricultura
350 MAIN STR	EET			Connectio	ons					2	
Towns Served	: DURHAM										
		ſ	Monite	oring Re	quireme	nts					
Water Syster	m Facility: DISTRIBUTION	SYSTEM	(WSF I	D: 00600)							
Total Colifo	rm (3100)								1 rou	utine (RT)	per quarter
Sampling	Point (Sampling Point ID)				Monitori	i <mark>ng Peri</mark>	od Co	llection l	Period	Comp	liance Status
Select fro	om Inventory of Active Sampli	ng Points			7/1/19 -	9/30/1	9			C	omplete
					10/1/19 -	12/31/	19			C	omplete
					1/1/20 -					C	omplete
					4/1/20 -						
					7/1/20 -	9/30/2	0				
•	ameters (PPS)										per quarter
	Point (Sampling Point ID)				Monitori			llection l	Period		liance Status
Select fro	om Inventory of Active Sampli	ng Points			7/1/19 -						omplete
					10/1/19 -						omplete
					1/1/20 -					C	omplete
					4/1/20 -						
			00700)		7/1/20 -	9/30/2	0				
	m Facility: ENTRY POINT	(WSF ID:	00700)								1
	Nitrite (NOX)					in a Davi	ad Ca	llesticus		-	RT) per year
ENTRY P	Point (Sampling Point ID)				Monitori			llection l	Perioa		liance Status
ENTRY P	JINT (3)				1/1/19 -					U	omplete
					1/1/20 - 1/1/21 -						
	\A/ator	Sustan	Facili					ton			
Mater	water	system	Ггасш	ity and s	Sampling	POIN			nd and		
Water System Wo	iter System Facility	Samplir	na Point	Sampling	Point		Tot Colif		nd and opper		Stage
Facility ID		-	D	Descriptio		Sta	0.			Asbestos	WQP 2 DBP
	TRIBUTION SYSTEM		4	DISTRIBUT	ION	 	lus				•
		DOWN	STREAM		SERVICE COI						
		UPST	REAM	WITHIN 5	SERVICE CO						
00700 EN	TRY POINT		3	ENTRY PO		4					
	ELL 1	:	2	WELL 1			4				
					ormation						
Name			I	rganization						Job Title	
Mr. Donald J.	Mondani			indsor Gol	StarllC			Owner		300 1100	
Mailing Addre		Mailing		s Line Two	- Jtai 220			City		State	Zip Code
5 Iron Gate Ln			,				Cromwe			CT	06416
Business Ph		ax	Mobi	le Phone	Emergency	Phone					
860-250-11					860-250-			ndani@h	otmail	.com	
	6): Administrative Contact, L										

		0		L			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0389174	350 MAIN ST WINDSOR GOLD STAR LLC			NC	43	Р	GW
Local Address	(where applicable)	Service	Residen	tial Commerc	ial Industri	ial Combine	ed Agricultura
350 MAIN STR	EET	Connections				2	
Towns Served	DURHAM			·		!	
Please note th	ne following:						
1. The residua	l disinfectant concentration must be measured at th	e same location	and time a	as each total coli	form sample.		
2. If a Collecti	on Period is specified, all water quality samples mus	t be collected du	ring the sp	ecified period.			
	on results, additional monitoring may be required (i. ence sent by the DWS on or after the generation dat						

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

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

	Сс	onnecticu							<u> </u>				ction	
		Wat	er Qua	lity №	lonit	oring a	nd Con				1			
PWS ID	PW	/S Name										Dwn	er Type P	rimary Source
СТ0389184		2 MAIN ST - WI	INDSOR GO	LD STAF	RLLC			N		2			Р	GW
		re applicable)				Service	Residen	tial Co	mmercia	al In	dustrial	(Combined	Agricultura
352 MAIN 9	ST					Connectio	ns		1					
Towns Serv	ed: DUR	HAM												
						•	quireme	nts						
		ility: DISTRI	BUTION S	YSTEM	- BARN	(WSF ID: (00600)							
Total Coli	•	-												per quarter
-	-	t (Sampling Po					Monitori	-		ollecti	on Peri	od		ance Status
Select	from Inv	entory of Activ	ve Sampling	Points			7/1/19 -					_		mplete
							10/1/19 -	12/31/	19				Co	mplete
							1/1/20 -	3/31/2	0				Co	mplete
							4/1/20 -	6/30/2	0					
							7/1/20 -	9/30/2	0					
Physical F	Paramet	ers (PPS)									1 1	rout	tine (RT)	per quarter
-		t (Sampling Po	oint ID)				Monitori	ng Peri	od Co	ollecti	on Peri			ance Status
Select	from Inv	entory of Activ	e Sampling	Points			7/1/19 -	9/30/1	9				Co	mplete
							10/1/19 -	12/31/	19				Co	mplete
							1/1/20 -	3/31/2	0				Co	mplete
							4/1/20 -							
							7/1/20 -							
Water Svs	tem Fac	ility: ENTRY	POINT - B	ARN (\	NSF ID:	00700)								
Nitrate A					-							1 r	outine (F	RT) per year
		t (Sampling Po	int ID)				Monitori	na Peri	nd Co	ollecti	on Peri		-	ance Status
-		BARN (3)					1/1/19 -	-						mplete
LIGIN		5, (((())))					1/1/20 -							inpiece
							1/1/21 -							
			Notor C		Feeil									
		l l	water S	ystem	Facili	ity and S	ampling	Poin	tinve	ntor	y			
Water										tal	Lead a			
	Water Sy	stem Facility			-	Sampling P			-	form	Сорре			Stage
Facility ID				11		Description		Sta	lus	ule	Rule I	ier	Aspestos	WQP 2 DBPI
00600	DISTRIBU	ITION SYSTEM		2			ION - BARN	ļ						
00600	DISTRIBU	ITION SYSTEM		DOWNS	TREAM	WITHIN 5 S	SERVICE COM	N 4						
	DISTRIBU	ITION SYSTEM			TREAM	WITHIN 5 S	SERVICE CON	N 4	4					
		DINT - BARN		DOWNS	TREAM REAM	WITHIN 5 S	SERVICE CON	N 4	4					
00700		DINT - BARN		DOWNS UPSTF	TREAM REAM	WITHIN 5 S	SERVICE CON SERVICE CON NT - BARN	N A	4 4 4					
00700	ENTRY PO	DINT - BARN		DOWNS UPSTF	TREAM REAM	WITHIN 5 S WITHIN 5 S ENTRY POI BARN WEL	SERVICE CON SERVICE CON NT - BARN	4 I 4 I 4 4	4 4 4					
00700 58336	ENTRY PO	DINT - BARN		DOWNS UPSTF	TREAM REAM	WITHIN 5 S WITHIN 5 S ENTRY POI BARN WEL	SERVICE CON SERVICE CON NT - BARN L	4 I 4 I 4 4	4 4 4				Job Title	
00700 58336 Name	ENTRY PO BARN WI	DINT - BARN ELL		DOWNS UPSTF	Con	WITHIN 5 S WITHIN 5 S ENTRY POI BARN WEL tact Info	SERVICE COM SERVICE COM NT - BARN L Drmation	4 I 4 I 4 4	4 4 4	Own	ner		Job Title	
00700 58336 Name Mr. Donalc	ENTRY PO BARN WI d J. Monc	DINT - BARN ELL Jani		DOWNS UPSTI	TREAM REAM Con	WITHIN 5 S WITHIN 5 S ENTRY POI BARN WEL tact Info rganization indsor Gold	SERVICE COM SERVICE COM NT - BARN L Drmation	4 I 4 I 4 4	4 4 4					Zip Code
00700 58336 Name Mr. Donalc Mailing Add	ENTRY PO BARN WI d J. Monc dress Line	DINT - BARN ELL Jani		DOWNS UPSTI	TREAM REAM Con	WITHIN 5 S WITHIN 5 S ENTRY POI BARN WEL tact Info	SERVICE COM SERVICE COM NT - BARN L Drmation	4 I 4 I 4 4		Cit			State	Zip Code 06416
00700 58336 Name Mr. Donalc Mailing Ado 5 Iron Gate	ENTRY PO BARN WI d J. Mono dress Line e Ln	DINT - BARN ELL Jani e One		DOWNS UPSTI	TREAM REAM Con Or Address	WITHIN 5 S WITHIN 5 S ENTRY POI BARN WEL tact Info rganization indsor Gold s Line Two	SERVICE CON SERVICE CON NT - BARN L Drmation Star LLC	N 4 N 4 4	A A A Cromw	Cit ell	Ξy			Zip Code 06416
00700 58336 Name Mr. Donalc Mailing Add	ENTRY PO BARN WI d J. Monc dress Line e Ln Phone	DINT - BARN ELL Jani		DOWNS UPSTF 3 2 Mailing	TREAM REAM Con Or Address	WITHIN 5 S WITHIN 5 S ENTRY POI BARN WEL tact Info rganization indsor Gold	SERVICE COM SERVICE COM NT - BARN L Drmation	N A N A A A Phone	A A A Cromw	Cit ell .ddres	s		State CT	

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PWS ID	PWS Name		Classification	Population	Owner Type	Primary Source	
СТ0389184	352 MAIN ST - WINDSOR GOLD STAR LLC			NC	29	Р	GW
Local Address	(where applicable)	Service	Residen	ntial Commerc	ial Industri	al Combin	ed Agricultural
352 MAIN ST		Connections		1			
Towns Served	DURHAM		1				I
Please note th	ne following:						
1. The residua	l disinfectant concentration must be measured at the	e same location	and time a	as each total coli	form sample.		
2. If a Collection	on Period is specified, all water quality samples must	be collected du	ring the sp	pecified period.			
	on results, additional monitoring may be required (i.e ence sent by the DWS on or after the generation date			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0,	

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

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