	Connecticut Departme	nt of Public F	Iealth I	Drinki	ng Water Se	ection
	Water Quality M				0	
PWS ID	PWS Name	ionitor nig an				nor Tuno Drimory Course
	95 SPOONVILLE ROAD - EAST GRANB	v	C	NC	29	P Primary Source
CT0400024	(where applicable)	Service	Residentia	-		Combined Agricultural
Local Address	(where applicable)	Connections	Residentia	2		Combined Agricultural
Towns Served	: EAST GRANBY			2		
		Ionitoring Requ	uirement	ts		
Water Syster	m Facility: DISTRIBUTION SYSTEM					
Total Colifo	rm (3100)				1 rou	utine (RT) per quarter
	Point (Sampling Point ID)		Monitoring	g Period	Collection Period	Compliance Status
Select fro	om Inventory of Active Sampling Points		7/1/19 - 9,	/30/19		Complete
			10/1/19 - 1	2/31/19		Complete
			1/1/20 - 3,	/31/20		Complete
			4/1/20 - 6,	/30/20		
			7/1/20 - 9,	/30/20		
-	ameters (PPS)				1 rou	utine (RT) per quarter
	g Point (Sampling Point ID)		Monitoring		Collection Period	Compliance Status
Select fro	om Inventory of Active Sampling Points		7/1/19 - 9,			Complete
			10/1/19 - 1			Complete
			1/1/20 - 3,			Complete
			4/1/20 - 6,			
			7/1/20 - 9,	/30/20		
Water Syster	m Facility: ENTRY POINT (WSF ID: 0	00700)				
Nitrate (104	-				1 rou	utine (RT) per quarter
	y Point (Sampling Point ID)		Monitoring		Collection Period	Compliance Status
ENTRY PO	DINT (3)		7/1/19 - 9,			Complete
			10/1/19 - 1			Complete
			1/1/20 - 3,			Complete
			4/1/20 - 6,			
			7/1/20 - 9,	/30/20		
Nitrite (104	-					routine (RT) per year
	y Point (Sampling Point ID)		Monitoring		Collection Period	Compliance Status
ENTRY PO	DINT (3)		1/1/19 - 12			Complete
			1/1/20 - 12			Complete
			1/1/21 - 12	· ·		
		her Compliance	Schedu	les		
Compliance Se	chedule Activity		Du	ie Date	Achieved	Date
RESPOND TO S	SANITARY SURVEY		5/1	15/2019		
	Publi	c Notification R	-	1		
Violation/Situ	ation	Compliance Period	Notice Tier	<u>Public</u> Require	<u>: Notification</u> ed Performed L	<u>PN Certification</u> Due to DPH Received
Nitrate M&R \		10/1/10 - 12/31/10		4/16/20		4/26/2011
		Facility and Sa				
Water	trater system	. senity and odi		5t III	Total Lead and	
	iter System Facility Sampling	g Point Sampling Poi	nt	(Coliform Copper	Stage
Facility ID	ID		-	Status		Asbestos WQP 2 DBPR
	TRIBUTION SYSTEM 4	DISTRIBUTIO	N SYSTEM	A	Y	

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWSID PWS** Name Classification Population Owner Type Primary Source Р CT0400024 95 SPOONVILLE ROAD - EAST GRANBY NC 29 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 2 Towns Served: EAST GRANBY 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 Tier Asbestos WQP 2 DBPR Rule Status DOWNSTREAM WITHIN 5 SERVICE CON Α UPSTREAM WITHIN 5 SERVICE CON А 00700 ENTRY POINT ENTRY POINT А 3 WELL 20719 WELL 2 А 56237 **BLADDER TANK Contact Information** Name Organization Job Title Mr. George F. Castro C/O Liquor Cabinet Owner Mailing Address Line One Mailing Address Line Two State Zip Code City 54 Rainbow Road 06026 East Granby CT **Business Phone** Extension **Mobile Phone** Emergency Phone Email Address Fax 860-644-6088 860-653-3141 Contact Role(s): Administrative Contact, Legal Contact, Owner Name Organization Job Title Ms. Maria P. Castro 95 Spoonville Road Mailing Address Line One Mailing Address Line Two City State Zip Code 65 Collins Crossing South Windsor CT 06074 Emergency Phone Email Address **Business Phone** Extension Fax **Mobile Phone** 860-644-6088 Contact Role(s): 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 De	nartmont	of Public F	Jealth I	rinki	$n\sigma M$	ator S	ection	
	ality Moni				0		cetton	
PWS ID PWS Name	ancy Mom	and and an	1					imary Source
CT0400034 20 COPPER HILL ROAD				NC	2		P	GW
Local Address (where applicable)		Service	Residentia			dustrial	Combined	Agricultural
		Connections		1				
Towns Served: EAST GRANBY								
	Moni	toring Req	uirement	ts				
Water System Facility: DISTRIBUTION	I SYSTEM (WSF	ID: 00600)						
Total Coliform (3100)						1 rc	utine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitoring	Period	Collecti	ion Perio	d Compli	ance Status
Select from Inventory of Active Sampl	ing Points		7/1/19 - 9/	/30/19			Со	mplete
			4/1/20 - 6/	/30/20				_
			7/1/20 - 9/	/30/20				
Physical Parameters (PPS)						1 rc	utine (RT) ן	•
Sampling Point (Sampling Point ID)			Monitoring		Collect	ion Perio		ance Status
Select from Inventory of Active Sampl	ing Points		7/1/19 - 9/				Со	mplete
			4/1/20 - 6/					
			7/1/20 - 9/	/30/20				
Water System Facility: ENTRY POINT	(WSF ID: 00700))						
Nitrate (1040)							utine (RT) ן	•
Sampling Point (Sampling Point ID)			Monitoring		Collecti	ion Perio		ance Status
ENTRY POINT (3)			7/1/19 - 9/				Со	mplete
			4/1/20 - 6/	-				
			7/1/20 - 9/	/30/20				-1
Nitrate And Nitrite (NOX)				Devied	Callact		1 routine (R	
Sampling Point (Sampling Point ID)			Monitoring		Collecti	ion Perio	-	ance Status
ENTRY POINT (3)			1/1/19 - 12				0	mplete
			1/1/20 - 12					
	Other	Compliance	1/1/21 - 12					
	Other	Compliance					1	
Compliance Schedule Activity				e Date		Achieved	d Date	
SEASONAL START UP COMPLETION				1/2020				
		otification F	-	1				
Vieletien (Cityetien		Compliance	Notice		<u>c Notifica</u>			i <u>fication</u>
Violation/Situation REVISED TOTAL COLIFORM RULE (RTCR)	Δ./	<i>Period</i> 2/17 - 4/13/18	<i>Tier</i> 3	<i>Require</i> 10/13/20			Due to DPH 10/23/2018	Received
	System Faci						10/25/2018	
Water	-	-			Total	Lead an	d	
System Water System Facility	Sampling Poin	nt Sampling Po	int	(Coliform	Copper		Stage
Facility ID	ID	Description		Status	Rule	Rule Tie	er Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	А	Y			
		M WITHIN 5 SE		А				
	UPSTREAM	WITHIN 5 SE		А				
00700 ENTRY POINT	3	ENTRY POINT	Г	А				
20720 WELL	2	WELL		А				
56362 BLADDER TANK								
56364 ION EXCHANGE								

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWSID PWS** Name Classification Population Owner Type Primary Source Р СТ0400034 **20 COPPER HILL ROAD** NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 1 Towns Served: EAST GRANBY **Contact Information** Organization Name Job Title 20 Copper Hill Road, LLC Mr. Paul Banks Owner Mailing Address Line One Mailing Address Line Two City State Zip Code 80 Wheeler Drive West Suffield СТ 06093 **Business Phone** Extension **Mobile Phone** Emergency Phone Email Address Fax 860-653-2123 pbanks@copperhillgolf.com Contact Role(s): Administrative Contact, Legal Contact, Owner Job Title Name Organization 20 Copper Hill Road LLC Mailing Address Line One Mailing Address Line Two State Zip Code City 20 Copper Hill Rd СТ 06026 East Granby **Business Phone** Extension Fax **Mobile Phone** Emergency Phone Email Address Contact Role(s): 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 Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWS** Name Classification Population Owner Type Primary Source PWS ID Р CT0400104 HARTFORD GUN CLUB - MAIN CLUB HOUSE NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections **157 SOUTH MAIN STREET** 1 Towns Served: EAST GRANBY **Monitoring Requirements** Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per quarter **Compliance Status** Sampling Point (Sampling Point ID) Monitorina Period **Collection Period** Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete 10/1/19 - 12/31/19 Complete 1/1/20 - 3/31/20 4/1/20 - 6/30/20 7/1/20 - 9/30/20 **Physical Parameters (PPS)** 1 routine (RT) per quarter Sampling Point (Sampling Point ID) Monitorina Period **Collection Period Compliance Status** Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete 10/1/19 - 12/31/19 Complete 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 (RT) per year Sampling Point (Sampling Point ID) **Monitoring Period Collection Period Compliance Status** ENTRY POINT (3) 1/1/19 - 12/31/19 Complete 1/1/20 - 12/31/20 1/1/21 - 12/31/21 **Other Compliance Schedules Achieved Date** Compliance Schedule Activity **Due Date RESPOND TO SANITARY SURVEY** 11/18/2018 Water System Facility and Sampling Point Inventory Water Total Lead and Sampling Point Sampling Point Water System Facility Coliform System Copper Staae ID Description Facility ID Rule Rule Tier Asbestos WQP 2 DBPR Status Y 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM Α DOWNSTREAM WITHIN 5 SERVICE CON Α UPSTREAM WITHIN 5 SERVICE CON А 00700 ENTRY POINT ENTRY POINT А 3 CLUB HOUSE WELL 2 WELL #1 20726 А **Contact Information** Name Organization Job Title Mr. Mike Ganis Hartford Gun Club Manager Mailing Address Line One Mailing Address Line Two Zip Code City State 157 South Main Street East Granby CT 06026 **Business Phone** Extension **Mobile Phone** Emergency Phone Email Address Fax 860-658-1614 860-670-5822 hgc1884@gmail.com

		· · · ·		- 0 -		I I			-		
PWS ID	PWS Name					Class	ification	Population	Owne	r Type	Primary Source
СТ0400104	HARTFORD GUN	CLUB - MAI	N CLUB HOUSE				NC	25		Р	GW
Local Address (w	here applicable)			Service	Residen	ntial C	ommerci	al Industri	al C	ombine	ed Agricultural
157 SOUTH MAII	N STREET			Connections			1				
Towns Served: E	AST GRANBY					·					
Contact Role(s):	Administrative	Contact									
Name			Orį	ganization						lob Title	2
Mr. Greg Maglie	ri		Ha	rtford Gun Cl	ub			President			
Mailing Address	Line One		Mailing Address	Line Two				City		State	Zip Code
157 South Main	Street						East Gi	ranby		СТ	06026
Business Phone	e Extension	Fax	Mobile	e Phone E	mergency	/ Phon	e Email A	Address			
860-658-1614							hgc188	84@gmail.co	m		
Contact Role(s):	Legal Contact										
Please note the	following:										
1. The residual d	isinfectant concent	ration must b	e measured at the	same location	and time a	as each	total colif	orm sample.			
2. If a Collection	Period is specified,	all water qua	lity samples must b	pe collected du	iring the sp	ecified	period.				
		0	ay be required (i.e.								
corresponden	ce sent by the DWS	5 on or after th	ne generation date	of this schedu	le will have	e prece	dence ove	r what is cont	tained i	n this sc	hedule.
	If you l	nave any que	estions, please co	ontact the Dr	inking Wo	ater Se	ection at	(860) 509-73	333.		

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

	Connecticut Departmer				<u> </u>		ection			
	Water Quality M	onitoring an	d Comp	oliance						
PWS ID	PWS Name		Cl	assificatior	n Po	pulation Ov	vner Type	Primary Source		
СТ0400124	OLD NEWGATE PRISON & COPPER MII	NE		NC		50	Р	GW		
Local Address (where applicable)	Service	Residentia	I Commer	cial	Industrial	Combine	d Agricultural		
115 NEWGATE	ROAD	Connections		1						
Towns Served:	EAST GRANBY									
	M	onitoring Requ	iirement	ts						
Water System	Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)								
Total Coliform	n (3100)					1 r	outine (R ⁻	Г) per month		
Sampling	Point (Sampling Point ID)		Monitoring	Period	Colle	ection Period	d Comp	liance Status		
Select from	n Inventory of Active Sampling Points		10/1/19 - 10)/31/19			(Complete		
			4/1/20 - 4/	/30/20				_		
			5/1/20 - 5/	/31/20						
			6/1/20 - 6/	/30/20						
			7/1/20 - 7/	/31/20						
			8/1/20 - 8/	/31/20						
			9/1/20 - 9/	/30/20						
Total Coliforn	n (3100)					3	repeat (R	P) per period		
Sampling	Point (Sampling Point ID)		Monitoring	Period	Colle	ection Perio	d Comp	oliance Status		
Select from	n Inventory of Active Sampling Points	1	.0/22/19 - 1	0/27/19	-					
Physical Para	meters (PPS)					1 r	outine (R ⁻	Г) per month		
Sampling I	Point (Sampling Point ID)		Monitoring	Period						
Select from	n Inventory of Active Sampling Points		10/1/19 - 10)/31/19			C	Complete		
			4/1/20 - 4/	/30/20						
			5/1/20 - 5/	/31/20						
			6/1/20 - 6/	/30/20						
			7/1/20 - 7/	/31/20						
			8/1/20 - 8/	/31/20						
			9/1/20 - 9/	/30/20						
Water System	Facility: ENTRY POINT (WSF ID: 00	0700)								
Nitrate And N	litrite (NOX)						L routine	(RT) per year		
Sampling	Point (Sampling Point ID)		Monitoring	Period	Colle	ection Perio	d Comp	liance Status		
ENTRY POI	NT (3)		1/1/19 - 12	/31/19			(Complete		
			1/1/20 - 12							
			1/1/21 - 12	/31/21						
Water System	Facility: WELL (WSF ID: 20728)									
E. Coli (3014)						1 tri		G) per period		
	Point (Sampling Point ID)		Monitoring		Colle	ection Perio		liance Status		
WELL (2)		1	.0/21/19 - 1	0/27/19			0	Complete		
	Oth	er Compliance	Schedu	les						
Compliance Sch	nedule Activity		Du	e Date		Achieved	d Date			
CROSS CONNEC	TION SURVEY REPORT		3/1	L/2020						
SEASONAL STAF	RT UP COMPLETION		4/1	L/2020						
SANITARY DEFE	CT CORRECTIVE ACTION		4/1	5/2020						
	Public	Notification R	equirem	nents						
		Compliance	Notice	Public	Noti	fication	PN Ce	rtification		
Violation/Situa	tion	Period	Tier	Required	d I	Performed	Due to DP	H Received		

	Water Qua	lity M	onitoring a	nd Con	nplia	nce S	chedule		
PWS ID	PWS Name								rimary Source
СТ0400124	OLD NEWGATE PRISON & C	OPPER MI	NE		N	IC	50	Р	GW
Local Address (v	vhere applicable)		Service	Resider	ntial Co	mmercial	Industrial	Combined	Agricultural
115 NEWGATE F	ROAD		Connectior	ns		1			
Towns Served: E	AST GRANBY		I.				1		
		Public	Notification	Require	emen	ts			
			Compliance	Notice		Public Not	tification	PN Cer	tification
Violation/Situa	tion		Period	Tier		quired	Performed		
Physical Parame	eters M&R Violation		9/1/19 - 9/30/19	9 3	1/2	28/2021		2/7/2021	
Physical Parame	eters M&R Violation		8/1/19 - 8/31/19	9 3	1/2	28/2021		2/7/2021	
Total Coliform N	/l&R Violation		8/1/19 - 8/31/19	9 3	1/2	28/2021		2/7/2021	
	Water S	vstem I	acility and S	ampling	Poin	t Inven	itory		
Water					_	Tot	-	nd	
	er System Facility	Sampling	Point Sampling P	Point		Colife			Stage
Facility ID		ID	Description	ו	Sta	ntus Ru	le Rule Ti	er Asbestos	WQP 2 DBPI
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTI	ON SYSTEM	1	A Y	,		
		DOWNST	REAM WITHIN 5 S	SERVICE CO	N .	Ą			
		ONP	1 WOMENS S	SINK 1		A Y	,		
		ONP	2 WOMENS S	SINK 2		A Y	,		
		ONP3 WOMENS SINK 3					,		
		ONP	4 MEN'S SINH	K 1		A Y	,		
		ONP	5 MEN'S SINH	K 2		A Y	,		
		ONP	6 MEN'S SINH	K 3		A Y	,		
		ONP7 HANDI SINK				A Y			
		ONP		PICKET		A Y			
		ONP				A Y	1		
		UPSTRE				Ą			
	RY POINT	3	ENTRY POI	NT		Ą			
20728 WELI	-	2	WELL			A			
			Contact Info	rmatior	l				
Name			Organization					Job Title	
Ms. Elizabeth Sl	hapiro		State Historic	Preservatio	n		Director Op	erations	
Mailing Address	Line One	Mailing A	ddress Line Two				City	State	Zip Code
450 Columbus B	llvd	Suite 5				Hartford	ł	СТ	06103
Business Phor	e Extension Fax		Mobile Phone	Emergency	/ Phone	Email Ac	ldress		
860-655-1593	1			989-640	-2150	morgan.	bengal@ct.g	jov	
Contact Role(s):	Administrative Contact						1		
Name			Organization					Job Title	
Ms. Morgan Be	-								
Mailing Address	Line One	Mailing A	ddress Line Two				City	State	Zip Code
450 Columbus A	ve					Hartford	l	СТ	06103
Business Phor	e Extension Fax		Mobile Phone	Emergency	/ Phone	Email Ac	ldress		
860-655-1593	1			989-640	-2150	morgan.	bengel@ct.g	ov	
Contact Role(s):	Legal Contact								

	e y	0		1				
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0400124	OLD NEWGATE PRISON & COPPER MINE				NC	50	Р	GW
Local Address	where applicable)	Service	Resider	ntial	Commerc	ial Industri	al Combine	ed Agricultural
115 NEWGATE	ROAD	Connections			1			
Towns Served:	EAST GRANBY							·
Please note th	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 Collectio	n Period is specified, all water quality samples must l	be collected du	ring the sp	pecifie	ed period.			
	on results, additional monitoring may be required (i.e ence sent by the DWS on or after the generation date						-	

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

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

(Connecticut Departme				0		
	Water Quality M	onitoring and	d Com	pliance	Schedule))	
PWS ID F	PWS Name		(Classification	Population C	Wner Type Pr	imary Source
СТ0400143 С	GALASSO MATERIALS, LLC-SALES WEL	L		NC	25	Р	GW
Local Address (wh	nere applicable)	Service	Residenti	al Commer	cial Industrial	Combined	Agricultural
60 SOUTH MAIN S	STREET	Connections			1		
Towns Served: EA	AST GRANBY			·	·		
	Μ	onitoring Requ	iremen	ts			
Water System F	acility: DISTRIBUTION SYSTEM (WSF ID: 00600)					
Total Coliform	(3100)				1 r	outine (RT)	oer quarter
Sampling Po	int (Sampling Point ID)		Monitorin	g Period	Collection Perio	od Compli	ance Status
Select from I	nventory of Active Sampling Points		7/1/19 - 9	/30/19		Со	mplete
		:	LO/1/19 - 1	.2/31/19		Co	mplete
			1/1/20 - 3	/31/20			
			4/1/20 - 6	6/30/20			
			7/1/20 - 9	/30/20			
Physical Param	eters (PPS)				1 r	outine (RT)	per quarter
Sampling Po	int (Sampling Point ID)		Monitorin	g Period	Collection Perio	od Compli	ance Status
Select from I	nventory of Active Sampling Points		7/1/19 - 9	/30/19		Со	mplete
		:	LO/1/19 - 1	.2/31/19		Со	mplete
			1/1/20 - 3	/31/20			
			4/1/20 - 6	5/30/20			
			7/1/20 - 9	/30/20			
Water System F	acility: ENTRY POINT (WSF ID: 0	0700)					
Nitrate And Nit	trite (NOX)					1 routine (R	T) per year
Sampling Po	int (Sampling Point ID)		Monitorin	g Period	Collection Perio	od Compli	ance Status
ENTRY POIN	Т (3)		1/1/19 - 12	2/31/19		Со	mplete
			1/1/20 - 12	2/31/20			
			1/1/21 - 12	2/31/21			
Water System F	acility: SALES WELL (WSF ID: 10	956)					
E. Coli (3014)					1 r	outine (RT)	oer quarter
Sampling Po	int (Sampling Point ID)		Monitorin	g Period	Collection Perio	od Compli	ance Status
SALES WELL	(2)		7/1/19 - 9	/30/19			
			LO/1/19 - 1	.2/31/19		Со	mplete
			1/1/20 - 3	3/31/20			
			4/1/20 - 6	6/30/20			
			7/1/20 - 9	/30/20			
	Oth	er Compliance	Schedu	ules			
Compliance Sche		•		ue Date	Achieve	ed Date	
CROSS CONNECTI			3/	/1/2022			
		Notification R					
		Compliance	Notice	1	Notification	PN Cert	ification
Violation/Situation	on	Period	Tier	Required	-		Received
E. Coli M&R Viola		7/1/19 - 9/30/19	3	1/29/202		2/8/2021	
	Water System	Facility and Sar	npling F	oint Inv	entory		
Water					Total Lead a	nd	
	System Facility Sampling	Point Sampling Point	nt		oliform Coppe		Stage
Facility ID	ID	Description		Status	Rule Rule T	ier Asbestos	WQP 2 DBPR

60 SOUTH MAIN S				Connectior	าร			1				
Towns Served: EA	ST GRANBY											
		Water Sy	/stem Facili	ity and S	ampling	Point	t Invent	ory				
Water				c // c			Tota					
System Water : Facility ID	System Facility		Sampling Point ID	Description			Colifor tus Rule		-	Ashestos	Stage WQP 2 DBP	
	BUTION SYSTEM		3	GENERATE		<u>Sta</u>	lus	nuic	ner	-3003103		
			4		ON SYSTEM							
			DOWNSTREAM									
			UPSTREAM		ERVICE CON							
00700 ENTRY	POINT		3	ENTRY POI	NT	A	\					
10956 SALES V	VELL		2	SALES WEL	L	A	١					
			Con	tact Info	rmation							
Name				rganization						Job Title		
Galasso Materials	, LLC			0								
Mailing Address Li	ne One		Mailing Address	s Line Two			City State Zip Cod					
60 South Main Str	eet		P O Box 1776				East Gran	by		СТ	06026	
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	Phone	Email Add	ress				
860-653-2524												
Contact Role(s):	Owner		1									
Name			Or	rganization						Job Title		
Mr. Leigh Turner				alasso Mater	ials		S	afety Ma	anage	• 		
Mailing Address Li			Mailing Address	s Line Two				City		State	Zip Code	
60 South Main Str	1						East Gran	-		СТ	06026	
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	Phone						
860-653-2524	3222						LTurnerjr(@galasso	omater	ials.com		
Contact Role(s):	Administrative (Contact										
Name			Or	rganization						Job Title		
Mr. Craig Timpsor			Mailing Address					City		State	Zin Codo	
Mailing Address Li 60 South Main St	ne one		Mailing Address	s Line Two			East Gran	City		CT	Zip Code 06026	
Business Phone	Extension	Fax	Mohi	le Phone	Emergency	Phone				CI	00020	
860-653-2524	3202	Tux	WOOT	ie i none	Lineigency	THONE	LinairAdd	1033				
	3282											

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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End of schedule

Connecticut Done	rtmont of	Dublic	Uaalth	Drin	ling	Mate	r So	oction	
Connecticut Depa					0			ection	
Water Qua	iity Monit	oring a							
PWS ID PWS Name				Classifi		opulatio 25	on Owi		rimary Source
CT0400153 GALASSO MATERIALS, LLC-G	ARAGE WELL	Service	Decident		c mmercial	1	trial	P Combined	GW
Local Address (where applicable) 60 SOUTH MAIN STREET		Connectio		Idi Col	mmerciai	indus 1	lfidi	Combined	Agricultural
Towns Served: EAST GRANBY		connectio				L			
	Manit	aring Da	a uiromo	- 1 -					
Water System Facility: DISTRIBUTION S			quiremei	115		_	_		
Total Coliform (3100)							1 rou	utine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitorii	n <mark>g Peri</mark> o	od Col	lection I	Period	Compli	ance Status
Select from Inventory of Active Sampling	; Points		7/1/19 -	9/30/1	9			Co	mplete
			10/1/19 -	12/31/	19			Co	mplete
			1/1/20 -						
			4/1/20 -						
			7/1/20 -	9/30/2	0				
Physical Parameters (PPS)									per quarter
Sampling Point (Sampling Point ID)			Monitorii	-		lection I	Period	-	ance Status
Select from Inventory of Active Sampling	; Points		7/1/19 -						mplete
			10/1/19 -					Co	mplete
			1/1/20 -						
			4/1/20 -						
			7/1/20 -	9/30/2	0				
Water System Facility: ENTRY POINT (V	VSF ID: 00700)								
Nitrate And Nitrite (NOX)								-	T) per year
Sampling Point (Sampling Point ID)			Monitorii	-		lection I	Period	-	ance Status
ENTRY POINT (3)			1/1/19 - 1					Co	mplete
			1/1/20 - 1						
			1/1/21 - 1		21				
	Other Co	omplian	ce Sched	ules					
Compliance Schedule Activity			L	Due Dat	te	Ach	nieved	Date	
CROSS CONNECTION EXEMPTION			3	3/1/202	2				
Water S	ystem Facili	ity and S	Sampling	Point	t Inven	tory			
					Toto	nl Leo	ıd and		
Water					100				
System Water System Facility	Sampling Point				Colifo	orm Co	opper		Stage
System Water System Facility Facility ID	Sampling Point ID	Descriptio	n	Sta	Colifo tus Rul	orm Co le Ru		Asbestos	
System Water System Facility	1D 4	Descriptio DISTRIBUT	n TON SYSTEM	Д	Colifo <u>tus Rul</u> X Y	orm Co le Ru		Asbestos	
System Water System Facility Facility ID	ID 4 DOWNSTREAM	Descriptio	n TON SYSTEM SERVICE CON	م م ا	Colifo <u>tus Rul</u> A Y	orm Co le Ru		Asbestos	
System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM	ID 4 DOWNSTREAM UPSTREAM	Descriptio	n TON SYSTEM SERVICE CON SERVICE CON	م م ا	Colifo <u>tus Rul</u> A Y	orm Co le Ru		Asbestos	
System Water System Facility Facility ID 00600 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT	ID 4 DOWNSTREAM UPSTREAM 3	Descriptio	n ION SYSTEM SERVICE CON SERVICE CON INT	م م ا م	Colifo <u>tus Rul</u> A Y	orm Co le Ru		Asbestos	Stage WQP 2 DBPR
System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM	ID 4 DOWNSTREAM UPSTREAM	Descriptio	n ION SYSTEM SERVICE CON SERVICE CON INT	م م ا	Colifo <u>tus Rul</u> A Y	orm Co le Ru		Asbestos	
System Water System Facility Facility ID 00600 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT	ID 4 DOWNSTREAM UPSTREAM 3 2	Description DISTRIBUT WITHIN 5 WITHIN 5 ENTRY POI GARAGE V	n ION SYSTEM SERVICE CON SERVICE CON INT	م م ا م	Colifo <u>tus Rul</u> A Y	orm Co le Ru		Asbestos	
System Water System Facility Facility ID 00600 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT	ID 4 DOWNSTREAM UPSTREAM 3 2 Con	Description DISTRIBUT WITHIN 5 WITHIN 5 ENTRY POI GARAGE V	n TION SYSTEM SERVICE CON SERVICE CON INT VELL	م م ا م	Colifo <u>tus Rul</u> A Y	orm Co le Ru		Asbestos	
System Water System Facility Facility ID 00600 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT 10957 GARAGE WELL	ID 4 DOWNSTREAM UPSTREAM 3 2 Con	Description DISTRIBUT WITHIN 5 WITHIN 5 ENTRY POI GARAGE W tact Info	n TION SYSTEM SERVICE CON SERVICE CON INT VELL	م م ا م	Colifo <u>tus Rul</u> A Y	orm Co le Ru			
System Water System Facility Facility ID 00600 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT 10957 GARAGE WELL Name	ID 4 DOWNSTREAM UPSTREAM 3 2 Con	Description DISTRIBUT WITHIN 5 WITHIN 5 ENTRY POI GARAGE V tact Info	n TION SYSTEM SERVICE CON SERVICE CON INT VELL	م م ا م	Colifo <u>tus Rul</u> A Y	orm Co le Ru			
System Water System Facility Facility ID 00600 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT 10957 GARAGE WELL Name Galasso Materials, LLC	ID 4 DOWNSTREAM UPSTREAM 3 2 Con	Description DISTRIBUT WITHIN 5 WITHIN 5 ENTRY POI GARAGE V tact Info	n TION SYSTEM SERVICE CON SERVICE CON INT VELL	م م ا م	Colifo <u>tus Rul</u> A Y	City		Job Title	WQP 2 DBPR
System Water System Facility Facility ID 00600 00500 DISTRIBUTION SYSTEM 00700 ENTRY POINT 10957 GARAGE WELL Name Galasso Materials, LLC Mailing Address Line One One	ID 4 DOWNSTREAM UPSTREAM 3 2 Con 0 Mailing Address P O Box 1776	Description DISTRIBUT WITHIN 5 WITHIN 5 ENTRY POI GARAGE V tact Info	n TION SYSTEM SERVICE CON SERVICE CON INT VELL	۵ ۵ ۵ ۵ ۵ ۵	Colifo tus Rul A Y	City		Job Title State	WQP 2 DBPR

	-	V V	-) -	0		1-			-			(
PWS ID	PWS Name					Clas	sification	Population	Own	er Type	Primary Sc	ource
СТ0400153	GALASSO MATE	RIALS, LLC-G	ARAGE WELL				NC	25		Р	GW	
Local Address (w	here applicable			Service	Resider	dential Commerc		al Industri	al (Combine	ed Agricul	ltural
60 SOUTH MAIN	STREET			Connection	S			1				
Towns Served: E	AST GRANBY											
Contact Role(s):	Owner											
Name				Organization						Job Title	è	
Mr. Leigh Turne	r			Galasso Materi	als			Safety Ma	anage	r		
Mailing Address	Line One		Mailing Addro	dress Line Two City St			State	Zip Cod	le			
60 South Main S	treet						East G	ranby		СТ	06026	;
Business Phon	e Extension	Fax	Мо	bile Phone	Emergency	/ Pho	ne Email /	Address				
860-653-2524	3222						LTurne	erjr@galasso	mate	rials.cor	า	
Contact Role(s):	Administrative	Contact, Leg	al Contact									
Please note the	following:											
1. The residual d	isinfectant concer	tration must b	e measured at	the same locatior	n and time a	as eac	h total colif	orm sample.				
2. If a Collection	Period is specified	l, all water qua	lity samples mu	ist be collected d	uring the sp	ecifie	ed period.					
	results, additiona ce sent by the DW	-		· · · · · · · · · · · · · · · · · · ·			-	-				ited

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	Connecticut De	nartment	t of Public	Health I	Drinki	ng V	Vater	Section	ו		
		-	nitoring a			-			1		
PWS ID	PWS Name		intoring a		•				Primary Source		
CT0408024	EAST GRANBY FARMS				NC		27	L	GW		
	(where applicable)		Service	Residentia		ercial	Industria	l Combir			
79 NORTH MA			Connection		3				0		
	EAST GRANBY		I								
		Мо	nitoring Rec	quiremen	ts						
Water Systen	n Facility: DISTRIBUTIO		-	<u> </u>							
Total Colifor	m (3100)						1	routine (R	T) per quarter		
Sampling	Point (Sampling Point ID)			Monitoring	g Period	Colle	ction Peri	iod Con	npliance Status		
Select fro	m Inventory of Active Samp	ling Points		7/1/19 - 9	/30/19				Complete		
				4/1/20 - 6	/30/20						
				7/1/20 - 9	/30/20						
Physical Para	ameters (PPS)						1	routine (R	T) per quarter		
	Point (Sampling Point ID)			Monitoring		Colle	ction Peri	iod Con	npliance Status		
Select fro	m Inventory of Active Samp	ling Points		7/1/19 - 9					Complete		
				4/1/20 - 6							
				7/1/20 - 9	/30/20						
Water System	n Facility: ENTRY POINT	(WSF ID: 007	700)								
Nitrate (104	•							-	T) per quarter		
	Point (Sampling Point ID)			Monitoring		Colle	Collection Period Compliance				
ENTRY PO	DINT (3)			7/1/19 - 9					Complete		
				4/1/20 - 6							
				7/1/20 - 9	/30/20						
Nitrite (1042	•			Monitoring	. Doviod	Calla	stion Dori		e (RT) per year Inpliance Status		
ENTRY PO	Point (Sampling Point ID)			Monitoring 1/1/19 - 12		Colle	ction Peri	ou con	Complete		
ENTRIPO	(5)			1/1/19 - 12					complete		
				1/1/20 - 12							
		Public	Notification								
			Compliance	Notice	1	c Notif	ication	PN (Certification		
Violation/Situe	ation		Period	Tier	Require		Performed				
Nitrate M&R V	'iolation		4/1/16 - 6/30/16	5 2	10/27/20	016		11/6/20	16		
	Water	^r System Fa	acility and Sa	ampling P	oint In	vent	ory				
Water						Total	Lead a	ınd			
	ter System Facility		oint Sampling P		(Colifor			Stage		
		ID	Description		Status	Rule	Rule 1	fier Asbest	os WQP 2 DBP		
Facility ID					Λ						
Facility ID	TRIBUTION SYSTEM	4	DISTRIBUTI	-	A						
Facility ID	TRIBUTION SYSTEM	DOWNSTRI	EAM WITHIN 5 S	ERVICE CON	А						
Facility ID 00600 DIST		DOWNSTRI UPSTREA	EAM WITHIN 5 S M WITHIN 5 S	ERVICE CON ERVICE CON	A A						
Facility ID 00600 DIST 00700 ENT	ry point	DOWNSTRI UPSTREA 3	EAM WITHIN 5 S M WITHIN 5 S ENTRY POIN	ERVICE CON ERVICE CON	A A A						
Facility ID 00600 DIST 00700 ENT 52861 WEI	TRY POINT LL 1	DOWNSTRI UPSTREA	EAM WITHIN 5 S M WITHIN 5 S	ERVICE CON ERVICE CON	A A						
Facility ID 00600 DIST 00700 ENT 52861 WEI	ry point	DOWNSTRI UPSTREA 3 2	EAM WITHIN 5 S M WITHIN 5 S ENTRY POIN WELL 1	ERVICE CON ERVICE CON NT	A A A						
Facility ID 00600 DIST 00700 ENT 52861 WEI	TRY POINT LL 1	DOWNSTRI UPSTREA 3 2	EAM WITHIN 5 S M WITHIN 5 S ENTRY POIN	ERVICE CON ERVICE CON NT	A A A						
Facility ID 00600 DIST 00700 ENT 52861 WEI 52865 PRE Name Name	TRY POINT LL 1 SSURE TANK	DOWNSTRI UPSTREA 3 2	EAM WITHIN 5 S M WITHIN 5 S ENTRY POIN WELL 1 Contact Info Organization	ERVICE CON ERVICE CON NT	A A A			Job Tit	le		
Facility ID 00600 DIST 00700 ENT 52861 WEI 52865 PRE	IRY POINT LL 1 SSURE TANK	DOWNSTRI UPSTREA 3 2	EAM WITHIN 5 S M WITHIN 5 S ENTRY POIN WELL 1	ERVICE CON ERVICE CON NT	A A A	N	Aaint Supe City		le Zip Code		

		200- Q.				P -					
PWS ID	PWS Name					Clas	ssification	Population	Owner Typ	e Pr	imary Source
СТ0408024	EAST GRANBY F	ARMS					NC	27	L		GW
Local Address (v	where applicable)			Service	Resider	ntial	Commerc	ial Industri	al Combi	ned	Agricultural
79 NORTH MAII	N STREET			Connections			3				
Towns Served:	EAST GRANBY							1			
9 Center Street			P.U. BUX 1030				East G	гапру	CI		00020
Business Phor	ne Extension	Fax	Fax Mobile Phone Emergency Phone Email Address								
860-653-613	4	860-653-4	017		860-508	08-8935 davew@egtownhall.com					
Contact Role(s):	Administrative	Contact, Lega	al Contact								
Please note the	following:										
1. The residual	disinfectant concen	tration must be	e measured at the	same location	and time a	as ead	ch total colif	form sample.			
2. If a Collection	n Period is specified	, all water qual	ity samples must l	be collected du	ring the sp	pecifie	ed period.				

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			onitoring and Compliance Sched					ation Owner Type Primary Sourc		
PWS ID CT0408034	PWS Name					35	P	rimary Sourc GW		
	BRIGNOLE VINEYARDS, LLC (where applicable)	Service	Residen	N(nmercial	Industrial	P Combined			
		Connections	Residen		1	muustiiai	Compilieu	Agricultura		
.03 HARTFORD AVE Connection					1					
owns served		Ionitoring Pogu	iromo	nto						
Nater Syster	m Facility: DISTRIBUTION SYSTEM	Nonitoring Requ (WSF ID: 00600)	ureme	ints						
Total Colifo	rm (3100)					1 r	outine (RT)	per month		
Sampling	9 Point (Sampling Point ID)		Monitor	ing Perio	od Col	lection Period	iod Compliance Status			
Select fro	om Inventory of Active Sampling Points		10/1/19 - 10/31/19				Co	mplete		
			11/1/19 -	- 11/30/1	19		Со	mplete		
			12/1/19 -	- 12/31/1	19		Со	mplete		
				- 1/31/20				mplete		
				- 2/29/20			Со	mplete		
				- 3/31/20						
			4/1/20 - 4/30/20							
				- 5/31/20						
				- 6/30/20						
				- 7/31/20						
				8/31/20						
			9/1/20 -	- 9/30/20	0					
-	ameters (PPS)							per month		
	Sampling Point (Sampling Point ID)		Monitoring Period			lection Period		ance Status		
DISTRIBUTION SYSTEM (4)		10/1/19 - 10/31/19 11/1/19 - 11/30/19						mplete		
								mplete		
			12/1/19 -					mplete		
				- 1/31/20				mplete		
				- 2/29/20			Co	mplete		
				- 3/31/20						
				· 4/30/20						
				· 5/31/20						
				- 6/30/20 - 7/31/20						
				· 7/31/20 · 8/31/20						
				· 9/30/20						
Mator System	m Facility: ENTRY POINT (WSF ID:	00700)	5/1/20-	<i>3</i> 7 307 20	J					
Nitrate (104						1	uting (DT)			
•	e (1040) Impling Point (Sampling Point ID)			ing Perio	nd Col	1 routine (RT) per quarter Collection Period Compliance Status				
				-				mplete		
ENTRY POINT (3)		7/1/19 - 9/30/19 10/1/19 - 12/31/19						mplete		
				· 3/31/20				mplete		
				· 6/30/20						
				· 9/30/20						
Nitrite (104	1)		., 1, 20	5, 50, 20	-	1	routine (R	T) per yea		
-	y Point (Sampling Point ID)		Monitor	ing Perio	od Col	lection Period		ance Status		
			1/1/10	_		Complete				

1/1/19 - 12/31/19

1/1/20 - 12/31/20

ENTRY POINT (3)

Complete

Complete

Сс	onnecticut Depa	rtmer	it of Public	Health	Drir	ıking	Water S	Section		
	Water Qua	lity Mo	onitoring a	ind Con	nplia	nce S	chedule			
PWS ID PW	'S Name		0		Classifi	cation F	opulation O	wner Type P	rimary Source	
CT0408034 BRI	GNOLE VINEYARDS, LLC				N	С	35	Р	GW	
Local Address (wher	e applicable)		Service	Resider	tial Co	mmercia	Industrial	Combined	Agricultural	
103 HARTFORD AVE			Connectio	ns		1				
Towns Served: EAST	GRANBY									
		Μ	onitoring Re	quireme	ents					
Water System Fac	ility: ENTRY POINT (W	/SF ID: 00)700)							
Nitrite (1041)								1 routine (R	T) per year	
Sampling Point	t (Sampling Point ID)		Monitoring Period Collection Period Compliance Status							
				1/1/21 -	12/31/2	21				
		Public	Notification	n Require	ement	ts				
			Compliance	Notice	e <u>F</u>	Public No	tification	PN Cert	ification	
Violation/Situation			Period	Tier	Re	quired	Performed	Due to DPH	Received	
Total Coliform M&R Violation			10/1/16 - 12/31/	/16 3	4/1	3/2018		4/23/2018		
Physical Parameters	M&R Violation		10/1/16 - 12/31/	/16 3	4/1	3/2018		4/23/2018		
	Water Sy	/stem F	acility and S	ampling	; Point	t Inver	ntory			
Water						Tot	al Lead ar	nd		
· ·	stem Facility	Sampling	Point Sampling			Colife	orm Coppe	r	Stage	
Facility ID		ID	Descriptio	n	Sta	tus Ru	le Rule Ti	er Asbestos	WQP 2 DBPR	
00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A										
00700 ENTRY POINT			3 ENTRY POINT A			4				
60189 WELL #1		2	WELL #1		A	4				
			Contact Info	ormatior	า					
Name			Organization			Job Title				
Ms. Ariel Sheelan		Brignole Vineyards, LLC				Manager				
Mailing Address Line	Mailing A	ddress Line Two				City	State	Zip Code		
103 Hartford Ave.	103 Hartford Ave.				East Gr		nby	СТ	06026	
Business Phone	Extension Fax		Mobile Phone	Emergency	/ Phone	Email Ac	dress			
			860-202-4314			brignole	vineyardsllc(@gmail.com		
Contact Role(s): Ad	ministrative Contact									
Name			Organization					Job Title		
Mr. Timothy Brignole			Brignole Vineyards, LLC			Owner				
			g Address Line Two				City	State	Zip Code	
117 Peak Mountain Drive						East Granby CT 06026				
Business Phone			Mobile Phone	obile Phone Emergency Phone						
860-202-0540						brignole	vineyardsllc(@gmail.com		
Contact Role(s): Le										
Please note the foll	-									
	ectant concentration must b						rm sample.			
	od is specified, all water qua									
Depending on rest	ults, additional monitoring m	ay be requi	red (i.e. repeat or c	confirmation s	samples).	. This sche	equie is subject	t to change, an	a any related	

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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