	Connecticut De Water Q	uality Monit					<u> </u>			1011		
PWS ID	PWS Name		0			ification		lation C		Type Pr	imary	Sourc
СТ0460044	CONNECTICUT GOLF CLU	В				NC	2	25	Р		G۷	V
Local Address	where applicable)		Service	Resident	tial (	Commer	cial Ir	ndustrial	Со	mbined	Agric	cultura
915 BLACK RO	CK TURNPIKE		Connections			1						
Fowns Served:	EASTON											
		Monit	oring Requ	lireme	nts							
	n Facility: DISTRIBUTIO	N SYSTEM (WSF	ID: 00600)									
Total Colifor										e (RT) p	-	
	Point (Sampling Point ID)			Monitorii	_		Collect	ion Perio	od	Complie		
Select fro	m Inventory of Active Samp	ling Points		7/1/19 -							mplete	
				10/1/19 -						Co	mplete	3
				4/1/20 -								
	()			7/1/20 -	9/30,	/20				()		
-	ameters (PPS)					uto d				e (RT) p	-	
	Point (Sampling Point ID)	ling Dointe		Monitorii	-		collect	ion Perio	Ja	Complie		
Select fro	m Inventory of Active Samp	aing Points		7/1/19 - 10/1/19 -			10/	1-11/30			mplete	
				4/1/20 -	-	-	10/.	1-11/30		CO	mplete	:
				7/1/20 -								
Nator Systom	n Facility: ENTRY POINT			7/1/20-	9/30/	/20						
		(WSFID: 00700)							1	tine /D	T)	
	Nitrite (NOX) <i>Point (Sampling Point ID)</i>			Monitoriı	na Da	riad	Collact	ion Perio		itine (R <i>Compli</i> e		-
ENTRY PC				1/1/19 - 1	-			-11/30	Ju		mplete	
ENTRIPO				1/1/19 - 1				-11/30		CO	npiete	:
				1/1/20 - 1				-11/30				
Water Systen	n Facility: WELL #1 (WS	F ID: 20852)		1/1/21	12/01	./ 2 1	-7/1	11/30				
E. Coli (3014		10.20052						1 r	outin	e (RT) p	or au	iarto
-	Point (Sampling Point ID)			Monitoriı	na Pe	riod	Collect	ion Perio		Compli	•	
WELL (2)	· one (oumping · one i2)			10/1/19 -	<u> </u>			L-11/30			mplete	
				4/1/20 -			10/	1 11/30		00	mpiere	-
				7/1/20 -								
Water Systen	n Facility: WELL #2 (WS	F ID: 56928)		.,_,	-,,	,						
E. Coli (3014	· ·				_	_	_	1 r	outin	e (RT) p	per au	Jarte
-	Point (Sampling Point ID)			Monitorii	ng Pe	riod	Collect	ion Perio		Complie	-	
WELL #2 (				10/1/19 -	-		10/:	1-11/30			mplete	
	•			4/1/20 -	6/30,	/20					•	
				7/1/20 -	9/30,	/20						
		Other C	Compliance	Sched	ules	5						
Compliance Sc	hedule Activity				Due D			Achieve	ed Dat	e		
-	CTION SURVEY REPORT				3/1/2							
	CTION SURVEY REPORT				 3/1/2							
CROSS CONNE	CTION SURVEY REPORT				 3/1/2							
	CTION SURVEY REPORT				3/1/2							
	Wate	r System Facil	ity and Sai				ento	ry				
Water		-					Total	Lead a	nd			
System Wa	ter System Facility	Sampling Point		nt		Со	liform	Сорре	er			Stage
			Description									2 DBP

Schedule Generation Date: 3/10/2020

		Water Qua	lity Mon	itoring a	ind Con	nplia	nce S	chedu	ıle		
PWS ID	PWS	Name				Classifi	cation	Populatio	n Ov	vner Type P	rimary Source
СТ0460044	CONI	NECTICUT GOLF CLUB				N	С	25		Р	GW
Local Addres	s (where	applicable)		Service	Resider	ntial Co	mmercia	l Indust	rial	Combined	Agricultura
915 BLACK R	OCK TURI	NPIKE		Connectio	ns		1				
Towns Serve	d: EASTO	N									
00600 DI	STRIBUTI	ON SYSTEM	4	DISTRIBUT	ION SYSTEM	1 A		Y			
			CGC001	KIT SNK DO		A		Ý		Y	
			CGC002	BAR SINK		A		Y		Y	
			CGC003	RR LADY C	HANGING R	M A	、、、、	Y		Y	
			CGC004	RR OFFICE	LEFT	A	、 、	Y		Y	
			CGC005	RR OFFICE		A	、、、、	Y		Y	
			CGC006	RR MENS (	CHG SNK 1	A	、、、、	Y		Y	
			CGC007	RR MENS (		A	、、、、	Y		Y	
			CGC008	RR MENS (		A	、、、、	Y		Y	
			CGC009	RR MENS (	CHG SNK 4	A	、、、、	Y		Y	
			CGC010	RR MENS (	CHG SNK 5	A	、 、	Y		Y	
			CGC011	RR MENS (	CHG SNK 6	A	、 、	Y		Y	
			CGC012	BASEMEN	T UTILITY SN	ік д	、 、	Y		Y	
			DOWNSTREA	M WITHIN 5	SERVICE CO	N A	<b>`</b>				
			UPSTREAM	WITHIN 5	SERVICE CO	N A	١				
00700 EN	NTRY POI	NT	3	ENTRY POI	INT	A	1				
20852 W	'ELL #1		2	WELL		A	۱				
	REATMEN	IT PLANT									
	'ELL #2		2	WELL #2		A	\ \				
	ORAGE T	ANK #1									
	ORAGE T										
00001 01	01	<u> </u>	C	ontact Info	ormation						
				1	Jinatioi	•				a di meradi	
Name				Organization						Job Title	
Ms. Deborah		-		Connecticut C	Golf Club						
Mailing Addr			Mailing Addr	ess Line Two				City		State	Zip Code
915 Black Ro				1.11	_		Easton			СТ	06612
Business Pl		Extension Fax	Mo	obile Phone	Emergency		Email A	ddress			
203-261-2		• • • • • • •			203-459	-0367					
-	(s): Adm	ninistrative Contact		o · ··						1 1	
Name				Organization						Job Title	
Connecticut								C:+-		C+-+	7:0 0 - 1
Mailing Addr		Jne	ivialling Addr	ess Line Two			Coot - "	City		State	Zip Code
915 Black Ro		- · · ·			-		Easton			СТ	06612
Business Pl	none	Extension Fax	Mo	obile Phone	Emergency	/ Phone	Email A	uaress			
Contact Dala	(a).										
Contact Role	(s): Owr	ier									

		· · · ·	<i>J</i>	0			1				1	7
PWS ID F	WS Name						Class	fication	Population	Owner 1	Гуре	Primary Source
СТ0460044 С	ONNECTICUT G	OLF CLUB						NC	25	Р		GW
Local Address (wh	ere applicable)			Service	Re	esiden	tial C	ommerci	al Industri	al Con	nbine	ed Agricultural
915 BLACK ROCK	FURNPIKE			Connect	ions			1				
Towns Served: EA	STON			÷			·		·			
Name				Organizatio	n					Job	o Title	2
Mr. Randall Johns	son			Connecticut	t Golf Clu	ub			President	:		
Mailing Address L	ine One		Mailing Add	ress Line Two	)				City	St	tate	Zip Code
412 Purdy Hill Rd								Monro	e		СТ	06468
Business Phone	Extension	Fax	M	obile Phone	Emer	gency	Phon	e Email A	Address			
Contact Role(s):	Legal Contact											
Please note the fe	ollowing:											
1. The residual dis	infectant concent	ration must b	e measured at	the same loca	ation and	time a	is each	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.

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

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

	Connecticut De	epartment of	f Public H	lealth	Drink	king W	/ater	Section		
	Water Q	uality Monit	oring an	d Com	plian	ce Scł	nedule	ę		
PWS ID	PWS Name	, , , , , , , , , , , , , , , , , , ,	0		*			Owner Type	Primary	Source
СТ0460074	GREISER GENERAL STOP	₹E			NC		25	Р	G١	N
Local Addres	ss (where applicable)		Service	Resident	tial Com	mercial	Industria	l Combine	d Agri	cultura
299 CENTER	ROAD		Connections			1				
Towns Serve	ed: EASTON		1	1						
		Monito	oring Requ	ireme	nts					
Water Syst	em Facility: DISTRIBUTIC									
Total Colif	orm (3100)						1	routine (RT	) per q	uarter
	ng Point (Sampling Point ID)	)		Monitori	ng Period	Colle	ction Peri	-	liance S	
	from Inventory of Active Sam			7/1/19 -	-				Complet	
	,			10/1/19 -					Complet	
<u> </u>				1/1/20 -						
				4/1/20 -						
				7/1/20 -						
Physical Pa	arameters (PPS)						1	routine (RT	) per q	uarter
-	ng Point (Sampling Point ID)			Monitori	ng Period	Colle	ction Peri	-	liance S	
Select f	from Inventory of Active Sam	pling Points		7/1/19 -	9/30/19			(	Complet	e
				10/1/19 -	12/31/19			(	Complet	е
				1/1/20 -	3/31/20					
				4/1/20 -	6/30/20					
				7/1/20 -	9/30/20					
	ng Point (Sampling Point ID) POINT (3)			Monitorii 1/1/19 - 1 1/1/20 - 1	12/31/19	conce	ction Peri	(	Diance S Complet Complet	e
				1/1/21 - 2						
		Other C	ompliance							
Compliance	Schedule Activity	Other C	ompliance	Sched			Achiev	ed Date		
-	D SANITARY SURVEY			Sched	ules Due Date 3/6/2020					
-	D SANITARY SURVEY	Other Co er System Facili		Sched	ules Due Date 3/6/2020	nvento				
RESPOND TO	D SANITARY SURVEY		ity and Sar	Sched L npling	ules Due Date 3/6/2020	Total Coliforn	D <b>ry</b> Lead a n Coppo	ed Date	s WQP	Stage 2 DBP
RESPOND TO Water System W Facility ID	D SANITARY SURVEY	er System Facili Sampling Point	ity and Sar Sampling Poi	sched	ules Due Date 3/6/2020 Point I	Total Coliforn	D <b>ry</b> Lead a n Coppo	ed Date Ind er	s WQP	-
RESPOND TC Water System W Facility ID	D SANITARY SURVEY Wate Vater System Facility	er System Facili Sampling Point ID	ity and Sar Sampling Poi Description DISTRIBUTION	e Sched L mpling nt	ules Due Date 3/6/2020 Point I Statu A	Total Coliforr <sub>s</sub> Rule	D <b>ry</b> Lead a n Coppo	ed Date Ind er	s WQP	-
RESPOND TO Water System W Facility ID	D SANITARY SURVEY Wate Vater System Facility	er System Facili Sampling Point ID 4	ity and Sar Sampling Poi Description DISTRIBUTION	e Sched L mpling nt N SYSTEM	ules Due Date 3/6/2020 Point I Statu A	Total Coliforr <sub>s</sub> Rule	D <b>ry</b> Lead a n Coppo	ed Date Ind er	s WQP	-
RESPOND TO Water System W Facility ID	D SANITARY SURVEY Wate Vater System Facility	er System Facili Sampling Point ID 4 DOWNSTREAM	ity and Sar Sampling Poi Description DISTRIBUTION WITHIN 5 SEF	e Sched	ules Due Date 3/6/2020 Point I Statu A I A	Total Coliforn <sub>s</sub> Rule Y	D <b>ry</b> Lead a n Coppo	ed Date Ind er Fier Asbesto	s WQP	-
RESPOND TO Water System W Facility ID	D SANITARY SURVEY Wate Vater System Facility	er System Facili Sampling Point ID 4 DOWNSTREAM GGS001	ity and Sar Sampling Poi Description DISTRIBUTION WITHIN 5 SER RR 1ST FLOOP	e Sched L mpling nt N SYSTEM SVICE CON R R NO 1	ules Due Date 3/6/2020 Point I Statu A I A A	Total Coliforr <sub>s</sub> Rule Y Y	D <b>ry</b> Lead a n Coppo	ed Date Ind er Tier Asbesto Y	s WQP	-
RESPOND TC Water System W Facility ID	D SANITARY SURVEY Wate Vater System Facility	er System Facili Sampling Point ID 4 DOWNSTREAM GGS001 GGS002	ity and Sar Sampling Poi Description DISTRIBUTION WITHIN 5 SER RR 1ST FLOOP RR 2ND FLOO	e Sched L mpling nt N SYSTEM VICE CON R NO 1 R NO 1 R NO 2	ules Due Date 3/6/2020 Point I Statu A I A A A A A	Total Coliforn <u>s</u> Rule Y Y Y	D <b>ry</b> Lead a n Coppo	ed Date Ind er Tier Asbesto Y Y	s WQP	-
RESPOND TO Water System W Facility ID	D SANITARY SURVEY Wate Vater System Facility	er System Facili Sampling Point ID 4 DOWNSTREAM GGS001 GGS002 GGS003	ity and Sar Sampling Poi Description DISTRIBUTION WITHIN 5 SER RR 1ST FLOOR RR 2ND FLOO RR 2ND FLOO	e Sched L mpling nt N SYSTEM VICE CON R NO 1 R NO 1 R NO 2	ules Due Date 3/6/2020 Point I Statu A I A A A A A	Total Coliforr <u>s</u> Rule Y Y Y Y Y	D <b>ry</b> Lead a n Coppo	ed Date Ind er Tier Asbesto Y Y Y	s WQP	-
RESPOND TC Water System W Facility ID	D SANITARY SURVEY Wate Vater System Facility	er System Facili Sampling Point ID 4 DOWNSTREAM GGS001 GGS002 GGS003 GGS004	ity and Sar Sampling Poi Description DISTRIBUTION WITHIN 5 SEF RR 1ST FLOOF RR 1ST FLOOF RR 2ND FLOO RR 2ND FLOO BASEMENT U	e Sched L mpling nt N SYSTEM VICE CON R NO 1 R NO 1 R NO 2	ules Due Date 3/6/2020 Point I Statu A A A A A A A A A	Total Coliforn s Rule Y Y Y Y Y Y	D <b>ry</b> Lead a n Coppo	ed Date Ind er Tier Asbesto Y Y Y Y Y		-
RESPOND TC Water System W Facility ID	D SANITARY SURVEY Wate Vater System Facility	er System Facili Sampling Point ID 4 DOWNSTREAM GGS001 GGS002 GGS003 GGS004 GGS005	ity and Sar Sampling Poi Description DISTRIBUTION WITHIN 5 SEF RR 1ST FLOOF RR 2ND FLOO RR 2ND FLOO BASEMENT U HAND SINK	e Sched L mpling nt N SYSTEM R NO 1 R NO 1 R NO 2 TILITY SNI	ules Due Date 3/6/2020 Point I A A A A A A A A A A A A A A A A A A A	Total Coliforn <u>s</u> Rule Y Y Y Y Y Y Y	D <b>ry</b> Lead a n Coppo	ed Date Ind er Tier Asbesto Y Y Y Y Y Y Y	Y	-
RESPOND TC Water System W Facility ID 00600 D	D SANITARY SURVEY Wate Vater System Facility	er System Facili Sampling Point ID 4 DOWNSTREAM GGS001 GGS002 GGS003 GGS004 GGS005 GGS006	ity and Sar Sampling Poi Description DISTRIBUTION WITHIN 5 SER RR 1ST FLOOF RR 2ND FLOO RR 2ND FLOO BASEMENT U HAND SINK TRIPLE SINK	sched sc	ules Due Date 3/6/2020 Point I A A A A A A A A A A A A A A A A A A A	Total Coliforn <u>s</u> Rule Y Y Y Y Y Y Y	D <b>ry</b> Lead a n Coppo	ed Date Ind er Tier Asbesto Y Y Y Y Y Y Y	Y	-
RESPOND TO Water System M Facility ID 00600 D	D SANITARY SURVEY Wate Vater System Facility DISTRIBUTION SYSTEM	er System Facili Sampling Point ID 4 DOWNSTREAM GGS001 GGS002 GGS003 GGS004 GGS005 GGS006 UPSTREAM	ity and Sar Sampling Poi Description DISTRIBUTION WITHIN 5 SEF RR 1ST FLOOF RR 2ND FLOO RR 2ND FLOO BASEMENT U HAND SINK TRIPLE SINK WITHIN 5 SEF	sched sc	ules Due Date 3/6/2020 Point I A A A A A A A A A A A A A A A A A A A	Total Coliforn <u>s</u> Rule Y Y Y Y Y Y Y	D <b>ry</b> Lead a n Coppo	ed Date Ind er Tier Asbesto Y Y Y Y Y Y Y	Y	-

PWS ID	PWS Name					Class	sification	Population	Owner Type	e Pri	imary Source
СТ0460074	GREISER GENERA	L STORE					NC	25	Р		GW
Local Address (w	here applicable)			Service	Residen	tial	Commerci	ial Industri	ial Combir	ned	Agricultural
299 CENTER ROA	AD.			Connection	IS		1				
Towns Served: E	ASTON					·		·			-
			Co	ontact Info	rmation	I					
Name				Organization					Job Tit	le	
Mr. Richard Gre	iser										
Mailing Address	Line One		Mailing Addr	ess Line Two				City	State	2	Zip Code
299 Center Road							Easton	1	СТ		06612
Business Phon	e Extension	Fax	Mo	bile Phone	Emergency	Pho	ne Email /	Address	ż		
203-268-9551											
Contact Role(s):	Administrative C	ontact, Leg	gal Contact, O	wner			·				
Please note the	following:										
1. The residual d	isinfectant concentr	ation must b	be measured at	the same locatio	n and time a	s eacl	n total colif	orm sample.			
			10. I								

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 Department of Public Health Drinking Water Section** Water Quality Monitoring and Compliance Schedule **PWS Name** Classification Population Owner Type Primary Source PWS ID Р CT0460084 EASTON VILLAGE STORE NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 438 SPORT HILL ROAD 1 Towns Served: EASTON **Monitoring Requirements** Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per month **Compliance Status** Sampling Point (Sampling Point ID) **Monitoring Period Collection Period** Select from Inventory of Active Sampling Points 10/1/19 - 10/31/19 Complete 11/1/19 - 11/30/19 Complete 12/1/19 - 12/31/19 Complete Complete 1/1/20 - 1/31/20 2/1/20 - 2/29/20 Complete 3/1/20 - 3/31/20 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 **Physical Parameters (PPS)** 1 routine (RT) per month Sampling Point (Sampling Point ID) Monitoring Period **Collection Period Compliance Status** Select from Inventory of Active Sampling Points 10/1/19 - 10/31/19 Complete 11/1/19 - 11/30/19 Complete 12/1/19 - 12/31/19 Complete 1/1/20 - 1/31/20 Complete 2/1/20 - 2/29/20 Complete 3/1/20 - 3/31/20 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 - WELL 2 (WSF ID: 00701) Nitrate And Nitrite (NOX) 1 routine (RT) per year Sampling Point (Sampling Point ID) **Monitoring Period Collection Period Compliance Status** EP - WELL 2 (3) 1/1/19 - 12/31/19 1/1/20 - 12/31/20 Complete 1/1/21 - 12/31/21 **Public Notification Requirements** Compliance Notice **Public Notification PN Certification** Violation/Situation Period Tier Required Performed Due to DPH Received Distribution Turbidity MCL Violation 10/1/11 - 12/31/11 3/22/2012 4/1/2012 2 2 Distribution Color MCL Violation 10/1/11 - 12/31/11 3/22/2012 4/1/2012

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations. Schedule Generation Date: 3/10/2020

7/1/11 - 9/30/11

Distribution Turbidity MCL Violation

2

3/22/2012

4/1/2012

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0460084	EASTON VILLAGE STORE			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	itial Commerci	al Industri	al Combine	ed Agricultural
438 SPORT HILL	ROAD	Connections		1			
Towns Served:	ASTON				·		

	Public Notification R	equiren	nents			
	Compliance	Notice	Public No	tification	PN Certi	<u>fication</u>
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Distribution Color MCL Violation	7/1/11 - 9/30/11	2	3/22/2012		4/1/2012	
Distribution Turbidity MCL Violation	4/1/11 - 6/30/11	2	3/22/2012		4/1/2012	
Distribution Color MCL Violation	4/1/11 - 6/30/11	2	3/22/2012		4/1/2012	
Distribution Turbidity MCL Violation	1/1/11 - 3/31/11	2	3/22/2012		4/1/2012	
Distribution Color MCL Violation	1/1/11 - 3/31/11	2	3/22/2012		4/1/2012	
Distribution Color MCL Violation	1/1/12 - 3/31/12	2	6/14/2012		6/24/2012	
Distribution Turbidity MCL Violation	1/1/12 - 3/31/12	2	6/14/2012		6/24/2012	
Distribution Turbidity MCL Violation	4/1/12 - 6/30/12	2	9/8/2012		9/18/2012	
Distribution Color MCL Violation	4/1/12 - 6/30/12	2	9/8/2012		9/18/2012	
Distribution Turbidity MCL Violation	4/1/13 - 6/30/13	2	10/30/2013		11/9/2013	
Distribution Turbidity MCL Violation	10/1/13 - 12/31/13	2	3/16/2014		3/26/2014	
Water Sv	stem Facility and San	npling P	oint Inver	ntorv		

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 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	А	Y	
		DOWNSTREAM	WITHIN 5 SERVICE CON	А		
		EVS001	KIT HAND SNK 1	А	Y	Y
		EVS002	KIT HAND SNK 2	А	Y	Y
		EVS003	KIT HAND SNK 3	А	Y	Y
		EVS004	KIT HAND SNK 4	А	Y	Y
		EVS005	KIT SNK DOUBLE	А	Y	Y
		EVS006	KIT SNK TRPL SNK	А	Y	Y
		EVS007	RR LADY ROOM	А	Y	Y
		EVS008	RR MENS RR	А	Y	Y
		UPSTREAM	WITHIN 5 SERVICE CON	А		
00701	ENTRY POINT - WELL 2	3	EP - WELL 2	А		
58619	WELL 2	2	WELL 2	А		
58622	TREATMENT PLANT					
58624	BLADDER TANK					

#### **Contact Information**

Name				Organization		Job Title			2
Dr. Marsel Huribal							Owner		
Mailing Address Line	e One		Mailing Addr	ess Line Two			City	State	Zip Code
440 Sport Hill Road						Easton		СТ	06612
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ldress		
203-268-5618		203-445-2	2810		203-257-9171	mhuriba	l@aol.com		
Contact Role(s): Ac	Iministrative C	ontact, Ow	ner						

	-	· · · · ·	- )	- O			1-			-		1
PWS ID	PWS Name						Class	fication	Population	Owne	er Type	Primary Source
СТ0460084	EASTON VILLAG	E STORE						NC	25		Р	GW
Local Address (w	here applicable)			Service	Re	siden	tial C	ommerc	ial Industr	ial C	ombine	ed Agricultural
438 SPORT HILL F	ROAD			Connecti	ions			1				
Towns Served: E	ASTON				·		·					
Name				Organizatio	n					J	Job Title	e
Easton Village Ce	enter LLC Qc/Co	v										
Mailing Address I	ine One		Mailing Addr	ess Line Two	)				City		State	Zip Code
438 Sport Hill Rd								Eastor	1		СТ	06612
Business Phone	e Extension	Fax	Mo	bile Phone	Emerg	gency	Phon	e Email	Address			
Contact Role(s):	Legal Contact,	Owner										
Please note the f	ollowing:											
1. The residual di	sinfectant concen	tration must b	e measured at	the same loca	tion and t	time a	s each	total colif	orm sample.			

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.

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 **PWSID PWS Name** Classification Population Owner Type Primary Source Р CT0460104 OLDE BLUE BIRD INN NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 357 BLACKROCK TURNPIKE (ROUTE 58) 1 Towns Served: EASTON **Monitoring Requirements** Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per month **Compliance Status** Sampling Point (Sampling Point ID) **Monitoring Period Collection Period** Select from Inventory of Active Sampling Points 10/1/19 - 10/31/19 Complete 11/1/19 - 11/30/19 Complete 12/1/19 - 12/31/19 Complete 1/1/20 - 1/31/20 Complete 2/1/20 - 2/29/20 Complete 3/1/20 - 3/31/20 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 **Physical Parameters (PPS)** 1 routine (RT) per month Sampling Point (Sampling Point ID) Monitoring Period **Collection Period Compliance Status** Select from Inventory of Active Sampling Points 10/1/19 - 10/31/19 Complete 11/1/19 - 11/30/19 Complete 12/1/19 - 12/31/19 Complete 1/1/20 - 1/31/20 Complete 2/1/20 - 2/29/20 Complete 3/1/20 - 3/31/20 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: 00700) Nitrate (1040) 1 routine (RT) per quarter Sampling Point (Sampling Point ID) **Collection Period Compliance Status Monitoring Period** ENTRY POINT (3) 7/1/19 - 9/30/19 Complete 10/1/19 - 12/31/19 Complete Complete 1/1/20 - 3/31/20 4/1/20 - 6/30/20 7/1/20 - 9/30/20

Nitrite (1041)		1 routine (RT) per yea					
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>				
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete				
	1/1/20 - 12/31/20		Complete				

	PWS Name		ity Monit								er Type Pr	imary Sourc
СТ0460104	OLDE BLUE BIRD	INN					NC		25		Р	GW
ocal Address (w	vhere applicable)			Service	Residen	tial (	Commerc	ial	Industri	al	Combined	Agricultura
357 BLACKROCH	K TURNPIKE (ROU	TE 58)		Connection	IS		1					
Towns Served: E	ASTON											
			Monito	oring Rec	quireme	nts						
Water System	Facility: ENTR	Y POINT (W	SF ID: 00700)									
Nitrite (1041)	1									1 1	routine (R <sup>.</sup>	T) per yeaı
Sampling F	Point (Sampling P	oint ID)			Monitori	_		Collec	ction Pe	riod	Complia	ance Status
		1			1/1/21 -	12/31	./21					
-	Facility: WELL	(WSF ID: 20	)857)									
E. Coli (3014)		oint (D)			Monitori		wind (		1 tion Pe		tine (RT) p	-
WELL (2)	Point (Sampling P				<i>Monitori</i> 7/1/19 -	-		Jonet		nou	-	n <i>ce Status</i> nplete
** LLL (2)					10/1/19 -							nplete
					1/1/20 -	-						nplete
					4/1/20 -	6/30	/20					•
					7/1/20 -	9/30	/20					
		Water Sy	stem Facili	ty and Sa	ampling	Poi	nt Inve	ento	ory			
Water				-			т	otal	Lead	and		
	er System Facility	S	ampling Point					liforn			0 - k k 1	Stag
Cacility ID 00600 DISTR	RIBUTION SYSTEM	1	1D 4	Description DISTRIBUTION			tatus <sup>I</sup> A	Rule Y	Rule	Her	Asbestos	WQP 2 DBI
			4 DOWNSTREAM				A	T				
		L	OBB001	KIT SNK TRF		•	A	Y			Y	
			OBB002	KIT SNK UTI			A	Ŷ			Ŷ	
			OBB003	HAND SINK	FRONT		А	Y			Y	
			OBB004	RR MENS R	R		А	Y			Y	
			OBB005	RR LADY RC	MOM		А	Y			Y	
			UPSTREAM	WITHIN 5 S	ERVICE CON	N	А					
							А					
	Y POINT		3	ENTRY POIN	NT							
20857 WELL	-		3 2	ENTRY POIN WELL	NT		A					
20857 WELL		_	2	WELL								
20857 WELL	-		2			I						
20857 WELI 55071 TREA Name	- TMENT PLANT		2 Con Or	WELL tact Info ganization	rmation						Job Title	
20857 WELL 55071 TREA Name Mr. Martin Wie	- TMENT PLANT ser		2 Con Blue	WELL tact Info ganization uebird Prope	rmation				roperty	Owne	er	
20857 WELI 55071 TREA Name Mr. Martin Wie Mailing Address	- TMENT PLANT ser Line One		2 Con Or	WELL tact Info ganization uebird Prope	rmation		A		roperty ( City	Owne	er State	Zip Code
20857 WELI 55071 TREA Jame Mr. Martin Wie Mailing Address 557 Blackrock Tu	- TMENT PLANT ser Line One urnpike		2 Con Or Blu Mailing Address	WELL tact Info ganization uebird Prope	rmation erties Inc, L	LC	A Eastor	1	City	Owne	er	Zip Code 06612
20857 WELL 55071 TREA Name Mr. Martin Wie	ser Line One urnpike Extension	Fax 203-459-1	2 Con Or Blu Mailing Address Mobil	WELL tact Info ganization uebird Prope	rmation	LC 7 Phor	A Eastor Email	ו Addr	City		er State CT	

	-	· · · · ·	- )	O		1-			-	
PWS ID	PWS Name					Cla	ssification	Population	Owner Type	Primary Source
СТ0460104	OLDE BLUE BIRD	INN					NC	25	Р	GW
Local Address (w	here applicable)			Service	Reside	ential	Commerc	ial Industri	al Combin	ed Agricultural
357 BLACKROCK	TURNPIKE (ROU	TE 58)		Connecti	ions		1			
Towns Served: E	ASTON				i			1		
Name				Organizatior	า				Job Titl	e
Bluebird Propert	ties LLC									
Mailing Address	Line One		Mailing Addr	ess Line Two	1			City	State	Zip Code
357 Black Rock R	oad						Eastor	1	СТ	06612
Business Phone	e Extension	Fax	Mc	bile Phone	Emergen	cy Pho	one Email	Address		
Contact Role(s):	Legal Contact, C	Owner	·							
Please note the	following:									

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

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.

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 Mor	nitoring an	d Complianc	e Sche	dule		
PWS ID	PWS Name			1		wner Type Pi	rimary Source
СТ0460134	LION HILL FARM		NC	25		Р	GW
ocal Address	(where applicable)	Service	Residential Comm	ercial Ind	ustrial	Combined	Agricultura
LO20 SPORT H	ILL ROAD	Connections				2	
Towns Served	EASTON						
	Mon	itoring Requ	uirements				
Water Syster	m Facility: DISTRIBUTION SYSTEM (WS	F ID: 00600)					
Total Colifo							per month
	Point (Sampling Point ID)		Monitoring Period	Collectio	n Perio		ance Status
Select fro	om Inventory of Active Sampling Points		10/1/19 - 10/31/19				mplete
			11/1/19 - 11/30/19				mplete
			12/1/19 - 12/31/19				mplete
			1/1/20 - 1/31/20				mplete
			2/1/20 - 2/29/20			0	mplete
			3/1/20 - 3/31/20 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				
Physical Par	ameters (PPS)				1 r	outine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitoring Period	Collectio	n Perio	d Compli	ance Status
Select fro	om Inventory of Active Sampling Points		10/1/19 - 10/31/19			Со	mplete
			11/1/19 - 11/30/19			Со	mplete
			12/1/19 - 12/31/19				mplete
			1/1/20 - 1/31/20				mplete
			2/1/20 - 2/29/20			Со	mplete
			3/1/20 - 3/31/20				
			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	_			,
Nater Syster	m Facility: ENTRY POINT (WSF ID: 0070	າດ)	9/1/20-9/30/20				
Nitrate (104					1 ro	outine (RT)	per quarter
•	Point (Sampling Point ID)		Monitoring Period	Collectio			ance Status
ENTRY PO			7/1/19 - 9/30/19			-	mplete
			10/1/19 - 12/31/19				mplete
			1/1/20 - 3/31/20				mplete
			4/1/20 - 6/30/20				
			7/1/20 - 9/30/20				
Nitrite (104	-					-	T) per year
	Point (Sampling Point ID)		Monitoring Period	Collectio	n Perio		ance Status
ENTRY PO	DINT (3)		1/1/19 - 12/31/19			Со	mplete

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations. Schedule Generation Date: 3/10/2020

1/1/20 - 12/31/20

Complete

					-	1			-		
(	Connecticut Dep					0				on	
	Water Qu	ality Monit	oring a	ind Com	plia	nce S	che	edule			
PWS ID F	WS Name				Classifi	cation F	opul	ation C	)wner T	Type P	rimary Source
CT0460134 L	ION HILL FARM				N	С	2	5	Р		GW
Local Address (wh	ere applicable)		Service	Resident	ial Co	mmercia	IIn	dustrial	Con	nbined	Agricultural
1020 SPORT HILL	ROAD		Connectio	ns						2	
Towns Served: EA	STON										
		Monite	oring Re	quiremer	nts						
Water System Fa	acility: ENTRY POINT	WSF ID: 00700)									
Nitrite (1041)									1 rout	tine (F	RT) per year
Sampling Po	int (Sampling Point ID)			Monitorir	ng Perio	od Co	llecti	on Perio	od (	Compli	iance Status
				1/1/21 - 1	12/31/2	1					
		Other C	omplian	ce Sched	ules						
Compliance Sched	dule Activity			D	Due Dat	е		Achieve	ed Date	?	
RESPOND TO SAN					0/4/201						
CORRECTIVE ACTI	ON/CORRECTIVE ACTION I	PLAN		1	/2/201	4					
	Water	System Facili	ity and S	ampling	Point	Inver	ntor	Ъ			
Water						Tot		Lead a			
	System Facility	Sampling Point				Colif		Сорре			Stage
Facility ID		ID	Descriptio		Sta			Rule T	ier Ask	pestos	WQP 2 DBPR
00600 DISTRII	BUTION SYSTEM	4		ION SYSTEM	А						
		DOWNSTREAM									
		FHF001	UTILITY SIN	NK BARN	А					Y	
		FHF002	RR BARN		А					Y	
		FHF003	RR APARTI		А					Y	
		FHF004	RR APARTI		А					Y	
		FHF005	RR EQUINE		А					Y	
		FHF006		PARTMENT 1	Д					Y	
		FHF007		PARTMENT 2	A					Y	
	DOINT	UPSTREAM		SERVICE CON							
00700 ENTRY		3	ENTRY POI	IN I	Δ						
23021 WELL 1		2	WELL 1		Α						
23022 WELL 2		2	WELL 2		Α						
61297 WELL 3		2	WELL 3		A	1					
61299 ATMO	SPHERIC STORAGE										
		1		ormation							
Name			rganization						Job	Title	
Mr. Stephen Loor	•		ir Hill Farm								
Mailing Address L		Mailing Addres	s Line Two				Cit	ty		ate	Zip Code
1060 Sport Hill Ro						Easton				СТ	06612
Business Phone	Extension Fa	x Mobi	le Phone	Emergency							
203-994-6411				203-994-6	5411	steve@s	stl-co	nstructi	on.com	า	
Contact Role(s):	Administrative Contact, L	egal Contact, Owr	ner								

		0		1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0460134	LION HILL FARM			NC	25	Р	GW
Local Address (	where applicable)	Service	Resider	ntial Commerc	ial Industri	ial Combine	ed Agricultural
1020 SPORT HII	L ROAD	Connections				2	
Towns Served:	EASTON						
Please note the	e following:						
1. The residual	disinfectant concentration must be measured at the	e same location	and time a	as each total colif	form sample.		
2. If a Collectio	n Period is specified, all water quality samples must	be collected du	ring the sp	pecified period.			
	n results, additional monitoring may be required (i. nce 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.

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

	Connecticut Department					<u> </u>			ection	
	Water Quality Mor	nitoring an	d Con	npl	liance	Sch	ledul	le		
PWS ID	PWS Name			Cla	ssification	Pop	ulation	Ow	ner Type P	rimary Source
СТ0460154	EASTON RACQUET CLUB				NC		25		Р	GW
Local Address (	where applicable)	Service	Resider	itial	Commer	cial	Industri	al	Combined	Agricultura
36 WIMBLEDOI	N LANE	Connections			2					
Towns Served:	EASTON									
	Mor	nitoring Requ	uireme	nts	;					
Water System	Facility: DISTRIBUTION SYSTEM (WS	6F ID: 00600)								
Total Colifor	m (3100)						1	L roi	utine (RT)	per quarter
	Point (Sampling Point ID)		Monitor	ing P	Period	Collec	tion Pe			iance Status
Select fror	m Inventory of Active Sampling Points		7/1/19 -	- 8/3	1/19				Co	omplete
Total Colifor	· · · · · · · · · · · · · · · · · · ·				-			1 ro		) per month
	Point (Sampling Point ID)		Monitor	ing P	Period	Collec	tion Pe		-	iance Status
	m Inventory of Active Sampling Points		11/1/19 -	_						omplete
	, , ,		12/1/19 ·							omplete
			1/1/20							omplete
			2/1/20 ·							omplete
			3/1/20							•
			4/1/20 -							
			5/1/20 ·							
			6/1/20							
			1/20							
			8/1/20							
			9/1/20							
Total Colifor	m (3100)			,				3 r	epeat (RP	) per period
	Point (Sampling Point ID)		Monitor	ing P	Period	Collec	tion Pe		• •	iance Status
	m Inventory of Active Sampling Points		9/19/19	- 9/2	24/19				-	omplete
	, , , , , , , , , , , , , , , , , , , ,		9/20/19	· ·						
Total Colifor	m (3100)			,		3 ter	nporar	v ro	outine (TR	) per month
	Point (Sampling Point ID)		Monitor	ing P	Period		tion Pe	-	-	iance Status
	m Inventory of Active Sampling Points		10/1/19 -	_						omplete
	ameters (PPS)		-	- /	- / -		1	l roi		per quarter
•	Point (Sampling Point ID)		Monitor	ing P	Period	Collec	tion Pe			iance Status
	m Inventory of Active Sampling Points		7/1/19 -	_						omplete
	ameters (PPS)							1 ro		) per month
•	Point (Sampling Point ID)		Monitor	ing P	Period	Collec	tion Pe			iance Status
	m Inventory of Active Sampling Points		11/1/19 -	-						omplete
	, r U - ···		12/1/19 ·							omplete
			1/1/20 ·							omplete
			2/1/20 ·							omplete
			3/1/20 ·							P
			4/1/20 ·							
			5/1/20							
			6/1/20 ·							
			7/1/20							
			8/1/20							
			9/1/20							
Mator Sustan	Eacility: ENTRY POINT- CLUB HOUSE			5,5	5/20					

#### Water System Facility: ENTRY POINT- CLUB HOUSE (WSF ID: 00700)

	Connecticut Dep Water Ou		nt of Public H onitoring an				U			ction	
PWS ID	PWS Name		onitoring an	u con							rimary Source
CT0460154	EASTON RACQUET CLUB				Class	NC	ΤΡΟμ	25		P	GW
	where applicable)		Service	Resident	tial (		cial	Industri		Combined	-
36 WIMBLEDON			Connections	Resident		2	Ciai	muustri		Jonibineu	Agricultural
Towns Served: I						Z					
Towns Screed.		R.A.	onitoring Dog		-						
			onitoring Requ		nts		_		_		
	Facility: ENTRY POINT-	CLUB HOU	SE (WSF ID: 00700	)							
Nitrate And N	• •				_					-	RT) per year
	Point (Sampling Point ID)			Monitori	-		Colle	ction Pe	riod		iance Status
ENTRY POI	NT- CLUB HOUSE (3)			1/1/19 - 1						Co	omplete
				1/1/20 - 1							
				1/1/21 -	12/31	1/21					
	Facility: ENTRY POINT-	POOL HOU	SE (WSF ID: 0070	1)							
Nitrate And N	• •									-	RT) per year
	Point (Sampling Point ID)			Monitori	-		Colle	ction Pe	riod		iance Status
ENTRY POI	NT- POOL HOUSE (3)			1/1/19 - 1						Co	omplete
				1/1/20 -							
				1/1/21 -	12/31	1/21					
	Facility: WELL 1		(WSF ID: 55903)								
E. Coli (3014)	•									-	) per period
	Point (Sampling Point ID)			Monitori	-		Colle	ction Pe	riod		iance Status
WELL (2)				9/18/19 -	- 9/24	4/19				Co	omplete
Water System	Facility: WELL 2		(WSF ID: 57098)								
E. Coli (3014)	•									-	) per period
	Point (Sampling Point ID)			Monitori	-		Colle	ction Pe	riod		iance Status
WELL 2 (2)				9/18/19	,					Co	omplete
		Oth	er Compliance	e Sched	ule	S					
Compliance Sch	nedule Activity			L	Due D	Date		Achie	ved D	ate	
RESPOND TO SA	ANITARY SURVEY			3	/28/2	2020					
CORRECTIVE AC	TION/CORRECTIVE ACTION	PLAN		6	/26/2	2020					
CORRECTIVE AC	TION/CORRECTIVE ACTION	PLAN		6	/26/2	2020					
		Public	Notification R	Require	me	nts					
			Compliance	Notice	-	Public	Notifi	ication		PN Cer	tification
Violation/Situa	tion		Period	Tier		Required		erforme	d Du	ie to DPH	-
REVISED TOTAL	COLIFORM RULE (RTCR) TT	Violation	9/8/19 - 11/7/19	2		1/22/20				2/2/2019	
	Water	System F	acility and Sa	mpling	Poi						
Water	or System Eacility	Samplin-	Point Sampling Poi	int			Total				Chana
System Wate Facility ID	er System Facility	Sampling ID	Description		_		oliforr Rule			Asbestas	Stage WQP 2 DBPR
	RIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM		Status A	Y	nuic			
			REAM WITHIN 5 SEF			A					
		ERCOO			•	A	Y			Y	
		ERCOO				A	Y			Ŷ	
		ERCOO				A	Y			Ŷ	
		ERCOO				A	Y			Ŷ	
		ERCOO				A	Y			Ŷ	
		LICOL		. 2001			•			•	

		VVal	lei Qua		ntoring a							
PWS ID	PW	S Name					Classif	ication	Popula	tion Ov	vner Type	Primary Sour
СТ0460154	EAS	TON RACQU	ET CLUB				Ν	IC	25		Р	GW
Local Address	s (wher	e applicable)			Service	Resider	ntial Co	ommerci	ial Ind	ustrial	Combine	d Agricultur
36 WIMBLED	ON LAN	IE			Connectio	ns		2				
Towns Served	d: EAST	ON										
			Water S	ystem Fac	ility and S	ampling	g Poin	t Inve	entory	,		
Water								T	otal L	ead an	d	
System W	′ater Sy	stem Facility		Sampling Poi	nt Sampling F	Point		Col	iform	Copper		Stag
Facility ID				ID	Descriptior	า	Sta	atus F	Rule I	Rule Tie	r Asbesto	s WQP 2 DBI
				ERC006	BAR SINK			A	Y		Y	
				UPSTREAM	WITHIN 5 S	SERVICE CO	N .	A				
00700 EN	NTRY PC	DINT- CLUB HO	DUSE	3	ENTRY POI	NT- CLUB H	0	A				
00701 EN	NTRY PC	DINT- POOL H	OUSE	3	ENTRY POI	NT- POOL H	10	A				
55903 W	'ELL 1			2	WELL			A				
57098 W	'ELL 2			2	WELL 2			A				
57153 TR	REATME	NT PLANT #1										
57155 TR	REATME	NT PLANT #2										
				Co	ontact Info	rmatior	า					
Name					Organization						Job Title	
Dr. Keith Ruc	dolph				Easton Racque	et Club			Presi	dent		
Mailing Addr	-	One		Mailing Addr	ess Line Two				City	,	State	Zip Code
116 Crest Ter				0				Fairfie			СТ	06825
Business Pl	none	Extension	Fax	Mo	obile Phone	Emergenc	y Phone	Email	Address			
203-254-9	533		203-254-	9511		203-371			ph@opt	online.	net	
Contact Role	(s): Ad	ministrative	Contact, Le	gal Contact								
Please note t	the follo	owing:										
		-	ration must l	pe measured at	the same location	on and time	as each t	otal colif	orm sam	ple.		
2. If a Collect	tion Peri	od is specified,	all water qua	ality samples m	ust be collected	during the sp	pecified p	period.				
3. Depending	g on resu	ults, additional	monitoring n	nay be required	(i.e. repeat or co	onfirmation	samples)	. This sc	hedule is	subject	to change, a	ind 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

		ut Department of				<u> </u>			ction	
	Wat	er Quality Monit	oring an	d Comp	olianc	ce Scł	nedul	e		
PWS ID	PWS Name			С	lassificat	ion Pop	oulation	Owr	ner Type P	rimary Sourc
СТ046016	4 ST. DIMITRIE ROI	MANIAN ORTHODOX CHUR	СН		NC		200		Р	GW
Local Add	ress (where applicable)		Service	Residentia	l Comm	nercial	Industria	al	Combined	Agricultura
500 SPOR	T HILL ROAD		Connections		1	1				
Towns Ser	ved: EASTON									
		Monito	oring Requ	uirement	ts					
Water Sy	stem Facility: DISTRI	BUTION SYSTEM (WSF I								
	liform (3100)									per quarter
	oling Point (Sampling Po			Monitoring		Colle	ction Per	riod		ance Status
Selec	t from Inventory of Activ	ve Sampling Points		7/1/19 - 9/					Co	mplete
				10/1/19 - 12						
				1/1/20 - 3/					Co	mplete
				4/1/20 - 6/						
				7/1/20 - 9/	30/20		_			
-	Parameters (PPS) pling Point (Sampling Po	pint ID)		Monitoring	Period	Colle	1 ction Per			per quarter <i>ance Status</i>
	t from Inventory of Activ		7/1/19 - 9/						mplete	
				10/1/19 - 12	2/31/19					
				1/1/20 - 3/	/31/20				Co	mplete
			4/1/20 - 6/	/30/20					-	
				7/1/20 - 9/	/30/20					
Water Sy	stem Facility: ENTRY	POINT (WSF ID: 00700)								
	And Nitrite (NOX)						_		-	T) per year
	pling Point (Sampling Po	oint ID)		Monitoring		Colle	ction Per	riod		ance Status
ENTR	RY POINT (3)			1/1/19 - 12						mplete
				1/1/20 - 12					Со	mplete
				1/1/21 - 12						
		Other C	ompliance	Schedu	les					
Compliand	ce Schedule Activity			Du	e Date	_	Achie	ved I	Date	
CROSS CO	NNECTION SURVEY REPO	ORT		3/3	1/2020					
	•	Water System Facili	ity and Sar	npling P	oint Ir	nvent	ory			
Water		-				Total	Lead	and		
System	Water System Facility	Sampling Point		nt		Colifori	т Сорр	per		Stage
Facility ID	)	ID	Description		Status	Rule	Rule	Tier	Asbestos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N	А					
		DOWNSTREAM	WITHIN 5 SEF	VICE CON	А					
		UPSTREAM	WITHIN 5 SEP	VICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT		А					
	WELL 1	2	WELL 1		А					
56178										
56178 56182	PRESSURE TANK									
	PRESSURE TANK TREATMENT PLANT									
56182		Con	tact Inform	nation						
56182			tact Inform	nation					Job Title	
56182 59398	TREATMENT PLANT	01				R	epresent	ative		
56182 59398 Name Mr. Sutiri	TREATMENT PLANT	01	rganization . Dimitrie Chur				epresent City	ative		Zip Code

		mai	ter Quanty i		or mg c		<u> </u>	lance	benedua			
PWS ID	PW	'S Name					Clas	ssification	Population	Owner Type	Primary Source	
СТ0460164	ST.	DIMITRIE RO	MANIAN ORTHODO	OX CHUR	СН			NC	200	Р	GW	
Local Address (	wher	e applicable)			Service	Resider	ntial	Commerc	ial Industri	al Combin	ed Agricultural	
500 SPORT HILL	ROA	٨D			Connections			1				
Towns Served:	EAST	ON								1		
Business Pho	siness Phone Extension Fax Mobile Phone Eme							cy Phone Email Address				
203-268-823	57		203-814-2848			203-261	-1149	9 sutiri@	@sbcglobal.n	et		
Contact Role(s)	: Ac	Iministrative	Contact, Legal Cont	tact				÷				
Please note the	e foll	owing:										
1. The residual	disinf	ectant concent	ration must be measu	ured at the	e same locat	ion and time	as ead	ch total coli	form sample.			
2. If a Collection	n Peri	iod is specified,	all water quality sam	ples must	be collected	d during the sp	pecifie	ed period.				
			monitoring may be re on or after the gener							-		

#### 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												
	anty Monit	oring and Cor				nor Turne D	ino an i Course					
PWS ID PWS Name							imary Source					
CT0460174 SILVERMAN'S FARM			NC	2	-	P	GW					
Local Address (where applicable)		Service Resident			dustrial	Combined	Agricultural					
451 SPORT HILL ROAD		connections	1	-								
Towns Served: EASTON												
		oring Requireme	nts									
	SYSTEM (WSF I	D: 00600)			4	+:						
Total Coliform (3100)		Monitori	na Daviad	Collecti			per quarter					
Sampling Point (Sampling Point ID)	a a Dainta	Monitori	-	Collecti	on Period	-	ance Status					
Select from Inventory of Active Sampli	ng Points	7/1/19 -					mplete					
		10/1/19 -				Co	mplete					
		4/1/20 -										
		7/1/20 -	9/30/20									
Physical Parameters (PPS)							per quarter					
Sampling Point (Sampling Point ID)	<b>D</b> : 1	Monitori		Collecti	on Period		ance Status					
Select from Inventory of Active Sampli	ng Points	7/1/19 -					mplete					
		10/1/19 -				Со	mplete					
		4/1/20 -										
		7/1/20 -	9/30/20									
Water System Facility: ENTRY POINT	(WSF ID: 00700)											
Nitrate (1040)					1 rou		per quarter					
Sampling Point (Sampling Point ID)		Monitori	ng Period	Collecti	on Period	Compli	ance Status					
ENTRY POINT (3)		7/1/19 -	9/30/19			Со	mplete					
		10/1/19 -	12/31/19			Со	mplete					
		4/1/20 -	6/30/20									
		7/1/20 -	9/30/20									
Nitrite (1041)					1	routine (R	T) per year					
Sampling Point (Sampling Point ID)		Monitori	ng Period	Collecti	on Period	Compli	ance Status					
ENTRY POINT (3)		1/1/19 - 1	12/31/19			Со	mplete					
		1/1/20 -	12/31/20									
		1/1/21 - 1	12/31/21									
Water	System Facili	ity and Sampling	Point Ir	nventor	Ъ							
Water					Lead and							
System Water System Facility		Sampling Point		Coliform			Stage					
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR					
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM										
		WITHIN 5 SERVICE CON	I A	Y								
	SF001	GREENHOUSE SINK				Y						
	SF002	KIT SNK	А	Y		Y						
	SF003	RR GENERIC RR	А	Y		Y						
	UPSTREAM	WITHIN 5 SERVICE CON	I A									
00700 ENTRY POINT	3	ENTRY POINT	А									
60278 WELL #2	2	WELL #2	А									

		Lei Luu	110y 1.1011			11P1	iunce i	Juncaal		
PWS ID	PWS Name					Clas	sification	Population	Owner Type	Primary Source
СТ0460174	SILVERMAN'S F	ARM					NC	25	Р	GW
Local Address (w	here applicable)			Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural
451 SPORT HILL	ROAD			Connectio	ns		1			
Towns Served: E	ASTON									
			Co	ontact Info	ormation	า				
Name				Organization					Job Tit	le
Mr. Irving Silver	man			Silverman's Fa	arm					
Mailing Address	Line One		Mailing Addr	ess Line Two				City	State	Zip Code
451 Sport Hill Ro	bad						Easton		СТ	06612
Business Phon	e Extension	Fax	Mo	obile Phone	Emergenc	y Pho	ne Email	Address		
203-261-3306	5	203-268-	7589		203-218	-4522	2 silvfarı	m@optonlin	e.net	
Contact Role(s):	Administrative	Contact, Leg	al Contact, O	wner						
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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