

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0460044	CONNECTICUT GOLF CLUB	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
915 BLACK ROCK TURNPIKE				1			
Towns Served: EASTON							

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 8/31/19		Complete
	10/1/19 - 12/31/19		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19	10/1-11/30	Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/19 - 12/31/19	4/1-11/30	Complete
	1/1/20 - 12/31/20	4/1-11/30	
	1/1/21 - 12/31/21	4/1-11/30	

Water System Facility: WELL #1 (WSF ID: 20852)

E. Coli (3014)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL (2)	10/1/19 - 12/31/19	10/1-11/30	Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Water System Facility: WELL #2 (WSF ID: 56928)

E. Coli (3014)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL #2 (2)	10/1/19 - 12/31/19	10/1-11/30	Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2017	
CROSS CONNECTION SURVEY REPORT	3/1/2018	
CROSS CONNECTION SURVEY REPORT	3/1/2019	
CROSS CONNECTION SURVEY REPORT	3/1/2020	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos Rule</i>	<i>Stage WOP 2 DBPR</i>

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.

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0460044	CONNECTICUT GOLF CLUB	NC	25	P	GW

Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
915 BLACK ROCK TURNPIKE			1			

Towns Served: EASTON

								Status
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
	CGC001		KIT SNK DOUBLE	A	Y		Y	
	CGC002		BAR SINK	A	Y		Y	
	CGC003		RR LADY CHANGING RM	A	Y		Y	
	CGC004		RR OFFICE LEFT	A	Y		Y	
	CGC005		RR OFFICE RIGHT	A	Y		Y	
	CGC006		RR MENS CHG SNK 1	A	Y		Y	
	CGC007		RR MENS CHG SNK 2	A	Y		Y	
	CGC008		RR MENS CHG SNK 3	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		BASEMENT UTILITY SNK	A	Y		Y	
	DOWNSTREAM		WITHIN 5 SERVICE CON	A				
	UPSTREAM		WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20852	WELL #1	2	WELL	A				
51910	TREATMENT PLANT							
56928	WELL #2	2	WELL #2	A				
56930	STORAGE TANK #1							
56932	STORAGE TANK #2							

Contact Information

Name	Organization	Job Title			
Ms. Deborah Wallenta	Connecticut Golf Club				
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code	
915 Black Rock Turnpike		Easton	CT	06612	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-261-2544				203-459-0367	

Contact Role(s): **Administrative Contact**

Name	Organization	Job Title			
Connecticut Golf Club					
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code	
915 Black Rock Rd		Easton	CT	06612	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address

Contact Role(s): **Owner**

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
CT0460044	CONNECTICUT GOLF CLUB	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
915 BLACK ROCK TURNPIKE				1				
Towns Served: EASTON								
Name			Organization			Job Title		
Mr. Randall Johnson			Connecticut Golf Club			President		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
412 Purdy Hill Rd						Monroe	CT	06468
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
Contact Role(s): Legal Contact								

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0460074	GREISER GENERAL STORE	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
299 CENTER ROAD				1			
Towns Served: EASTON							

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
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			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
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			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete		
	1/1/20 - 12/31/20		Complete		
	1/1/21 - 12/31/21				

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	3/6/2020	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		GGS001	RR 1ST FLOOR	A	Y		Y	
		GGS002	RR 2ND FLOOR NO 1	A	Y		Y	
		GGS003	RR 2ND FLOOR NO 2	A	Y		Y	
		GGS004	BASEMENT UTILITY SNK	A	Y		Y	
		GGS005	HAND SINK	A	Y		Y	Y
		GGS006	TRIPLE SINK	A	Y		Y	Y
	UPSTREAM	WITHIN 5 SERVICE CON	A					
00700	ENTRY POINT	3	ENTRY POINT	A				
20854	WELL	2	WELL	A				
59343	TREATMENT PLANT							

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0460074	GREISER GENERAL STORE	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
299 CENTER ROAD				1			
Towns Served: EASTON							

Contact Information

Name			Organization			Job Title			
Mr. Richard Greiser									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
299 Center Road						Easton		CT	06612
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-268-9551									
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>

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0460084	EASTON VILLAGE STORE	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
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	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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		

Physical Parameters (PPS)		1 routine (RT) per month	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Distribution Turbidity MCL Violation	10/1/11 - 12/31/11	2	3/22/2012		4/1/2012	
Distribution Color MCL Violation	10/1/11 - 12/31/11	2	3/22/2012		4/1/2012	
Distribution Turbidity MCL Violation	7/1/11 - 9/30/11	2	3/22/2012		4/1/2012	

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0460084	EASTON VILLAGE STORE	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
438 SPORT HILL ROAD				1			
Towns Served: EASTON							

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			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 System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
		EVS001	KIT HAND SNK 1	A	Y		Y	
		EVS002	KIT HAND SNK 2	A	Y		Y	
		EVS003	KIT HAND SNK 3	A	Y		Y	
		EVS004	KIT HAND SNK 4	A	Y		Y	
		EVS005	KIT SNK DOUBLE	A	Y		Y	
		EVS006	KIT SNK TRPL SNK	A	Y		Y	
		EVS007	RR LADY ROOM	A	Y		Y	
EVS008	RR MENS RR	A	Y		Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00701	ENTRY POINT - WELL 2	3	EP - WELL 2	A				
58619	WELL 2	2	WELL 2	A				
58622	TREATMENT PLANT							
58624	BLADDER TANK							

Contact Information

Name		Organization			Job Title		
Dr. Marsel Huribal					Owner		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
440 Sport Hill Road					Easton	CT	06612
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-268-5618		203-445-2810		203-257-9171	mhuribal@aol.com		
Contact Role(s):		Administrative Contact, Owner					

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
CT0460084	EASTON VILLAGE STORE	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
438 SPORT HILL ROAD				1				
Towns Served: EASTON								
Name			Organization			Job Title		
Easton Village Center LLC Qc/Cov								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
438 Sport Hill Rd						Easton	CT	06612
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
Contact Role(s): 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.

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0460104	OLDE BLUE BIRD INN	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
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		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0460104	OLDE BLUE BIRD INN	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
357 BLACKROCK TURNPIKE (ROUTE 58)				1			

Towns Served: EASTON

Monitoring Requirements

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrite (1041)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
	1/1/21 - 12/31/21		

Water System Facility: **WELL (WSF ID: 20857)**

E. Coli (3014)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL (2)	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
		OBB001	KIT SNK TRPL SNK	A	Y		Y	
		OBB002	KIT SNK UTILITY SNK	A	Y		Y	
		OBB003	HAND SINK FRONT	A	Y		Y	
		OBB004	RR MENS RR	A	Y		Y	
		OBB005	RR LADY ROOM	A	Y		Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20857	WELL	2	WELL	A				
55071	TREATMENT PLANT							

Contact Information

Name			Organization			Job Title			
Mr. Martin Wieser			Bluebird Properties Inc, LLC			Property Owner			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
357 Blackrock Turnpike						Easton		CT	06612
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-268-2049		203-459-1502		860-339-2976	mwieser2049@yahoo.com				
Contact Role(s): Administrative Contact, Owner									

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source			
CT0460104	OLDE BLUE BIRD INN	NC	25	P	GW			
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
357 BLACKROCK TURNPIKE (ROUTE 58)				1				
Towns Served: EASTON								
Name			Organization			Job Title		
Bluebird Properties LLC								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
357 Black Rock Road						Easton	CT	06612
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
Contact Role(s):		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>

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0460134	LION HILL FARM	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1020 SPORT HILL ROAD						2	
Towns Served: EASTON							

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100)	1 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
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		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

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

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.

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0460134	LION HILL FARM	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1020 SPORT HILL ROAD						2	
Towns Served: EASTON							

Monitoring Requirements

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrite (1041)	1 routine (RT) per year
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>
	<i>Collection Period</i>
	<i>Compliance Status</i>
	1/1/21 - 12/31/21

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	10/4/2013	
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	1/2/2014	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM WITHIN 5 SERVICE CON	A				
			FHF001 UTILITY SINK BARN	A	Y		Y	
			FHF002 RR BARN	A	Y		Y	
			FHF003 RR APARTMENT	A	Y		Y	
			FHF004 RR APARTMENT 2	A	Y		Y	
			FHF005 RR EQUINE FACILITY	A	Y		Y	
			FHF006 KIT SNK APARTMENT 1	A	Y		Y	
			FHF007 KIT SNK APARTMENT 2	A	Y		Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
23021	WELL 1	2	WELL 1	A				
23022	WELL 2	2	WELL 2	A				
61297	WELL 3	2	WELL 3	A				
61299	ATMOSPHERIC STORAGE							

Contact Information

Name			Organization			Job Title			
Mr. Stephen Looney			Fair Hill Farm						
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
1060 Sport Hill Road						Easton		CT	06612
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-994-6411				203-994-6411	steve@stl-construction.com				
Contact Role(s): Administrative Contact, Legal Contact, Owner									

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.

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source	
CT0460134	LION HILL FARM	NC	25	P	GW	
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1020 SPORT HILL ROAD					2	
Towns Served: EASTON						

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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0460154	EASTON RACQUET CLUB	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
36 WIMBLEDON LANE				2			

Towns Served: EASTON

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 8/31/19		Complete		
Total Coliform (3100)		1 routine (RT) per month			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	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		Complete		
	5/1/20 - 5/31/20		Complete		
	6/1/20 - 6/30/20		Complete		
	7/1/20 - 7/31/20		Complete		
	8/1/20 - 8/31/20		Complete		
	9/1/20 - 9/30/20		Complete		
Total Coliform (3100)		3 repeat (RP) per period			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	9/19/19 - 9/24/19		Complete		
	9/20/19 - 9/25/19		Complete		
Total Coliform (3100)		3 temporary routine (TR) per month			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	10/1/19 - 10/31/19		Complete		
Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
Physical Parameters (PPS)		1 routine (RT) per month			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	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		Complete		
	5/1/20 - 5/31/20		Complete		
	6/1/20 - 6/30/20		Complete		
	7/1/20 - 7/31/20		Complete		
	8/1/20 - 8/31/20		Complete		
	9/1/20 - 9/30/20		Complete		

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

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.

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0460154	EASTON RACQUET CLUB	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
36 WIMBLEDON LANE				2			
Towns Served: EASTON							

Monitoring Requirements

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

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT- CLUB HOUSE (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
	1/1/21 - 12/31/21		

Water System Facility: ENTRY POINT- POOL HOUSE (WSF ID: 00701)

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT- POOL HOUSE (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
	1/1/21 - 12/31/21		

Water System Facility: WELL 1 (WSF ID: 55903)

E. Coli (3014)		1 triggered (TG) per period	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL (2)	9/18/19 - 9/24/19		Complete

Water System Facility: WELL 2 (WSF ID: 57098)

E. Coli (3014)		1 triggered (TG) per period	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL 2 (2)	9/18/19 - 9/24/19		Complete

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	3/28/2020	
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	6/26/2020	
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	6/26/2020	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	9/8/19 - 11/7/19	2	11/22/2019		12/2/2019	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		ERC001	RR LADY ROOM 1F R	A	Y		Y	
		ERC002	RR LADY ROOM 1F L	A	Y		Y	
		ERC003	RR MENS RM 1F L	A	Y		Y	
		ERC004	RR MENS RM 1F R	A	Y		Y	
		ERC005	KIT SNK 2ND FLOOR	A	Y		Y	

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0460154	EASTON RACQUET CLUB	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
36 WIMBLEDON LANE				2			
Towns Served: EASTON							

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		ERC006	BAR SINK	A	Y		Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT- CLUB HOUSE	3	ENTRY POINT- CLUB HO	A				
00701	ENTRY POINT- POOL HOUSE	3	ENTRY POINT- POOL HO	A				
55903	WELL 1	2	WELL	A				
57098	WELL 2	2	WELL 2	A				
57153	TREATMENT PLANT #1							
57155	TREATMENT PLANT #2							

Contact Information

Name		Organization			Job Title			
Dr. Keith Rudolph		Easton Racquet Club			President			
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
116 Crest Terrace						Fairfield	CT	06825
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-254-9533		203-254-9511		203-371-8512	krudolph@optonline.net			

Contact Role(s): **Administrative Contact, Legal Contact**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0460164	ST. DIMITRIE ROMANIAN ORTHODOX CHURCH	NC	200	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
500 SPORT HILL ROAD				1			

Towns Served: EASTON

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		
	1/1/20 - 3/31/20		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Physical Parameters (PPS)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		
	1/1/20 - 3/31/20		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		Complete
	1/1/21 - 12/31/21		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2020	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
56178	WELL 1	2	WELL 1	A				
56182	PRESSURE TANK							
59398	TREATMENT PLANT							

Contact Information

Name		Organization		Job Title		
Mr. Sutiri Giavara		St. Dimitrie Church		Representative		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
504 Sport Hill Road				Easton	CT	06612

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.

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0460164	ST. DIMITRIE ROMANIAN ORTHODOX CHURCH	NC	200	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
500 SPORT HILL ROAD				1			
Towns Served: EASTON							
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-268-8237		203-814-2848		203-261-1149	sutiri@sbcglobal.net		
Contact Role(s): Administrative Contact, Legal Contact							

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0460174	SILVERMAN'S FARM	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
451 SPORT HILL ROAD				1			
Towns Served: EASTON							

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				
Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate (1040)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	7/1/19 - 9/30/19		Complete		
	10/1/19 - 12/31/19		Complete		
	4/1/20 - 6/30/20				
	7/1/20 - 9/30/20				
Nitrite (1041)		1 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete		
	1/1/20 - 12/31/20				
	1/1/21 - 12/31/21				

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		SF001	GREENHOUSE SINK	A	Y		Y	
		SF002	KIT SNK	A	Y		Y	
		SF003	RR GENERIC RR	A	Y		Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
60278	WELL #2	2	WELL #2	A				

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0460174	SILVERMAN'S FARM	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
451 SPORT HILL ROAD				1			
Towns Served: EASTON							

Contact Information

Name			Organization			Job Title			
Mr. Irving Silverman			Silverman's Farm						
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
451 Sport Hill Road						Easton		CT	06612
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
203-261-3306		203-268-7589		203-218-4522	silvfarm@optonline.net				
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>

End of schedule