| | Connecticut Departme Water Quality M | | | | 0 | | |)11 | |
|-----------------|---|-------------------------|----------------|-----------------------|--------|-------------|---------|--------|------------------------------|
| PWS ID | PWS Name | onitoring all | | • | | | | ne Pr | imary Sourc |
| CT0470003 | FIRST CONGREGATIONAL CHURCH OI | | | NC | | 25 | P | pen | GW |
| | (where applicable) | Service | Residen | | ercial | Industria | | pined | Agricultura |
| 124 SCANTIC R | | Connections | 3 | | | | | | , Burger |
| | EAST WINDSOR | | 0 | | | | | | |
| | | Ionitoring Requ | iiromo | nts | | | | | |
| Water System | n Facility: DISTRIBUTION SYSTEM | • • | menne | 1113 | | _ | _ | | |
| Total Colifor | | | | | | 1 | routine | (RT) p | er quarter |
| | Point (Sampling Point ID) | | | ng Period | Colle | ection Peri | iod Co | omplia | ance Status |
| Select from | m Inventory of Active Sampling Points | | 7/1/19 - | 9/30/19 | | | | Сог | mplete |
| | | | 10/1/19 - | 12/31/19 | | | | | |
| | | | | 3/31/20 | | | | Сог | mplete |
| | | | 4/1/20 - | | | | | | |
| | | | 7/1/20 - | 9/30/20 | | | | | |
| - | ameters (PPS) | | | | | | | | er quarter |
| | Point (Sampling Point ID) | | | ng Period | Colle | ection Peri | iod Co | | ance Status |
| Select from | m Inventory of Active Sampling Points | | | 9/30/19 | | | | Сог | nplete |
| | | | | 12/31/19 | | | | | |
| | | | | 3/31/20 | | | | Сог | nplete |
| | | | 4/1/20 - | | | | | | |
| Nator System | n Facility: ENTRY POINT (WSF ID: 0 | 0700) | 7/1/20 - | 9/30/20 | | | | | |
| | Nitrite (NOX) | ,0700) | | | | | 1 routi | ne (R | T) per yeai |
| | Point (Sampling Point ID) | | Monitori | ng Period | Colle | ection Peri | | - | nce Status |
| ENTRY PO | DINT (3) | | 1/1/19 - | 12/31/19 | | | | Сог | nplete |
| | | | 1/1/20 - | 12/31/20 | | | | Сог | nplete |
| | | | 1/1/21 - | 12/31/21 | | | | | |
| Water System | n Facility: WELL #1 (WSF ID: 10214 | 4) | | | | | | | |
| E. Coli (3014 | | | | | | 1 | routine | (RT) p | er quartei |
| Sampling | Point (Sampling Point ID) | | Monitori | ng Period | Colle | ection Peri | iod Co | omplic | nce Status |
| WELL #1 (| 2) | | 7/1/19 - | 9/30/19 | | | | Сог | nplete |
| | | | 10/1/19 - | 12/31/19 | | | | | |
| | | | 1/1/20 - | 3/31/20 | | | | Сог | mplete |
| | | | 4/1/20 - | 6/30/20 | | | | | |
| | | | 7/1/20 - | 9/30/20 | | | | | |
| | Publi | c Notification R | equire | ments | | | | | |
| Violation/Situd | ation | Compliance Period | Notice Tier | | | fication | | | <u>ification</u> Bosoivod |
| | M&R Violation | 4/1/15 - 6/30/15 | 2 | Requir 10/24/2 | | Performed | Due to | | Received |
| | eters M&R Violation | 4/1/15 - 6/30/15 | 3 | 9/23/20 | | | 10/3/2 | | |
| E. Coli M&R Vid | | 1/1/17 - 3/31/17 | 3 | 6/6/20 | | | 6/16/2 | | |
| E. Coli M&R Vid | | 4/1/18 - 6/30/18 | 3 | 9/6/20 | | | 9/16/2 | | |
| E. Coli | oración | 4/1/18 - 6/30/18 | 3 | 9/6/20 | | | 9/16/2 | | |
| | eters M&R Violation | 4/1/18 - 6/30/18 | 3 | 9/6/20 | | | 9/16/2 | | |
| | | Facility and Sa | 1 | | | orv | 3/10/2 | -015 | |
| Water | Trater System | i donity and Sa | פייישיי | · onic in | Tota | - | und | | |
| araici | ter System Facility Sampling | g Point Sampling Poi | | | | т Сорр | | | Stage |

| PWS ID | PWS Name | | | | | Classif | ication P | opulation | Owr | ner Type Pi | rimary Sourc |
|--------------------|----------------------|---------------|-------------------|----------------|---------------|-----------|-----------|-----------|-------|-------------|--------------|
| СТ0470003 | FIRST CONGREG | ATIONAL CH | URCH OF E WIN | DSOR | | Ν | IC | 25 | | Р | GW |
| ocal Address (w | here applicable) | | | Service | Resider | itial Co | mmercial | Industri | al | Combined | Agricultur |
| 124 SCANTIC RO | ۹D | | | Connection | 1S 3 | | | | | | |
| Towns Served: E | AST WINDSOR | | | | | | | | | | |
| Facility ID | | | ID | Description | 1 | Sto | itus Ru | le Rule | Tier | Asbestos | WQP 2 DB |
| 00600 DISTR | IBUTION SYSTEM | | 4 | GENERIC DI | STRIBUTIO | N A | A Y | | | | |
| | | | DOWNSTREAM | WITHIN 5 S | ERVICE CO | N A | 4 | | | | |
| | | | GTCD200 | BLUE MOO | N SLEEP RN | 1 / | A Y | 1 | - | | |
| | | | GTCD300 | STAFF KITCI | HEN R SINK | | A Y | 1 | - | | |
| | | | GTCD301 | STAFF KITCH | HEN L SINK | | A Y | 1 | | | |
| | | | GTCD400 | KITCHEN R | SINK | | A Y | 1 | | | |
| | | | GTCD401 | KITCHEN L S | SINK | | A Y | 1 | | | |
| | | | GTCD500 | STAFF BATH | IROOM | | A Y | 1 | - | Y | |
| | | | GTCD600 | BOYS BATH | ROOM R | | A Y | 1 | - | | |
| | | | GTCD601 | GIRLS BATH | IROOM L | | A Y | 1 | | | |
| | | | UPSTREAM | WITHIN 5 S | ERVICE CO | N A | 4 | | | | |
| 00700 ENTRY | (POINT | | 3 | ENTRY POIN | NT | | 4 | | | | |
| 10214 WELL | #1 | | 2 | WELL #1 | | | 4 | | | | |
| 51516 TREAT | MENT PLANT | | | | | | | | | | |
| | | | Con | tact Info | rmatior | 1 | | | | | |
| Name | | | Or | ganization | | | | | | Job Title | |
| irst Congregatio | onal Church | | | - | | | | | | | |
| Mailing Address | Line One | | Mailing Address | s Line Two | | | | City | | State | Zip Code |
| | | | 1171 Main Stre | et | | | Coventry | / | | СТ | 06238 |
| Business Phone | e Extension | Fax | Mobi | le Phone | Emergency | / Phone | Email Ad | ldress | | | |
| | | | | | | | | | | | |
| Contact Role(s): | Owner | | | L | | | - | | | | |
| Name | | | Or | ganization | | | | | | Job Title | |
| Reverend Thoma | as V. Calderone | | 1S | t Cong. Chu | rch of E. Wi | indsor | | Pastor | | | |
| Mailing Address | Line One | | Mailing Address | s Line Two | | | | City | | State | Zip Code |
| 124 Scantic Road | | | | | | | East Win | dsor | | СТ | 06088 |
| Business Phone | e Extension | Fax | Mobi | le Phone | Emergency | / Phone | Email Ad | ldress | | | |
| 860-654-0590 | | | | | | | scanticse | ecy@sbcgl | obal. | net | |
| Contact Role(s): | Administrative | Contact, Leg | al Contact | | | | | | | | |
| Please note the | following: | | | | | | | | | | |
| | sinfectant concent | | | | | | | m sample. | | | |
| 2. If a Collection | Period is specified, | all water qua | lity samples must | be collected c | during the sp | ecified p | period. | | | | |
| | results, additional | | | | | | | | | | |

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 De | epartment of Juality Monit | | | | | <u> </u> | | | ection | | |
|-----------------------|------------------------------|-------------------------------|-------------------------|------------|-------|--------|----------|-------|----------|-----------------|------------|-------|
| PWS ID | PWS Name | | or mg am | | | | 1 | | | | Drimony Co | |
| CT0470032 | GOLDEN GAVEL PLAZA | | | | Clas | NC | on Po | 25 | on Ow | ner Type I P | GW | Jurce |
| | s (where applicable) | | Service | Resident | tial | Comme | rcial | Indus | strial | Combined | | tural |
| 149 NORTH F | | | Connections | 4 | liai | Comme | lllai | muus | strial | Combined | Agricui | turai |
| | d: EAST WINDSOR | | | | | | | | | | | |
| Towns Serve | | Monit | oring Pogu | iromo | ntc | | | | | | | |
| Water Syste | em Facility: DISTRIBUTIC | | oring Requ D: 00600) | meme | 1115 | | | | | _ | _ | |
| | orm (3100) | • | | | _ | | | | 1 ro | utine (RT) | per quai | rter |
| | ng Point (Sampling Point ID) | | | Monitorii | ng P | eriod | Colle | ction | Period | | liance Sta | |
| Select fr | rom Inventory of Active Sam | pling Points | | 7/1/19 - | 9/30 |)/19 | | | | C | omplete | |
| | | | | 10/1/19 - | 12/3 | 31/19 | | | | C | omplete | |
| | | | | 1/1/20 - | 3/31 | 1/20 | | | | C | omplete | - |
| | | | | 4/1/20 - | 6/30 | 0/20 | | | | | | |
| | | | | 7/1/20 - | 9/30 |)/20 | | | | | | - |
| Physical Pa | arameters (PPS) | | | | | | | | 1 ro | utine (RT) | per quai | rter |
| Samplin | ng Point (Sampling Point ID) | | | Monitorii | ng P | eriod | Colle | ction | Period | Сотр | liance Sta | tus |
| Select fr | rom Inventory of Active Sam | pling Points | | 7/1/19 - | 9/30 |)/19 | | | | C | omplete | - |
| | | | - | LO/1/19 - | 12/3 | 31/19 | | | | C | omplete | - |
| | | | | 1/1/20 - | 3/31 | 1/20 | | | | | | |
| | | | | 4/1/20 - | 6/30 |)/20 | | | | | | |
| | | | | 7/1/20 - | 9/30 | 0/20 | | | | | | |
| Water Syste | em Facility: ENTRY POIN | T (WSF ID: 00700) | | | | | | | | | | |
| Nitrate And | d Nitrite (NOX) | | | | | | | | 1 | routine (| RT) per y | ear |
| Samplin | ng Point (Sampling Point ID) | | | Monitorii | ng P | eriod | Colle | ction | Period | Сотр | liance Sta | tus |
| ENTRY F | POINT (3) | | | 1/1/19 - 1 | 12/3 | 1/19 | | | | C | omplete | |
| | | | | 1/1/20 - 2 | | | | | | C | omplete | |
| | | | | 1/1/21 - 2 | 12/3 | 1/21 | | | | | | |
| | | Other C | ompliance | Sched | ule | S | | | | | | |
| Compliance : | Schedule Activity | | | L | Due I | Date | | Ac | hieved | Date | | |
| RESPOND TO | SANITARY SURVEY | | | 8, | /26/ | 2008 | | | | | | - |
| RESPOND TO | SANITARY SURVEY | | | 3 | /17/ | 2019 | | | | | | |
| | Wate | er System Facili | ity and Sar | npling | Poi | int In | vent | ory | | | | |
| Water | | | | | | | Total | Le | ad and | 1 | | |
| | ater System Facility | Sampling Point | | nt | | (| Colifor | | opper | | | tage |
| Facility ID | | ID | Description | | 9 | Status | Rule | Rı | ule Tier | Asbestos | : WQP 2 L | DBPR |
| 00600 DI | ISTRIBUTION SYSTEM | 4 | DISTRIBUTION | | | А | Y | | | | | |
| | | DOWNSTREAM | | | | А | | | | | | |
| | | UPSTREAM | WITHIN 5 SER | VICE CON | 1 | А | | | | | | |
| | NTRY POINT | 3 | ENTRY POINT | | | А | | | | | | |
| | /ELL 1 | 2 | WELL 1 | | | Α | | | | | | |
| 61231 TF | REATMENT PLANT | | | | | | | | | | | |
| | | Con | tact Inforr | nation | | | | | | | | |
| | | 01 | rganization | | | | | | | Job Title | | |
| Name | | | olden Gavel Au | ction's LL | c | | | | | | | |
| Name Mr. Patrick S | oucy | 0 | Sluch Guver Au | | .C | | | | | | | |
| | | Mailing Address | | | C | | | City | | State | Zip Cod | le |

| | | | | 0 | | 1 | | | | |
|--------------------|---|--------------------------|--------------|----------------|---------------|---------|----------------|----------------|----------------|-----------------|
| PWS ID | PWS Name | | | | | Cla | ssification | Population | Owner Type | Primary Source |
| СТ0470032 | GOLDEN GAVE | L PLAZA | | | | | NC | 25 | Р | GW |
| Local Address (w | here applicable |) | | Service | Resider | ntial | Commerci | al Industri | al Combine | ed Agricultural |
| 149 NORTH ROA | ۰D | | Connectior | ns 4 | | | | | | |
| Towns Served: E | AST WINDSOR | | | | | | | 1 | | |
| Business Phon | e Extension | Fax | Mobil | e Phone | Emergency | y Pho | one Email / | Address | | |
| 860-623-2100 |) | | | | 860-306 | -453 | 0 golden | gavel@att.n | net | |
| Contact Role(s): | Administrative | e Contact, Legal Con | tact, Own | er | | | | | | |
| Please note the | following: | | | | | | | | | |
| 1. The residual of | lisinfectant conce | ntration must be meas | ured at the | same locatio | on and time | as ea | ch total colif | orm sample. | | |
| 2. If a Collection | Period is specifie | d, all water quality sam | nples must l | be collected o | during the sp | pecifie | ed period. | | | |
| 3. Depending or | results, additiona | al monitoring may be re | equired (i.e | . repeat or co | onfirmation | samp | les). This sc | hedule is subj | ect to change, | and any related |
| corresponder | correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule. | | | | | | | | | |

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

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| | Connectic | | | | | | | 0 | | | ection | | |
|-----------------|------------------------------------|--------------|----------------|----------------------|-------------------------|---------|-----------|---------|--------|----------------|-----------|--------|---------------------|
| | | ter Qual | ity Monit | oring a | and Col | - | | | | | | | |
| PWS ID | PWS Name | | | | | Clas | | on Po | | on Ov | vner Type | | |
| CT0470054 | EAST WINDSOR | PARK SNACK | BAR | Corrigo | Deside | untial. | NC | anaial | 25 | tui al | L | | GW |
| 51 RESERVOIR | (where applicable) | | | Service Connectio | Reside | ntial | Comm 1 | | Indus | trial | Combine | ea Ag | ricultura |
| | EAST WINDSOR | | | connectit | | | 1 | | | | | | |
| Towns Served. | LAST WINDSON | | Monit | oring Pa | quirem | onto | | | | | | | |
| Water System | n Facility: DISTR | IBUTION SY | | • | quirent | ents | | | | | | | |
| Total Colifor | m (3100) | | | | | | | | | | utine (R1 | | • |
| | Point (Sampling P | | | | Monito | _ | | Colle | ection | Period | | | e Status |
| Select fror | m Inventory of Act | ive Sampling | Points | | 7/1/19 | | | | | | | Comple | ete |
| | | | | | 4/1/20 | | | | | | | | |
| Dhunding L Dawa | (DDC) | | | | 7/1/20 | - 9/30 | 0/20 | | | 4 | | •••••• | |
| - | ameters (PPS) Point (Sampling P | oint ID) | | | Monito | rina P | Period | Collo | oction | 1 ro Period | utine (R1 | | quarter e Status |
| | m Inventory of Act | | Points | | 7/1/19 | | | cone | CUOII | renot | | Comple | |
| JEIECUTIO | | | . 01113 | | 4/1/20 | | | | | | , | compil | |
| | | | | | 7/1/20 | | | | | | | | |
| Water System | n Facility: ENTRY | Y POINT (W | (SF ID: 00700) | I | .,_,_, | 0,0 | 0,20 | | | | | | |
| | Nitrite (NOX) | | | | | | | | | 1 | L routine | (RT) n | er vear |
| | Point (Sampling P | oint ID) | | | Monito | ring P | eriod | Colle | ction | - Period | | | e Status |
| ENTRY PO | | / | | | 1/1/19 | | | | | | | Comple | |
| | . , | | | | 1/1/20 | - 12/3 | 1/20 | | | | | | |
| | | | | | 1/1/21 | - 12/3 | 31/21 | | | | | | |
| | | | Other C | ompliar | nce Sche | dule | es | | | | | | |
| Compliance Scl | hedule Activity | | | | | Due | Date | | Ac | hieved | l Date | | |
| SEASONAL STA | RT UP COMPLETIO | N | | | | 5/1/2 | 2020 | | | | | | |
| | | Water Sy | stem Facil | ity and S | Samplin | g Po | int In | vent | ory | | | | |
| Water | | • | | • | • | | | Total | - | ad and | d | | |
| System Wat | ter System Facility | 5 | ampling Point | Sampling | Point | | | Colifor | | opper | | | Stage |
| Facility ID | | | ID | Descriptio | n | | Status | Rule | Rı | ıle Tie | r Asbesto | s WQ | P 2 DBP |
| 00600 DIST | TRIBUTION SYSTEM | | 4 | | FION SYSTEI | | А | Y | | | | | |
| | | [| DOWNSTREAM | - | | | A | | | | | | |
| | | | UPSTREAM | | SERVICE CC | DN | A | | | | | | |
| | RY POINT | | 3 | ENTRY PO | INT | | A | | | | | | |
| 20862 WEL | LL | | 2 | WELL | | | A | | | | | | |
| | | | Con | tact Inf | ormatio | n | | | | | | | |
| Name | | | 0 | rganization | | | | | | | Job Titl | 5 | |
| Mr. Keith A. Te | etro Sr | | Ea | ast Windsor | [•] Park Snack | k Bar | | А | dmini | strativ | /e | | |
| Mailing Addres | ss Line One | | Mailing Addres | s Line Two | | | | | City | | State | | Code |
| 11 Rye Street | II | | | | | | | ad Bro | | | СТ | 0 | 6016 |
| Business Pho | | Fax | | ile Phone | Emergeno | cy Pho | ne Em | ail Add | ress | | | | |
| 860-627-666 | | . | 860-6 | 598-1439 | | | | | | | | | |
| Contact Role(s) |): Administrative | Contact | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| | | | <i>.</i> | 0 | | 1 | | | | 7 |
|----------------------|----------------------|---------------|-----------------|------------------|--------------|---------|---------------|-------------|--------------|-----------------|
| PWS ID | PWS Name | | | | | Clas | sification | Population | Owner Type | Primary Source |
| CT0470054 | EAST WINDSOR | PARK SNAC | K BAR | | | | NC | 25 | L | GW |
| Local Address (wi | nere applicable) | | | Service | Reside | ntial | Commerci | al Industr | ial Combin | ed Agricultural |
| 51 RESERVOIR AV | 'ENUE | | | Connectio | ons | | 1 | | | |
| Towns Served: EA | ST WINDSOR | | | | | | | | | · · · |
| Name | | | | Organization | | | | | Job Tit | le |
| Mr. Robert Mayr | ard | | | Town of East | Windsor | | | First Sele | ctman | |
| Mailing Address I | ine One | | Mailing Add | ress Line Two | | | | City | State | Zip Code |
| 11 Rye Street | | | | | | | Broad | Brook | СТ | 06016 |
| Business Phone | Extension | Fax | M | obile Phone | Emergenc | y Pho | ne Email / | Address | | |
| 860-623-8122 | | | | | | | rmayn | ard@eastw | indsorct.com | |
| Contact Role(s): | Legal Contact | | | | | | | | | |
| Please note the f | ollowing: | | | | | | | | | |
| 1. The residual di | sinfectant concent | ration must b | be measured at | the same locati | ion and time | as eac | h total colif | orm sample. | | |
| 2. If a Collection I | Period is specified, | all water qua | ality samples m | ust be collected | during the s | pecifie | d period. | | | |

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

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

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

| | Connectic | * | | | | | | <u> </u> | | | ection | | |
|-----------------------|-------------------------------------|------------|-----------------|--------------------------------------|----------------------|------|------------|----------|-----------|--------|--------------------|--------|-------------------|
| | | ter Qua | lity Monit | oring ar | id Com | | | | | - | r | | |
| PWS ID | PWS Name | | | | | Clas | ssificatio | on Po | | Ow | ner Type | | - |
| СТ0470064 | GOLDEN IRENES | RESTAURA | NT | | | | NC | | 25 | | P | - | W |
| | where applicable) | | | Service Connection | Resident | tial | Comme | ercial | Industr | ial | Combine | d Agr | icultural |
| 18 MULLEN RO | | | | connection | 5 | | 1 | | | | | | |
| Towns Served: | EAST WINDSOR | | | | • | | | | | | | | |
| Water System | n Facility: DISTR | IBUTION S | | o <mark>ring Req</mark> D: 00600) | uireme | nts | • | | | | | | |
| Total Coliform | | | | | | | | | : | 1 roι | utine (RT) | - | |
| | Point (Sampling Po | | | | Monitori | | | Colle | ection Pe | eriod | | | Status |
| Select fror | m Inventory of Acti | ve Samplin | g Points | | 7/1/19 - | | - | _ | | | | omple | |
| | | | | | 10/1/19 - | | | | | | | omple | |
| | | | | | 1/1/20 - | | | | | | C | omple | te |
| | | | | | 4/1/20 - 7/1/20 - | | | | | | | | |
| Dhusical Dava | | | | | //1/20- | 9/3 | 0/20 | | | 1 | tine (DT) | | |
| • | ameters (PPS) Point (Sampling Po | oint ID) | | | Monitori | na P | Period | Colle | ection Pe | | utine (RT) Comp | • | Juarter Status |
| | m Inventory of Acti | | g Points | | 7/1/19 - | | | cont | | nou | | omple | |
| | | | | | 10/1/19 - | | | | | | | omple | |
| | | | | | 1/1/20 - | | | | | | | | |
| | | | | | 4/1/20 - | 6/3 | 0/20 | | | | | | |
| | | | | | 7/1/20 - | 9/3 | 0/20 | | | | | | |
| Water System | Facility: ENTRY | POINT (| NSF ID: 00700) | | | | | | | | | | |
| Nitrate And N | Nitrite (NOX) | | | | | | | | | 1 | routine (| RT) po | er year |
| Sampling | Point (Sampling Po | oint ID) | | | Monitori | ng P | Period | Colle | ection Pe | eriod | Сотр | liance | Status |
| ENTRY PO | INT (3) | | | | 1/1/19 - 1 | 12/3 | 31/19 | | | | C | omple | te |
| | | | | | 1/1/20 - 1 | | - | | | | C | omple | te |
| | | | | | 1/1/21 - | 12/3 | 31/21 | | | | | | |
| | | | Other Co | omplianc | e Sched | lule | es | | | | | | |
| Compliance Scl | hedule Activity | | | | L | Due | Date | | Achie | eved | Date | | |
| RESPOND TO S | ANITARY SURVEY | | | | 6 | /12/ | /2019 | | | | | | |
| | | Water S | ystem Facili | ty and Sa | mpling | Ро | oint In | vent | ory | | | | |
| Water | | | - | | | | | Tota | - | l and | | | |
| | ter System Facility | | Sampling Point | | pint | | (| Colifor | | | | | Stage |
| Facility ID | | | ID | Description | | | Status | Rule | e Rule | e Tier | Asbesto | s WQF | 2 DBPR |
| 00600 DIST | RIBUTION SYSTEM | | 4 | DISTRIBUTIO | | | А | Y | | | | | |
| | | | DOWNSTREAM | | | | Α | | | | | | |
| | | | UPSTREAM | WITHIN 5 SE | | ١ | Α | | | | | | |
| | RY POINT | | 3 | ENTRY POIN | Т | | A | | | | | | |
| 20863 WEL | _L | | 2 | WELL | | | A | | | | | | |
| | | | Con | tact Infor | rmation | | | | | | | | |
| Name | | | Or | ganization | | | | | | | Job Title | | |
| Mr. Vasilios Ak | | | | olden Irenes I | Restaurant | | | | | | | | |
| Mailing Addres | s Line One | | Mailing Address | s Line Two | | | | | City | | State | | Code |
| 18 Mullen Rd | | | | | _ | | | t Winc | | | СТ | 0608 | 8-0005 |
| Business Pho | | Fax | Mobi | le Phone I | Emergency | Pho | one Ema | ail Add | Iress | | | | |
| 860-627-597 | 1 | | | | | | | | | | | | |

| | <u> </u> | 0 | | | | | | |
|--------------------|---|----------------------------|-------------|---------|----------------|--------------|------------|-----------------|
| PWS ID | PWS Name | | | Clas | ssification | Population | Owner Type | Primary Source |
| СТ0470064 | GOLDEN IRENES RESTAURANT | | | | NC | 25 | Р | GW |
| Local Address (w | vhere applicable) | Service | Resider | ntial | Commerci | ial Industri | al Combine | ed Agricultural |
| 18 MULLEN ROA | ND | Connections | | | 1 | | | |
| Towns Served: E | AST WINDSOR | · | | | | | | |
| Contact Role(s): | Administrative Contact, Legal Cor | itact, Owner | | | | | | |
| Please note the | following: | | | | | | | |
| 1. The residual of | lisinfectant concentration must be meas | sured at the same location | and time a | as ead | ch total colif | orm sample. | | |
| 2. If a Collection | Period is specified, all water quality sar | nples must be collected du | ring the sp | pecifie | ed period. | | | |
| | n results, additional monitoring may be r nce sent by the DWS on or after the gene | | | | | | | |

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

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

End of schedule

| | Connecticut Depa Water Qua | | | | | 0 | | | | |
|---|--|-----------------------------|--|------------|-------------------|----------|-----------------------|---------|--------------|-------------------|
| PWS ID | PWS Name | | 0 | | Classifi | 1 | | | ner Type P | rimary Sourc |
| СТ0470094 | KINGDOM HALL OF JEHOVA | HS WITNESSES | | | N | С | 90 | | Р | GW |
| Local Address | (where applicable) | | Service | Resident | tial Co | mmercial | Indu | strial | Combined | Agricultura |
| 202 NORTH ST | REET | | Connections | | | 1 | | | | |
| Fowns Served: | EAST WINDSOR | | | | | | | | | |
| | | Monito | oring Req | uireme | nts | | | | | |
| Nater Syster | n Facility: DISTRIBUTION S | YSTEM (WSF II | D: 00600) | | | | | | | |
| , Total Colifor | | • | | | | | | 1 ro | utine (RT) | per quarte |
| | Point (Sampling Point ID) | | | Monitori | ng Perio | od Col | lection | | | iance Status |
| | m Inventory of Active Samplin | g Points | | 7/1/19 - | - | | | | - | omplete |
| | · · · | - | | 10/1/19 - | 12/31/ | 19 | | | | omplete |
| | | | | 1/1/20 - | 3/31/20 | 0 | | | | |
| | | | | 4/1/20 - | | | | | | |
| | | | | 7/1/20 - | | | | | | |
| Physical Para | ameters (PPS) | | | | | | | 1 ro | utine (RT) | per quarter |
| Sampling | Point (Sampling Point ID) | | | Monitori | ng Perio | od Col | lection | Period | l Compl | iance Status |
| Select fro | m Inventory of Active Samplin | g Points | | 7/1/19 - | 9/30/19 | 9 | | | Co | omplete |
| | | | | 10/1/19 - | 12/31/2 | 19 | | | Co | omplete |
| | | | | 1/1/20 - | 3/31/20 | 0 | | | | |
| | | | | 4/1/20 - | 6/30/20 | 0 | | | | |
| | | | | 7/1/20 - | 9/30/20 | 0 | | | | |
| Water Syster | n Facility: ENTRY POINT (| NSF ID: 00700) | | | | | | | | |
| Nitrate And | Nitrite (NOX) | | | | | | | 1 | . routine (I | RT) per year |
| | Point (Sampling Point ID) | | | Monitori | - | | lection | Perioa | | iance Status |
| ENTRY PC | DINT (3) | | | 1/1/19 - 1 | | | | | Co | omplete |
| | | | | 1/1/20 - 1 | | | | | | |
| | | | | 1/1/21 - | 12/31/2 | 21 | | | | |
| | Water S | ystem Facili | ty and Sa | mpling | Point | t Inven | tory | | | |
| Water | | | | | | Tot | | ad and | 1 | |
| | ter System Facility | Sampling Point | | int | | Colifo | | opper | | Stage |
| Facility ID | | ID | Description | | Sta | | | ule Tie | r Asbestos | WQP 2 DBP |
| | TRIBUTION SYSTEM | 4 | DISTRIBUTIO | | | | | | | |
| 00600 DIS | | DOWNSTREAM | | | | | | | | |
| 00600 DIS | | UPSTREAM | WITHIN 5 SE | | | | | | | |
| | | | ENTRY POINT | | ~ ^ | ۱ | | | | |
| 00700 EN1 | IRY POINT | 3 | | | А | | | | | |
| | | 3 | WELL | | A | ۱ | | | | |
| 00700 EN1 | | 2 | | | А | \ | | | | |
| 00700 EN1 20866 WE | | 2 Con | WELL | | А | \ | | | Job Title | |
| 00700 EN1 | LL | 2 Con Or | WELL tact Infor | mation | Α | \ | Elder | | Job Title | |
| 00700 ENT 20866 WE Name Mr. Jesse Bark | LL Der, Jr. | 2 Con Or | WELL tact Infor ganization ong of Jehovał | mation | Α | X | Elder City | | Job Title | Zip Code |
| 00700 ENT 20866 WE Name Mr. Jesse Bark Mailing Addre | LL Der, Jr. | 2 Con Or Co | WELL tact Infor ganization ong of Jehovał | mation | Α | East Win | City | | | Zip Code 06088 |
| 00700 EN 20866 WE Name | LL Der, Jr. ss Line One | 2 Con Or Co Mailing Address | WELL tact Infor ganization ong of Jehoval Line Two | mation | A | East Win | City dsor | | State | |
| 00700 ENT 20866 WE Name Mr. Jesse Bark Mailing Addres 71 Abbe Road | LL Der, Jr. ss Line One Dne Extension Fax | 2 Con Or Co Mailing Address | WELL tact Infor ganization ong of Jehoval Line Two | mation | A ses Phone | East Win | City dsor dress | | State | |

| | | ~ | <i>J</i> | | 0 | | | | | | | |
|----------------------|----------------------|---------------|-----------------|--------|----------------|---------------|---------|--------------|-------------|-------|-----------|-----------------|
| PWS ID | PWS Name | | | | | | Clas | sification | Population | Own | er Type | Primary Source |
| СТ0470094 | KINGDOM HALL (| of Jehova | HS WITNESSI | ES | | | | NC | 90 | | Р | GW |
| Local Address (w | here applicable) | | | | Service | Resider | ntial | Commerc | ial Industr | ial (| Combine | ed Agricultural |
| 202 NORTH STRE | ET | | | | Connection | IS | | 1 | | | | |
| Towns Served: EA | AST WINDSOR | | | | | | | | | | | |
| Name | | | | Org | ganization | | | | | | Job Title | e |
| Mr. Girvan Dinna | al | | | Kin | igdom Hall c | of Jehovah | Witn | es | | | | |
| Mailing Address I | ine One | | Mailing Add | lress | Line Two | | | | City | | State | Zip Code |
| 38 Sawka Circle | | | | | | | | Winds | or | | СТ | 06095 |
| Business Phone | e Extension | Fax | Μ | lobile | e Phone | Emergency | y Pho | ne Email | Address | | | |
| 860-219-0343 | | | | | | | | | | | | |
| Contact Role(s): | Administrative C | ontact | | | | | | | | | | |
| Please note the f | ollowing: | | | | | | | | | | | |
| 1. The residual di | sinfectant concentr | ation must l | pe measured a | t the | same locatio | n and time a | as eac | h total coli | orm sample. | | | |
| 2. If a Collection I | Period is specified, | all water qua | ality samples m | nust b | be collected d | luring the sp | pecifie | d period. | | | | |

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

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

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

| | Water Quality | Monitoring an | d Con | npl | liance Sc | hedule | | |
|---|--|-------------------|-----------|-------|----------------|---------------|--------------|--------------|
| PWS ID | PWS Name | | | Cla | ssification Po | pulation Ov | wner Type Pi | imary Source |
| СТ0470124 | MULNITE FARMS | | | | NC | 25 | Р | GW |
| Local Address | (where applicable) | Service | Resider | ntial | Commercial | Industrial | Combined | Agricultura |
| 2 GRAHAM RO |)AD (BARN) | Connections | | | 1 | | | |
| Towns Served: | EAST WINDSOR | L. | | | · · · · | | 1 | |
| | | Monitoring Requ | uireme | ents | ; | | | |
| Water Syster | n Facility: DISTRIBUTION SYSTEM | 1 (WSF ID: 00600) | | | | | | |
| Total Colifor | rm (3100) | | | | | 1 r | outine (RT) | per month |
| Sampling | Point (Sampling Point ID) | | Monitor | ing P | Period Coll | ection Period | d Compli | ance Status |
| Select fro | m Inventory of Active Sampling Points | 5 | 10/1/19 - | - 10/ | 31/19 | | Со | mplete |
| | | - | 11/1/19 - | - 11/ | 30/19 | | Co | mplete |
| | | | 12/1/19 · | - 12/ | 31/19 | | Со | mplete |
| | | | 1/1/20 · | - 1/3 | 1/20 | | Со | mplete |
| | | | 2/1/20 · | - 2/2 | 9/20 | | Co | mplete |
| | | | 3/1/20 · | - 3/3 | 1/20 | | | |
| | | | 4/1/20 - | - 4/3 | 0/20 | | | |
| | | | 5/1/20 · | - 5/3 | 1/20 | | | |
| | | | 6/1/20 · | - 6/3 | 0/20 | | | |
| | | | 7/1/20 · | - 7/3 | 1/20 | | | |
| | | | 8/1/20 - | - 8/3 | 1/20 | | | |
| | | | 9/1/20 - | - 9/3 | 0/20 | | | |
| Physical Para | ameters (PPS) | | | | | 1 r | outine (RT) | per month |
| Sampling | Point (Sampling Point ID) | | Monitor | ing P | Period Coll | ection Perio | d Compli | ance Status |
| DISTRIBU | TION SYSTEM (4) | | 10/1/19 - | - 10/ | 31/19 | | Со | mplete |
| | | | 11/1/19 - | - 11/ | 30/19 | | Со | mplete |
| | | | 12/1/19 · | - 12/ | 31/19 | | Со | mplete |
| | | | 1/1/20 · | - 1/3 | 1/20 | | Со | mplete |
| | | | 2/1/20 · | - 2/2 | 9/20 | | Со | mplete |
| | | | 3/1/20 · | - 3/3 | 1/20 | | | |
| | | | 4/1/20 · | - 4/3 | 0/20 | | | |
| | | | 5/1/20 · | - 5/3 | 1/20 | | | |
| | | | 6/1/20 · | - 6/3 | 0/20 | | | |
| | | | 7/1/20 · | - 7/3 | 1/20 | | | |
| | | | 8/1/20 · | - 8/3 | 1/20 | | | |
| | | | 9/1/20 · | - 9/3 | 0/20 | | | |
| | m Facility: ENTRY POINT (WSF ID | : 00700) | | | | | | |
| Nitrate (104 | 10) | | | | | 1 rc | outine (RT) | - |
| | Point (Sampling Point ID) | | Monitor | _ | | ection Perio | d Compli | ance Status |
| ENTRY PC | DINT (3) | | 7/1/19 · | | | | | mplete |
| | | | 10/1/19 · | | | | | mplete |
| | | | 1/1/20 · | | | | Со | mplete |
| ļ | | | 4/1/20 · | | | | | |
| L. C. | | | 7/4/20 | 0/2 | a /a a | | | |

| | 7/1/20 - 9/30/20 | | |
|------------------------------------|-------------------|--------------------------|--------------------------|
| Nitrite (1041) | | 1 ro | outine (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 | | Complete |

| C | | | | TT 1/1 | р : | 1 + | XAZ (| - , · | | | | |
|---|--|---|--|------------------------|------------|--|--|---|------------------------|--|--|--|
| C | | * | ent of Public | | | 0 | | | | | | |
| | Wa | ter Quality l | Monitoring a | ind Com | plia | nce S | chedule | | | | | |
| PWS ID PV | VS Name | | U | | Classifi | cation F | opulation C | wner Type | Primary Source | | | |
| СТ0470124 М | ULNITE FARM | S | | | N | 2 | 25 | Р | GW | | | |
| Local Address (whe | ere applicable) | | Service | Resident | tial Cor | nmercia | I Industrial | Combined | d Agricultural | | | |
| 2 GRAHAM ROAD | (BARN) | | Connectio | ns | | 1 | | | | | | |
| Towns Served: EAS | T WINDSOR | | | | | | | | 1 | | | |
| | | | Monitoring Re | auireme | nts | | | | | | | |
| Water System Fa | cility: ENTR | | • | | | _ | | | | | | |
| Nitrite (1041) | | | | | | | | 1 routine (| RT) per year | | | |
| Sampling Poir | nt (Samplina P | oint ID) | | Monitorii | na Perio | d Co | llection Perio | - | liance Status | | | |
| | | | | 1/1/21 - 1 | - | | | | | | | |
| | | 0 | ther Complian | · · | | _ | | | | | | |
| Compliance Schedu | ule Activity | | • | | Due Dat | е | Achieve | ed Date | | | | |
| CROSS CONNECTIO | N SURVEY REP | ORT | | 3 | 3/1/202 | 0 | | | | | | |
| | | Pub | lic Notification | n Require | ment | S | | | | | | |
| | | | Compliance | Notice | | | tification | PN Ce | rtification | | | |
| Violation/Situation | า | | Period | Tier | | guired | Performed | | | | | |
| REVISED TOTAL CO | LIFORM RULE | (RTCR) TT Violation | 12/30/18 - 5/7/2 | 19 2 | 3/10 | 5/2019 | | 3/26/2019 | | | | |
| Total Coliform M&I | R Violation | | 12/1/18 - 12/31/ | '18 3 | 3/14 | 4/2020 | | 3/24/2020 | | | | |
| E. Coli M&R Violati | on | | 2/5/19 - | 3 | 6/2 | /2020 | | 6/12/2020 | | | | |
| Physical Parameter | s M&R Violatio | on | 5/1/19 - 5/31/1 | .9 3 | 9/10 |)/2020 | | 9/20/2020 | | | | |
| | | Water Systen | n Facility and S | ampling | Point | Inver | ntory | | | | | |
| Water | | • | • | | | Tot | - | nd | | | | |
| System Water S | ystem Facility | Sampli | ng Point Sampling | g Point Sampling Point | | | Coliform Copper Stage | | | | | |
| Facility ID | | | D Description Sto | | | tus Ru | le Rule T | ier Asbestos | WQP 2 DBPR | | | |
| 00600 DISTRIB | UTION SYSTEM | | DISTRIBUTION SYSTEM | | | . Y | / | | | | | |
| | | DOWN | STREAM WITHIN 5 | | | | | | | | | |
| | | UPST | | SERVICE CON | I A | | | | | | | |
| 00700 ENTRY P | OINT | | | | | | | | | | | |
| | | | 3 ENTRY POI | NT | A | | | | | | | |
| 20869 WELL | | | 2 WELL | NT | A | | | | | | | |
| 20869 WELL | | | | | | | | | | | | |
| Name | | | 2 WELL | | | | | Job Title | | | | |
| | | | 2 WELL Contact Info | ormation | | | President | Job Title | | | | |
| Name | Inite | Mailin | 2 WELL Contact Info Organization | ormation | | | President City | Job Title State | Zip Code | | | |
| Name Mr. Leonard A. Mu | Inite | Mailin | 2 WELL Contact Info Organization Mulnite Farm | ormation | | | City | | Zip Code 06016-9786 | | | |
| Name Mr. Leonard A. Mu Mailing Address Lir | Inite | Mailin Fax | 2 WELL Contact Info Organization Mulnite Farm | ormation | A | Broad B | City rook | State | | | | |
| Name Mr. Leonard A. Mu Mailing Address Lir 28 Miller Road Business Phone 860-623-6918 | Ilnite ne One Extension | Fax 860-644-7770 | 2 WELL Contact Info Organization Mulnite Farm g Address Line Two | s, Inc. | A | Broad B | City rook | State | | | | |
| Name Mr. Leonard A. Mu Mailing Address Lir 28 Miller Road Business Phone | Ilnite ne One Extension | Fax 860-644-7770 | 2 WELL Contact Info Organization Mulnite Farm g Address Line Two Mobile Phone | s, Inc. | A | Broad B | City rook | State CT | | | | |
| Name Mr. Leonard A. Mu Mailing Address Lir 28 Miller Road Business Phone 860-623-6918 Contact Role(s): Le Name | Ilnite ne One Extension egal Contact, C | Fax 860-644-7770 | 2 WELL Contact Info Organization Mulnite Farm g Address Line Two Mobile Phone Organization | s, Inc. Emergency | A | Broad B | City rook | State | | | | |
| Name Mr. Leonard A. Mu Mailing Address Lir 28 Miller Road Business Phone 860-623-6918 Contact Role(s): Lu Name Ms. Laura Mulnite | Ilnite ne One Extension egal Contact, C | Fax 860-644-7770 Dwner | 2 WELL Contact Info Organization Mulnite Farm g Address Line Two Mobile Phone Organization Mulnite Farm | s, Inc. Emergency | A | Broad B | City rook ddress | State CT Job Title | 06016-9786 | | | |
| Name Mr. Leonard A. Mu Mailing Address Lir 28 Miller Road Business Phone 860-623-6918 Contact Role(s): Lu Name Ms. Laura Mulnite Mailing Address Lir | Ilnite ne One Extension egal Contact, C | Fax 860-644-7770 Dwner | 2 WELL Contact Info Organization Mulnite Farm g Address Line Two Mobile Phone Organization | s, Inc. Emergency | A | Broad B Email Ac | City rook ddress City | State CT Job Title State | 06016-9786 | | | |
| Name Mr. Leonard A. Mu Mailing Address Lir 28 Miller Road Business Phone 860-623-6918 Contact Role(s): Le Name Ms. Laura Mulnite Mailing Address Lir 28 Miller Road | Ilnite ne One Extension egal Contact, C | Fax 860-644-7770 Dwner Mailin | 2 WELL Contact Info Organization Mulnite Farm g Address Line Two Mobile Phone Organization Mulnite Farm g Address Line Two | s, Inc. Emergency | Phone | Broad B Email Ac | City rook ddress City rook | State CT Job Title | 06016-9786 | | | |
| Name Mr. Leonard A. Mu Mailing Address Lir 28 Miller Road Business Phone 860-623-6918 Contact Role(s): La Name Ms. Laura Mulnite Mailing Address Lir 28 Miller Road Business Phone | Ilnite ne One Extension egal Contact, C | Fax 860-644-7770 Dwner | 2 WELL Contact Info Organization Mulnite Farm g Address Line Two Mobile Phone Organization Mulnite Farm | s, Inc. Emergency | Phone | Broad B Email Ad Broad B Email Ad | City rook ddress City rook ddress | State CT Job Title State CT | 06016-9786 | | | |
| Name Mr. Leonard A. Mu Mailing Address Lir 28 Miller Road Business Phone 860-623-6918 Contact Role(s): Le Name Ms. Laura Mulnite Mailing Address Lir 28 Miller Road | Inite ne One Extension egal Contact, C ne One Extension | Fax 860-644-7770 Dwner Mailin Fax | 2 WELL Contact Info Organization Mulnite Farm g Address Line Two Mobile Phone Organization Mulnite Farm g Address Line Two | s, Inc. Emergency | Phone | Broad B Email Ad Broad B Email Ad | City rook ddress City rook | State CT Job Title State CT | 06016-9786 | | | |

| | C 7 | 0 | | 1 | | | | | |
|--------------------|--|-----------------|-------------|---------|----------------|--------------|------------|-----------------|--|
| PWS ID | PWS Name | | | | ssification | Population | Owner Type | Primary Source | |
| СТ0470124 | MULNITE FARMS | | NC | 25 | Р | GW | | | |
| Local Address (v | vhere applicable) | Service | Resider | ntial | Commerc | ial Industri | al Combine | ed Agricultural | |
| 2 GRAHAM ROA | Connections | | | 1 | | | | | |
| Towns Served: | EAST WINDSOR | ÷ | · | | | | | | |
| Please note the | following: | | | | | | | | |
| 1. The residual | disinfectant concentration must be measured at the | e same location | and time a | as ead | ch total colif | form sample. | | | |
| 2. If a Collection | Period is specified, all water quality samples must | be collected du | ring the sp | pecifie | ed period. | | | | |
| | n results, additional monitoring may be required (i. nce sent by the DWS on or after the generation dat | | | | | | - | | |

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

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

| | ticut Departme | | | | | | <u> </u> | | | |
|---------------------------------|------------------------|---------|--------|----------|-------------|--------------|------------------|-----------|---------------|---------------|
| Ν | /ater Quality M | onito | orin | g and | l Comp | oliance | e Sch | edule | | |
| PWS ID PWS Name | | | | <u> </u> | C | lassificatio | on Popu | lation O | wner Type P | rimary Source |
| CT0473024 DEEP - FLAHE | RTY FIELD TRIAL AREA | | | | | NC | 2 | 25 | S | GW |
| Local Address (where applicat | ole) | | Servic | e | Residentia | al Comme | ercial Ir | ndustrial | Combined | Agricultural |
| TROMBLY ROAD | | | Conne | ections | | 1 | | | | |
| Towns Served: EAST WINDSO | २ | | | | | | | | | |
| | Μ | onito | ring | Requi | irement | ts | | | | |
| Water System Facility: DIS | STRIBUTION SYSTEM (| WSF ID | : 006 | 00) | | | | | | |
| Total Coliform (3100) | | | | | | | | 1 r | outine (RT) | per quarter |
| Sampling Point (Samplin | g Point ID) | | | Λ | Monitoring | g Period | Collect | ion Perio | od Compli | ance Status |
| Select from Inventory of | Active Sampling Points | | | | 7/1/19 - 9, | /30/19 | | | Co | mplete |
| | | | | 1 | 0/1/19 - 12 | 2/31/19 | | | Co | mplete |
| | | | | | 4/1/20 - 6, | | | | | |
| | | | | | 7/1/20 - 9/ | /30/20 | | | | |
| Physical Parameters (PPS | | | | | | | | | outine (RT) | |
| Sampling Point (Samplin | | | | | Monitoring | | Collect | ion Perio | | ance Status |
| Select from Inventory of | Active Sampling Points | | | | 7/1/19 - 9, | | | | | mplete |
| | | | | | 0/1/19 - 12 | | | | Со | mplete |
| | | | | | 4/1/20 - 6, | | | | | |
| | | | | | 7/1/20 - 9, | /30/20 | | | | |
| Water System Facility: EN | TRY POINT (WSF ID: 0 | 0700) | | | | | | | | |
| Nitrate And Nitrite (NOX) | | | | | | | | | 1 routine (F | |
| Sampling Point (Samplin | g Point ID) | | | Λ | Monitoring | g Period | Collect | ion Perio | od Compli | ance Status |
| ENTRY POINT (3) | | | | | L/1/19 - 12 | | | -12/31 | Co | mplete |
| | | | | | L/1/20 - 12 | | | -12/31 | | |
| | | | | 1 | L/1/21 - 12 | 2/31/21 | 4/1 | -12/31 | | |
| | Oth | ner Co | mpl | iance | Schedu | les | | | | |
| Compliance Schedule Activity | | | | | Du | ie Date | | Achieve | d Date | |
| RESPOND TO SANITARY SURV | EY | | | | 2/3 | 3/2017 | | | | |
| SEASONAL START UP COMPLE | TION | | | | 4/: | 1/2020 | | | | |
| | Public | : Noti | ficat | tion Re | equiren | nents | | | | |
| | | | mplia | | Notice | | <u>: Notific</u> | | <u>PN Cer</u> | tification |
| Violation/Situation | | | Perio | | Tier | Require | | rformed | Due to DPH | Received |
| Distribution Turbidity MCL Vic | | | | 30/13 | 2 | 2/8/201 | | | 2/18/2014 | |
| Distribution Turbidity MCL Vic | olation | | | 2/31/13 | 2 | 3/16/20 | | | 3/26/2014 | |
| Total Coliform M&R Violation | | | | 2/31/14 | 2 | 5/7/201 | | | 5/17/2015 | |
| Physical Parameters M&R Vio | | | | 30/14 | 3 | 11/21/20 | | | 12/1/2015 | |
| Physical Parameters M&R Vio | | | | /31/14 | 3 | 4/6/201 | | | 4/16/2016 | |
| | Water System | Facilit | y an | nd Sam | npling P | oint In | vento | ry | | |
| Water | | | _ | | | | Total | Lead ar | | |
| System Water System Faci | | | | - | t | 0 | Coliform | | | Stage |
| | ID | | | iption | | Status | Rule | Kule Ti | er Asbestos | WQP 2 DBPR |
| 00600 DISTRIBUTION SYST | | | | IBUTION | | A | | | | |
| | DOWNST | | | | | A | | | | |
| | UPSTRE | | | | /ICE CON | A | | | | |
| 00700 ENTRY POINT | 3 | | | POINT | | A | | | | |
| 52452 WELL #1 | 2 | ١ | WELL | #1 | | A | | | | |
| | | | | | | | | | | |

| | Connectic | ut Depa | rtment o | of Public I | Health | Dri | nking | g W | ater | Se | ction | | | |
|--|--|--------------|----------------|-------------------------------|--------------------------------------|----------|---------------------|-----------------------|---------------|-------|------------|-------|-----------------|--|
| | Wa | ter Qua | lity Moni | itoring an | d Con | nplia | ance S | Sch | edul | e | | | | |
| PWS ID | PWS Name | | | | | | Classification | | Population | | Owner Type | | Primary Source | |
| CT0473024 DEEP - FLAHERTY FIELD TRIAL AREA | | | | | | 1 | NC | 25 | | | S | G | iW | |
| Local Address (where applicable) Set | | | | Service | Resider | ntial Co | Commercia | | al Industrial | | Combined | | icultural | |
| TROMBLY ROAD | | | | Connections | ; | | 1 | | | | | | | |
| Towns Served: E | AST WINDSOR | | | | | | | | | | | | | |
| | | Water Sv | ystem Faci | ility and Sa | mpling | ; Poir | it Inve | nto | ry | | | | | |
| Facility ID ID | | | | nt Sampling Po Description | Sampling Point Description Status | | | otal iform Rule | | per | Asbesto | s WQF | Stage 2 DBPR | |
| 52491 PRESS | SURE TANK | | • | | | | | | | | | | | |
| | | | Со | ntact Infor | matior | ו | | | | | | | | |
| Name | | | | Organization | | | Job Title | | | | | | | |
| Mr. David Coole | У | | | Deep-Engineeri | ng Unit | | Supv Civil Engineer | | | | | | | |
| Mailing Address | Line One | | Mailing Addre | ess Line Two | | City | | | | State | Zip | Code | | |
| 163 Great Hill Ro | ad | | | | | | Portlar | d | | | СТ | 06 | 480 | |
| Business Phon | iness Phone Extension Fax Mobile Phone Emerger | | | | | y Phone | ne Email Address | | | | | | | |
| 860-342-2215 | 860-342-2215 860-344-2560 860-205-7552 860-42 | | | | | | david.o | coole | y@ct.go | vc | | | | |
| Contact Role(s): | Administrative | Contact, Leg | al Contact, Ov | wner | | | | | | | | | | |
| Please note the | - | | | | | | | | | | | | | |
| | isinfectant concen | | | | | | | orm s | ample. | | | | | |
| | Period is specified | | | | | | | | | | | | | |
| | results, additional ce sent by the DW | - | | | | | - | | - | | | | related | |

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

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