С		-	irtment o					-			ction	
	Wa	ter Qua	lity Monit	toring a	nd Con	ıplia	ance	e Scł	nedu	le		
PWS ID PV	/S Name					Classi	ificatio	on Pop	oulation	Owr	ner Type P	rimary Source
CT0530044 GI	DDINGS RECR	EATION CON	CESSION STAN	D			NC		25		L	GW
Local Address (whe	re applicable)			Service	Residen	tial C	Comme	ercial	Industri	ial	Combined	Agricultural
ROUTE 207				Connectior	าร		1					
Towns Served: FRA	NKLIN											
			Monit	oring Red	quireme	nts						
Water System Fac	cility: DISTR		YSTEM (WSFI	D: 00600)								
Total Coliform (3	3100)								1	L rou	tine (RT)	per quarter
Sampling Poin	t (Sampling P	Point ID)			Monitori	ng Pei	riod	Colle	ction Pe	riod	Compli	ance Status
Select from Inv	entory of Act	ive Sampling	Points		4/1/20 -	6/30/	/20					
					7/1/20 -	9/30/	/20					
Physical Paramet	ters (PPS)								1	l rou	itine (RT)	per quarter
Sampling Poin	t (Sampling P	Point ID)			Monitori	ng Pei	riod	Colle	ction Pe	riod	Compli	ance Status
Select from Inv	entory of Act	ive Sampling	Points		4/1/20 -	6/30/	/20					
					7/1/20 -	9/30/	/20					
Water System Fac	cility: ENTR	Y POINT (V	VSF ID: 00700)									
Nitrate And Nitri	te (NOX)									1	routine (F	T) per year
Sampling Poin	t (Sampling P	Point ID)			Monitori	ng Pei	riod	Colle	ction Pe	riod	Compli	ance Status
ENTRY POINT	ENTRY POINT (3)					12/31	/19				Co	mplete
					1/1/20 -	12/31,	/20					
					1/1/21 -	12/31	/21					
Water System Fac	cility: WELL	(WSF ID: 2	0912)									
E. Coli (3014)									1	L rou	itine (RT)	per quarter
Sampling Poin	t (Sampling P	Point ID)			Monitori	ng Pei	riod	Colle	ction Pe	riod	Compli	ance Status
WELL (2)					7/1/19 - 9/30/19						Co	mplete
					4/1/20 -	6/30/	/20					
					7/1/20 -	9/30/	/20					
			Other C	ompliand	ce Sched	ules	5					
Compliance Schedu	le Activity			-		Due D			Achie	eved	Date	
, SEASONAL START U)N			4	4/1/20	020					
		Water S	ystem Facil	ity and S	amnling	Poir	nt In	vent	orv			
Mater		water 5	ystenn rach	ity and S	amping	1 011	111 111		-	and		
Water System Water S	ystem Facility		Sampling Point	Samplina P	Point			Total Coliforr				Stage
Facility ID	,,		ID	Description		St	tatus	Rule			Asbestos	WQP 2 DBPR
	JTION SYSTEM	Λ	4	DISTRIBUTI	ON SYSTEM		A	Y				
			DOWNSTREAM				A					
			UPSTREAM		ERVICE CON		A					
00700 ENTRY P	OINT		3	ENTRY POI			А					
20912 WELL			2	WELL			А					
				ntact Info	rmation							
Name				rganization	mation						Job Title	
Franklin				anization							JOD HILE	
Mailing Address Lin	e One		Mailing Addres	s Line Two					City		State	Zip Code
Maning Audiess Lill	c one		Maning Addres	S LINE I WU			_		City		State	
Business Phone	Extension	Fax	Moh	ile Phone	Emergency	Phon	e Ema	ail Addr	°ess			
Business Filone	Extension	Tax	100	ile i none	Linergency	1 101						
	<u> </u>											

		··· · · · ·				г -						
PWS ID	PWS Name					Clas	ssification	Population	Owner T	ype	Primary Source	
СТ0530044	GIDDINGS RECR	EATION CON	ICESSION STA	ND			NC	25	L		GW	
Local Address (w	here applicable)			Service	Resider	ntial	Commerci	al Industr	ial Com	nbine	ed Agricultural	
ROUTE 207				Connection	5		1					
Towns Served: F	RANKLIN									-		
Contact Role(s):	Owner											
Name				Organization					Job	Title	2	
Mr. Charles W. O	Grant III			Town of Frank	in	First Selectman						
Mailing Address	Line One		Mailing Addr	ress Line Two				City				
7 Meetinghouse	Hill Road						Frankli	n		СТ	06254	
Business Phon	e Extension	Fax	Мо	obile Phone I	mergency	y Pho	ne Email /	Address				
860-642-6055	16	860-642-	6066 86	0-886-3114			frankli	n@99main.	com			
Contact Role(s):	Administrative	Contact, Leg	al Contact	· · ·						-		
Please note the	following:											
1. The residual d	isinfectant concen	tration must b	e measured at	the same location	and time a	as eac	ch total colif	orm sample.				
2. If a Collection	Period is specified	, all water qua	lity samples m	ust be collected d	uring the sp	pecifie	ed period.					
					a							

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				<u> </u>			ction		
	Water Quality Moni	itoring an	d Con	npliance	e Sc	hedul	le			
PWS ID	PWS Name			Classificatio	n Po	pulation	Owr	ner Type	Primary Source	
CT0530064	FRANKLIN WILDLIFE MANAGEMENT AREA			NC		25		S	GW	
Local Address ((where applicable)	Service	Residen	tial Comme	rcial	Industri	al	Combine	d Agricultural	
ROUTE 32		Connections	1							
Towns Served:	FRANKLIN									
	Moni	toring Requ	iireme	nts						
	n Facility: DISTRIBUTION SYSTEM (WSF	ID: 00600)								
Total Colifor									per quarter	
	Point (Sampling Point ID)			ng Period	Coll	ection Pe	riod	-	liance Status	
	m Inventory of Active Sampling Points		7/1/19 - 8/31/19 Com							
Total Colifor	. ,				1 ro	outine (RT) per month				
	Point (Sampling Point ID)			ng Period	Coll	ection Pe	riod		liance Status	
Select from	m Inventory of Active Sampling Points			11/30/19					omplete	
				12/31/19				C	omplete	
				1/31/20					omplete	
				2/29/20				C	omplete	
				3/31/20						
				4/30/20						
				5/31/20						
				6/30/20						
				7/31/20						
				8/31/20						
			9/1/20 -	9/30/20						
Total Colifor	. ,							• •	P) per period	
	Point (Sampling Point ID)			ng Period	Coll	ection Pe	riod		liance Status	
Select from	m Inventory of Active Sampling Points			- 10/2/19					omplete	
				- 10/2/19					omplete	
			9/27/19	- 10/2/19					omplete	
Total Colifor						-	-	-	R) per month	
	Point (Sampling Point ID)			ng Period	Coll	ection Pe	riod		liance Status	
	m Inventory of Active Sampling Points		10/1/19 -	10/31/19					omplete	
-	ameters (PPS)								per quarter	
	Point (Sampling Point ID)			ng Period	Coll	ection Pe	riod		liance Status	
	m Inventory of Active Sampling Points		7/1/19 -	9/30/19					omplete	
•	ameters (PPS)							-) per month	
	Point (Sampling Point ID)			ing Period	Coll	ection Pe	rıod		liance Status	
Select from	m Inventory of Active Sampling Points			10/31/19					omplete	
				11/30/19					omplete	
	12/1/19 - 12/31/19 Complet									
				1/31/20					omplete	
				2/29/20				C	omplete	
				3/31/20						
				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						

Connecticut Department	of Public	Health [Drinki	ing V	Vater S	ection				
Water Quality Mor	nitoring au	nd Comr	olianc	e Scł	hedule					
PWS ID PWS Name		^	lassificati				imary Source			
CT0530064 FRANKLIN WILDLIFE MANAGEMENT ARE	Α		NC	••••	25	S	GW			
Local Address (where applicable)	Service	Residentia	I Comm	ercial	Industrial	Combined	Agricultural			
ROUTE 32	Connection						0			
Towns Served: FRANKLIN										
Mor	nitoring Req	quirement	ts							
Water System Facility: DISTRIBUTION SYSTEM (WS	6F ID: 00600)									
Physical Parameters (PPS)					1	routine (RT)	per month			
Sampling Point (Sampling Point ID)		Monitoring	Period	Colle	ction Perio	d Compli	ance Status			
		9/1/20 - 9/	/30/20							
Water System Facility: ENTRY POINT (WSF ID: 0070	00)									
Nitrate And Nitrite (NOX)						1 routine (R	T) per year			
Sampling Point (Sampling Point ID)		Monitoring		Colle	ction Perio	d Compli	ance Status			
WELL (2)		1/1/19 - 12				Со	mplete			
		1/1/20 - 12								
		1/1/21 - 12	/31/21							
Water System Facility: WELL (WSF ID: 22777)										
E. Coli (3014)						ggered (TG)	• •			
Sampling Point (Sampling Point ID)		Monitoring		Colle	ction Perio		ance Status			
WELL (2)		9/26/19 - 1					mplete			
9/26/19 - 10/2/19 Complete 9/26/19 - 10/2/19 Complete										
Dublis						CO	Inpiete			
Public N	lotification	-	1							
Violation/Situation	Compliance Period	Notice Tier		<u>ic Notif</u>			i <u>fication</u>			
	7/1/14 - 9/30/14		<i>Requir</i> 11/25/2		Performed	Due to DPH 12/5/2015	Received			
					- H -	12/3/2013				
Water System Fac	chity and Sa	ampling P	oint ir		-					
Water System Water System Facility Sampling Po	int Sampling P	oint		Total Colifori			Stage			
Facility ID ID	Description		Status	Rule			WQP 2 DBPR			
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTIO		A	Ŷ						
	AM WITHIN 5 SI		А							
UPSTREAM	/ WITHIN 5 SI	ERVICE CON	А							
00700 ENTRY POINT 3	ENTRY POIN	IT	А							
22777 WELL 2	WELL		А							
C	ontact Info	rmation								
Name	Organization					Job Title				
Mr. David Cooley	Deep-Engineer	ring Unit		S	upv Civil Er	ngineer				
Mailing Address Line One Mailing Add	ress Line Two				City	State	Zip Code			
163 Great Hill Road				rtland		СТ	06480			
		Emergency Pl								
	50-205-7552	860-424-33	33 dav	vid.cool	ey@ct.gov					
Contact Role(s): Administrative Contact, Legal Contact, C	Dwner									

		0		L			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0530064	FRANKLIN WILDLIFE MANAGEMENT AREA			NC	25	S	GW
Local Address	(where applicable)	Service	Residen	ntial Commerc	ial Industri	ial Combin	ed Agricultura
ROUTE 32		Connections	1				
Towns Served:	FRANKLIN			'			
Please note th	e following:						
1. The residua	I disinfectant concentration must be measured at the	e same location	and time a	as each total coli	form sample.		
2. If a Collection	on Period is specified, all water quality samples must	be collected du	ring the sp	ecified period.			
1 0	on results, additional monitoring may be required (i. ence sent by the DWS on or after the generation dat			1 1			

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

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

Connecticut Department of Public Health Drinking Water Water Quality Monitoring and Compliance Schedu PWS ID PWS Name Classification Population CT0530074 7-ELEVEN #32517 NC 25 Local Address (where applicable) Service Residential Commercial Indust 15 ROUTE 32 Connections 1 Towns Served: FRANKLIN Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)	Ilen Owner TypePrimary SourcePGW
PWS ID PWS Name Classification Population CT0530074 7-ELEVEN #32517 NC 25 Local Address (where applicable) Service Residential Commercial Indust 15 ROUTE 32 Connections 1 Towns Served: FRANKLIN Monitoring Requirements	n Owner Type Primary Source P GW
PWS ID PWS Name Classification Population CT0530074 7-ELEVEN #32517 NC 25 Local Address (where applicable) Service Residential Commercial Indust 15 ROUTE 32 Connections 1 Towns Served: FRANKLIN Monitoring Requirements	n Owner Type Primary Source P GW
CT0530074 7-ELEVEN #32517 NC 25 Local Address (where applicable) Service Residential Commercial Indust 15 ROUTE 32 Connections 1 1 Indust Towns Served: FRANKLIN Monitoring Requirements	P GW
Local Address (where applicable) Service Residential Commercial Indust 15 ROUTE 32 Connections 1 Indust Towns Served: FRANKLIN Monitoring Requirements	
15 ROUTE 32 Connections 1 Towns Served: FRANKLIN Monitoring Requirements	
Monitoring Requirements	
Total Coliform (3100)	1 routine (RT) per quarter
Sampling Point (Sampling Point ID) Monitoring Period Collection P	Period Compliance Status
Select from Inventory of Active Sampling Points7/1/19 - 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	
Physical Parameters (PPS)	1 routine (RT) per quarter
Sampling Point (Sampling Point ID) Monitoring Period Collection P	
Select from Inventory of Active Sampling Points7/1/19 - 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: ENTRY POINT (WSF ID: 00700)	
Nitrate And Nitrite (NOX)	1 routine (RT) per year
Sampling Point (Sampling Point ID) Monitoring Period Collection P	
ENTRY POINT (3) 1/1/19 - 12/31/19	Complete
1/1/20 - 12/31/20	Complete
1/1/21 - 12/31/21	
Monthly Water System Facility (WSF) Level Monitoring Require	ements
Water System Facility: ENTRY POINT (WSFID: 00700)	
Analyte Monitoring Requirement (Summary Type) Operating Limit	Samples Req/Month
pH Entry Point pH Monitoring (PHRD) Minimum: 7 PH	4
Start Date: 4/1/2013 Compliance History: Operating Lin	
Monitoring Period Compliance S	Status: Compliance Status:
10/1/2019 - 10/31/2019	
11/1/2019 - 11/30/2019	
12/1/2019 - 12/31/2019 1/2/2020 - 1/21/2020	
1/1/2020 - 1/31/2020	
2/1/2020 - 2/29/2020	
Public Notification Requirements	
ComplianceNoticePublic NotificationViolation/SituationPeriodTierRequiredPerform	
pH M&R Violation 9/1/15 - 9/30/15 3 12/17/2016	12/27/2016
Water System Facility and Sampling Point Inventory	
	al ana d
Water Total Lea	a ana
System Water System Facility Sampling Point Sampling Point Coliform Co	a ana pper Stage le Tier Asbestos WQP 2 DBPR

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 CT0530074 7-ELEVEN #32517 NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 15 ROUTE 32 1 Towns Served: FRANKLIN Water System Facility and Sampling Point Inventory Water **Total** Lead and Sampling Point Sampling Point Water System Facility Coliform System Copper Stage Facility ID ID Description Rule Tier Asbestos WQP 2 DBPR Rule Status 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM Υ Α DOWNSTREAM WITHIN 5 SERVICE CON Δ UPSTREAM WITHIN 5 SERVICE CON А 00700 ENTRY POINT 3 ENTRY POINT A 2 23008 WELL #1 WELL #1 Α TREATMENT PLANT 58244 **Contact Information** Organization Job Title Name Mr. Richard Mihalkovitz 7-Eleven Inc. Ne Facilities Mgr Mailing Address Line One Mailing Address Line Two City State Zip Code 2711 Easton Road Willow Grove PA 19090 **Business Phone** Extension Fax **Mobile Phone Emergency Phone** Email Address 732-809-5015 rich.mihalkovitz@7-11.com Contact Role(s): Legal Contact Organization Job Title Name Mr. Chris Bement 7- Eleven # 32517 Head of Maintenance Mailing Address Line One Mailing Address Line Two City State Zip Code 15 Route 32 Franklin CT 06254 **Business Phone Mobile Phone** Emergency Phone Email Address Extension Fax chrisbement@fmfacilitymaintenance.com Contact Role(s): Administrative Contact Please note the following: The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 1. 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

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

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

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

	Connecticut De	partment of	Public F	[oalth	D	rinkii	nσV	Vator	· So	ction		
		uality Monit					0			cuon		
PWS ID	PWS Name		or mg an			ssificatio				ner Type	Primarv	Source
CT0530114	GIDDINGS REC. PARK PA	VILION				NC		25		L	GV	
Local Address	(where applicable)		Service	Residen	tial	Comme	rcial	Industri	al	Combine	d Agrio	cultura
190 POND RO	AD (ROUTE 207)		Connections			1						
Towns Served	: FRANKLIN					1	I				-	
		Monite	oring Requ	iireme	nts	;						
Water Syster	m Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)									
Total Colifo	rm (3100)								1 ro	utine (RT	') per n	nonth
Sampling	g Point (Sampling Point ID)			Monitori	ing P	Period	Colle	ction Pe	riod	Сотр	liance S	tatus
Select fro	om Inventory of Active Sam	oling Points		10/1/19 -	10/	31/19	-			C	omplete	e
				4/1/20 -		-						
				5/1/20 -		-						
				6/1/20 -								
				7/1/20 -								
			8/1/20 - 8/31/20									
	. (222)			9/1/20 -	9/3	0/20					- •	
-	rameters (PPS)			Manitari		Devied	Calla	ction Pe		utine (R1		
	g Point (Sampling Point ID) om Inventory of Active Sam	aling Doints		<i>Monitori</i> 10/1/19 -	-		Colle	clion Pe	rioa		<i>liance S</i> omplete	
Selecting	Sin inventory of Active Sam			4/1/20 -						C	ompieu	E
				5/1/20 -		-						
				6/1/20 -								
				7/1/20 -								
				8/1/20 -								
				9/1/20 -	9/3	0/20						
Water Syster	m Facility: ENTRY POIN	T (WSF ID: 00700)										
Nitrate And	Nitrite (NOX)								1	routine (RT) pe	r year
	g Point (Sampling Point ID)			Monitori	ing P	Period	Colle	ction Pe		-	liance S	-
ENTRY P	OINT (3)			1/1/19 -	12/3	31/19				C	omplete	9
				1/1/20 -	12/3	31/20						
				1/1/21 -	12/3	31/21						
		Other C	ompliance	Sched	lule	es						
Compliance S	chedule Activity				Due	Date		Achie	ved	Date		
SEASONAL ST	ART UP COMPLETION				4/1/	2020						
	Wate	r System Facili	ity and Sar	npling	Ро	int In	vent	ory				
Water							Total	Lead	and			
	ater System Facility	Sampling Point		nt		C	Colifor					Stage
Facility ID		ID	Description			<u>Status</u>	Rule	Rule	Tier	Asbestos	s WQP	2 DBP
00600 DIS	STRIBUTION SYSTEM	4	DISTRIBUTION			А	Y					
		DOWNSTREAM				A						
		UPSTREAM	WITHIN 5 SER		N	A						
00700 EN	TRY POINT	3	ENTRY POINT			A						

WELL #1

А

2

47861

WELL #1

		C C	<u> </u>	0								
PWS ID P	WS Name					Clas	sification	Population	Own	er Type	Primary	/ Source
СТ0530114 С	IDDINGS REC. I	PARK PAVIL	ON				NC	25		L	G١	W
Local Address (wh	ere applicable)			Service	Residen	tial	Commerci	al Industr	ial (Combine	d Agri	icultural
190 POND ROAD (ROUTE 207)			Connection	S		1					
Towns Served: FR	ANKLIN			÷								
				Contact Info	mation	ì						
Name				Organization						Job Title	j 	
Franklin												
Mailing Address Li	ine One		Mailing	Address Line Two				City		State	Zip (Code
Business Phone	Extension	Fax		Mobile Phone	Emergency	/ Pho	ne Email A	il Address				
Contact Role(s):	Owner											
Name				Organization						Job Title	ž	
Mr. Charles W. Gı	ant III			Town of Frank	lin			First Sele	ctman	I		
Mailing Address Li	ine One		Mailing	Address Line Two				City		State	Zip C	Code
7 Meetinghouse H	lill Road						Frankli	n		СТ	062	254
Business Phone	Extension	Fax		Mobile Phone	Emergency	/ Pho	ne Email A	Address				
860-642-6055	16	860-642-	6066	860-886-3114			franklii	n@99main.	com			
Contact Role(s):	Administrative	Contact, Leg	gal Conta	ct								
Please note the fo	ollowing:											
1. The residual dis	infectant concent	tration must l	be measure	ed at the same locatio	n and time a	as eac	h total colif	orm sample.				

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

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

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

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

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWS** Name Classification Population Owner Type Primary Source PWS ID CT0530234 FRANKLIN MUNICIPAL COMPLEX NC 40 I. GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections **5 TYLER DRIVE** 4 Towns Served: FRANKLIN **Monitoring Requirements** Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per quarter **Compliance Status** Sampling Point (Sampling Point ID) Monitorina Period **Collection Period** Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete 10/1/19 - 12/31/19 Complete 1/1/20 - 3/31/20 4/1/20 - 6/30/20 7/1/20 - 9/30/20 **Physical Parameters (PPS)** 1 routine (RT) per quarter Sampling Point (Sampling Point ID) Monitorina Period **Collection Period Compliance Status** Select from Inventory of Active Sampling Points 7/1/19 - 9/30/19 Complete 10/1/19 - 12/31/19 Complete 1/1/20 - 3/31/20 4/1/20 - 6/30/20 7/1/20 - 9/30/20 Water System Facility: ENTRY POINT (WSF ID: 00700) Nitrate And Nitrite (NOX) 1 routine (RT) per year Sampling Point (Sampling Point ID) **Monitoring Period Collection Period Compliance Status** ENTRY POINT (3) 1/1/19 - 12/31/19 Complete 1/1/20 - 12/31/20 1/1/21 - 12/31/21 Water System Facility and Sampling Point Inventory Water **Total** Lead and Water System Facility Sampling Point Sampling Point Coliform System Copper Stage Facility ID ID Description Rule Rule Tier Asbestos WQP 2 DBPR Status 00600 DISTRIBUTION SYSTEM Δ DISTRIBUTION Α DOWNSTREAM WITHIN 5 SERVICE CON А UPSTREAM WITHIN 5 SERVICE CON Α 00700 ENTRY POINT 3 ENTRY POINT А 52285 WELL 1 2 WELL 1 Α ATMOSPHERIC TANK 52289 **Contact Information** Name Organization Job Title Franklin Mailing Address Line One Mailing Address Line Two Zip Code City State **Business Phone** Extension Fax **Mobile Phone** Emergency Phone Email Address Contact Role(s): 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. Schedule Generation Date: 3/10/2020

			5		0		1						
PWS ID	PWS Name						Class	ification	Population	Owner Type	Primary Source		
СТ0530234	FRANKLIN MU	NICIPAL COM	PLEX					NC	40	L	GW		
Local Address (w	here applicable)			Service	Resider	ntial C	ommerci	al Industri	al Combin	ed Agricultural		
5 TYLER DRIVE					Connection	ns		4					
Towns Served: F	RANKLIN										· · ·		
Name				Or	ganization					Job Tit	le		
Mr. Charles W. O	Grant III			То	wn of Fran	klin			First Seleo	st Selectman			
Mailing Address	Line One		Mailing	Address	Line Two				City	State	Zip Code		
7 Meetinghouse	Hill Road							Frankli	n	СТ	06254		
Business Phon	e Extension	Fax		Mobil	e Phone	Emergenc	y Phon	e Email A	Address	·			
860-642-6055	16	860-642-	6066	860-8	86-3114			frankli	n@99main.c	com			
Contact Role(s):	Administrativ	e Contact, Leg	gal Conta	ct									
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.

Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related 3. 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	^				0				
	Water Q	uality Mo	onitoring and	d Com	pliance	Schedule				
PWS ID	PWS Name				Classification	Population C	wner Type P	rimary Source		
СТ0530264	4 107 ROUTE 32				NC	25	Р	GW		
Local Addr	ress (where applicable)		Service	Resident	ial Commer	cial Industrial	Combined	Agricultural		
107 ROUTI	E 32		Connections				7			
Towns Ser	ved: FRANKLIN									
			onitoring Requ	iremer	nts					
		IN SYSTEM (V	VSF ID: 00600)				(57)			
	liform (3100)						outine (RT)	• •		
	oling Point (Sampling Point ID)	uliu a Dainta		Monitorin	-	Collection Perio	-	ance Status		
Select	t from Inventory of Active Sam	pling Points		7/1/19 - 9	· · · · ·			mplete		
				1/1/19 - 1			mplete			
				1/1/20 - 3			Co	mplete		
				4/1/20 - 0						
Dhundaal	Demonsterne (DDC)			7/1/20 - 9	9/30/20					
-	Parameters (PPS) pling Point (Sampling Point ID)			Monitorin	a Dariad	I r Collection Perio	outine (RT)	per quarter ance Status		
-	t from Inventory of Active Sam	nling Points		Monitorin 7/1/19 - 9	5	conection Perio		mplete		
Jelec	t nom inventory of Active Sam	piling Politics		10/1/19 - 1 10/1/19 - 1						
				1/1/20 - 3				Complete Complete		
				4/1/20 - 0				inpiete		
				7/1/20 - 9						
Mator Sv	stem Facility: ENTRY POIN		700)	7/1/20-	5/ 50/ 20					
	And Nitrite (NOX)	1 (W3F1D.00	700)				1 routino /F			
	oling Point (Sampling Point ID)			Monitorin	a Period	Collection Perio	1 routine (F	ance Status		
	Y POINT (3)			1/1/19 - 1	-	concetton i cito		mplete		
LININ				1/1/20 - 1				mplete		
				1/1/21 - 1				inpiete		
		Othe	er Compliance							
-	ce Schedule Activity				ue Date	Achieve	ed Date			
CROSS COI	NNECTION EXEMPTION			3	/1/2019					
		Public	Notification R	equire	ments					
			Compliance	Notice	Public	Notification	PN Cert	tification		
Violation/	Situation		Period	Tier	Required	Performed	Due to DPH	Received		
E. Coli			1/1/19 - 3/31/19	3	5/28/202	0	6/7/2020			
	Wate	r System F	acility and Sar	npling	Point Inv	entory				
Water System	Water System Facility		Point Sampling Poi	nt	Сс	Total Lead a Diform Coppe	er	Stage		
Facility ID		ID	Description		Status	Rule Rule T	ier Asbestos	WQP 2 DBPR		
	WELL 1	2	WELL 1		А					
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		А	Y				
DOWNSTREAM WITHIN 5 SERVI										
		UPSTRE/	AM WITHIN 5 SER	VICE CON	А					
00700	ENTRY POINT	3	ENTRY POINT		А					

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWSID PWS** Name Classification Population Owner Type Primary Source Р CT0530264 107 ROUTE 32 NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 107 ROUTE 32 7 Towns Served: FRANKLIN **Contact Information** Organization Name Job Title Ms. Mariana Dalardhas LLC Member Mailing Address Line One Mailing Address Line Two City State Zip Code P.O. Box 58 N South Windham СТ 06266 **Business Phone** Extension **Mobile Phone** Emergency Phone Email Address Fax 860-456-2755 860-576-1511 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

Connecticut D	enartment of	Public H	ealth D	rink	ing M	later Se	ection	
	uality Monit				0			
PWS ID PWS Name		or mg and	I				ner Type Pr	imary Source
CT0530254 96 ROUTE 32				NC		40	P	GW
Local Address (where applicable)		Service	Residential	Comm	ercial I	ndustrial	Combined	Agricultural
96 ROUTE 32		Connections					1	, Burgardardardardar
Towns Served: FRANKLIN								
	Monit	oring Requ	irements	5				
Water System Facility: WELL 1 (WS		<u> </u>						
E. Coli (3014)						1 roi	utine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring P	Period	Collec	tion Period		ince Status
WELL 1 (2)			7/1/19 - 9/3				-	nplete
			10/1/19 - 12/			nplete		
			1/1/20 - 3/3	-				nplete
			4/1/20 - 6/3					•
			7/1/20 - 9/3					
Water System Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)		-				
Total Coliform (3100)		•				1 roi	utine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring P	Period	Collec	tion Period		nce Status
Select from Inventory of Active Sam	pling Points		7/1/19 - 9/3	0/19			Сог	nplete
		:	LO/1/19 - 12/	31/19			Сог	nplete
			1/1/20 - 3/3	1/20			Сог	nplete
			4/1/20 - 6/3	0/20				
			7/1/20 - 9/3	0/20				
Physical Parameters (PPS)						1 roi	utine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring P	Period	Collec	tion Period	Complie	ince Status
Select from Inventory of Active Sam	pling Points		7/1/19 - 9/3	0/19			Сог	nplete
			10/1/19 - 12/	31/19			Сог	nplete
			1/1/20 - 3/3	1/20			Сог	nplete
			4/1/20 - 6/3	0/20				
			7/1/20 - 9/3	0/20				
Water System Facility: ENTRY POIN	T (WSF ID: 00700)							
Nitrate And Nitrite (NOX)						1	routine (R	T) per year
Sampling Point (Sampling Point ID)		Monitoring P	Period	Collec	tion Period	-	ince Status
ENTRY POINT (3)			1/1/19 - 12/3	31/19			Сог	nplete
			1/1/20 - 12/3	31/20				
			1/1/21 - 12/3	31/21				
Wate	er System Facil	ity and Sar	npling Po	oint Ir	vento	ory		
Water					Total	Lead and		
System Water System Facility	Sampling Point		nt		Coliform			Stage
Facility ID	ID	Description		Status	Rule	Rule Tier	Asbestos	WQP 2 DBPI
00500 WELL 1	2	WELL 1		А				

SINK DOWNSTREAM WITHIN 5 SERVICE CON

DISTRIBUTION SYSTEM

MENS RESTROOM SINK

DD KITCHEN TRIPLE SI

SUBWAY KITCHEN SINK

WOMENS RESTROOM

А

А

А

А

А

А

Υ

Υ

Y

Υ

Υ

4

4-1

4-2

4-3

4-4

00600 DISTRIBUTION SYSTEM

	Connecticut Department of Public Health Drinking Water Section											
		Wa	ter Qual	lity Monit	oring a	nd Con	nplia	ance S	Schedu	le		
PWS ID		PWS Name		-			Classi	fication	Population	Ow	ner Type Pi	rimary Source
СТ0530254	ļ	96 ROUTE 32					1	NC	40		Р	GW
Local Addr	ess (w	here applicable)			Service	Resider	ntial Co	ommerci	al Industr	ial	Combined	Agricultural
96 ROUTE	32				Connectio	ns					1	
Towns Serv	ved: Fl	RANKLIN										
			Water Sy	ystem Facili	ty and S	ampling	; Poin	it Inve	ntory			
Water								Тс	otal Lead	l and		
-	Wate	r System Facility		Sampling Point						per		Stage
Facility ID				ID	Descriptio			utus	ule Rule	e Tier	Asbestos	WQP 2 DBPR
				UPSTREAM		SERVICE CO		A				
		POINT		3	ENTRY POI	NT		A				
60560	TREAT	MENT PLANT										
				Con	tact Info	ormatior	۱					
Name				Or	ganization						Job Title	
Mr. Asif Ch	noudh	ry		Be	estway Conv	enience Sto	ore		Mgr / Ov	vner		
Mailing Ad	dress	Line One		Mailing Address	s Line Two				City		State	Zip Code
65 Timber	Ridge	Road						Pawca	tuck		СТ	06379
Business	Phone	e Extension	Fax	Mobil	le Phone	Emergency	/ Phone	e Email A	Address			
860-889	-2266			860-2	04-7099			asifma	n500@gma	il.cor	n	
Contact Ro	ole(s):	Administrative	Contact, Leg	al Contact, Own	ner							
Please not	e the f	ollowing:										
1. The resi	idual di	sinfectant concen	tration must b	e measured at the	e same locati	on and time a	as each t	total colif	orm sample.			
2. If a Coll	ection	Period is specified	, all water qua	lity samples must	be collected	during the sp	ecified	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

	· D · ·	. (יוו חי	TT 1.1		1 •	TA 7			
	it Departme					0			ection	
Wat	er Quality M	lo nit	oring a	ind Com	plia	nce S	che	edule		
PWS ID PWS Name	v v								vner Type	Primary Sourc
CT0530274 DW TRANSPORT	& LEASING, INC.				N	С	3	8	Р	GW
Local Address (where applicable)			Service	Resident	ial Co	mmercia	al In	dustrial	Combine	d Agricultura
140 ROUTE 32			Connectio	ns		1				
Towns Served: FRANKLIN			1							L.
	Ν	/lonite	oring Re	quireme	nts					
Water System Facility: DISTRI	BUTION SYSTEM			-						
Total Coliform (3100)		(,				_	1 ro	utine (RT) per quarter
Sampling Point (Sampling Po	oint ID)			Monitorir	na Perio	od Co	ollecti	ion Period		liance Status
Select from Inventory of Activ				7/1/19 -	-					Complete
				10/1/19 -						Complete
				1/1/20 -						Complete
				4/1/20 -						- -
				7/1/20 -						
Physical Parameters (PPS)								1 ro	utine (RT) per quarter
Sampling Point (Sampling Po	oint ID)			Monitorir	ng Perio	od Co	ollecti	ion Period		liance Status
Select from Inventory of Activ	e Sampling Points			7/1/19 -	9/30/1	9			C	Complete
				10/1/19 -	12/31/	19			C	Complete
				1/1/20 -	3/31/2	0			C	Complete
				4/1/20 -	6/30/2	0				
				7/1/20 -	9/30/2	0				
Water System Facility: ENTRY	POINT (WSF ID:	00700)								
Nitrate And Nitrite (NOX)								1	L routine	(RT) per year
Sampling Point (Sampling Po	oint ID)			Monitorir	ng Perio	od Co	ollecti	ion Period	d Comp	liance Status
ENTRY POINT (3)				1/1/19 - 1	12/31/1	19			C	Complete
				1/1/20 - 1					C	Complete
				1/1/21 - 1	12/31/2	21				
	Water System	Facili	ity and S	Sampling	Point	t Invei	ntoi	ſ y		
Water						То	tal	Lead and	d	
System Water System Facility		-	Sampling			-	form	Copper		Stage
Facility ID	11	ס	Descriptio	n	Sta	lus	ule	Rule Tie	r Asbesto	s WQP 2 DBP
00600 DISTRIBUTION SYSTEM	2			ION SYSTEM	A		Y			
	2	-		IRS KITCHEN		4 '	Y			
				SERVICE CON						
	UPSTI			SERVICE CON						
00700 ENTRY POINT	3		ENTRY POI	INT	A	4				
57939 WELL 1	2	2	WELL 1		A	7				
		Con	tact Info	ormation						
Name		0	rganization						Job Title	
Mr. Lenny Rochester		D١	w Holding, L	LC.			Оре	erations N	/lanager	
Mailing Address Line One	Mailing	Address	s Line Two				Ci	ty	State	Zip Code
140 Route 32						North F	rankl	in	СТ	06254
Business Phone Extension	Fax	Mobi	le Phone	Emergency	Phone	Email A	ddres	SS		
860-848-1692	860-848-2669					lennyr@	Ødwt	ransport.	com	
Contact Role(s): Administrative C	Contact									
				vstems maintai						

	-	· · · · ·	-)	O			1			-	-	(i i i i i i i i i i i i i i i i i i i	
PWS ID	PWS Name						Class	ification	Populat	ion	Owner Ty	pe	Primary Source
СТ0530274	DW TRANSPORT	& LEASING,	INC.					NC	38		Р		GW
Local Address (w	here applicable)			Service		Resider	ntial (ommerc	ial Indu	istria	al Comb	oine	d Agricultural
140 ROUTE 32				Connect	ions			1					
Towns Served: FF	RANKLIN												
Name				Organizatio	n						Job ⁻	Гitle	
Mr. David Wadd	ington								Owne	r			
Mailing Address I	Line One		Mailing Addr	ess Line Two)				City		Sta	te	Zip Code
140 Route 32								North	Franklin		C	Г	06254
Business Phone	e Extension	Fax	Mo	bile Phone	Em	ergency	y Phon	e Email	Address				
860-848-1692								davids	r@dwtra	nsp	ort.com		
Contact Role(s):	Legal Contact, C	Dwner	i										
Please note the f	following:												
1. The residual di	sinfectant concent	ration must b	e measured at	the same loca	ation a	nd time a	as each	total coli	orm sam	ole.			

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

	Connectic	ut Depa	artment of	Public	Health	Dri	nking	Wa	ater S	Sect	ion		
	Wat	ter Qua	lity Monit	oring a	nd Con	plia	ince S	che	edule)			
PWS ID	PWS Name		-	- 0-			fication P				Type P	rimarv	Source
CT0530284	THE PLANT GRO	UP - HEAD H	IOUSE				IC	7(Р		G\	
Local Addres	s (where applicable)	-		Service	Residen		ommercial	-	dustrial	Со	mbined	-	cultural
117 POND RC				Connectior							1	0	
Towns Served													
			Monit	oring Red	nuiromo	ntc							
Water Syste	em Facility: DISTR				quireine								
Total Colifo	• •										e (RT)		
-	g Point (Sampling P				Monitori	-		llectio	on Perio	od	Compl		
Select fr	om Inventory of Act	ive Sampling	g Points		7/1/19 -							omplet	-
					10/1/19 -	12/31,	/19					omplet	
					1/1/20 -	3/31/2	20				Сс	omplet	е
					4/1/20 -	6/30/2	20						
					7/1/20 -	9/30/2	20						
Physical Pa	rameters (PPS)								1 r	outin	e (RT)	per qu	Jarter
Samplin	g Point (Sampling P	oint ID)			Monitori	ng Peri	iod Co	llectio	on Perio	od	Compl	iance S	tatus
Select fr	om Inventory of Act	ive Sampling	g Points		7/1/19 -	9/30/1	19				Сс	omplet	e
					10/1/19 -	12/31,	/19				Сс	omplet	e
					1/1/20 -	3/31/2	20				Сс	omplet	е
					4/1/20 -	6/30/2	20						
					7/1/20 -	9/30/2	20						
Water Syste	em Facility: ENTRY	Y POINT - H	IEAD HOUSE (WSF ID: 00	701)								
Nitrate And	d Nitrite (NOX)									1 rou	utine (I	RT) pe	r year
Samplin	g Point (Sampling P	oint ID)			Monitori	ng Peri	iod Co	llectio	on Perio	od	Compl	iance S	tatus
EP - HEA	AD HOUSE (3)				1/1/19 -	12/31/	19				Cc	omplet	е
					1/1/20 -	12/31/	20				Co	omplet	e
					1/1/21 -	12/31/	21						
			Other C	omplian	ce Sched	ules							
Compliance	Schodulo Activity		other e	ompilan		Due Da	ut o		Achieve				
-	Schedule Activity								Achieve	ea Da	:е		
RESPOND TO	SANITARY SURVEY					/11/20							
		Water S	ystem Facili	ity and S	ampling	Poin	t Inven	ntor	'Y				
Water							Tot		Lead a				
System W	ater System Facility		Sampling Point				Colife		Coppe		ala e et	14/00	Stage
En alling ID			ID	Description	I	Sta	atus Ru	ie	κιιε Τι	ier As	sbestos	WQP	Z DBPI
Facility ID		-	_										
	STRIBUTION SYSTEM	1	4		ON SYSTEM		A						
	STRIBUTION SYSTEM	1	DOWNSTREAM	WITHIN 5 S	ERVICE CON	J	A						
00600 DI:			DOWNSTREAM UPSTREAM	WITHIN 5 S WITHIN 5 S	ERVICE CON	J .	A A						
00600 DI: 00701 EN	NTRY POINT - HEAD F		DOWNSTREAM UPSTREAM 3	WITHIN 5 S WITHIN 5 S EP - HEAD H	ERVICE CON	J .	A						
00600 DI: 00701 EN			DOWNSTREAM UPSTREAM	WITHIN 5 S WITHIN 5 S	ERVICE CON	1	A A						
00600 DI: 00701 EN 58101 W	NTRY POINT - HEAD F	IOUSE	DOWNSTREAM UPSTREAM 3	WITHIN 5 S WITHIN 5 S EP - HEAD H	ERVICE CON	1	A A A						
00600 DI: 00701 EN 58101 W	NTRY POINT - HEAD H ELL 2	IOUSE	DOWNSTREAM UPSTREAM 3 2	WITHIN 5 S WITHIN 5 S EP - HEAD H	ERVICE CON ERVICE CON HOUSE	J .	A A A						
00600 DI: 00701 EN 58101 W	NTRY POINT - HEAD H ELL 2	IOUSE	DOWNSTREAM UPSTREAM 3 2 Con	WITHIN 5 S WITHIN 5 S EP - HEAD F WELL 2 tact Info	ERVICE CON ERVICE CON HOUSE	J .	A A A				b Title		
00600 DI: 00701 EN 58101 W 58105 HE Name	NTRY POINT - HEAD F ELL 2 EAD HOUSE TREATM	IOUSE	DOWNSTREAM UPSTREAM 2 Con	WITHIN 5 S WITHIN 5 S EP - HEAD F WELL 2 tact Info	ERVICE CON ERVICE CON HOUSE	J .	A A A	Pres	;ident/P		ob Title		
00600 DI: 00701 EN 58101 W 58105 HE Name Mr. Ira Feinb	ITRY POINT - HEAD F ELL 2 EAD HOUSE TREATM	IOUSE	DOWNSTREAM UPSTREAM 2 Con	WITHIN 5 S WITHIN 5 S EP - HEAD F WELL 2 tact Info rganization e Plant Grou	ERVICE CON ERVICE CON HOUSE	J .	A A A		sident/P	rop O	wr	Zin C	ode
00600 DI: 00701 EN 58101 W 58105 HE Name Mr. Ira Feinb Mailing Addre	ITRY POINT - HEAD F ELL 2 EAD HOUSE TREATM erg ess Line One	IOUSE	DOWNSTREAM UPSTREAM 2 Con	WITHIN 5 S WITHIN 5 S EP - HEAD F WELL 2 tact Info rganization e Plant Grou	ERVICE CON ERVICE CON HOUSE	J .	A A A	Pres		rop O	wr State	Zip C	
00600 DI: 00701 EN 58101 W 58105 HE Name Mr. Ira Feinb	NTRY POINT - HEAD H ELL 2 EAD HOUSE TREATM erg ess Line One ad	IOUSE	DOWNSTREAM UPSTREAM 3 2 Con Th Mailing Address	WITHIN 5 S WITHIN 5 S EP - HEAD F WELL 2 tact Info rganization e Plant Grou	ERVICE CON ERVICE CON HOUSE		A A A Franklin	Cit	ty .	rop O	wr	Zip C 062	

				0						
PWS ID	PWS Name					Cla	ssification	Population	Owner Type	Primary Source
СТ0530284	THE PLANT GRO	UP - HEAD HOUSE					NC	70	Р	GW
Local Address (w	here applicable)		Se	ervice	Resider	ntial	Commerci	ial Industri	al Combine	ed Agricultural
117 POND ROAD)		Co	onnections					1	
Towns Served: F	RANKLIN									
860-642-6030)	860-642-4469			860-234	-132	0 ira@th	neplantgroup	o.com	
Contact Role(s):	Administrative	Contact, Legal Cont	tact, Owner							
Please note the	following:									
1. The residual d	isinfectant concent	tration must be meas	ured at the sa	me location	and time a	as ead	ch total colif	orm sample.		
2. If a Collection	Period is specified,	, all water quality sam	ples must be	collected du	ring the sp	pecifie	ed period.			
		monitoring may be re S on or after the gene		· · · · · · · · · · · · · · · · · · ·					0,	
	If you h	have any questions,	, please cont	tact the Dri	inking W	ater	Section at	(860) 509-73	333.	

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

Connecticut Depar						0			
Water Qual	ity Mo	onit	oring an	d Comp	plianc	e Sch	edule		
PWS ID PWS Name				C	lassificati	on Popu	lation O	wner Type Pri	mary Source
CT0530294 10 ROUTE 32					NC	2	25	Р	GW
Local Address (where applicable)			Service	Residentia	al Comm	ercial Ir	ndustrial	Combined	Agricultural
			Connections		1				
Towns Served: FRANKLIN									
	Mo	onito	oring Requ	uirement	ts				
Water System Facility: DISTRIBUTION SY	STEM (V	VSF I	D: 00600)						
Total Coliform (3100)							1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)				Monitoring		Collect	ion Perio	d Complia	nce Status
Select from Inventory of Active Sampling	Points			7/1/19 - 9,					
				10/1/19 - 12					
				1/1/20 - 3,					
				4/1/20 - 6/					
				7/1/20 - 9,	/30/20			/`	
Physical Parameters (PPS)					Deviad	C - 11 4		outine (RT) p	•
Sampling Point (Sampling Point ID)	Deinte			Monitoring		Collect	ion Perio	a Compila	ince Status
Select from Inventory of Active Sampling	Points			7/1/19 - 9/					
				10/1/19 - 12 1/1/20 - 3/					
				4/1/20 - 6/					
				7/1/20 - 9/					
Water System Facility: ENTRY POINT (W	SF ID: 00	700)		771720 57	50/20				
Nitrate And Nitrite (NOX)		•						1 routine (R	F) per vear
Sampling Point (Sampling Point ID)				Monitoring	Period	Collect	ion Perio		ince Status
ENTRY POINT (3)				1/1/19 - 12				-	nplete
				1/1/20 - 12	/31/20				-
				1/1/21 - 12	/31/21				
	Othe	er Co	ompliance	e Schedu	les				
Compliance Schedule Activity				Du	e Date		Achieve	d Date	
RESPOND TO SANITARY SURVEY				11/	/6/2019				
CROSS CONNECTION SURVEY REPORT				3/2	1/2021				
	Public	Not	ification F	Requiren	nents				
		С	ompliance	Notice	Publi	ic Notifice	ation	PN Certi	fication
Violation/Situation			Period	Tier	Requir		formed	Due to DPH	Received
Total Coliform M&R Violation		7/1/	/19 - 9/30/19	3	12/1/20	020		12/11/2020	
Physical Parameters M&R Violation		7/1/	/19 - 9/30/19	3	12/1/20	020		12/11/2020	
Water Sy	stem F	acili	ity and Sa	mpling P	oint In	vento	ry		
Water						Total	Lead an	d	
		Point	Sampling Poi	int		Coliform	Сорре		Stage
Facility ID	ID		Description		Status	Rule	Rule Ti	er Asbestos	NQP 2 DBPR
00501 WELL 1	2		WELL 1		A				
00600 DISTRIBUTION SYSTEM	4		DISTRIBUTIO		A				
[WITHIN 5 SEF		A				
	UPSTREA	١M	WITHIN 5 SEF		A				
00700 ENTRY POINT	3		ENTRY POINT	-	A				
58892 TREATMENT PLANT									

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWSID PWS** Name Classification Population Owner Type Primary Source Р CT0530294 10 ROUTE 32 NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 1 Towns Served: FRANKLIN **Contact Information** Organization Name Job Title F.W. Brown. Co. Ms. Paula J. Brown President Mailing Address Line One Mailing Address Line Two City State Zip Code 45 Woodland Dr. Norwich СТ 06360 **Business Phone** Extension **Mobile Phone** Emergency Phone Email Address Fax 860-889-7856 860-608-8651 paulajbrown22@icloud.com Contact Role(s): Administrative Contact, Legal Contact, Owner Please note the following: 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

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

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

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

(Connectic	ut Depa	rtment o	f Public	Health	Dr	inking	Wate	er Se	ction	
		.	ity Moni				0				
PWS ID	PWS Name	tor Quar		coring u						her Type P	rimary Source
	THAMES VALLEY	ACADEMY	F GYMNASTIC	S			NC	37		P	GW
Local Address (wh	-			Service	Residen	itial (Commercia	al Indust	trial	Combined	
22 LEBANON ROA				Connection						2	
Towns Served: FR	RANKLIN										
			Monit	oring Req	uireme	nts					
Water System F	acility: DISTR	IBUTION SY		• •							
Total Coliform	(3100)								1 rou	itine (RT)	per quarter
Sampling Po	oint (Sampling P	oint ID)			Monitori	ing Pe	riod Co	ollection F	Period	Compl	iance Status
Select from	Inventory of Act	ive Sampling	Points		7/1/19 -	9/30,	/19			Co	omplete
					10/1/19 -						omplete
					1/1/20 -					Co	omplete
					4/1/20 -						
					7/1/20 -	9/30,	/20				
Physical Param	• •										per quarter
	oint (Sampling P				Monitori	-		ollection F	Period		iance Status
Select from	Inventory of Act	ive Sampling	Points		7/1/19 -						omplete
					10/1/19 -						omplete
					1/1/20 -					Co	omplete
					4/1/20 -						
					7/1/20 -	9/30,	/20				
Water System F	acility: ENTR	Y POINT (W	/SF ID: 00700)							
Nitrate And Nit	trite (NOX)								1	routine (I	RT) per year
Sampling Po	oint (Sampling P	oint ID)			Monitori	i <mark>ng Pe</mark>	riod Co	ollection F	Period	Compl	iance Status
ENTRY POIN	Т (3)				1/1/19 -					Co	omplete
					1/1/20 -					Co	omplete
					1/1/21 -	12/31	./21				
		Water Sy	vstem Faci	lity and Sa	mpling	Poi	nt Inve	ntory			
Water							То	tal Lea	d and		
	System Facility	9	Sampling Point		oint				pper		Stage
Facility ID			ID	Description		S	tatus ^R	ule Ru	le Tier	Asbestos	WQP 2 DBPR
00501 WELL			2	WELL 1			А				
00600 DISTRI	BUTION SYSTEM		4	DISTRIBUTIC			А				
			DOWNSTREAM	1 WITHIN 5 SE	RVICE CO	N	А				
			UPSTREAM	WITHIN 5 SE	RVICE COI	N	А				
00700 ENTRY	POINT		3	ENTRY POIN	Т		Α				
			Со	ntact Infor	mation						
Name			C	Organization						Job Title	
Mr. Joseph Cirrit	0							Owner			
Mailing Address L	ine One		Mailing Addre	ss Line Two				City		State	Zip Code
35 Stanton Road							Gilman			СТ	06336
Business Phone	e Extension	Fax	Mot	oile Phone I	Emergency	/ Phor	ne Email A	ddress			
860-625-2942		860-204-0	373				cirriton	nechanica	l@gma	ail.com	
Contact Role(s):	Administrative	Contact, Leg	al Contact, Ow	ner							

	e b	0		L			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0530304	THAMES VALLEY ACADEMY OF GYMNASTIC	S		NC	37	Р	GW
Local Address (where applicable)	Service	Residen	itial Commerc	ial Industri	ial Combine	ed Agricultural
22 LEBANON R	OAD - ROUTE 87	Connections				2	
Towns Served:	FRANKLIN	·					
Please note th	e following:						
1. The residual	disinfectant concentration must be measured at the	e same location	and time a	as each total coli	form sample.		
2. If a Collectio	n Period is specified, all water quality samples must	ring the sp	ecified period.				
	on results, additional monitoring may be required (i. ence sent by the DWS on or after the generation dat		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				

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

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

Сс		-	rtment o					<u> </u>			
		lei Qua	lity Moni	toring a							
	VS Name									wner Type	
		L		Service	Residen		IC ommer		25 Industrial	P	GW
Local Address (whe 52 ROUTE 32	re applicable)			Connectio			mmer		luustriai	Combine 1	d Agricul
Towns Served: FRAI										T	
Towns Scived. That			Moni	toring Re	auireme	nts					
Nater System Fac	cility: DISTR						_	_			
Total Coliform (3			•						1 ro	outine (RT)	per quai
Sampling Poin		oint ID)			Monitori	ng Peri	iod	Collect	ion Perio		liance Sta
Select from Inv	ventory of Act	ive Sampling	Points		7/1/19 -	9/30/1	19			C	omplete
					10/1/19 -	12/31/	/19			C	omplete
					1/1/20 -	3/31/2	20			C	omplete
					4/1/20 -						
					7/1/20 -	9/30/2	20				
Physical Paramet	ters (PPS)								1 ro	outine (RT)	per quai
Sampling Poin	t (Sampling P	oint ID)			Monitori	ng Peri	iod	Collect	ion Perio	d Comp	liance Sta
Select from Inv	ventory of Act	ive Sampling	Points		7/1/19 -	9/30/1	19			C	omplete
					10/1/19 -	12/31/	/19			C	omplete
					1/1/20 -	3/31/2	20			C	omplete
					4/1/20 -	6/30/2	20				
					7/1/20 -	9/30/2	20				
Nater System Fac	cility: ENTRY	POINT (W	SF ID: 00700)							
Nitrate And Nitri	te (NOX)									1 routine (RT) per y
Sampling Poin	t (Sampling P	oint ID)			Monitori	ng Peri	iod	Collect	ion Perio	d Comp	liance Sta
ENTRY POINT ((3)				1/1/19 -	12/31/	19			C	omplete
					1/1/20 -	12/31/	20			C	omplete
					1/1/21 -	12/31/	21				
		Water Sy	ystem Faci	lity and S	ampling	Poin	t Inv	ento	ry		
Water								Total	Lead an	d	
	ystem Facility		Sampling Poin					oliform			St
Facility ID			ID	Descriptio			ilus	Rule	Rule Ti	er Asbesto	s WQP 2 L
00600 DISTRIBU	JTION SYSTEM		4		ION SYSTEM		A				
			DOWNSTREAM				A				
			UPSTREAM		SERVICE CON		A				
00700 ENTRY P	OINT		3	ENTRY POI	NT		A				
58689 WELL 1			2	WELL 1		1	A				
58694 PRESSUR	RE TANK										
			Co	ntact Info	ormation	1					
Name			(Organization						Job Title	
Vr. David B. Drisco	II		L	eemilts Petro	oleum, Inc.			Pre	sident Ar	nd Ceo	
Mailing Address Lin	e One		Mailing Addre	ss Line Two				C	ity	State	Zip Cod
wo Jericho Plaza			Suite 110				Jerich	10		NY	11753
Business Phone	Extension	Fax	Mot	oile Phone	Emergency	Phone	Email	Addre	ss		
516-338-6000											
Contact Role(s): Le	gal Contact, C	Dwner									
NOTE: This information Any inaccuracies contain	ned herein will no										ing requirem

Schedule Generation Date: 3/10/2020

	-	· · · ·	-)	O			1-			-	
PWS ID	PWS Name						Class	ification	Population	Owner Type	Primary Source
СТ0530314	FRANKLIN MOB	L						NC	25	Р	GW
Local Address (w	here applicable)			Service	Re	esiden	tial C	Commercia	al Industri	al Combin	ed Agricultural
62 ROUTE 32				Connect	tions					1	
Towns Served: F	RANKLIN			·	·		, ,		·	·	
Name				Organizatio	on					Job Titl	e
Mr. Matthew Riv	vers			Cco, LLC S	Sam'S Fo	od Sto	ores		Account N	Manager	
Mailing Address I	Line One		Mailing Addr	ess Line Two	0				City	State	Zip Code
2138 Silas Deane	Highway							Rocky H	Hill	СТ	06067
Business Phone	e Extension	Fax	Mo	bile Phone	Emer	rgency	Phon	e Email A	ddress		
860-955-9074	145							Matthe	wR@SamsF	oodStores.co	om
Contact Role(s):	Administrative	Contact, Lea	gal Contact, O	wner							
Please note the f	following:										
1. The residual di	sinfectant concen	tration must l	be measured at	the same loca	ation and	l time a	is each	total colifo	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

	Connectic							0			ction	
		ter Qual	lity №	lonit	oring a	nd Con				1		
PWS ID	PWS Name									Owne		Primary Source
СТ0530334	260 ROUTE 32							IC	35		Р	GW
Local Address	(where applicable)				Service	Resider	itial Co	ommercia	l Industri	ial C	Combined	d Agricultura
260 ROUTE 32	2				Connectior	าร		1				
Towns Served	: FRANKLIN											
			N	/lonito	oring Red	quireme	nts					
Water Syster	m Facility: DISTR	IBUTION SY	STEM	(WSF II	D: 00600)							
Total Colifor	rm (3100)								1	1 rout	ine (RT)	per quarter
Sampling	g Point (Sampling P	oint ID)				Monitor	ing Per	iod Co	llection Pe	riod	Сотр	liance Status
Select fro	om Inventory of Act	ive Sampling	Points			7/1/19 -	9/30/1	.9			C	omplete
						10/1/19 -	· 12/31,	/19			С	omplete
						1/1/20 -	3/31/2	20			C	omplete
						4/1/20 -	6/30/2	20				
						7/1/20 -	9/30/2	20				
Physical Par	ameters (PPS)								1	1 rout	ine (RT)	per quarter
-	g Point (Sampling P	oint ID)				Monitor	ing Per	iod Co	llection Pe			liance Status
Select fro	om Inventory of Act	ive Sampling	Points			7/1/19 -	9/30/1	19			С	omplete
						10/1/19 -	· 12/31,	/19			C	omplete
						1/1/20 ·	3/31/2	20			C	omplete
						4/1/20	6/20/2	0				
						4/1/20	· 0/ 30/ 2	_0				
						4/1/20 · 7/1/20 ·						
Water Syster	m Facility: ENTR	Y POINT (W	/SF ID: (00700)		7/1/20						
	m Facility: ENTR' Nitrite (NOX)	Y POINT (W	/SF ID: (00700)						1 r	outine (RT) per vear
Nitrate And	Nitrite (NOX)		/SF ID: (00700)	-	7/1/20	9/30/2	20	llection Pe		-	
Nitrate And Sampling	Nitrite (NOX) 9 Point (Sampling P		/SF ID: (00700)		7/1/20	9/30/2	20 iod Co	llection Pe		Сотр	liance Status
Nitrate And	Nitrite (NOX) 9 Point (Sampling P		/SF ID: (00700)		7/1/20 - Monitor 1/1/19 -	9/30/2 ing Peri 12/31/	20 iod Co 19	llection Pe		Comp C	<i>liance Status</i> omplete
Nitrate And Sampling	Nitrite (NOX) 9 Point (Sampling P		/SF ID: (00700)		7/1/20 - Monitor 1/1/19 - 1/1/20 -	9/30/2 ing Peri 12/31/ 12/31/	20 iod Co 19 20	llection Pe		Comp C	liance Status
Nitrate And Sampling	Nitrite (NOX) 9 Point (Sampling P	oint ID)			ity and S	7/1/20 - <i>Monitor</i> 1/1/19 - 1/1/20 - 1/1/21 -	9/30/2 ing Peri 12/31/ 12/31/ 12/31/	20 iod Co 19 20 21			Comp C	omplete
Nitrate And Sampling ENTRY PC	Nitrite (NOX) 9 Point (Sampling P				ty and Sa	7/1/20 - <i>Monitor</i> 1/1/19 - 1/1/20 - 1/1/21 -	9/30/2 ing Peri 12/31/ 12/31/ 12/31/	20 iod Co 19 20 21 t Inver	ntory	eriod	Comp C	<i>liance Status</i> omplete
Nitrate And Sampling ENTRY PO Water	Nitrite (NOX) 9 Point (Sampling P	voint ID) Water Sy	/stem	Facili	ity and Sampling P	7/1/20 - <i>Monitor</i> 1/1/19 - 1/1/20 - 1/1/21 - ampling	9/30/2 ing Peri 12/31/ 12/31/ 12/31/	20 iod Co 19 20 21	ntory tal Lead	eriod	Comp C	liance Status omplete omplete
Nitrate And Sampling ENTRY PC	Nitrite (NOX) g Point (Sampling P DINT (3)	voint ID) Water Sy	/stem	Facili g Point		7/1/20 - <i>Monitor</i> 1/1/19 - 1/1/20 - 1/1/21 - ampling Point	9/30/2 ing Peri 12/31/ 12/31/ 12/31/ 12/31/ Poin	20 iod Co 19 20 21 t Inver Colif	ntory tal Lead orm Cop	eriod and per	Comp C C	<i>liance Status</i> omplete
Nitrate And Sampling ENTRY PC Water System Wa Facility ID	Nitrite (NOX) g Point (Sampling P DINT (3)	oint ID) Water Sy	/stem Sampling	Facili g Point	Sampling P	7/1/20 - <i>Monitor</i> 1/1/19 - 1/1/20 - 1/1/21 - ampling	• 9/30/2 ing Peri 12/31/ 12/31/ 12/31/ • Poin Sta	20 iod Co 19 20 21 t Inver Colif	ntory tal Lead orm Cop	eriod and per	Comp C C	liance Status omplete omplete Stage
Nitrate And Sampling ENTRY PC Water System Wa Facility ID	Nitrite (NOX) g Point (Sampling P DINT (3)	wint ID) Water Sy	/stem Sampling IE 4	Facili g Point	Sampling P Description	7/1/20 - Monitor 1/1/19 - 1/1/20 - 1/1/21 - ampling Point ON SYSTEM	9/30/2 ing Peri 12/31/ 12/31/ 12/31/ Poin Ste	20 iod Co 19 20 21 t Inver Colif	ntory tal Lead orm Cop	eriod and per	Comp C C	liance Status omplete omplete Stage
Nitrate And Sampling ENTRY PC Water System Wa Facility ID	Nitrite (NOX) g Point (Sampling P DINT (3)	wint ID) Water Sy	/stem Sampling IE 4	Facili g Point	Sampling P Description	7/1/20 - <i>Monitor</i> 1/1/19 - 1/1/20 - 1/1/21 - ampling <i>coint</i> ON SYSTEM ERVICE CO	9/30/2 ing Peri 12/31/ 12/31/ 12/31/ 12/31/ FOin Sta	iod Co 19 20 21 t Inver Colif atus Ru A	ntory tal Lead orm Cop	eriod and per	Comp C C	liance Status omplete omplete Stage
Nitrate And Sampling ENTRY PC Water System Wa Facility ID 00600 DIS	Nitrite (NOX) g Point (Sampling P DINT (3)	wint ID) Water Sy	/stem Sampling IL 4 DOWNS	Facili g Point TREAM	Sampling P Description DISTRIBUTI WITHIN 5 S WITHIN 5 S	7/1/20 - <i>Monitor</i> 1/1/19 - 1/1/20 - 1/1/21 - ampling <i>Point</i> ON SYSTEM ERVICE COL ERVICE COL	9/30/2 ing Peri 12/31/ 12/31/ 12/31/ Poin Sta N	20 iod Co 19 20 21 t Inver <i>Tot</i> <i>Colif</i> <i>ntus Ru</i> A A A	ntory tal Lead orm Cop	eriod and per	Comp C C	liance Status omplete omplete Stage
Nitrate And Sampling ENTRY PC Water System Wa Facility ID 00600 DIS	Nitrite (NOX) g Point (Sampling P DINT (3) ater System Facility STRIBUTION SYSTEM	wint ID) Water Sy	/stem Sampling IL 4 DOWNS UPSTR 3	Facili g Point TREAM REAM	Sampling P Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POIN	7/1/20 - <i>Monitor</i> 1/1/19 - 1/1/20 - 1/1/21 - ampling <i>Point</i> ON SYSTEM ERVICE COL ERVICE COL	9/30/2 ing Peri 12/31/ 12/31/ 12/31/ 12/31/ POIN	20 iod Co 19 20 21 t Inver Colif ntus Ru A A A A	ntory tal Lead orm Cop	eriod and per	Comp C C	liance Status omplete omplete Stage
Nitrate And Sampling ENTRY PC Water System Wa Facility ID 00600 DIS	Nitrite (NOX) g Point (Sampling P DINT (3) ater System Facility STRIBUTION SYSTEM	wint ID) Water Sy	/stem Sampling IL 4 DOWNS ⁻ UPSTR	Facili g Point TREAM REAM	Sampling P Description DISTRIBUTH WITHIN 5 S WITHIN 5 S ENTRY POIN WELL 1	7/1/20 - <i>Monitor</i> 1/1/19 - 1/1/20 - 1/1/21 - ampling <i>Point</i> ON SYSTEM ERVICE COI ERVICE COI NT	9/30/2 ing Peri 12/31/ 12/31/ 12/31/ 2/31/ 5 Poin Sto N	20 iod Co 19 20 21 t Inver <i>Tot</i> <i>Colif</i> <i>ntus Ru</i> A A A	ntory tal Lead orm Cop	eriod and per	Comp C C	liance Status omplete omplete Stage
Nitrate And Sampling ENTRY PC ENTRY PC System Wa Facility ID 00600 DIS 00700 EN 59426 WE	Nitrite (NOX) g Point (Sampling P DINT (3) ater System Facility STRIBUTION SYSTEM	wint ID) Water Sy	/stem Sampling IL 4 DOWNS UPSTR 3	Facili g Point TREAM REAM	Sampling P Description DISTRIBUTH WITHIN 5 S WITHIN 5 S ENTRY POIN WELL 1 tact Info	7/1/20 - <i>Monitor</i> 1/1/19 - 1/1/20 - 1/1/21 - ampling <i>Point</i> ON SYSTEM ERVICE COI ERVICE COI NT	9/30/2 ing Peri 12/31/ 12/31/ 12/31/ 2/31/ 5 Poin Sto N	20 iod Co 19 20 21 t Inver Colif ntus Ru A A A A	ntory tal Lead orm Cop	and per Tier	Comp C C C	liance Status omplete omplete Stage
Nitrate And Sampling ENTRY PC Water System Wa Facility ID 00600 DIS 00700 EN 59426 WE	Nitrite (NOX) g Point (Sampling P DINT (3) ater System Facility STRIBUTION SYSTEM TRY POINT ELL 1	wint ID) Water Sy	/stem Sampling IL 4 DOWNS UPSTR 3	Facili g Point TREAM REAM	Sampling P Description DISTRIBUTH WITHIN 5 S WITHIN 5 S ENTRY POIN WELL 1	7/1/20 - <i>Monitor</i> 1/1/19 - 1/1/20 - 1/1/21 - ampling <i>Point</i> ON SYSTEM ERVICE COI ERVICE COI NT	9/30/2 ing Peri 12/31/ 12/31/ 12/31/ 2/31/ 5 Poin Sto N	20 iod Co 19 20 21 t Inver Colif ntus Ru A A A A	ntory tal Lead orm Cop	and per Tier	Comp C C	liance Status omplete omplete Stage
Nitrate And Sampling ENTRY PC UNTRY PC ENTRY PC System Wa Facility ID 00600 DIS 00600 DIS 00700 ENT 59426 WE Name Mr. Samuel Pi	Nitrite (NOX) g Point (Sampling P DINT (3) ater System Facility STRIBUTION SYSTEM TRY POINT ELL 1 iotrkowski	wint ID) Water Sy	/stem Sampling IL 4 DOWNS UPSTR 3 2	Facili g Point TREAM REAM	Sampling P Description DISTRIBUTH WITHIN 5 S WITHIN 5 S ENTRY POIN WELL 1 tact Info	7/1/20 - <i>Monitor</i> 1/1/19 - 1/1/20 - 1/1/21 - ampling <i>Point</i> ON SYSTEM ERVICE COI ERVICE COI NT	9/30/2 ing Peri 12/31/ 12/31/ 12/31/ 2/31/ 5 Poin Sto N	20 iod Co 19 20 21 t Inver Colif ntus Ru A A A A	ntory tal Lead orm Cop ile Rule	and per Tier	Comp C C C Asbestos	liance Status omplete omplete Stage WQP 2 DBP
Nitrate And Sampling ENTRY PC ENTRY PC System Wa Facility ID 00600 DIS 00700 EN 59426 WE Name Mane Pi Mailing Addre	Nitrite (NOX) g Point (Sampling P DINT (3) ater System Facility STRIBUTION SYSTEM TRY POINT ELL 1 iotrkowski	wint ID) Water Sy	/stem Sampling IL 4 DOWNS UPSTR 3 2	Facili g Point TREAM REAM	Sampling P Description DISTRIBUTH WITHIN 5 S WITHIN 5 S ENTRY POIN WELL 1 tact Info	7/1/20 - <i>Monitor</i> 1/1/19 - 1/1/20 - 1/1/21 - ampling <i>Point</i> ON SYSTEM ERVICE COI ERVICE COI NT	9/30/2 ing Peri 12/31/ 12/31/ 12/31/ 2/31/ 5 Poin Sto N	20 iod Co 19 20 21 t Inver <i>Tot</i> <i>Colif</i> <i>ntus Ru</i> A A A A A A	ntory tal Lead form Cop ile Rule	and per Tier	Comp C C C Asbestos	liance Status omplete omplete Stage WQP 2 DBP
Nitrate And Sampling ENTRY PC UNTRY PC ENTRY PC System Wa Facility ID 00600 DIS 00600 DIS 00700 EN 59426 WE Name Mr. Samuel Pi	Nitrite (NOX) g Point (Sampling P DINT (3) ater System Facility STRIBUTION SYSTEM TRY POINT ELL 1 iotrkowski ess Line One	wint ID) Water Sy	/stem Sampling IL 4 DOWNS UPSTR 3 2	Facili g Point TREAM REAM	Sampling P Description DISTRIBUTH WITHIN 5 S WITHIN 5 S ENTRY POIN WELL 1 tact Info ganization	7/1/20 - <i>Monitor</i> 1/1/19 - 1/1/20 - 1/1/21 - ampling <i>Point</i> ON SYSTEM ERVICE COI ERVICE COI NT	9/30/2 ing Peri 12/31/ 12/31/ 12/31/ 12/31/ Poin Stc	20 iod Co 19 20 21 t Inver Tot Colif ntus Ru A A A A A A A A A A	ntory tal Lead form Cop ile Rule Lie Rule	and per Tier	Comp C C C Asbestos	liance Status omplete omplete Stage WQP 2 DBP

	C J	0		1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0530334	260 ROUTE 32			NC	35	Р	GW
Local Address	(where applicable)	Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultura
260 ROUTE 32		Connections		1			
Towns Served:	FRANKLIN					1	· · ·
Please note th	e following:						
1. The residua	I disinfectant concentration must be measured at the	e same location	and time a	as each total colif	form sample.		
2. If a Collection	on Period is specified, all water quality samples must	be collected du	ring the sp	pecified period.			
1 0	on results, additional monitoring may be required (i.e ence sent by the DWS on or after the generation dat			1 1		0,	,

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

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

	Connecticut De	•	t of Public I mitoring an			0			
PWS ID	PWS Name		and a second sec						Primary Source
CT0530344		r					63	P	GW
	ress (where applicable)	C.	Service	Residen		ommercial	Industri	-	-
519 POND			Connections			, miner elui	maastri		1
	ved: FRANKLIN								_
		Mc	onitoring Req	uireme	nts				
Water Sys	stem Facility: DISTRIBUTIO								
	iform (3100)						1) per quarter
-	ling Point (Sampling Point ID)			Monitori	-		ection Pe	-	oliance Status
Select	t from Inventory of Active Sam	pling Points		7/1/19 -					Complete
				10/1/19 -					Complete
				1/1/20 -					Complete
				4/1/20 -					
				7/1/20 -	9/30/2	20			
-	Parameters (PPS)) per quarter
-	ling Point (Sampling Point ID)	-line Deinte		Monitori	-		ection Pe	-	oliance Status
Select	t from Inventory of Active Sam	pling Points		7/1/19 -					Complete
				10/1/19 - 1/1/20 -					Complete Complete
				4/1/20 -					complete
				7/1/20 -					
Mator Su	stem Facility: ENTRY POIN		700)	//1/20-	9/50/2	20			
Samp	And Nitrite (NOX) And Nitrite (Sampling Point ID) Y POINT (3)			<i>Monitori</i> 1/1/19 - 1/1/20 -	12/31/	19	ection Pe	riod Com	(RT) per year bliance Status Complete Complete
				1/1/21 -					complete
		Public	Notification I						
			Compliance	Notice	1	 Public Not	ification	PN C	ertification
Violation/	Situation		Period	Tier			Performe		
Physical Pa	arameters M&R Violation		1/1/19 - 3/31/19	3		28/2020		6/7/2020	
Total Colife	orm M&R Violation		1/1/19 - 3/31/19	3	5/2	28/2020		6/7/2020)
	Wate	r System F	acility and Sa	mpling	Poin	t Inven	tory		
Water						Tota		and	
	Water System Facility		Point Sampling Po	int		Colifo			Stage
Facility ID		ID	Description			ntus Rul	e Rule	Tier Asbesto	s WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO			A			
			EAM WITHIN 5 SE			A			
		UPSTRE				A			
	ENTRY POINT	3	ENTRY POIN	Γ		A			
59835	WELL 1	2	WELL 1			A			
			Contact Infor	mation					
Name			Organization					Job Title	5
Ms. Stori E	Beckwith		Arrowhead Acre	es LLC					
Mailing Ad	ldress Line One	Mailing Ad	dress Line Two				City	State	Zip Code
700 Route	32					North Fra		СТ	06254
Bucinece	Phone Extension					Email Ad		r quality monito	

			C C		0							
PWS ID	PWS Name	PWS Name						ssification	Population	Owner Type	Primary Source	
СТ0530344	ARROWHEA	ARROWHEAD ACRES, LLC.						NC	63	Р	GW	
Local Address (where applicable)					Service	Reside	Residential		ial Industri	al Combin	ed Agricultural	
519 POND ROAD					Connectio	ons					1	
Towns Served: FRANKLIN												
Busiliess Flibile Extension Fax		IVIO	Nobile Flidile El		y Filone Linai Address							
860-213-016	53					860-93		-9311 arrowheadacresllc@gmail.com				
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.												
	on results, addit		ι,	, i i					-	0,	and any related chedule.	

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

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