

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | |
|----------------------------------|------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0550011 | AQUARION WATER CO OF CT-TLWC | C | 142 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | | | | 58 | |

Towns Served: GOSHEN

Monitoring Requirements

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

| | | | | | |
|---|--------------------------|---------------------------------------|--------------------------|--|--|
| Asbestos (1094) | | 1 routine (RT) per nine years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 1/1/13 - 12/31/21 | | | | |
| Total Coliform (3100) | | 1 routine (RT) per month | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 10/1/19 - 10/31/19 | | Complete | | |
| | 11/1/19 - 11/30/19 | | Complete | | |
| | 12/1/19 - 12/31/19 | | Complete | | |
| | 1/1/20 - 1/31/20 | | Complete | | |
| | 2/1/20 - 2/29/20 | | Complete | | |
| | 3/1/20 - 3/31/20 | | | | |
| | 4/1/20 - 4/30/20 | | | | |
| | 5/1/20 - 5/31/20 | | | | |
| | 6/1/20 - 6/30/20 | | | | |
| | 7/1/20 - 7/31/20 | | | | |
| | 8/1/20 - 8/31/20 | | | | |
| | 9/1/20 - 9/30/20 | | | | |
| Lead And Copper (PBCU) | | 5 routine (RT) per three years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 1/1/19 - 12/31/21 | 6/1-9/30 | | | |
| | 1/1/22 - 12/31/24 | 6/1-9/30 | | | |
| Physical Parameters (PPS) | | 1 routine (RT) per quarter | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| Select from Inventory of Active Sampling Points | 7/1/19 - 9/30/19 | | Complete | | |
| | 10/1/19 - 12/31/19 | | Complete | | |
| | 1/1/20 - 3/31/20 | | Complete | | |
| | 4/1/20 - 6/30/20 | | | | |
| | 7/1/20 - 9/30/20 | | | | |
| Water System Facility: ENTRY POINT (WSF ID: 00700) | | | | | |
| Net Gross Alpha (4000) | | 1 routine (RT) per three years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| ENTRY POINT (3) | 1/1/17 - 12/31/19 | | Complete | | |
| | 1/1/20 - 12/31/22 | | | | |
| | 1/1/23 - 12/31/25 | | | | |
| Uranium (4006) | | 1 routine (RT) per three years | | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> | | |
| ENTRY POINT (3) | 1/1/17 - 12/31/19 | | Complete | | |
| | 1/1/20 - 12/31/22 | | | | |
| | 1/1/23 - 12/31/25 | | | | |

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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

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|----------------------------------|------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0550011 | AQUARION WATER CO OF CT-TLWC | C | 142 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | | | | 58 | |

Towns Served: GOSHEN

Monitoring Requirements

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

| Combined Radium-226/228 (4010) | 1 routine (RT) per three years | | |
|--|---------------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/17 - 12/31/19 | | Complete |
| | 1/1/20 - 12/31/22 | | |
| | 1/1/23 - 12/31/25 | | |
| Inorganic Chemicals (IOCS) | 1 routine (RT) per three years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/18 - 12/31/20 | | |
| | 1/1/21 - 12/31/23 | | |
| Nitrate And Nitrite (NOX) | 1 routine (RT) per year | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/19 - 12/31/19 | | Complete |
| | 1/1/20 - 12/31/20 | | |
| | 1/1/21 - 12/31/21 | | |
| Pesticides, Herbicides and PCBs - Phase II & V (SOCS) | 1 routine (RT) per three years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/17 - 12/31/19 | | Complete |
| | 1/1/20 - 12/31/22 | | |
| | 1/1/23 - 12/31/25 | | |
| Organic Chemicals (VOCS) | 1 routine (RT) per quarter | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 7/1/19 - 9/30/19 | | Complete |
| | 10/1/19 - 12/31/19 | | |
| | 1/1/20 - 3/31/20 | | |
| | 4/1/20 - 6/30/20 | | |
| | 7/1/20 - 9/30/20 | | |

Water System Facility: **WELL 1 (WSF ID: 131)**

| E. Coli (3014) | 1 routine (RT) per month | | |
|---|---------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| WELL 1 (2) | 10/1/19 - 10/31/19 | | Complete |
| | 11/1/19 - 11/30/19 | | Complete |
| | 12/1/19 - 12/31/19 | | Complete |
| | 1/1/20 - 1/31/20 | | Complete |
| | 2/1/20 - 2/29/20 | | Complete |
| | 3/1/20 - 3/31/20 | | |
| | 4/1/20 - 4/30/20 | | |
| | 5/1/20 - 5/31/20 | | |
| | 6/1/20 - 6/30/20 | | |
| | 7/1/20 - 7/31/20 | | |
| | 8/1/20 - 8/31/20 | | |

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

| | | | | | | | |
|----------------------------------|-------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0550011 | AQUARION WATER CO OF CT-TLWC | C | 142 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | | | | 58 | |

Towns Served: GOSHEN

Monitoring Requirements

Water System Facility: **WELL 1 (WSF ID: 131)**

| | |
|---|---------------------------------|
| E. Coli (3014) | 1 routine (RT) per month |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> |
| | <i>Collection Period</i> |
| | <i>Compliance Status</i> |
| | 9/1/20 - 9/30/20 |

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| SUBMIT CCR TO THE DEPARTMENT | 6/30/2020 | |
| SUBMIT CCR CERTIFICATION FORM | 8/9/2020 | |
| CROSS CONNECTION EXEMPTION | 3/1/2023 | |

Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600 | DISTRIBUTION SYSTEM | 00004 | TL HEIGHTS DIST | A | Y | | | |
| | | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | PB6892 | 56 TYLER LAKE HTS | A | | 3 | | |
| | | PB6893 | 11 TYLER LAKE HTS EX | A | | 3 | | |
| | | PB6894 | 62 TYLER LAKE HTS RD | A | | 3 | | |
| | | PB6895 | 75 TYLER LAKE HTS RD | A | Y | 3 | | |
| | | PB6896 | 61 TYLER LAKE HTS RD | A | | 3 | | |
| | | PB6897 | 37 TYLER LAKE HTS RD | A | | 3 | | |
| | | TYLER002 | 23 PARK ROAD | A | Y | 3 | | |
| | | TYLER003 | 22 PARK RD. EXT. | A | Y | 3 | | |
| | | TYLER004 | 45 TYLER LAKE HTS | A | Y | 3 | | |
| | | TYLER005 | 27 TYLER LAKE HTS. | A | Y | 3 | | |
| | | TYLER006 | 541 SHARON TURNPIKE | A | Y | 3 | | |
| | | TYLER007 | 532 SHARON TURNPIKE | A | Y | 3 | | |
| | | TYLER008 | 10 TYLER LAKE HGHTS | A | Y | 3 | | |
| | | TYLER009 | 6 TYLER LAKE HGHTS | A | Y | 3 | | |
| | | TYLER010 | 29 TYLER LAKE HTS EX | A | Y | 3 | | |
| | | TYLER011 | 25 TYLER LAKE HTS EX | A | Y | 3 | | |
| | | TYLER012 | 21 TYLER LAKE HTS EX | A | Y | 3 | | |
| | | TYLER013 | 19 TYLER LAKE HTS EX | A | Y | 3 | | |
| | | TYLER014 | 15 TYLER LAKE HTS EX | A | Y | 3 | | |
| | | TYLER016 | 13 TYLER LAKE HTS EX | A | Y | 3 | | |
| | | TYLER017 | 9 TYLER LAKE HTS EX | A | Y | 3 | | |
| | | TYLER018 | 20 TYLER LAKE HTS EX | A | Y | 3 | | |
| | | TYLER019 | 22 TYLER LAKE HTS RD | A | Y | 3 | | |
| | | TYLER020 | 24 TYLER LAKE HGHTS | A | Y | 3 | | |
| | | TYLER021 | 26 TYLER LAKE HTS RD | A | Y | 3 | | |

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|----------------------------------|-------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0550011 | AQUARION WATER CO OF CT-TLWC | C | 142 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | | | | 58 | |

Towns Served: GOSHEN

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| | | TYLER022 | 28 TYLER LAKE HTS RD | A | Y | 3 | | |
| | | TYLER023 | 30 TYLER LAKE HTS RD | A | Y | 3 | | |
| | | TYLER024 | 34 TYLER LAKE HTS RD | A | Y | 3 | | |
| | | TYLER025 | 36 TYLER LAKE HTS RD | A | Y | 3 | | |
| | | TYLER026 | 40 TYLER LAKE HTS RD | A | Y | 3 | | |
| | | TYLER027 | 44 TYLER LAKE HTS RD | A | Y | 3 | | |
| | | TYLER028 | 46 TYLER LAKE HTS RD | A | Y | 3 | | |
| | | TYLER029 | 54 TYLER LAKE HTS RD | A | Y | 3 | | |
| | | TYLER030 | 3 PARK ROAD | A | Y | 3 | | |
| | | TYLER031 | 58 TYLER LAKE HTS RD | A | Y | 3 | | |
| | | TYLER032 | 60 TYLER LAKE HTS RD | A | Y | 3 | | |
| | | TYLER034 | 64 TYLER LAKE HTS RD | A | Y | 3 | | |
| | | TYLER036 | 69 TYLER LAKE HTS RD | A | Y | 3 | | |
| | | TYLER037 | 65 TYLER LAKE HTS RD | A | Y | 3 | | |
| | | TYLER039 | 57 TYLER LAKE HTS RD | A | Y | 3 | | |
| | | TYLER040 | 41 TYLER LAKE HTS RD | A | Y | 3 | | |
| | | TYLER041 | 39 TYLER LAKE HTS RD | A | Y | 3 | | |
| | | TYLER043 | 35 TYLER LAKE HTS RD | A | Y | 3 | | |
| | | TYLER044 | 29 TYLER LAKE HTS RD | A | Y | 3 | | |
| | | TYLER045 | 15 TYLER LAKE HTS RD | A | Y | 3 | | |
| | | TYLER046 | 9 TYLER LAKE HTS RD | A | Y | 3 | | |
| | | TYLER047 | 17 CENTER ROAD | A | Y | 3 | | |
| | | TYLER048 | 27 CENTER ROAD | A | Y | 3 | | |
| | | TYLER049 | 9 PARK ROAD | A | Y | 3 | | |
| | | TYLER050 | 19 PARK ROAD | A | Y | 3 | | |
| | | TYLER051 | 12 PARK ROAD EXT | A | Y | 3 | | |
| | | TYLER052 | 13 PARK ROAD EXT | A | Y | 3 | | |
| | | TYLER053 | 544 SHARON TURNPIKE | A | Y | 3 | | |
| | | TYLER054 | 550 SHARON TURNPIKE | A | Y | 3 | | |
| | | TYLER055 | 552 SHARON TURNPIKE | A | Y | 3 | | |
| | | TYLER056 | 556 SHARON TURNPIKE | A | Y | 3 | | |
| | | TYLER057 | 560 SHARON TURNPIKE | A | Y | 3 | | |
| | | TYLER058 | 566 SHARON TURNPIKE | A | Y | 3 | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 131 | WELL 1 | 2 | WELL 1 | A | | | | |
| 61632 | ATMOSPHERIC STORAGE | | | | | | | |

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

| | | | | | | | |
|----------------------------------|-------------------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0550011 | AQUARION WATER CO OF CT-TLWC | C | 142 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | | | | 58 | |

Towns Served: GOSHEN

Certified Operator Information

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

Facility Classification: SMALL WATER SYSTEM

| Operator Name | Operator Type | Certification(s) | Certification Expiration |
|--------------------|-------------------|---|--------------------------|
| BLACK, RON W. | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II | 6/30/2020 |
| | | DISTRIBUTION SYSTEM OPERATOR - CLASS II | 6/30/2020 |
| GIORDANO, DAVID S. | ASSIGNED OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS II | 6/30/2020 |
| | | WATER TREATMENT PLANT OPERATOR - CLASS I | 6/30/2020 |

Contact Information

| | | | | | | |
|--------------------------|-----------|--------------------------|--------------|-----------------|--------------------------|----------|
| Name | | Organization | | Job Title | | |
| Mr. John P. Walsh | | Aquarion Water Company | | Vice President | | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State | Zip Code |
| 835 Main Street | | Mail Stop 700 | | Bridgeport | CT | 06604 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | |
| 203-337-5852 | | 203-337-5938 | | 781-413-6175 | jwalsh@aquarionwater.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.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | |
|----------------------------------|-----------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0550321 | VILLAGE MARKET PLACE | C | 462 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 59 TORRINGTON ROAD | | | 21 | 7 | | | |
| Towns Served: GOSHEN | | | | | | | |

Monitoring Requirements

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

| Asbestos (1094) | 1 routine (RT) per nine years | | |
|---|---------------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 1/1/11 - 12/31/19 | | Complete |
| | 1/1/20 - 12/31/28 | | |
| Total Coliform (3100) | 3 repeat (RP) per period | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 9/10/19 - 9/15/19 | | Complete |
| Total Coliform (3100) | 1 routine (RT) per month | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 10/1/19 - 10/31/19 | | Complete |
| | 11/1/19 - 11/30/19 | | Complete |
| | 12/1/19 - 12/31/19 | | Complete |
| | 1/1/20 - 1/31/20 | | Complete |
| | 2/1/20 - 2/29/20 | | |
| | 3/1/20 - 3/31/20 | | |
| | 4/1/20 - 4/30/20 | | |
| | 5/1/20 - 5/31/20 | | |
| | 6/1/20 - 6/30/20 | | |
| | 7/1/20 - 7/31/20 | | |
| | 8/1/20 - 8/31/20 | | |
| | 9/1/20 - 9/30/20 | | |
| Lead And Copper (PBCU) | 5 routine (RT) per three years | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 1/1/17 - 12/31/19 | 6/1-9/30 | Complete |
| | 1/1/20 - 12/31/22 | 6/1-9/30 | |
| | 1/1/23 - 12/31/25 | 6/1-9/30 | |
| Physical Parameters (PPS) | 1 routine (RT) per month | | |
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 10/1/19 - 10/31/19 | | Complete |
| | 11/1/19 - 11/30/19 | | Complete |
| | 12/1/19 - 12/31/19 | | Complete |
| | 1/1/20 - 1/31/20 | | Complete |
| | 2/1/20 - 2/29/20 | | |
| | 3/1/20 - 3/31/20 | | |
| | 4/1/20 - 4/30/20 | | |
| | 5/1/20 - 5/31/20 | | |
| | 6/1/20 - 6/30/20 | | |
| | 7/1/20 - 7/31/20 | | |
| | 8/1/20 - 8/31/20 | | |
| | 9/1/20 - 9/30/20 | | |

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Water Quality Monitoring and Compliance Schedule

| | | | | | | | |
|----------------------------------|----------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0550321 | VILLAGE MARKET PLACE | C | 462 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 59 TORRINGTON ROAD | | | 21 | 7 | | | |

Towns Served: GOSHEN

Monitoring Requirements

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

| | 1 routine (RT) per quarter | | |
|--|---------------------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Chloride (1017) | 1 routine (RT) per quarter | | |
| ENTRY POINT (3) | 7/1/19 - 9/30/19 | | Complete |
| | 10/1/19 - 12/31/19 | | Complete |
| | 1/1/20 - 3/31/20 | | Complete |
| | 4/1/20 - 6/30/20 | | |
| | 7/1/20 - 9/30/20 | | |
| Net Gross Alpha (4000) | 1 routine (RT) per three years | | |
| ENTRY POINT (3) | 1/1/17 - 12/31/19 | | Complete |
| | 1/1/20 - 12/31/22 | | |
| | 1/1/23 - 12/31/25 | | |
| Uranium (4006) | 1 routine (RT) per three years | | |
| ENTRY POINT (3) | 1/1/17 - 12/31/19 | | Complete |
| | 1/1/20 - 12/31/22 | | |
| | 1/1/23 - 12/31/25 | | |
| Combined Radium-226/228 (4010) | 1 routine (RT) per three years | | |
| ENTRY POINT (3) | 1/1/17 - 12/31/19 | | Complete |
| | 1/1/20 - 12/31/22 | | |
| | 1/1/23 - 12/31/25 | | |
| Inorganic Chemicals (IOCS) | 1 routine (RT) per three years | | |
| ENTRY POINT (3) | 1/1/17 - 12/31/19 | | Complete |
| | 1/1/20 - 12/31/22 | | |
| | 1/1/23 - 12/31/25 | | |
| Nitrate And Nitrite (NOX) | 1 routine (RT) per year | | |
| ENTRY POINT (3) | 1/1/19 - 12/31/19 | | Complete |
| | 1/1/20 - 12/31/20 | | |
| | 1/1/21 - 12/31/21 | | |
| Pesticides, Herbicides and PCBs - Phase II & V (SOCS) | 1 routine (RT) per three years | | |
| ENTRY POINT (3) | 1/1/17 - 12/31/19 | | Complete |
| | 1/1/20 - 12/31/22 | | |
| | 1/1/23 - 12/31/25 | | |
| Organic Chemicals (VOCS) | 1 routine (RT) per year | | |
| ENTRY POINT (3) | 1/1/19 - 12/31/19 | | Complete |

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| | | | | | | | |
|----------------------------------|-----------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0550321 | VILLAGE MARKET PLACE | C | 462 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 59 TORRINGTON ROAD | | | 21 | 7 | | | |

Towns Served: GOSHEN

Monitoring Requirements

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

| Organic Chemicals (VOCS) | 1 routine (RT) per year | | |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| | 1/1/20 - 12/31/20 | | Complete |
| | 1/1/21 - 12/31/21 | | |

Water System Facility: **WELL 1 (WSF ID: 1826)**

| E. Coli (3014) | 1 triggered (TG) per period | | |
|---|-----------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| WELL 1 (2) | 9/9/19 - 9/15/19 | | Complete |

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **ENTRY POINT (WSFID: 00700)**

| Analyte | Monitoring Requirement (Summary Type) | Operating Limit | Samples Req/Month |
|-----------------------------|---------------------------------------|---------------------------|---------------------------|
| pH | Entry Point pH Monitoring (PHRD) | Minimum: 6.4 PH | Daily |
| Start Date: 1/1/2007 | | | |
| | Compliance History: | Operating Limit | Monitoring |
| | Monitoring Period | Compliance Status: | Compliance Status: |
| | 10/1/2019 - 10/31/2019 | | |
| | 11/1/2019 - 11/30/2019 | | |
| | 12/1/2019 - 12/31/2019 | | |
| | 1/1/2020 - 1/31/2020 | | |
| | 2/1/2020 - 2/29/2020 | | |

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|--|-----------------|----------------------|
| SUBMIT CCR CERTIFICATION FORM | 11/6/2009 | |
| SUBMIT CCR TO THE DEPARTMENT | 6/30/2010 | |
| SUBMIT CCR CERTIFICATION FORM | 8/9/2010 | |
| SUBMIT CCR TO THE DEPARTMENT | 6/30/2012 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 12/29/2013 | |
| SUBMIT CCR TO THE DEPARTMENT | 6/30/2016 | |
| DISTRIBUTION SYSTEM MATERIALS EVALUATION | 8/31/2019 | |
| L2 ASSESSMENT (MULTIPLE TC+, 2ND IN 12M) | 10/31/2019 | |
| SUBMIT LEAD CONSUMER NOTICE CERTIFICATE | 12/29/2019 | |
| CROSS CONNECTION SURVEY REPORT | 3/1/2020 | |
| SUBMIT CCR TO THE DEPARTMENT | 6/30/2020 | |
| SUBMIT CCR CERTIFICATION FORM | 8/9/2020 | |

Public Notification Requirements

| <i>Violation/Situation</i> | <i>Compliance Period</i> | <i>Notice Tier</i> | <i>Public Notification</i> | | <i>PN Certification</i> | |
|---|--------------------------|--------------------|----------------------------|------------------|-------------------------|-----------------|
| | | | <i>Required</i> | <i>Performed</i> | <i>Due to DPH</i> | <i>Received</i> |
| REVISED TOTAL COLIFORM RULE (RTCR) TT Violation | 11/1/19 - | 2 | 12/15/2019 | | 12/25/2019 | |
| Chloride MCL Violation | 7/1/19 - 9/30/19 | 2 | 3/8/2020 | | 3/18/2020 | |
| Chloride MCL Violation | 10/1/19 - 12/31/19 | 2 | 3/8/2020 | | 3/18/2020 | |

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

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

| | | | | | | | |
|----------------------------------|-----------------------------|---------------------|-------------|------------|----------------|----------|--------------|
| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source | | |
| CT0550321 | VILLAGE MARKET PLACE | C | 462 | P | GW | | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 59 TORRINGTON ROAD | | | 21 | 7 | | | |
| Towns Served: GOSHEN | | | | | | | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|------------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | VMP1 | GOSHENETTE DINER | I | Y | N | | |
| | | VMP10 | FARMERS INS | A | Y | N | | |
| | | VMP2 | STUDIO G | A | Y | N | | |
| | | VMP3 | VILLAGE MKTPL STR | A | Y | N | | |
| | | VMP4 | GOSHEN HDWR STORE | I | Y | N | | |
| | | VMP5 | M GREENBURG & ASSO | A | Y | N | Y | |
| | | VMP6 | HILTZ & BOWLING OFCE | A | Y | N | | |
| | | VMP7 | APT1 | A | Y | N | | |
| | | VMP8 | GSN DINER LADY SINK | A | | N | | |
| | | VMP9 | GSN DINER KIT SINK | A | Y | N | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 1826 | WELL 1 | 2 | WELL 1 | A | | | | |
| 37326 | ATMOSPHERIC STORAGE | | | | | | | |
| 55977 | BLADDER TANK | | | | | | | |
| 55979 | PUMP (AQUA BOOST) | | | | | | | |
| 659 | WELL 1 TREATMENT PLANT | | | | | | | |

Certified Operator Information

| Water System Facility: WELL 1 TREATMENT PLANT (WSF ID: 659) | | | |
|--|----------------|--|--------------------------|
| Facility Classification: CLASS 1 TREATMENT PLANT | | | |
| Operator Name | Operator Type | Certification(s) | Certification Expiration |
| GRELA, GEORGE | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS I | 9/30/2020 |

Contact Information

| | | | | | | | |
|---|-----------|----------------------------|--------------|-----------------|----------------------------------|-------|----------|
| Name | | Organization | | | Job Title | | |
| Mr. Mark Greenberg | | Mark Greenberg Real Estate | | | Owner | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | State | Zip Code |
| C/O Mgre Co., LLC | | P.O. Box 28 | | | Watertown | CT | 06795 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 860-491-1404 | 102 | 860-945-8726 | 860-671-1171 | | mark@markgreenbergrealestate.com | | |
| Contact Role(s): Administrative Contact, Legal Contact | | | | | | | |

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

| | | | | | | | | |
|----------------------------------|-----------------------------|---------------------|--------------------------|-----------------|----------------|------------|--------------|----------|
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| 59 TORRINGTON ROAD | | | 21 | 7 | | | | |
| Towns Served: GOSHEN | | | | | | | | |
| Name | | | Organization | | | Job Title | | |
| Village Market Place LLC | | | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 184 Fern Avenue | | | | | | Litchfield | CT | 06759 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| | | | | | | | | |
| Contact Role(s): Owner | | | | | | | | |

Please note the following:

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

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

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

End of schedule