	Connecticut De	partment of	Public H	lealth	n Dri	inkir	ng W	ater	Sec	ction	
	Water Qu	uality Monit	oring an	d Con	nplia	ance	Sch	edul	e		
PWS ID	PWS Name	-			Classi	ificatio	n Popu	ulation	Own	er Type Pr	imary Source
CT0820461	ROVERS LODGE				1	NC		25		L	GW
Local Address (where applicable)		Service	Resider	ntial C	Comme	rcial I	ndustria	al (Combined	Agricultural
227 BAILEYVILL	E ROAD		Connections	1		1					
Towns Served:	MIDDLEFIELD										
		Monito	oring Requ	uireme	ents						
Water System	Facility: DISTRIBUTION	N SYSTEM (WSF I	D: 00600)								
Total Colifor								1	rout	ine (RT) إ	per quarter
	Point (Sampling Point ID)			Monitor			Collec	tion Per	riod	Compli	ance Status
Select fro	m Inventory of Active Samp	ling Points		7/1/19					_		mplete
				10/1/19		-				Со	mplete
				1/1/20						Со	mplete
				4/1/20							
				7/1/20	- 9/30/	/20					
•	meters (PPS)										per quarter
	Point (Sampling Point ID)			Monitor			Collec	tion Per	riod		ance Status
Select froi	m Inventory of Active Samp	ling Points		7/1/19							mplete
				10/1/19							mplete
				1/1/20						Со	mplete
				4/1/20							
				7/1/20	- 9/30/	/20					
-	r Facility: ENTRY POINT	- WELL 3 (WSF II	D: 00700)								
	Nitrite (NOX)									=	T) per year
	Point (Sampling Point ID)			Monitor			Collect	tion Per	riod		ance Status
EP - WELL	3 (3)			1/1/19 -						Со	mplete
				1/1/20 -							
M/-1 61	. F 112	ID 57705\		1/1/21 -	12/31,	/21					
	Facility: WELL 3 (WSF	ID: 57/05)								. (>=\	_
E. Coli (3014	•					. ,	o "				per quarter
	Point (Sampling Point ID)			Monitor			Collect	tion Per	riod		ance Status
WELL 3 (2)			7/1/19							mplete
				10/1/19							mplete
				1/1/20						Co	mplete
				4/1/20					_		
		Other C	ompliance	7/1/20 Sched							
Compliance Sci	hedule Activity	Julie C	o.iipiiaiiee		Due Do			Achie	ved F)ate	
	CTION SURVEY REPORT				3/1/20						
	CTION SURVEY REPORT				3/1/20						
	CTION EXEMPTION				3/1/20						
	ANITARY SURVEY				1/14/2						
		System Facili	ity and Sar	_			vento	ry			
Water							Total	Lead (and		
*	ter System Facility	Sampling Point		int		C	oliform				Stage
Facility ID		ID	Description		St	tatus	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Λ	Α	Υ				

		Water Quality Monitoring and Compliance Schedule									
CT0820461 ROVERS LODGE NC 25 L GW	PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Sou	ırce	
	CT0820461	T0820461 ROVERS LODGE				NC	25	L	GW		
Local Address (where applicable) Service Residential Commercial Industrial Combined Agricult	Local Address (v	where applicable)	Service	Residen	ıtial	Commerci	al Industri	al Combine	ed Agricultu	ural	
227 BAILEYVILLE ROAD Connections 1 1	227 BAILEYVILLE	227 BAILEYVILLE ROAD				1					
Towns Served: MIDDLEFIELD	Towns Served: I	MIDDLEFIELD									

Water System Facility and Sampling Point Inventory

Connecticut Department of Public Health Drinking Water Section

	_			Total	Lead and			
			C	•	Copper			Stage
ID	Description	n St	atus	Rule	Rule Tier	Asbestos	WQP	2 DBPF
DOWNSTREAL	M WITHIN 5	SERVICE CON	Α					
UPSTREAM	WITHIN 5	SERVICE CON	Α					
3	EP - WELL	3	Α					
2	WELL 3		Α					
Co	ntact Info	ormation						
	Organization					Job Title		
	P&L Partners			Ow	ner			
Mailing Addr	ess Line Two			Ci	ty	State	Zip C	Code
PO Box 353			Mido	dlefield		СТ	064	1 55
x Mo	bile Phone	Emergency Phone	Emai	il Addres	SS			
egal Contact, O	wner							
	Organization					Job Title		
				Ow	ner			
Mailing Addre	ess Line Two			Ci	ty	State	Zip C	Code
			Mido	dlefield		СТ	064	1 55
x Mo	bile Phone	Emergency Phone	Emai	il Addres	SS			
	DOWNSTREAM UPSTREAM 3 2 Co Mailing Addre PO Box 353 ax Mo Legal Contact, On	DOWNSTREAM WITHIN 5 UPSTREAM WITHIN 5 3 EP - WELL 2 WELL 3 Contact Info Organization P&L Partners Mailing Address Line Two PO Box 353 ax Mobile Phone Legal Contact, Owner Organization Mailing Address Line Two	DOWNSTREAM WITHIN 5 SERVICE CON UPSTREAM WITHIN 5 SERVICE CON 3 EP - WELL 3 Contact Information Organization P&L Partners Mailing Address Line Two PO Box 353 ax Mobile Phone Emergency Phone Legal Contact, Owner Organization Mailing Address Line Two	DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A 3 EP - WELL 3 A Contact Information Organization P&L Partners Mailing Address Line Two PO Box 353 ax Mobile Phone Emergency Phone Ema Dranization Paganization Porganization Porganization Porganization Porganization Porganization Porganization Middle Phone Emergency Phone Ema	Sampling Point ID Description Status Rule DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A 3 EP - WELL 3 A 2 WELL 3 A Contact Information Organization P&L Partners Ow Mailing Address Line Two Ci PO Box 353 Middlefield ax Mobile Phone Emergency Phone Email Address Legal Contact, Owner Organization Own Mailing Address Line Two Ci Middlefield Middlefield Middlefield	Sampling Point Description Status Rule Rule Tier DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A 3 EP - WELL 3 A Contact Information Organization P&L Partners Mailing Address Line Two PO Box 353 Mobile Phone Emergency Phone Email Address Description Description A Coliform Copper Rule Tier Rule Tier Copper Rule Tier Ru	Sampling Point Description Status Rule Rule Tier Asbestos DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A 3 EP - WELL 3 A Contact Information Organization Job Title P&L Partners Owner Mailing Address Line Two City State PO Box 353 Middlefield CT Mobile Phone Emergency Phone Email Address Downer Mailing Address Line Two City State Owner Organization Job Title Owner Mailing Address Line Two City State Owner Organization Job Title Owner Mailing Address Line Two City State Owner Mailing Address Line Two City State Middlefield CT	Sampling Point Description Status Rule Rule Tier Asbestos WQP DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A 3 EP - WELL 3 A Contact Information Organization P8L Partners Owner Mailing Address Line Two PO Box 353 Middlefield Mobile Phone Emergency Phone Email Address Legal Contact, Owner Mailing Address Line Two Organization Organization Organization Find the Copper Rule Tier Asbestos WQP A Substitute Tier Asbest

Please note the following:

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

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

End of schedule

		ut Departme							
	wat	er Quality N	Monitoring a	and Com					
PWS ID	PWS Name						pulation	Owner Type	Primary Source
CT0820014	CALVI BUILDING				NC	;	25	Р	GW
Local Address (w	here applicable)		Service	Residen	tial Con	nmercial	Industria	Combine	d Agricultural
480 MAIN STREE	T		Connection	ons		1			
Towns Served: N	/IIDDLEFIELD								
			Monitoring Re	quireme	nts				
Water System	Facility: DISTRI	BUTION SYSTEM	(WSF ID: 00600)						
Total Coliform	(3100)						1	routine (RT	per quarter
Sampling P	oint (Sampling Po	oint ID)		Monitori	ng Perio	d Colle	ection Peri	od Comp	liance Status
Select from	Inventory of Activ	ve Sampling Points		7/1/19 -	9/30/19)		C	omplete
				10/1/19 -	12/31/1	.9			omplete
				1/1/20 -	3/31/20)		C	omplete
				4/1/20 -	6/30/20)			
				7/1/20 -					
Physical Paran	neters (PPS)			•			1	routine (RT	per quarter
•	oint (Sampling Po	oint ID)		Monitori	ng Perio	d Colle	ection Peri	- '	liance Status
		ve Sampling Points		7/1/19 -					omplete
	,	1 0		10/1/19 -					omplete
				1/1/20 -					omplete
				4/1/20 -					
				7/1/20 -					
Water System	Facility: FNTRV	POINT (WSF ID:	00700)	7/1/20	3/30/20	<u>'</u>			
Nitrate And Ni	•	101111 (1131 12.	007007					1 routing	DT) por voor
	oint (Sampling Po	oint ID)		Monitori	na Borio	d Call	ection Peri		RT) per year liance Status
		אוונ וטן			_		ection Pen		
ENTRY POIN	VI (3)			1/1/19 -					omplete
				1/1/20 -				C	omplete
				1/1/21 -					
	,	Water System	Facility and	Sampling	Point	Invent	tory		
Water						Tota	l Lead a	nd	
	r System Facility		ng Point Sampling			Colifo			Stage
Facility ID			D Description	on	Stat	us Rule	Rule T	ier Asbesto	WQP 2 DBPR
00600 DISTR	RIBUTION SYSTEM	•	4 DISTRIBU	TION SYSTEM	Α	Υ			
		DOWN:	STREAM WITHIN 5	SERVICE CON	I A				
		UPST	REAM WITHIN 5	SERVICE CON	I A				
00700 ENTR	Y POINT	:	3 ENTRY PC	INT	Α				
21441 WELL			2 WELL		Α				
			Contact Inf	ormation					
Name			Organization					Job Title	
Mr. Alan P. Rose	enherg		Taxon &Amp				Owner	300 1100	
Mailing Address		Mailing	Address Line Two	, co., LLC.			City	State	Zip Code
920 Farmington		iviaiilli	Address Lille TWO		,	West Har		CT	06107
Business Phone		Fax	Mobile Phone	Emergency				CI	00107
			ivionile Phone					orglowers	com
860-236-2365		860-233-4834		860-658-	2520	arosenbe	rgærosent	erglawgroup	o.com
Contact Role(s):	Administrative (Contact, Legal Cont	act, Owner						

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

		_			_ I			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT0820014	CALVI BUILDING				NC	25	Р	GW
Local Address (w	vhere applicable)		Service	Residen	ntial Commerc	al Industri	al Combine	ed Agricultural
480 MAIN STREE	ΞΤ		Connections		1			

Towns Served: MIDDLEFIELD

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.
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End of schedule

Connecticut Depa	artment of	Public Health I	Orinki	ing Wa	ater Se	ction	
Water Qua	lity Monit	oring and Com	plianc	e Sche	edule		
PWS ID PWS Name		C	lassificati	on Popu	lation Own	ner Type Pri	mary Source
CT0820024 COGINCHAUG MARKET			NC	2	5	Р	GW
Local Address (where applicable)		Service Residentia	al Comm	ercial In	dustrial	Combined	Agricultural
484 MAIN STREET		Connections	1	-			
Towns Served: MIDDLEFIELD							
	Monito	oring Requiremen	ts				
Water System Facility: DISTRIBUTION S	YSTEM (WSF II	D: 00600)					
Total Coliform (3100)					1 rou	tine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collecti	ion Period	Complia	nce Status
Select from Inventory of Active Sampling	g Points	7/1/19 - 9	/30/19				nplete
		10/1/19 - 1	2/31/19			Con	nplete
		1/1/20 - 3	/31/20				
		4/1/20 - 6	/30/20				
		7/1/20 - 9	/30/20				
Physical Parameters (PPS)					1 rou	tine (RT) p	-
Sampling Point (Sampling Point ID)		Monitoring		Collecti	ion Period		nce Status
Select from Inventory of Active Sampling	g Points	7/1/19 - 9					nplete
		10/1/19 - 1				Con	nplete
		1/1/20 - 3					
		4/1/20 - 6					
		7/1/20 - 9	/30/20				
Water System Facility: ENTRY POINT (V	WSF ID: 00700)						
Nitrate And Nitrite (NOX)						routine (RT	
Sampling Point (Sampling Point ID)		Monitoring		Collecti	ion Period		nce Status
ENTRY POINT (3)		1/1/19 - 12				Con	nplete
		1/1/20 - 12					
		1/1/21 - 12	2/31/21				
Water System Facility: WELL (WSF ID: 2	21442)						
E. Coli (3014)						tine (RT) p	-
Sampling Point (Sampling Point ID)		Monitoring		Collecti	ion Period		nce Status
WELL (2)		7/1/19 - 9					nplete
		10/1/19 - 1				Con	nplete
		1/1/20 - 3					
		4/1/20 - 6	-				_
		7/1/20 - 9					
	Other Co	ompliance Schedu	iles				
Compliance Schedule Activity			ie Date		Achieved I	Date	
RESPOND TO SANITARY SURVEY		8/2	28/2019				
Water S	ystem Facili	ty and Sampling F	oint Ir	nventor	γ		
Water				Total	Lead and		
		Sampling Point		Coliform	Copper	A = h = -4 .	Stage
Facility ID	ID	Description	Status	Rule	Kule Tier	ASDESTOS V	NQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		WITHIN 5 SERVICE CON	A				
00700 FNTDY DOINT	UPSTREAM	WITHIN 5 SERVICE CON	A				
00700 ENTRY POINT	3	ENTRY POINT	Α				

	Water Quality Monitoring and Compliance Schedule								
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source	
CT0820024	COGINCHAUG MARKET				NC	25	Р	GW	
Local Address (v	vhere applicable)	Service	Residen	itial	Commerci	al Industri	al Combin	ed Agricultural	
484 MAIN STREI	ET	Connections			1				

Connecticut Department of Public Health Drinking Water Section

Towns Served: MIDDLEFIELD

	Wa	ter System Facili	ity and Sampli	ng Point In	vento	γ		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	(Status	Coliform	Lead and Copper Rule Tier	Asbestos	tage DBPR
21442	WELL	2	WELL	Α				
E6670	TDEATMENT DIANT IIV							

56678 TREATMENT PLANT - UV

				Contact Inf	ormation					
Name				Organization	1			Job Title		
Mr. Satish Patel			Jai-Shiv-Sai, LLC				Managing Member			
Mailing Address Lin	e One		Mailing	g Address Line Two		City		State	Zip Code	
484 Main Street			P.O. Box 176				ld	СТ	06455	
Business Phone	Extension	Fax Mobile Phone Emergency Phone E				Email Address				
860-349-9985					917-523-8616					
Contact Role(s): A	dministrative Co	ontact, Leg	al Cont	act						
Name				Organization	1			Job Title		
Land Management	Inc									
Mailing Address Lin	e One		Mailing	g Address Line Two			City	State	Zip Code	
484 Meriden Rd			P. O. B	ox 31		Middlefie	ld	СТ	06455	
Business Phone Extension Fax			Mobile Phone Emergency Phone			Email Address				

Contact Role(s): Owner

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Water Quality Mon	of Public Health Drink Itoring and Compliance	O	ction
PWS ID PWS Name			ner Type Primary Source
CT0820044 108 MAIN STREET	NC	29	P GW
Local Address (where applicable)	Service Residential Comm	nercial Industrial	Combined Agricultural
	Connections	1	
Towns Served: MIDDLEFIELD			·
Moni	toring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF	<u> </u>		
Total Coliform (3100)			itine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring 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		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		
Physical Parameters (PPS) Sampling Point (Sampling Point ID)	Monitoring Period	1 rou Collection Period	tine (RT) per quarter 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		Complete
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		
Water System Facility: ENTRY POINT (WSF ID: 00700	0)		
Nitrate (1040)		1 rou	tine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	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		
Nitrite (1041)		1	routine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/20 - 12/31/20		
	1/1/21 - 12/31/21		
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 - 6/30/19	1/1-6/30	Complete
Other	Compliance Schedules		
Compliance Schedule Activity	Due Date	Achieved	Date
RESPOND TO SANITARY SURVEY	8/10/2019		
Water System Faci	lity and Sampling Point I	nventory	
Water		Total Lead and	
	t Sampling Point Description	Coliform Copper Rule Rule Tier	Stage
	<u> </u>		Asbestos WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTION SYSTEM A M WITHIN 5 SERVICE CON A	Υ	
UPSTREAM	M WITHIN 5 SERVICE CON A WITHIN 5 SERVICE CON A		

	Water Quality	Monitoring and	d Con	npl	iance S	Schedul	le	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0820044	108 MAIN STREET	108 MAIN STREET					Р	GW
Local Address	(where applicable)	Service	Residen	ntial Commerci		al Industri	al Combin	ed Agricultural
		Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: MIDDLEFIELD

	Water System Facility and Sampling Point Inventory												
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Coliform	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR				
00700	ENTRY POINT	3	ENTRY POINT	Α									
21444	WELL 1	2	WELL	Α									

			Co	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Tom Yantosh						C)wner		
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
108 Main Street						Rockfall		СТ	06481
Business Phone	Extension	Fax	Мо	obile Phone	Emergency Phone	Email Add	ress		
860-346-8140						dotking7@	Paol.com		
Carata at Dala/a).			-10440						

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

Please note the following:

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End of schedule

	Co	onnectici Wat	•	rtment o				U				ction	
PWS ID	DVA	VV at VS Name	ter Quar	ity Moiii	toring a		_					or Typo D	rimary Source
CT0820074		JIDAS DRIVE-IN	N DECTALIDAD	JT			Ciassiii		-opui 4(OWI	P P	GW GW
		re applicable)	N KESTAUKAI	N I	Service	Resident		mmercia		dustria	al l	Combined	Agricultural
484 MERID					Connectio		lai Co	1	1 1110	uustiid	וג	Combined	Agricultural
Towns Serv					33711133113			т					
TOWNS SCIN	rea. Wilb	DEELIEED		Monit	orina Bo	auiromor	atc.						
Water Sys	tem Fac	cility: DISTR	IBUTION SY			quiremer	11.5						
Total Coli	iform (3	3100)								1	rou	tine (RT)	per quarter
Samp	ling Poin	t (Sampling Po	oint ID)			Monitorir	ng Perio	od Co	llection	on Per	riod	Compli	ance Status
Select	from Inv	entory of Acti	ve Sampling I	Points		7/1/19 -	9/30/1	.9				Co	mplete
						10/1/19 -	12/31/	'19				Co	mplete
						1/1/20 -	3/31/2	.0				Со	mplete
						4/1/20 -							
						7/1/20 -	9/30/2	0					
-		ters (PPS)											per quarter
		t (Sampling Po				Monitorin			llection	on Per	riod		ance Status
Select	from Inv	entory of Acti	ve Sampling I	Points		7/1/19 -							mplete
						10/1/19 -							mplete
						1/1/20 - 4/1/20 -						Co	mplete
						7/1/20 -							
Mater Sys	tom Fac	cility: ENTRY	POINT (W	SE ID: 00700		7/1/20-	9/30/2	.0					
Nitrate A		•	TONET (W	31 ID. 00700 ₁							1,	routine (R	T) per year
		te (NOX) t (Sampling Po	oint ID)			Monitorir	na Perio	od Co	llectio	on Per		=	ance Status
	POINT (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1/1/19 - 1	_						mplete
		101				1/1/20 - 1							p
						1/1/21 - 1							
		,	Water Sy	stem Facil	ity and S								
Water	Markon C	ustana Farsilitus		ausanlin a Doint	Committee	Daint		Tot		Lead (6.
System Facility ID	water 3	ystem Facility	3	ampling Point ID	Description		-	Colif	orm ıle	Copp		Ashestos	Stage WQP 2 DBPR
	DISTRIRI	JTION SYSTEM		4		ION SYSTEM		lus	1	narc	1101	Assestes	WQI Z DDI K
00000	DISTRIBO	JIION JIJILIVI		OWNSTREAM									
			-	UPSTREAM		SERVICE CON							
00700	ENTRY P	OINT		3	ENTRY POI			<u>` </u>					
	WELL	01111		2	WELL			<u>.</u> 4					
	PRESSUR	RF TANK			VVLLL			•					
37143	TRESSOT	TE IT IT IT		Cor	ntact Info	rmation							
Name					rganization	a						Job Title	
Mr. Lou Se	ria					-In Restauran	nt		Owr	ner/Pro	eside		
Mailing Ad		e One	ı	Mailing Addres		Nestauran			Cit	-	coluc	State	Zip Code
484 Meride				aming / laur es	J LINE I WO			Middlef		- 1		CT	06455
Business		Extension	Fax	Moh	ile Phone	Emergency	Phone			S		<u> </u>	55.55
860-349			860-349-0		2	860-349-8		ghotdog)		
		gal Contact, C							,- C ~\				
		<u> </u>											

	Connectic	ut Depa	n une	IIL OI	Public	пеани	וועו	nkmg	vvater	sec	uon	
	Wa	ter Qua	lity M	lonit	oring a	nd Con	nplia	ince S	Schedul	le		
PWS ID	PWS Name						Classif	ication	Population	Owne	r Type I	Primary Source
CT0820074	GUIDAS DRIVE-I	N RESTAURA	NT				N	1C	40	F)	GW
Local Address (w	here applicable)				Service	Resider	ntial Co	ommercia	al Industri	ial Co	ombine	d Agricultural
484 MERIDEN RO	DAD				Connection	ıs		1				
Towns Served: N	1IDDLEFIELD					,	·			·		
Name				Or	ganization					J	ob Title	
Ms. Lucy Malate	sta			Ne	ew Guida's R	estaurant,	Inc		Vice Presi	ident		
Mailing Address	Line One		Mailing	Address	Line Two				City		State	Zip Code
484 Meriden Ro	ad							Middle	field		СТ	06455
Business Phon	e Extension	Fax		Mobil	le Phone	Emergency	y Phone	Email A	ddress		·	
860-349-9039		860-349-0	0257			860-349	-8219					
Contact Polo(s):	Administrativo	Contact	<u> </u>									

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative 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.

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

End of schedule

Connecticut Dep		Public Health oring and Com		_		ction	
	anty Monit		1			on Turns Driv	
PWS ID PWS Name CT0820084 INDIAN SPRING GOLF COU	IDCE		NC	on Popul		P Prii	mary Source GW
	JKSE	Service Resident			_	-	_
Local Address (where applicable)		Service Resident Connections			dustrial	Combined	Agricultural
123 MACK ROAD		Connections	1				
Towns Served: MIDDLEFIELD			_				
Water System Facility: DISTRIBUTION		oring Requireme D: 00600)	nts				
Total Coliform (3100)					1 rou	tine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitorii	ng Period	Collecti	on Period		nce Status
Select from Inventory of Active Sampli	ng Points	7/1/19 -	9/30/19			Con	nplete
		10/1/19 -	12/31/19		•		nplete
		1/1/20 -					
		4/1/20 -					
		7/1/20 -					
Physical Parameters (PPS)					1 rou	tine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitorii	ng Period	Collecti	on Period		nce Status
Select from Inventory of Active Sampli	ng Points	7/1/19 -					nplete
		10/1/19 -	12/31/19			Com	nplete
		1/1/20 -					
		4/1/20 -					
		7/1/20 -					
Water System Facility: ENTRY POINT	(WSF ID: 00700)						
Nitrate (1040)	(1 rou	tine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitorii	na Period	Collecti	ion Period		nce Status
ENTRY POINT (3)		7/1/19 -					nplete
2(0)		10/1/19 -	· · ·				nplete
		1/1/20 -					ipiete
		4/1/20 -					
		7/1/20 -					
Nitrite (1041)		77 17 20	3,00,20		1 :	routine (RT) ner vear
Sampling Point (Sampling Point ID)		Monitorii	na Period	Collecti	on Period	=	nce Status
ENTRY POINT (3)		1/1/19 - 1		Concor			nplete
Zitiiti i Giiti (G)		1/1/20 - 1					ipiete
		1/1/21 - 1	<u> </u>				
Motor	System Fasili			vontor	n.,		
	System Facili	ty and Sampling	romt in		<u>-</u>		
Water System Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and Copper		Stage
Facility ID	ID	Description Description		Rule		Ashestos V	VQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	<u>Status</u> A	Y			- J DDI N
OCCOO DISTRIBUTION STOTEIN		WITHIN 5 SERVICE CON		•			
	UPSTREAM	WITHIN 5 SERVICE CON					
00700 ENTRY POINT	3	ENTRY POINT	A A				
57088 WELL 1	2	WELL 1	A				

С	onnectic	ut Depa	rtment o	of Public	Health	Drii	ıking	Water	Section	1	
		•		itoring a			_	•			
PWS ID PV	WS Name					Classif	ication	Population	Owner Type	Pri	mary Source
CT0820084 IN	IDIAN SPRING	GOLF COURS	SE			N	С	25	Р		GW
Local Address (whe	ere applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combin	ed	Agricultural
123 MACK ROAD				Connection	ıs		1				
Towns Served: MI	DDLEFIELD			'	"						
			Co	ntact Info	rmation	1					
Name				Organization					Job Tit	le	
Ms. Jen Huddlesto	n			Indian Spring (Golf Course	j		Manager			
Mailing Address Lin	ne One		Mailing Addre	ess Line Two				City	State		Zip Code
132 Mack Road							Middle	field	СТ		06455
Business Phone	Extension	Fax	Мо	bile Phone	Emergency	y Phone	Email A	Address			
860-349-8109					860-349	-9258					
Contact Role(s):	dministrative	Contact									
Name				Organization					Job Tit	le	
Indian Springs Gol	f Club Inc										
Mailing Address Lin	ne One		Mailing Addre	ess Line Two				City	State		Zip Code
132 Mack Rd							Middle	field	СТ		06455
Business Phone	Extension	Fax	Мо	bile Phone	Emergency	y Phone	Email A	Address	,		

Contact Role(s): Legal Contact, Owner

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End of schedule

Schedule Generation Date: 3/10/2020

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	Co	onnectic Wa	•			f Public toring a			Ŭ				ction		
PWS ID	PW	/S Name	-					Classif	ication	Popu	lation	Owr	ner Type F	rimary S	ource
CT0820104	LEV	/I COE LIBRAF	Y					N	IC	2	25		Р	GW	
Local Addre	ess (wher	re applicable)				Service	Residen	tial Co	mmercia	al Ir	ndustria	al	Combined	l Agricu	ıltural
414 MAIN 9						Connection	IS		1						
Towns Serv	ed: MIDI	DLEFIELD													
				<u> </u>	Monit	oring Rec	quireme	nts							
Water Sys	tem Fac	ility: DISTR	IBUTION S	SYSTEM	(WSF	D: 00600)									
Total Coli	form (3	3100)									1	rou	itine (RT)	per qua	ırter
Sampl	ling Poin	t (Sampling P	oint ID)				Monitori	ng Peri	od Co	ollect	ion Per	riod	Comp	iance Sta	atus
Select	from Inv	entory of Act	ve Samplin	g Points			7/1/19 -	9/30/1	.9				C	omplete	
							10/1/19 -							omplete	
							1/1/20 -						C	omplete	
							4/1/20 -	-							
							7/1/20 -	9/30/2	20						
Physical P													itine (RT)		
-		t (Sampling P					Monitori			ollect	ion Per	riod		iance Sto	atus
Select	from Inv	entory of Act	ve Samplin	g Points			7/1/19 -							omplete	
							10/1/19 -							omplete	
							1/1/20 -						C	omplete	
							4/1/20 -								
		1111	/ DOINE /		22722		7/1/20 -	9/30/2	20						
•		ility: ENTR	POINT (WSF ID:	00700										
Nitrate A													routine (-
-		t (Sampling P	oint ID)				Monitori	_		ollect	ion Per	rioa		iance Sta	itus
ENTRY	POINT (3)					1/1/19 -						C	omplete	
							1/1/20 -								
							1/1/21 -								
			Water S	ystem	i Facil	ity and Sa	ampling	Poin	t Inve	nto	ry				
Water		. =								tal	Lead (_	_
System Facility ID	Water Sy	stem Facility		_	ig Point D	Sampling P Description			D.	form ule			Asbestos		stage
-	DICTRIBL	ITION SYSTEM	<u> </u>		4	DISTRIBUTION			itus	Y	Nuie	Hei	ASDESIUS	VVQP 2	DDFN
00000	טפואוכוט	TION STSTEN				WITHIN 5 S			Д Д	T					
					REAM	WITHIN 5 S			Α						
00700	ENTRY PO	TINIT			3	ENTRY POIN			- Д						
	WELL	J.11 4 1			2	WELL	*1		ч 4						
21430	vv LLL			•			4.º		7						
						ntact Info	rmation								
Name					0	rganization							Job Title		
Coe Library															
Mailing Add		e One		Mailing	g Addres	ss Line Two					ity		State	Zip Co	
414 Main S		F						DI.	Middle				СТ	0645	5
Business		Extension	Fax	(Mob	ile Phone	Emergency	Phone	Email A	ddre	SS				
860-349			Na												
Contact Ro	ie(s): Le	gal Contact, (wner												

	connectic	ut Depa	irtmen	it of	Public	Health	l Di	rınkıng	g Water	Section	1	
	Wa	ter Qua	lity Mo	onito	oring a	nd Con	npl	liance S	Schedul	le		
PWS ID P	WS Name						Cla	ssification	Population	Owner Type	Pri	mary Source
CT0820104 L	EVI COE LIBRAF	RY						NC	25	Р		GW
Local Address (wh	ere applicable)				Service	Residen	tial	Commerci	al Industri	al Combin	ed	Agricultural
414 MAIN STREET					Connection	ıs		1				
Towns Served: MI	DDLEFIELD					·						
Name				Org	ganization					Job Tit	le	
Ms. Jessica Lobne	r			Lev	/i & Coe Libi	rary Associa	atior	า	Director			
Mailing Address Li	ne One		Mailing A	ddress	Line Two				City	State		Zip Code
414 Main Street								Middle	field	СТ		06455
Business Phone	Extension	Fax		Mobile	e Phone	Emergency	/ Pho	one Email A	Address			
860-349-3857	204	860-349-	2131			203-379-	723	1 levicoe	libraryJess@	gmail.com		
Contact Role(s):	Administrative	Contact			·							

CD 1.11 - 11 - 1/1. D -1 -1 1 - - 147 - (-)

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End of schedule

Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT 49543 WELL 2 58899 TREATMENT PLANT Name Middlefield Mailing Address Line One	UPSTREAM 3 2	Description DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON ENTRY POINT WELL 2 tact Information rganization		Rule Y		Asbestos Job Title State	Stage WQP 2 DBPR Zip Code
Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT 49543 WELL 2 58899 TREATMENT PLANT	DOWNSTREAM UPSTREAM 3 2	Description DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON ENTRY POINT WELL 2 tact Information	A A A A	Rule			_
Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT 49543 WELL 2 58899 TREATMENT PLANT	DOWNSTREAM UPSTREAM 3 2	Description DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON ENTRY POINT WELL 2	A A A A	Rule		Asbestos	_
Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT 49543 WELL 2	DOWNSTREAM UPSTREAM 3 2	Description DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON ENTRY POINT WELL 2	A A A A	Rule		Asbestos	_
Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT 49543 WELL 2	4 DOWNSTREAM UPSTREAM 3	Description DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON ENTRY POINT	A A A A	Rule		Asbestos	_
Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT	4 DOWNSTREAM UPSTREAM 3	Description DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON ENTRY POINT	A A A A	Rule		Asbestos	_
Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM	ID 4 DOWNSTREAM	Description DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON	Status A A	Rule		Asbestos	_
Water System Water System Facility Facility ID	1D 4	Description DISTRIBUTION SYSTEM	Status A	Rule		Asbestos	_
Water System Water System Facility Facility ID	ID	Description	Status	Rule		Asbestos	_
Water System Water System Facility				-		Asbestos	_
Water	Samplina Point	Sampling Point	Co	litorm	CODDER		Staae
					Lead and		Charac
10/2	iter system Facili	ity and Sampling P		-			
·		·		0 10 ± c			
RESPOND TO SANITARY SURVEY CORRECTIVE ACTION/CORRECTIVE ACT	ΓΙΩΝ DI ΔΝ		15/2019 .4/2020				
Compliance Schedule Activity		-	e Date	-	Achieved E	vate	
Compliance Celestric A. C. C.	Other C	-			0 -1-1 1 -		
	Other C	ompliance Schedu					
		1/1/20 - 12					
LIVINI FOIIVI (3)		1/1/19 - 12				CO	inhiere
Sampling Point (Sampling Point ENTRY POINT (3)		1/1/19 - 12		Conecuo	ii Felioa		mplete
Nitrate And Nitrite (NOX)	(חו	Monitoring	. Period	Collectio	1 r on Period	=	T) per year ance Status
	1141 (W3F ID: 00/00)				1 -	outine (P	T) ner veer
Water System Facility: ENTRY PO	INT (WSE ID: 00700)		30/20				
		4/1/20 - 6, 7/1/20 - 9,					
		1/1/20 - 3				Со	mplete
		10/1/19 - 1					mplete
Select from Inventory of Active Sa	ampling Points	7/1/19 - 9					mplete
Sampling Point (Sampling Point		Monitoring	<u> </u>	Collectio	n Period	-	ance Status
Physical Parameters (PPS)					1 rout	ine (RT)	per quarter
		7/1/20 - 9	/30/20				
		4/1/20 - 6					-
		1/1/20 - 3					mplete
	i 0	10/1/19 - 1				_	mplete
Select from Inventory of Active Sa		7/1/19 - 9		Conecuo	ar r eriou		mplete
Total Coliform (3100) Sampling Point (Sampling Point)	(חו	Monitoring	Period	Collection	1 rou		per quarter ance Status
Water System Facility: DISTRIBUT	IION SYSTEM (WSFT	D: 00600)			1	ino (DT)	
Matan Cratara Facility DISTRIBUT		oring Requiremen	LS				
Towns Served. Mildbeet ited	Monito	oring Dogwiromon	ha .				
393 JACKSON HILL ROAD Towns Served: MIDDLEFIELD		Connections	1				
Local Address (where applicable)		Service Residentia Connections		cial Ind	ustrial (Combined	Agricultural
CT0820134 MIDDLEFIELD ADMIN	IISTRATION BLDG		NC	25		L	GW
PWS ID PWS Name		С					rimary Source
	Quality Monit	oring and Comp					
VVAIEL		oning and Com	alianaa	Caha			
	•	f Public Health I		_			

(Connectic	ut Depa	rtmen	t of	Public	Health	n Dri	nking	Water S	Section	
	Wa	ter Qua	lity Mo	onit	oring a	nd Con	nplia	ance S	chedule		
PWS ID F	WS Name						Classi	fication I	Population O	wner Type	Primary Source
CT0820134	MIDDLEFIELD AL	OMINISTRAT	ION BLDG				1	NC	25	L	GW
Local Address (wh	ere applicable)				Service	Resider	ntial C	ommercia	Industrial	Combine	d Agricultural
393 JACKSON HILI	ROAD				Connectio	ns		1			
Towns Served: M											
Business Phone	Extension	Fax		Mobil	e Phone	Emergenc	y Phone	e Email A	ddress		
	_										
Contact Role(s):	Owner										
Name					ganization					Job Title	!
Mr. Edward P. Ba	iley		I	To	wn of Mido	llefield			First Selectr	nan	
Mailing Address L	ine One		Mailing A	ddress	Line Two				City	State	Zip Code
Land Use Office			405 Main	Street	Suite 1			Middlef	ield	CT	06455
Business Phone	Extension	Fax		Mobil	e Phone	Emergenc	y Phone	e Email A	ddress		
860-349-7114		860-349-7	7115			860-985	-0790	ebailey(@middlefield	ct.org	
Contact Role(s):	Legal Contact										
Name				Or	ganization					Job Title	!
Mr. Shane Lockw	ood			He	alth Depar	tment					
Mailing Address L	ine One		Mailing A	ddress	Line Two				City	State	Zip Code
196 North Main S	treet							Southin	gton	CT	06489
Business Phone	Extension	Fax		Mobil	e Phone	Emergence	y Phone	e Email A	ddress		
860-276-6275		860-276-6	5277			860-681	-4478	lockwoo	ds@southing	gton.org	
Contact Role(s):	Administrative	Contact									

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End of schedule

Connecticut De	•		_		ection	
Water Q	uality Monit	oring and Comp	oliance S	Schedule		
PWS ID PWS Name		С	lassification	Population Ov	vner Type Pr	imary Source
CT0820144 MIDDLEFIELD COMMUNI	TY CENTER & FIREH	IOUSE	NC	25	L	GW
Local Address (where applicable)		Service Residentia	l Commerci	ial Industrial	Combined	Agricultural
405 MAIN STREET		Connections	2			
Towns Served: MIDDLEFIELD				1		
	Monito	oring Requiremen	ts			
Water System Facility: DISTRIBUTIO						
Total Coliform (3100)				1 ro	utine (RT) բ	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period C	Collection Period	d Compli	ance Status
Select from Inventory of Active Samp	ling Points	7/1/19 - 9	/30/19		Co	mplete
		10/1/19 - 1	2/31/19		Co	mplete
		1/1/20 - 3	/31/20		Coi	mplete
		4/1/20 - 6	/30/20			
		7/1/20 - 9	/30/20			
Physical Parameters (PPS)				1 ro	utine (RT) բ	er quarter
Sampling Point (Sampling Point ID)		Monitoring	•	Collection Period	d Compli	ance Status
Select from Inventory of Active Samp	ling Points	7/1/19 - 9	/30/19		Co	mplete
		10/1/19 - 1	2/31/19		Co	mplete
		1/1/20 - 3	/31/20		Co	mplete
		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	L routine (R	T) per year
Sampling Point (Sampling Point ID)		Monitoring	Period C	Collection Period	d Compli	ance Status
ENTRY POINT (3)		1/1/19 - 12	2/31/19		Co	mplete
		1/1/20 - 12	2/31/20			
		1/1/21 - 12	/31/21			
	Other C	ompliance Schedu	les			
Compliance Schedule Activity		Du	e Date	Achieved	l Date	
RESPOND TO SANITARY SURVEY		12/	21/2019			
CORRECTIVE ACTION/CORRECTIVE ACTION	I PLAN		20/2020			
Water	r System Facili	ity and Sampling P	oint Inve	entory		
Water			To	otal Lead and	d	
System Water System Facility	Sampling Point	Sampling Point	Coli	iform Copper		Stage
Facility ID	ID	Description	Status R	Rule Rule Tie	r Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ		
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α			
	UPSTREAM	WITHIN 5 SERVICE CON	Α			
00700 ENTRY POINT	3	ENTRY POINT	Α			
21453 WELL	2	WELL	А			
55969 BLADDER						
	Con	tact Information				
Name	0	rganization			Job Title	
Town of Middlefield						
Mailing Address Line One	Mailing Addres	s Line Two		City	State	Zip Code
393 Jackson Hill Road			Middle		СТ	06455
	+					

	Connectic	ut Depa	rtme	nt of	Public	Health	n Drii	nking	Water	Se	ection	
	Wa	ter Qua	lity M	lonit	oring a	nd Cor	nplia	nce S	Schedul	le		
PWS ID	PWS Name						Classif	ication	Population	Ow	ner Type F	rimary Source
CT0820144	MIDDLEFIELD CO	OMMUNITY	CENTER 8	& FIREH	OUSE		N	С	25		L	GW
Local Address (w	here applicable)				Service	Reside	ntial Co	mmerci	al Industri	al	Combined	Agricultural
405 MAIN STREE	Т				Connection	ns		2				
Towns Served: N	IIDDLEFIELD									1		
Business Phone	Extension	Fax		Mobil	e Phone	Emergenc	y Phone	Email A	Address			
860-349-7114												
Contact Role(s):	Legal Contact, (Owner										
Name				Or	ganization						Job Title	
Mr. Shane Lockw	vood			Не	alth Depart	ment						
Mailing Address	Line One		Mailing	Address	Line Two				City		State	Zip Code
196 North Main S	Street							Southi	ngton		СТ	06489
Business Phone	Extension	Fax		Mobil	e Phone	Emergenc	y Phone	Email A	Address			
860-276-6275		860-276-	6277			860-681	-4478	lockwo	ods@south	ingto	on.org	
Contact Role(s):	Administrative	Contact			,							
		•			•				·			

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End of schedule

Connecticut Departme Water Quality M				_		
PWS ID PWS Name				n Population (imary Source
CT0820164 PECKHAM PARK			NC	25	L	GW
Local Address (where applicable)	Service	Residentia	I Comme	rcial Industria	I Combined	Agricultural
405 MAIN STREET	Connections		1			
Towns Served: MIDDLEFIELD	<u> </u>					
N	Ionitoring Requ	uirement	ts			
Water System Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)					
Total Coliform (3100)	,			1	routine (RT)	per month
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Peri		ance Status
Select from Inventory of Active Sampling Points		4/1/20 - 4/				
		5/1/20 - 5/				_
		6/1/20 - 6,				
		7/1/20 - 7/				
		8/1/20 - 8/				
		9/1/20 - 9/				
Physical Parameters (PPS)		-, ,,		1	routine (RT)	per month
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Peri	= = =	ance Status
DISTRIBUTION SYSTEM (4)		4/1/20 - 4/				
		5/1/20 - 5/	-			
		6/1/20 - 6/				
		7/1/20 - 7/				
		8/1/20 - 8/				
		9/1/20 - 9/				
Water System Facility: ENTRY POINT (WSF ID: 0	00700)	2,2,22				
Nitrate And Nitrite (NOX)					1 routine (R	T) per year
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Peri	od Complic	ance Status
ENTRY POINT (3)		1/1/19 - 12	2/31/19	4/1-9/30	Cor	mplete
		1/1/20 - 12	2/31/20	4/1-9/30		
		1/1/21 - 12	2/31/21	4/1-9/30		
Otl	her Compliance	Schedu	les			
Compliance Schedule Activity		Du	e Date	Achiev	ed Date	
SEASONAL START UP COMPLETION		4/:	1/2020		-	
Publi	c Notification F	Requiren	nents			
	Compliance	Notice		Notification	PN Certi	ification
Violation/Situation	Period	Tier	Require			Received
Total Coliform M&R Violation	7/1/18 - 7/31/18	3	11/13/20		11/23/2019	
Physical Parameters M&R Violation	7/1/18 - 7/31/18	3	11/20/20	19	11/30/2019	
Water System	Facility and Sa	mpling P	oint Inv	entory		
Water				Total Lead o	ınd	
System Water System Facility Sampling	g Point Sampling Po	int	C	Coliform Copp	er	Stage
Facility ID ID	Description		Status	Rule Rule 1	Tier Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTIO	N SYSTEM	Α	Υ		
DOWNS	TREAM WITHIN 5 SEI	RVICE CON	Α			
PPC	01 WATER FOUR	NTAIN #1	Α	Υ		
PPC	3 KITCHEN SIN	K	Α	Υ		
PPC	04 WATER FOUN	NTAIN #2	Α	Υ		

	Water Quality	y Monitoring and	d Con	npli	ance S	Schedul	e	
PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
CT0820164	PECKHAM PARK		NC	25	L	GW		
Local Address	(where applicable)	Service	Residen	tial (Commerci	al Industri	al Combine	ed Agricultural
405 MAIN STR	Connections			1				
Towns Served:	: MIDDLEFIELD	·						·

Connecticut Department of Public Health Drinking Water Section

		Water Sy	ystem Faci	lity and S	Sampling Poi	nt In	vento	γ		
Water System Wa Facility ID	iter System Facility	,	Sampling Point ID	t Sampling I		Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBP
			PP05	WATER FO	UNTAIN #5	Α				
			UPSTREAM	WITHIN 5	SERVICE CON	Α				
00700 EN	TRY POINT		3	ENTRY POI	NT	Α				
21455 WE	ELL		2	WELL		Α				
			Cor	ntact Info	ormation					
Name			C	Organization					Job Title	
Mr. Lee M. Vit	to		Town of Middlefield Sanitarian							
Mailing Addre	ss Line One		Mailing Addres	ss Line Two			Ci	ty	State	Zip Code
405 Main St			Suite 1			Mic	ldlefield		СТ	06455
Business Pho	one Extension	Fax	Mob	ile Phone	Emergency Pho	ne Ema	ail Addres	SS		
860-349-71	.23 14	860-349-8	3537		860-349-7113	lvito	o@middle	efieldct.org	<u>, </u>	
Contact Role(s	s): Legal Contact									
Name			C	Organization					Job Title	
Mr. Shane Loc	kwood		F	lealth Depar	tment					
Mailing Addre	ss Line One		Mailing Addres	ss Line Two			Ci	ty	State	Zip Code
196 North Ma	in Street					Sou	thington		СТ	06489
Business Pho	one Extension	Fax	Mob	ile Phone	Emergency Pho	ne Ema	ail Addres	SS		
860-276-62	75	860-276-6	5277		860-681-4478	lock	woods@	southingto	n.org	
Contact Role(s	s): Administrative	Contact								
Dlease note th	ne following:									

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 Dep	nartmer	nt of Public H	ealth	Dri	nking	Water 9	Section	
	•		onitoring and			Ŭ			
PWS ID	PWS Name	ianty with	omtoring am					wner Type Pr	imary Source
CT0820234	ST. COLMAN CHURCH					NC	25	P	GW
	where applicable)		Service	Resident		commercia		Combined	Agricultural
170 HUBBARD S			Connections	resident	tiai C	1	inaustriai	Combined	Agricultural
Towns Served: N									
Towns served.	WINDS LETTERS	M	onitoring Requ	iremer	nts				
Water System	Facility: DISTRIBUTION								
Total Coliforn	•	•	,				1 r	outine (RT) ¡	er quarter
	Point (Sampling Point ID)			Monitorir	na Per	riod Co	llection Perio		ance Status
	n Inventory of Active Sampli	ng Points		7/1/19 -					mplete
	, ,			 LO/1/19 -					mplete
				1/1/20 -					mplete
				4/1/20 -					<u>.</u>
				7/1/20 -	9/30/2	′20			
Physical Para	meters (PPS)						1 r	outine (RT) ¡	er quarter
-	Point (Sampling Point ID)			Monitorin	ng Per	riod Co	llection Perio	od Compli	ance Status
Select from Inventory of Active Sampling Points				7/1/19 -	9/30/:	19		Со	mplete
			-	10/1/19 -	12/31	L/19		Со	mplete
				1/1/20 -	3/31/2	'20		Со	mplete
				4/1/20 -	6/30/2	'20			
				7/1/20 -	9/30/2	'20			
Water System	Facility: ENTRY POINT	(WSF ID: 0	0700)						
Nitrate And N	litrite (NOX)							1 routine (R	T) per year
Sampling F	Point (Sampling Point ID)			Monitorir	ng Per	riod Co	llection Perio	od Compli	ance Status
ENTRY POI	NT (3)			1/1/19 - 1	12/31/	/19		Со	mplete
				1/1/20 - 1	12/31/	/20		Со	mplete
				1/1/21 - 1	12/31/	/21			
		Public	Notification R	equire	men	nts			
			Compliance	Notice		Public No	<u>tification</u>	PN Cert	<u>ification</u>
Violation/Situa	tion		Period	Tier	Re	equired	Performed	Due to DPH	Received
Total Coliform N	Л&R Violation		4/1/10 - 6/30/10	2	9/:	/22/2010		10/2/2010	
Total Coliform N	√&R Violation		10/1/13 - 12/31/13	2	6/	/5/2014		6/15/2014	
Physical Parame	eters M&R Violation		10/1/13 - 12/31/13	3	5/	/6/2015		5/16/2015	
	Water	System I	acility and Sar	npling	Poin	nt Invei	ntory		
Water							tal Lead ai	nd	
*	er System Facility		Point Sampling Point	nt		Colif			Stage
Facility ID		ID	Description			utus		er Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4		DISTRIBUTION				1			
			REAM WITHIN 5 SER			A			
		UPSTRE		VICE CON		A			
00700 ENTR	RY POINT	3	ENTRY POINT			Α			

Α

WELL

2

21462 WELL

61115 TREATMENT PLANT

	Connectic	ut Depa	rtment	of Public	Health	Dri	nking	Water	Sec	ction	
	Wa	ter Qua	lity Mon	itoring a	nd Con	nplia	ance S	Schedul	le		
PWS ID	PWS Name					Classi	fication	Population	Owne	er Type	Primary Source
CT0820234	ST. COLMAN CH	URCH				ı	VС	25		Р	GW
Local Address (w	here applicable)			Service	Residen	Residential Con		al Industri	al C	Combine	d Agricultural
170 HUBBARD STREET				Connection	ns		1				
Towns Served: N	IIDDLEFIELD			·	·			·			·
			Co	ontact Info	rmation	1					
Name				Organization						Job Title	<u> </u>
Mr. Gregory P. G	alvin			St. Coleman Church				Administrator			
Mailing Address	Line One		Mailing Addr	ess Line Two			City			State	Zip Code
145 Hubbard Str	eet		P.O. Box 457				Middle	field		СТ	06455
Business Phone	Extension	Fax	Mo	obile Phone	Emergency	/ Phone	Phone Email Address				
860-349-3868		860-349-3	3150								
Contact Role(s):	Administrative	Contact	·				·				
Name	Name				Organization			Job Title			
Father Anthony D. Dimarco				St. Colman Church Priest							

Contact Role(s): Legal Contact

Extension

Please note the following:

Mailing Address Line One

145 Hubbard Street

Business Phone

860-647-1725

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

Mailing Address Line Two

Mobile Phone

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

Fax

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

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

End of schedule

Zip Code

06455-0457

State

CT

City

Middlefield

Emergency Phone Email Address

		t Departmen er Quality M						_			ction	
PWS ID	PWS Name	cr Quanty M	UIII	toring ar	ia Coll						er Type	Primary Source
CT0820254	VICTORY TABERN	ACLE CHURCH					NC	ГОР	25	OWII	Р	GW
	ss (where applicable)	ACLL CHORCH		Service	Residen		ommer	cial	Industri	al (Combine	_
191 MERIDA				Connection		ciai co	1	Ciai	maastri	ui ,	COMBINE	a /\girearcarar
	ed: MIDDLEFIELD											
		M	onit	oring Req	uireme	nts						
Water Syst	em Facility: DISTRII				i dili Cili C							
	orm (3100)								1	rout		per quarter
	ng Point (Sampling Po				Monitori			Collec	ction Pe	riod		liance Status
Select f	from Inventory of Activ	e Sampling Points			7/1/19 -					_		omplete
					10/1/19 -	12/31	/19				C	omplete
					1/1/20 -						C	omplete
					4/1/20 -							
					7/1/20 -	9/30/2	20					
-	arameters (PPS)											per quarter
	ng Point (Sampling Po				Monitori			Collec	ction Pe	riod		liance Status
Select f	from Inventory of Activ	e Sampling Points			7/1/19 -							omplete
					10/1/19 -							omplete
					1/1/20 -						C	omplete
					4/1/20 -							
					7/1/20 -	9/30/2	20					
Water Syst	em Facility: ENTRY	POINT (WSF ID: 0	0700									
	d Nitrite (NOX)									1 r		RT) per year
	ng Point (Sampling Po	int ID)			Monitori			Collec	ction Pe	riod		liance Status
ENTRY	POINT (3)				1/1/19 -	12/31/	/19				C	omplete
					1/1/20 -	12/31/	/20					
					1/1/21 -	12/31/	/21					
	V	Water System	Facil	ity and Sa	mpling	Poin	it Inv	ento	ory			
Water								Total	Lead			
	Vater System Facility			Sampling Po	oint			oliforn				Stage
Facility ID		ID		Description			utus	Rule	Rule	Tier	Asbesto:	s WQP 2 DBPR
00600 D	DISTRIBUTION SYSTEM	101	_	DSR-KITCHE			Α	Υ				
		4		DISTRIBUTIO			Α	Υ				
				WITHIN 5 SE			A					
		UPSTRE	-AM	WITHIN 5 SE			Α .					
	NTRY POINT	3		ENTRY POIN	IT		Α					
21464 V	VELL	2		WELL			Α					
				ntact Info	rmation							
Name				organization _							Job Title	
Mr. Peter Le				ictory Tabera	cle Church				astor-Pro	esidei		
	ress Line One			ss Line Two					City		State	Zip Code
220 Margari		P O Box 2						letow			СТ	06457
Business P		Fax	Mob	ile Phone	Emergency	Phone	Email	I Addr	ess			
860-704-0												
Contact Role	e(s): Legal Contact, Ov	wner										

C	onnectic	ut Depa	rtment	of Public	Health	ı Drii	nking	water S	ection	
	Wa	ter Qua	lity Mon	itoring a	nd Con	nplia	nce S	chedule		
PWS ID P	WS Name					Classif	ication	Population Ov	wner Type Pi	imary Source
CT0820254 V	ICTORY TABER	NACLE CHUR	RCH			N	IC	25	Р	GW
Local Address (wh	ere applicable)			Service	Resider	Residential Con		l Industrial	Combined	Agricultural
191 MERIDAN ROAD				Connection	ns		1			
Towns Served: MI	DDLEFIELD									
Name				Organization	ganization Job Title					
Mr. Randy Tapp				Victory Church	/ictory Church F			Financial Director		
Mailing Address Li	ne One		Mailing Add	ess Line Two				City	State	Zip Code
191 Meriden Rd			PO Box 219				Middlefield		СТ	06410
Business Phone	Extension	Fax	M	obile Phone	Emergency	y Phone	Email A	ddress		
860-346-6771	204				203-314	-9137	randy@	ourvictory.org	3	
Contact Role(s):	Administrative	Contact	•				•			

nt of Dublic Hoolth Duinling Motor Cooti

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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Connecticut Depa								
Water Qua	nty Monit	or mg ar		_				
PWS ID PWS Name						-		Primary Source
CT0820264 WADSWORTH FALLS/BATHR	OOM WELL			N		527	S	GW
Local Address (where applicable)		Service		ial Co	mmercial	Industria	al Combine	ed Agricultural
ROUTE 157		Connection	15 2					
Towns Served: MIDDLEFIELD								
Water System Facility: DISTRIBUTION S		oring Red	quireme	nts				
Total Coliform (3100)	1312101 (0031 11	D. 00000,				1	routing (P)) per quarter
Sampling Point (Sampling Point ID)			Monitorii	na Darid	nd Coll	ــ ection Perا	=	pliance Status
Select from Inventory of Active Sampling	Points		7/1/19 -			ection rei		Complete
Select from inventory of Active Sampling	FUIILS							Complete
			4/1/20 -					
			7/1/20 -	9/30/2	U		/==	
Physical Parameters (PPS)							-) per quarter
Sampling Point (Sampling Point ID)	.		Monitorii			lection Per		oliance Status
Select from Inventory of Active Sampling	Points		7/1/19 -					Complete
			4/1/20 -					
			7/1/20 -	9/30/2	0			
Water System Facility: ENTRY POINT (V	VSF ID: 00700)							
Nitrate And Nitrite (NOX)							1 routine	(RT) per year
Sampling Point (Sampling Point ID)			Monitorii	ng Perio	od Coll	lection Per	riod Com	oliance Status
ENTRY POINT (3)			1/1/19 - 1	12/31/1	L9	4/1-9/30		Complete
			1/1/20 - 3	12/31/2	20	4/1-9/30		
			1/1/21 - 3	12/31/2	21	4/1-9/30		
	Other Co	ompliand	e Sched	ules				
Compliance Schedule Activity				ue Dat	te	Achie	ved Date	
SEASONAL START UP COMPLETION			L				veu Dute	
SEASONAL START OF CONFEETION				/1/202	0		ved Bate	
	ystem Facili	ity and Sa		<u> </u>		tory	veu Dute	
	ystem Facili	ity and Sa		<u> </u>		-		
Water St	ystem Facili	-	ampling	<u> </u>	Inven	al Lead	and	Stage
Water St		-	ampling	<u> </u>	Tota Colifo	al Lead o rm Copp	and per	Stage os WQP 2 DBPR
Water Swater System Water System Facility	Sampling Point	Sampling P	ampling	Point	t Inven Toto Colifo tus Rul	al Lead o rm Copp	and per	
Water Some Water System Water System Water System Facility Facility ID	Sampling Point ID	Sampling Popularion DISTRIBUTION	ampling oint ON SYSTEM	Point Sta	t Inven Tota Colifo tus Rul	al Lead o rm Copp	and per	
Water Some Water System Water System Water System Facility Facility ID	Sampling Point ID 4	Sampling Popularion DISTRIBUTION	ampling oint ON SYSTEM ERVICE CON	Sta	Tota Colifo tus Rul	al Lead o rm Copp	and per	
Water Some Water System Water System Water System Facility Facility ID	Sampling Point ID 4 DOWNSTREAM	Sampling Population DISTRIBUTION WITHIN 5 SI	ampling oint ON SYSTEM ERVICE CON	Sta	Tota Colifo tus Rul	al Lead o rm Copp	and per	
Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM	Sampling Point ID 4 DOWNSTREAM UPSTREAM	Sampling Popescription DISTRIBUTION WITHIN 5 SI	ampling oint ON SYSTEM ERVICE CON	Sta	Tota Colifo tus Rul	al Lead o rm Copp	and per	
Water System System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2	Sampling Popular Control of the Cont	oint ON SYSTEM ERVICE CON	Sta A	Tota Colifo tus Rul	al Lead o rm Copp	and per	
Water System System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2 Con	Sampling Popescription DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN	oint ON SYSTEM ERVICE CON	Sta A	Tota Colifo tus Rul	al Lead o rm Copp	and per	os WQP 2 DBPR
Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT 21465 WELL	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2 Con	Sampling Popescription DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN WELL tact Info	ampling oint ON SYSTEM ERVICE CON ERVICE CON TT	Sta A	Tota Colifo tus Rul	al Lead o rm Copp	and per Tier Asbesto Job Titl	os WQP 2 DBPR
Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT 21465 WELL	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2 Con	Sampling Popular Distribution DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN WELL tact Info rganization eep-Engineer	ampling oint ON SYSTEM ERVICE CON ERVICE CON TT	Sta A	Tota Colifo tus Rul	al Lead o rm Copp e Rule '	and per Tier Asbesto Job Titl	os WQP 2 DBPR
Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT 21465 WELL Name Mr. David Cooley	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2 Con	Sampling Popular Distribution DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN WELL tact Info rganization eep-Engineer	ampling oint ON SYSTEM ERVICE CON ERVICE CON TT	Sta A	Tota Colifo tus Rul	Lead of the company o	and per Tier Asbesto Job Title Engineer	es WQP 2 DBPR
Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT 21465 WELL Name Mr. David Cooley Mailing Address Line One	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2 Con On De	Sampling Popular Distribution DISTRIBUTION WITHIN 5 SI WITHIN 5 SI ENTRY POIN WELL tact Information eep-Engineer s Line Two	ampling oint ON SYSTEM ERVICE CON ERVICE CON TT	Sta AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Tota Colifo tus Rul Y	Lead of the company o	Job Title Engineer State	e Zip Code

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

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

					<u> </u>			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT0820264	WADSWORTH FALLS/BATH	ROOM WELL			NC	527	S	GW
Local Address (v	vhere applicable)		Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
ROUTE 157			Connections	2				

Towns Served: MIDDLEFIELD

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End of schedule

	Connecticut De	•			_		ection	
		uality Monit	oring and Com					
PWS ID	PWS Name			Classificat				rimary Source
CT0829073		BOR CAMP		NC		5	Р	GW
	ess (where applicable)		Service Resident	ial Comn	nercial In	dustrial	Combined	Agricultural
105 SOUTI			Connections				5	
Towns Ser	ved: MIDDLEFIELD							
Water Sv	stem Facility: DISTRIBUTIO		oring Requireme	nts				
	iform (3100)	IN STEINT (WSI T	D. 00000j			1 ro	utino (PT)	per quarter
	ling Point (Sampling Point ID)		Monitorii	na Period	Collect	ion Period		iance Status
	t from Inventory of Active Samp	ling Points	7/1/19 -		Concer	ion i citoc		mplete
30100	t from inventory of Active Samp	ming i omits	10/1/19 -					mplete
			1/1/20 -					mplete
			4/1/20 -					mpiete
		7/1/20 -	· ·					
Physical	Parameters (PPS)		//1/20-	J/ JU/ ZU		1 ro	utino (DT)	per quarter
-	ling Point (Sampling Point ID)		Monitorii	na Period	Collect	ion Period		iance Status
	t from Inventory of Active Samp	aling Points	7/1/19 -		Conecti	ion r enoc		mplete
Jeiec	t from inventory of Active Samp	ming i omits	10/1/19 -					mplete
			1/1/20 -					mplete
			4/1/20 -				Cl	implete
			7/1/20 -					
Water Sys	stem Facility: ENTRY POINT	(WSF ID: 00700)	//1/20-	9/30/20				
Nitrate A	and Nitrite (NOX)					1	routine (I	RT) per year
	ling Point (Sampling Point ID)		Monitorii	ng Period	Collect	ion Period	_	iance Status
	Y POINT (3)		1/1/19 - :	12/31/19				mplete
			1/1/20 - :					•
			1/1/21 - :					
		Other C	ompliance Sched					
Compliand	e Schedule Activity		L	ue Date		Achieved	l Date	
CROSS CO	NNECTION SURVEY REPORT		3	/1/2020				
	Wate	r System Facili	ity and Sampling	Point I	nvento	ry		
Water					Total	Lead and	1	
System	Water System Facility		Sampling Point		Coliform	Copper		Stage
Facility ID		ID	Description	Status		Rule Tie	r Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
			WITHIN 5 SERVICE CON	Α				
		MW001	BREAK ROOM	Α	Υ			
		MW002	MAINTENANCE SINK	Α				
		MW003	BLDG 1 KITCHEN	Α	Υ			
		MW004	BLDG 3 BATHRM SINK :		Υ			
		MW005	BLDG 3 BATHRM SINK 2		Υ			
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				

Α

WELL A

2

60341

WELL A

	Water Quality Mo	onitoring a	nd Con	npli	ance S	chedul	e	
PWS ID	NS ID PWS Name					Population	Owner Type	Primary Source
СТ0829073	LYMAN ORCHARDS - LABOR CAMP	LYMAN ORCHARDS - LABOR CAMP					Р	GW
Local Address	(where applicable)	Service	Resider	ntial (Commercia	al Industri	al Combine	d Agricultural

Connections

Connecticut Department of Public Health Drinking Water Section

Towns Served: MIDDLEFIELD

105 SOUTH STREET

Contact Information											
Name					on	Job Title					
Mr. John Lyman					hards Country Farms	Owner					
Mailing Address Line One Mailing Addr				ddress Line Tw	/0	City		State	Zip Code		
PO Box 453						Middlefi	eld	СТ	06455		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address					
860-349-1793	6001	203-349-1	L424			JLYMAN:	3@LYMANO	RCHARDS.CC	M		

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

Please note the following:

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

End of schedule

	Connectic							U			ection	
		ter Qua	iity iv	10H	itoring a	ina Con						
PWS ID	PWS Name								-	ion Ow		rimary Sour
CT0829074	GOLF CENTER A		CHARDS	6				IC	25		Р	GW
	(where applicable)				Service	Residen	tial Co	mmercial	Indu	ıstrial	Combined	Agricultur
700 MAIN STR					Connectio	ns		1				
Towns Served:	MIDDLEFIELD											
Water Systen	Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)											
Total Colifor	m (3100)									1 rou	utine (RT)	per quarte
	Point (Sampling P	Point ID)				Monitori	ng Peri	od Col	llection	n Period		iance Status
	m Inventory of Act		Points			7/1/19 -						mplete
	•	<u> </u>				10/1/19 -						mplete
						1/1/20 -					Co	mplete
						4/1/20 -						•
						7/1/20 -						
Physical Para	ameters (PPS)									1 rou	utine (RT)	per quarte
	Point (Sampling P	Point ID)				Monitori	ng Peri	od Col	llection	n Period	= =	iance Status
	m Inventory of Act		Points			7/1/19 -						mplete
	•		<u> </u>			10/1/19 -	10/1/19 - 12/31/19					mplete
							1/1/20 - 3/31/20					mplete
					4/1/20 - 6/30/20							
						7/1/20 -						
Water Systen	n Facility: ENTR	Y POINT (W	VSF ID:	00700	0)							
-	Nitrite (NOX)	•			•					1	routine (I	RT) per yea
	Point (Sampling P	Point ID)				Monitori	ng Peri	od Col	llection	n Period	=	iance Status
ENTRY PC		<u> </u>				1/1/19 -	1/1/19 - 12/31/19				Co	mplete
						20						
					1/1/21 - 12/31/21							
			Ot	her	Complian	ce Sched	lules					
Compliance Sc	hedule Activity						Due Da		Α	chieved	Date	
CROSS CONNE	CTION SURVEY REF	PORT			3/1/2020							
Water		Water Sy	ystem	Faci	ility and S	Sampling	Poin	t Inven	-	ead and		
	ter System Facility	,	Samplin	g Poin	nt Sampling I	Point		Colife		caa ana Copper		Stag
Facility ID			11	_	Description		Sto	itus Ru			Asbestos	WQP 2 DBI
00600 DIS	TRIBUTION SYSTEM	1	4	ļ	DISTRIBUT	ION SYSTEM		A				
			DOWNS	TREAM	M WITHIN 5	SERVICE CON	N /	А				
			UPSTF	REAM	WITHIN 5	SERVICE CON	N /	А				
00700 ENT	RY POINT		3	3	ENTRY POI	NT	,	A				
58074 WE	LL #1		2	<u>)</u>	WELL #1		-	A				
	Contact Information											
Name					Organization						Job Title	
Mr. John Lyman					Lyman Orchai	rds Country	Farms		Owne	r		
Mailing Addres	ss Line One		Mailing	Addre	ess Line Two				City			Zip Code
PO Box 453								Middlefi	Middlefield		СТ	06455
Business Pho	one Extension	Fax		Мо	bile Phone	Emergency	Phone	Email Ad	dress			
860-349-17	93 6001	203-349-1	1424					JLYMAN:	3@LYN	/ANORC	CHARDS.CO	М

CT0829074	GOLF CENTER AT LYMAN ORCHARDS	NC	25	Р	GW							
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source							
	Water Quality Monitoring and Compliance Schedule											
Connecticut Department of Public Health Drinking Water Section												

Service

Connections

Residential

Commercial

1

Industrial

Towns Served: MIDDLEFIELD

700 MAIN STREET

Local Address (where applicable)

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

Please note the following:

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

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

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

End of schedule

Agricultural

Combined

С	onnectic	ut Depa	ırtment o	f Public	Health	Drir	nking	Wate	er Se	ection		
		•	lity Moni									
PWS ID PV	VS Name	ter qua	iity 1410111	toring a	illa doll					ner Type F	Primary S	Source
_	4 MERIDEN RI	 D				N		25	,,, O.,,	P	GW	
Local Address (whe				Service	Resider		mmercial		trial	Combined		
144 MERIDEN ROA				Connectio						1	0	
Towns Served: MID												
			Monit	toring Re	quireme	nts						
Water System Fa	cility: DISTR	IBUTION (WSF ID: 0060	0)								
Total Coliform (3100)								1 rou	itine (RT)	per qua	arter
Sampling Poir	nt (Sampling P	oint ID)			Monitor	ing Peri	od Col	llection I	Period	Comp	liance Sta	atus
Select from In	ventory of Act	ive Sampling	Points		7/1/19	- 9/30/1	9			C	omplete	
					10/1/19	- 12/31/	19			C	omplete	
					1/1/20	- 3/31/2	0			C	omplete	
					4/1/20	- 6/30/2	0					
					7/1/20	- 9/30/2	0					
Physical Parame										ıtine (RT)		
Sampling Poir					Monitor			llection I	Period		iance Sto	atus
Select from In	ventory of Act	ive Sampling	Points		7/1/19						omplete	
					10/1/19						omplete	
					1/1/20					C	omplete	
					4/1/20							
					7/1/20	- 9/30/2	0					
Water System Fa	cility: ENTR	Y POINT (V	VSF ID: 00700)								
Nitrate And Nitr	• •								1	routine (-
Sampling Poir		oint ID)			Monitor			llection I	Period		iance Sto	atus
ENTRY POINT	(3)		1/1/19 - 12/31/19								omplete	
			1/1/20 - 12/31/20							C	omplete	
					1/1/21 -							
		Water Sy	ystem Faci	lity and S	Sampling	Poin	t Inven	tory				
Water System Water S Facility ID	ystem Facility		Sampling Poin	t Sampling I		Sta	Tot Colifo Itus Ru	orm Co	nd and opper le Tier	Asbestos		Stage 2 DBPR
00600 DISTRIB	JTION		10	BACKROO	М ТАР		A Y					
			4	DISTRIBUT	ION	A	Α Y					
			DOWNSTREAM	1 DISTRIBUT	ION	A	Α Y	,				
			UPSTREAM	DISTRIBUT	ION	A	Α Υ					
00700 ENTRY P	OINT		3	ENTRY POI	INT	A	4					
60500 WELL#1			2	WELL #1		A	A					
			Coi	ntact Info	ormation	1						
Name				Organization						Job Title		
Mr. Michael Batist	Newfield Don	uts, LLC			Manage	er						
Mailing Address Lir	-		Mailing Address Line Two					City		State	Zip Co	de
57 South Broad Str			3 3340				Meriden			CT	0645	
Business Phone	Extension	Fax	Mok	oile Phone	Emergency	/ Phone				1		
203-238-3482	3				203-410		michael.		batist	aco.com		

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

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

						_ <u> </u>		·	
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
СТ0820284	144 MERIDEN RD					NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural		
144 MERIDEN ROAD			Connections				1		

Towns Served: MIDDLEFIELD

Please note the following:

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End of schedule