					'D 11:	YY 1.1 -		1	T 4 T			
	(	Connectici	ut Departm	ent of	Public	Health L	)rir	ıking	; Wa	ater Se	ection	
		Wat	ter Quality	Monit	oring a	nd Comp	olia	nce S	Sche	edule		
PWS ID	P	WS Name				C	lassifi	cation	Popu	lation Ow	ner Type	Primary Source
CT083001	4 (	COYOTE BLUE RE	STAURANT				N	С	2	5	Р	GW
Local Addı	ress (wh	ere applicable)			Service	Residentia	I Co	mmerci	al In	dustrial	Combine	d Agricultural
1960 SAYE	BROOK F	ROAD			Connectio	ns		1				
Towns Ser	ved: MI	IDDLETOWN										
				Monito	oring Re	quirement	ts					
Water Sy	stem F	acility: DISTR	IBUTION SYSTEN	/ (WSF I	D: 00600)							
Total Co	liform	(3100)								1 ro	utine (RT)	per quarter
Samp	oling Po	int (Sampling Po	oint ID)			Monitoring	Perio	od Co	ollecti	ion Period	Comp	liance Status
Selec	t from I	nventory of Acti	ve Sampling Point	S		7/1/19 - 9/	/30/1	9			C	omplete
						10/1/19 - 12	2/31/	19			c	omplete
						1/1/20 - 3/	/31/2	0			C	omplete
						4/1/20 - 6/						
						7/1/20 - 9/	/30/2	0				
-		eters (PPS)										per quarter
		int (Sampling Po				Monitoring			ollecti	ion Period		liance Status
Selec	t from I	nventory of Acti	ve Sampling Point	5		7/1/19 - 9/						omplete
						10/1/19 - 12						omplete
						1/1/20 - 3/					C	omplete
						4/1/20 - 6/	-					
Mator Sv	ctom E	acility: ENTD	POINT (WSF ID			7/1/20 - 9/	30/2	U				
		rite (NOX)	FOINT (W3FIL	. 00700)						1	routing (	RT) per year
		int (Sampling Po	oint ID)			Monitoring	. Perio	nd C	ollecti	⊥ ion Period	-	liance Status
_	Y POIN					1/1/19 - 12			JIICCU	on r criou		omplete
LIVIII		. (3)				1/1/20 - 12						omplete
						1/1/21 - 12						ор.ссс
			Water Syster	n Facili	ity and S				ntoi	v		
Water			vater syster	ii i aciii	ity ana s		01110		tal	Lead and	1	
System	Water	System Facility	Sampl	ing Point	Sampling I	Point			form	Copper		Stage
Facility ID	)		-	ID	Description	1	Sta		ule		Asbestos	WQP 2 DBPR
00600	DISTRII	BUTION SYSTEM		4	DISTRIBUT	ION SYSTEM	Α	A	Υ			
			IWOD	NSTREAM	WITHIN 5 S	SERVICE CON	A	A				
			UPS	TREAM	WITHIN 5 S	SERVICE CON	Α	4				
00700	ENTRY	POINT		3	ENTRY POI	NT	A	A				
21467	WELL			2	WELL		Α	<b>A</b>				
				Con	tact Info	rmation						
Name				Oı	rganization						Job Title	
Ms. Jo-An	n Pytlik											
Mailing Ad	ddress L	ine One	Mailir	ng Address	s Line Two	-			Ci	ty	State	Zip Code
P.O. Box 4	21							Higgan	um		СТ	06441
Business		Extension	Fax	Mobi	le Phone	Emergency Pl	hone	Email A	ddres	SS		
860-659												
Contact Ro	ole(s):	Legal Contact, C	Owner									

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

	Connectic	ut Depa	i unent c	of Public	Health	ווע	HKIHE	vvaler	360	uon		
	Wa	ter Qua	lity Moni	itoring a	nd Con	nplia	ance S	Schedul	le			
PWS ID	PWS Name					Classi	fication	Population	Owne	r Type	Primary Source	
CT0830014	COYOTE BLUE R	ESTAURANT				1	١C	25		Р	GW	
Local Address (w	here applicable)			Service	Residen	tial Co	ommerci	al Industri	al C	ombine	ed Agricultural	
1960 SAYBROOK	ROAD			Connection	ns		1					
Towns Served: N	IIDDLETOWN				·							
Name				Organization					J	lob Title	е	
Mr. Drew Engelh	ardt											
Mailing Address	Line One		Mailing Addre	ess Line Two				City		State	Zip Code	
1960 Saybrook R	oad						Middle	town		CT	06457	
Business Phone	Extension	Fax	Мо	bile Phone	Emergency	Phone	e Email A	Address				
860-345-2403												
Contact Role(s):	Administrative	Contact	·	·								

Connecticut Department of Dublic Health Drinking Water Costion

#### contact Noic(3). Administrative C

# 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 Departmer Water Quality M				$\sim$				
PWS ID PWS Name	00		_			_		rimary Source
CT0830024 RON MCCUTCHEON PARK				NC	25		L	GW
Local Address (where applicable)	Service	Residen	tial	Commercia		rial	Combined	
LIVINGSTON ROAD	Connections			2				8
Towns Served: MIDDLETOWN								
M	onitoring Requ	iireme	nts					
Water System Facility: DISTRIBUTION SYSTEM (		in ciric	1163					
Total Coliform (3100)						1 r	outine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitori	ng P	Period Co	ollection I	Perio	d Compl	iance Status
Select from Inventory of Active Sampling Points		7/1/19 -	9/3	0/19			Co	mplete
		4/1/20 -	6/3	0/20				
		7/1/20 -	9/3	0/20				
Physical Parameters (PPS)						1 r	outine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitori	ng P	Period Co	ollection F	Perio	d Compl	iance Status
Select from Inventory of Active Sampling Points		7/1/19 -	9/3	0/19			Co	mplete
		4/1/20 -	6/3	0/20				
		7/1/20 -	9/3	0/20				
Water System Facility: ENTRY POINT (WSF ID: 0	0700)							
Nitrate (1040)						1 r	outine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitori	ng P	Period Co	ollection F	Perio	d Compl	iance Status
ENTRY POINT (3)		7/1/19 -	9/3	0/19			Co	mplete
		10/1/19 -	12/	31/19				
		1/1/20 -	3/3	1/20				
		4/1/20 -	6/3	0/20				
		7/1/20 -	9/3	0/20				
Nitrite (1041)							1 routine (F	RT) per year
Sampling Point (Sampling Point ID)		Monitori	ng P	Period Co	ollection F	Perio	d Compl	iance Status
ENTRY POINT (3)		1/1/19 -	12/3	31/19			Co	mplete
		1/1/20 -	12/3	31/20				
		1/1/21 -	12/3	31/21				
Oth	er Compliance	Sched	lule	es				
Compliance Schedule Activity	•			Date	Ach	ieve	d Date	
SEASONAL START UP COMPLETION				/2020	7107			
	Notification R							
	Compliance	Notice	,	Public No	otification		PN Cer	tification
Violation/Situation	Period	Tier		Required	Perforn	ied	Due to DPH	Received
Physical Parameters M&R Violation	7/1/12 - 9/30/12	3	1	12/31/2013			1/10/2014	
Physical Parameters M&R Violation	4/1/14 - 6/30/14	3		8/21/2015			8/31/2015	
Total Coliform M&R Violation	7/1/19 - 9/30/19	3	1	1/13/2020			11/23/2020	
Physical Parameters M&R Violation	7/1/19 - 9/30/19	3	1	1/13/2020			11/23/2020	
Water System I	Facility and Sar	npling	Po	int Inve	ntory			
Water						d an	nd	
,	Point Sampling Poi	nt		Colij		ppe		Stage
Facility ID ID	Description			Status R	ule Ru	le Tie	er Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTION	N SYSTEM	l	Α	Υ			
DOWNST	REAM WITHIN 5 SEF	VICE COI	N	Α				

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			Clas	ssification	Population	Owner Type	<b>Primary Source</b>
CT0830024	RON MCCUTCHEON PARK				NC	25	L	GW
Local Address (	where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
LIVINGSTON RO	OAD	Connections			2			

Towns Served: MIDDLETOWN

	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	WQP	Stage 2 DBPR			
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
21468	WELL	2	WELL	Α								
55812	ATMOSPHERIC TANK											

ATMOSPHERIC TANK

				Contact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Daniel T. Drew				City of Midd	of Middletown Mayor				
Mailing Address Line One Mailing Addr			dress Line Two	ress Line Two			State	Zip Code	
City Hall, Municipal	Building		245 Dekov	en Drive		Middletown CT			06457
Business Phone	Extension	Fax	ſ	Mobile Phone	Emergency Phone	Email Ad	dress		
860-638-4800 860-344-3540					mayor@	Middletowr	nCT.gov		

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.
- 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

Schedule Generation Date: 3/10/2020

Page 4

	Connectic	ut Depa	rtment of	f Public	Health	Dr	inkir	ig W	ater	Se	ction		
	Wat	ter Oual	lity Monit	oring a	nd Con	npl	iance	Sch	edul	e			
PWS ID	PWS Name	(1)	- <i>y</i>	0 -					1		ner Type P	rimarv	Source
CT0830034	ITALIAN AMERIC	AN CIVIC OF	RDER, INC				NC		25		P	G۷	
	(where applicable)		•	Service	Residen	tial	Commer	rcial Ir	ndustria	al	Combined	Agric	cultural
550 ARBUTUS	ROAD			Connectio	ns		1						
Towns Served:	MIDDLETOWN												
			Monit	oring Re	quireme	nts							
Mater System	m Facility: DISTR	IRLITION SY			quireine	1105							
-	•	IBUTION 31	ISIEWI (WSFI	D. 00000)					1		tine (DT)		. outou
Total Colifor		oint ID)			Monitori	ina D	oriod	Collect			tine (RT)		
	Point (Sampling Po		Doints		<i>Monitori</i> 7/1/19 -			Collect	ion Pei	rioa	Compl		
Select Iro	m Inventory of Acti	ve sampling	Points									mplete mplete	_
					10/1/19 - 1/1/20 -							mplete	
					4/1/20 -		-				CC	ilibiete	-
					7/1/20 -								
Dhysical Dar	ameters (PPS)				7/1/20-	9/30	0/20		1	rou	tine (RT)	nor au	ıartar
	ameters (PP3) Point (Sampling Po	oint ID)			Monitori	ina P	eriod	Collect			Compl		
	m Inventory of Acti		Points		7/1/19 -			Conce	1011 1 61	iou		mplete	
Sciect ii o	miniventory of rice	ve samping	Tomes		10/1/19 -							mplete	
					1/1/20 -							mplete	
					4/1/20 -								
					7/1/20 -								
Water System	n Facility: ENTRY	POINT (W	/SF ID: 00700)		-7-7	-,	,						
-	Nitrite (NOX)	(1)								1 1	routine (F	RT) nei	vear
	Point (Sampling Po	oint ID)			Monitori	ina P	eriod	Collect	ion Pei		Compl		-
ENTRY PC		,			1/1/19 -							mplete	
					1/1/20 -							mplete	
					1/1/21 -							<u> </u>	
			Other C	omnlian	ce Sched								
Compliance Sc	shadula Activity		Other C	ompilan		Due l			Achie	uod I	Data		
-	SANITARY SURVEY						/2018		ACIIIE	veu L	Date		
RESPOND TO S				٠. ١.									
		Water Sy	stem Facil	ity and S	ampling	Po	int Inv	ento	ry				
Water			C	Communities on the	Detect			Total	Lead				
System Wa Facility ID	ter System Facility	•	Sampling Point ID	Description				oliform Rule			Asbestos		Stage
	TRIBUTION SYSTEM	<u> </u>	4		ION SYSTEM		<u>Status</u> A	Y	Nuic	1161	ASDESTOS	TTQ1	E DDF K
00000 DIS	TRIBOTION STSTEIN		DOWNSTREAM				A	'					
			UPSTREAM		SERVICE CON		A						
00700 EN1	TRY POINT		3	ENTRY POI		•	Α						
21469 WE			2	WELL	111		A						
21409 VVL	LL												
					ormation								
Name				rganization							Job Title		
Mr. Louis Ares					an Civic Ord	ler			esident				
Mailing Addres			Mailing Addres	s Line Two					ity		State	Zip C	
550 Arbutus St								lletown			СТ	064	57
Business Pho		Fax	Mob	ile Phone	Emergency	/ Pho	ne Emai	I Addre	SS				
860-369-39	31												

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.

	CT0020024	ITALIAN AMERICAN CIVIC ORDER INC	NC	25	0	CV
I	PWS ID	PWS Name	Classification	Population	Owner Type	Primary
		Water Quality Monitoring and Con	npliance S	Schedul	e	
		Connecticut Department of Public Health	Drinking	g Water	Section	

1 443 10	I VV3 IVallic			Classificati	011	opulation	Owner Type		nary Source
CT0830034	ITALIAN AMERICAN CIVIC ORDER, INC			NC		25	Р		GW
Local Address (w	here applicable)	Service	Residen	tial Comm	ercial	Industri	al Combine	ed	Agricultural
550 ARBUTUS RO	DAD	Connections		1					

Towns Served: MIDDLETOWN

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

### Please note the following:

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

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

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

End of schedule

Connecticut Department of	Public H	ealth D	rinkina	τ Ma	tor S	ection	
Water Quality Monito			`			ection	
PWS ID PWS Name	oring and					upor Tupo	Primary Source
CT0830044 MIDDLETOWN DOT REST AREA (I-91 NORTH)		Cla	NC	25	LIOII OV	S S	GW
Local Address (where applicable)	Service	Residential			ustrial	Combin	L
I - 91 NORTH	Connections	Residential	1	iai iiiu	ustriai	COITIBILI	eu Agriculturai
Towns Served: MIDDLETOWN							
	wing Dogu	ino pro o prito					
Water System Facility: DISTRIBUTION SYSTEM (WSF IE	oring Requ D: 00600)	irements					
Total Coliform (3100)					1 r	outine (R	T) per month
Sampling Point (Sampling Point ID)	1	Monitoring F	Period C	ollection		=	pliance Status
Select from Inventory of Active Sampling Points		0/1/19 - 10/					Complete
, , ,							Complete
	1	2/1/19 - 12/	31/19				Complete
		1/1/20 - 1/3	1/20				Complete
		2/1/20 - 2/2	9/20				Complete
		3/1/20 - 3/3	1/20				Complete
		4/1/20 - 4/3	0/20				
		5/1/20 - 5/3	1/20				
		6/1/20 - 6/3	0/20				
		7/1/20 - 7/3	1/20				
		8/1/20 - 8/3	1/20				
		9/1/20 - 9/3	0/20				
Physical Parameters (PPS)						_	T) per month
Sampling Point (Sampling Point ID)		Monitoring F		Collectio	n Period		pliance Status
DISTRIBUTION SYSTEM (4)		0/1/19 - 10/					Complete
		1/1/19 - 11/					Complete
		2/1/19 - 12/					Complete
		1/1/20 - 1/3					Complete
		2/1/20 - 2/2					Complete
		3/1/20 - 3/3					
		4/1/20 - 4/3	-				
		5/1/20 - 5/3					
		6/1/20 - 6/3					
		7/1/20 - 7/3 8/1/20 - 8/3	-				
		0/1/20-0/3	1/20				
		0/1/20 <sub>-</sub> 0/2	n/2n				
Water System Facility: FNTRY POINT (WSF ID: 00700)		9/1/20 - 9/3	0/20				
Water System Facility: ENTRY POINT (WSF ID: 00700)		9/1/20 - 9/3	0/20		1	Lroutino	(PT) por voor
Nitrate And Nitrite (NOX)				Collection			(RT) per year
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)	1	Monitoring F	Period (	Collectio		d Com	pliance Status
Nitrate And Nitrite (NOX)	1	<b>Monitoring F</b> 1/1/19 - 12/3	<b>Period (</b>	Collectio		d Com	<i>pliance Status</i> Complete
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)	1	<b>Monitoring F</b> 1/1/19 - 12/3 1/1/20 - 12/3	<b>Period (</b> 31/19 31/20	Collectio		d Com	pliance Status
Nitrate And Nitrite (NOX)  Sampling Point (Sampling Point ID)  ENTRY POINT (3)	:	Monitoring F 1/1/19 - 12/3 1/1/20 - 12/3 1/1/21 - 12/3	<b>Period (</b> 31/19 31/20 31/21	Collectio		d Com	<i>pliance Status</i> Complete
Nitrate And Nitrite (NOX)  Sampling Point (Sampling Point ID)  ENTRY POINT (3)  Other Co	1	Monitoring F 1/1/19 - 12/3 1/1/20 - 12/3 1/1/21 - 12/3 Schedule	Period (2) 31/19 31/20 31/21		n Period	d Com	<i>pliance Status</i> Complete
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) ENTRY POINT (3)  Other Co Compliance Schedule Activity	:	Monitoring F 1/1/19 - 12/3 1/1/20 - 12/3 1/1/21 - 12/3 Schedule Due	Period (2) 31/19 31/20 31/21 25 Date			d Com	<i>pliance Status</i> Complete
Nitrate And Nitrite (NOX)  Sampling Point (Sampling Point ID)  ENTRY POINT (3)  Other Co  Compliance Schedule Activity  CROSS CONNECTION SURVEY REPORT	ompliance	Monitoring F 1/1/19 - 12/3 1/1/20 - 12/3 1/1/21 - 12/3 Schedule Due 3/1/	Period C 31/19 31/20 31/21 PS Date 2024	A	n Period	d Com	<i>pliance Status</i> Complete
Nitrate And Nitrite (NOX)  Sampling Point (Sampling Point ID)  ENTRY POINT (3)  Other Co	ompliance	Monitoring F 1/1/19 - 12/3 1/1/20 - 12/3 1/1/21 - 12/3 Schedule Due 3/1/	Period C 31/19 31/20 31/21 PS Date 2024	entory	n Period	d Com	<i>pliance Status</i> Complete

System Water System Facility 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.

Sampling Point Sampling Point

Schedule Generation Date: 3/10/2020

Coliform Copper

PWS ID	PWS Name		lity Moni			<u> </u>			wner Type Pr	rimary Sourc
	MIDDLETOWN D	OT REST AR	FΔ (I-91 NORTI	H)		N		25	S	GW
Local Address (w		OT REST ARE	LA (1 31 10 11 11	Service	Residenti		nmercial			Agricultura
- 91 NORTH	пете аррисавтеу			Connection		ui coi	1	maasman	Combined	7 Gilcarcare
Towns Served: M	1IDDLETOWN									
Facility ID			ID	Description	)	Charl	tus Ru	le Rule T	ier Asbestos	WOP 2 DBP
<del>-</del>	IBUTION SYSTEM		4	DISTRIBUTION		<u>Stat</u> A	us		7.15.00051005	
00000 515111	.501101131012.01		DOWNSTREAM			A				
			UPSTREAM		ERVICE CON	Α				
00700 ENTR	Y POINT		3	ENTRY POIN		А				
21470 WELL			2	WELL		А				
	SURE TANK									
	SFER PUMPS									
	SHERIC STORAG	E								
			Cartified	l Operato	r Informa	tion				
MATERIA C. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					1 1111011116	1011				
•	acility: DISTR		SIEM (WSF	ID: 00600)						
	ntion: DISTRIBUT	ION SYSTEM	O		C	(-1				Certification
Operator Name			Operator Typ		Certification		T DI ANIT	00504700	CL ACC II	Expiration
GRANT, SHANE			CHIEF OPERAT		WATER TREA					9/30/2020
					DISTRIBUTIO	IN 3131	EIVI OPEI	RATUR - CLA	33 11	9/30/2020
				ntact Info	rmation			I		
Name				Organization					Job Title	
Mr. James P. Re				Department of	f Transportat	ion		Commission		
Mailing Address			Mailing Addre	ss Line Two				City	State	Zip Code
2800 Berlin Turn							Newingt		CT	06111
Business Phone		Fax	Mob	oile Phone	Emergency I		Email Ad	dress		
860-594-3000			1.0		860-594-3	000				
	Administrative	Contact, Leg								
Name				Organization				C': 14 : C	Job Title	
Mr. Jeff Tedesco				T Dot				Site Main S		7: CI
Mailing Address			Mailing Addre	ss Line Two			N	City	State	Zip Code
2800 Berlin Tpke		F-	B # 1	ila Dhair-	Function 1		Newingt		СТ	06111
Business Phone		Fax	IVIOD	oile Phone	Emergency F					
860-594-3000					860-594-3	UUU	jerrrey.te	edesco@ct.g	ζυν	
Contact Role(s):	0									

Connecticut Department of Dublic Health Drinking Water Section

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.

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

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

End of schedule

C	Connectic	•						_			ction		
	Wat	ter Qual	ity M	onitori	ing a	ind Com	plia	nce S	che	edule			
PWS ID P	WS Name						Classifi	cation P	opul	lation Own	ner Type P	rimary So	ource
CT0839054 N	INER HILLS FAI	MILY GOLF LI	LC				N	С	2	9	L	GW	
Local Address (who	ere applicable)			Ser	vice	Resident	ial Cor	mmercial	In	dustrial	Combined	Agricult	tural
80 MINER HILLS DI				Cor	nnectio	ns					1		
Towns Served: MII	DDLETOWN									<u> </u>			
			M	lonitorin	ng Re	quiremer	nts						
Water System Fa	acility: DISTR	IBUTION SY	STEM (	WSF ID: 0	0600)								
<b>Total Coliform</b>	(3100)									1 rou	tine (RT)	per quar	rter
Sampling Poi	int (Sampling P	oint ID)	Monitor			Monitorir	ng Perio	Period Collection Period			<b>Compliance Status</b>		
Select from Ir	nventory of Acti	ive Sampling	Points			7/1/19 -	9/30/19	9			Co	mplete	
						10/1/19 -	12/31/	19		-	Co	mplete	
						1/1/20 -					Co	mplete	
						4/1/20 -							
						7/1/20 -							
Physical Parame	eters (PPS)						· ·			1 rou	tine (RT)	per guar	rter
-	int (Sampling P	oint ID)				Monitorir	na Perio	od Col	llecti	on Period		iance Stat	
	nventory of Acti		Points			7/1/19 -						mplete	
	,	1 0				10/1/19 -	-					mplete	
						1/1/20 -						mplete	
						4/1/20 -							
						7/1/20 -							
Water System Fa	acility: FNTR	POINT (W	/SE ID: 0	0700)		7/1/20	3/30/2						
Nitrate And Niti	•	1101111 (11	731 ID. 0	.07001						1.	routine (I	T) por w	
	int (Sampling P	oint ID)				Monitorir	a Doric	od Col	llocti	ו ב ion Period	=	iance Stat	
ENTRY POINT		יטוונוטן				1/1/19 - 1			ilecti	on Penou		mplete	tus
ENTRY POINT	(5)										CC	impiete	
						1/1/20 - 1							
						1/1/21 - 1							
		Water Sy	stem	Facility a	and S	Sampling	Point	t Inven	itor	У			
Water	_							Tot		Lead and			
	System Facility	9		Point San	-			Colife		Copper			tage
Facility ID			ID		scriptio		Sta			Rule Tier	Asbestos	WQP 2 L	JBPR
	BUTION SYSTEM		4			ION SYSTEM	Α		•				
00700 ENTRY			3		TRY POI	NT	Α	4					
60094 WELL 1			2	WE	LL 1		Α	1					
				Contac	t Info	ormation							
Name				Organ	ization						Job Title		
Mr. Michael Streckfus				Miner Hil Family Golf LLC					Manager				
Mailing Address Line One			Mailing Address Line Two					Cit	ty	State	Zip Cod	e	
80 Miner Hills Driv	⁄e							Middleto	own		СТ	06457	,
Business Phone	Extension	Fax		Mobile Ph	none	Emergency	Phone	Email Ad	dres	SS			
860-635-0051		860-563-4	593			860-563-5				f@att.net			
Contact Role(s):	Administrative			ct, Owner		1		1					

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

		- 0		1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0839054	MINER HILLS FAMILY GOLF LLC			NC	29	L	GW
Local Address (where applicable)		Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
80 MINER HILLS DR		Connections				1	

Towns Served: MIDDLETOWN

## 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