Co		•	rtment o				_			ction	
	Wa	ter Qua	lity Moni	toring a	ind Com	plia	nce Sc	hedu	le		
PWS ID PV	VS Name				(Classifi	cation Po	pulation	Owr	ner Type P	rimary Source
CT0990014 53	1 FOREST ROA	AD.				N	С	25		Р	GW
Local Address (whe	re applicable)			Service	Residenti	al Co	mmercial	Industr	ial	Combined	Agricultural
				Connectio	ns		1				
Towns Served: NOF	RTH BRANFOR	D					l				
			Monit	oring Re	quiremen	ts					
Water System Fac	cility: DISTR	IBUTION S			4						
Total Coliform (3	3100)							;	1 rou	tine (RT)	per quarter
Sampling Poin	nt (Sampling P	oint ID)			Monitoring	g Perio	od Coll	ection Pe	eriod	Compl	iance Status
Select from Inv	ventory of Act	ive Sampling	Points		7/1/19 - 9	/30/1	9			Co	mplete
					10/1/19 - 1	2/31/	19			Co	mplete
					1/1/20 - 3					Co	mplete
					4/1/20 - 6						•
					7/1/20 - 9						
Physical Parame	tors (DDS)				7, 2, 20	, 00, =			1 rou	tine (RT)	per quarter
Sampling Poin	• •	oint ID)			Monitorin	a Peri	nd Coll	ection Pe			iance Status
Select from Inv			Points		7/1/19 - 9			cction i	inou		mplete
Select Holli III	ventory or Act	ive Jampinig	FOIIICS		10/1/19 - 1						mplete
					1/1/20 - 3						-
						-				Ct	omplete
					4/1/20 - 6						
					7/1/20 - 9	730/2	U				
Water System Fac	•	Y POINT (V	VSF ID: 00700								
Nitrate And Nitri	• •									=	RT) per year
Sampling Poin		oint ID)			Monitoring			ection Pe	eriod		iance Status
ENTRY POINT	(3)				1/1/19 - 12	2/31/1	L9			Co	mplete
					1/1/20 - 1	2/31/2	20			Co	omplete
					1/1/21 - 1	2/31/2	21				
		Water Sy	ystem Facil	ity and S	Sampling F	Point	t Invent	tory			
Water							Tota		d and		
	ystem Facility	•	Sampling Point				Colifo	-	per 		Stage
Facility ID			ID	Description		Sta		e Kule	? I ier	Asbestos	WQP 2 DBPR
00600 DISTRIBU	JTION SYSTEM		4		ION SYSTEM	P	Α Υ				
			DOWNSTREAM	_		P	4				
			UPSTREAM	WITHIN 5	SERVICE CON	P	4				
00700 ENTRY P	OINT		3	ENTRY POI	INT	P	4				
21723 WELL			2	WELL		P	4				
58203 TREATM	ENT PLANT										
			Cor	ntact Info	ormation						
Name			C	rganization						Job Title	
Mr. Michael A. Farl	ber		R	t 22 Chat-N-	Chew			Owner			
Mailing Address Lin	e One		Mailing Addres	ss Line Two				City		State	Zip Code
531 Forest Road			Rt 22 Chat-N-C	Chew			Northford	d		СТ	06472
Business Phone	Extension	Fax	Mob	ile Phone	Emergency F	hone	Email Add	dress		1	
203-247-0005					203-484-5		fnorthfor		ast.n	et	
Contact Role(s): A	dministrative	Contact. Leg	al Contact. Ow	ner			1				
		,	,								

	Connectic	ut Depa	rtment	of Public	Health	Dri	nking	g Water	Sec	ction		
	Wa	ter Qua	lity Mon	nitoring an	nd Con	nplia	ance S	Schedu	le			
PWS ID	PWS Name					Classi	fication	Population	Owne	er Type	Primary Sou	rce
CT0990014	531 FOREST ROA	/ D				I	NC	25		Р	GW	
ocal Address (w	here applicable)			Service	Residen	tial C	ommerci	al Industri	al C	Combine	ed Agricultu	ral
				Connection	ns		1					
Towns Served: N	ORTH BRANFOR	D		'				1	'		,	
Name				Organization						Job Title	9	
VIs. Jacqueline N	1. Farber							Owner				
Mailing Address I	Line One		Mailing Add	ress Line Two				City		State	Zip Code	
31 Forest Road							Northf	ord		СТ	06472	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency	/ Phon	e Email A	Address				
203-484-5024							cooljac	k1@comcas	st.net			
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

	С	onnectic	ut Depa	rtment	tof	Public	Health	D	rink	ing V	Wat	er S	ection	
		Wat	ter Qua	lity Mo	nit	oring a	nd Con	npl	lianc	ce Sc	hec	lule		
PWS ID		VS Name						Cla		ion Po		ion Ow		Primary Source
CT099004		09 MIDDLETO	WN AV. (WE	LLS FARGO	BAN		Daaidaa	4:-1	NC		25	امنسلما	P	GW
		re applicable) N AVENUE				Service Connection	Residen	tiai	Comm		inau	ıstrial	Combine	d Agricultural
		N AVENUE RTH BRANFORD	<u> </u>			Commedia	13			L				
TOWITS SET	veu. NOI	TITI BRAINFORL	,	Mo	nita	oring Red	nuireme	nts						
Water Sy	stem Fa	cility: DISTR	IBUTION S				quii ciric	1165						
Total Co	liform (3100)										1 ro	utine (RT)	per quarter
Samı	oling Poir	nt (Sampling Po	oint ID)				Monitori	ing F	Period	Colle	ection	n Perioa	Comp	liance Status
Selec	t from In	ventory of Acti	ve Sampling	Points			7/1/19 -							omplete
							10/1/19 -		-					
							1/1/20 -		-					
							4/1/20 -		-					
							7/1/20 -	9/3	0/20					
-		ters (PPS) nt (Sampling Po	oint ID)				Monitori	ina E	Period	Colle	ection	1 ro Perioa		per quarter
		ventory of Acti		Points			7/1/19 -			Com	ection	renou		omplete
Scice		ventory or Acti	ve Jamping	1 011163			10/1/19 -		-					ompiete
							1/1/20 -							
							4/1/20 -							
							7/1/20 -							
Water Sy	stem Fa	cility: ENTRY	POINT (V	VSF ID: 007	700)									
Nitrate A	And Nitr	ite (NOX)										1	routine (RT) per year
Samı	oling Poir	nt (Sampling Po	oint ID)				Monitori			Colle	ection	n Period	Comp	liance Status
ENTF	RY POINT	(3)					1/1/19 -		-				C	omplete
							1/1/20 -							
							1/1/21 -							
			Water Sy	ystem Fa	acili	ity and S	ampling	Po	int Ir	nvent	tory			
Water				- " -						Tota		ead and	1	
System		ystem Facility	•	Sampling P ID	oint	Sampling P Description				Colifor Rule		Copper	. Ashasta	Stage S WQP 2 DBPR
Facility ID		UTION SYSTEM		4		DISTRIBUTI			Status ^	Y	2 N	uie rie	ASDESTO	VVQP Z DDPN
00000	יסואוכוט	UTION STSTEIN			- ^ \ \ /	WITHIN 5 S			A A	ī				
				UPSTREA		WITHIN 5 S			A					
00700	ENTRY P	OINT		3	141	ENTRY POI		•	A					
21726	WELL	J.,,,		2		WELL			Α					
					ີ (ດn	tact Info	rmation		,,					
Name						rganization							Job Title	
Ms. Sasha	Perkins					ells Fargo Ba	ank			9	Servic	e Mana		
Mailing Ad	ddress Lir	ne One		Mailing Ad							City		State	Zip Code
1409 Mide	dletown A	Avenue							No	rthford	d		СТ	06472
Busines	Phone	Extension	Fax	N	Лobi	le Phone	Emergency	Pho	one Em	nail Add	dress			
203-48	4-7680		203-484-7	7680					sas	sha.per	kins@	wellsfa	rgo.com	
Contact R	ole(s):	egal Contact												

	Jonnecuci	ut Depa	i tillelli	. OI I u	iblic 1	icaitii	וווע	3111211	5 Water	occuoi	T	
	Wat	ter Qual	lity Mo	nitori	ng an	d Con	nplia	nce S	Schedu	le		
PWS ID P	WS Name						Classif	ication	Population	Owner Type	e Pri	imary Source
CT0990044 1	409 MIDDLETO	WN AV. (WE	LLS FARGO	BANK)			N	IC	25	Р		GW
Local Address (wh	ere applicable)			Serv	/ice	Residen	tial Co	mmerci	al Industr	ial Combir	ned	Agricultural
1409 MIDDLETOW	/N AVENUE			Con	nections			1				
Towns Served: NC	ORTH BRANFORD)		,					,	,		
Name				Organiz	zation					Job Tit	le	
Ms. Deborah Min	grone			Wells F	argo				Property	Manager		
Mailing Address Li	ine One		Mailing Ad	dress Line	Two				City	State	!	Zip Code
1409 Middletown	Ave							Northf	ord	СТ		06472
Business Phone	Extension	Fax	N	/lobile Pho	one E	mergency	Phone	Email A	Address			
203-284-7445		855-265-8	3907			203-577-	8768	debora	h.mingrone	e@wellsfargo	.cor	n
Contact Bolo(s):	Administrative (Contact Log	al Contact									

Connecticut Department of Public Health Drinking Water Section

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 Departmen				<u> </u>		
	Water Quality M	onitoring and		*			
PWS ID	PWS Name			Classification	Population C	Owner Type Pr	imary Source
СТ0990054	1874 MIDDLETOWN AVENUE			NC	25	Р	GW
Local Address (where applicable)	Service	Resident	ial Commer	cial Industrial	Combined	Agricultural
1874 MIDDLET		Connections		1			
Towns Served:	NORTH BRANFORD						
	M	Ionitoring Requ	iiremer	nts			
Water System	n Facility: DISTRIBUTION SYSTEM ((WSF ID: 00600)					
Total Colifor	m (3100)				1 1	outine (RT) ¡	er quarter
Sampling	Point (Sampling Point ID)		Monitorin	g Period	Collection Perio	od Compli	ance Status
Select fro	m Inventory of Active Sampling Points		7/1/19 - 9	9/30/19			
		:	10/1/19 - 1	12/31/19			
			1/1/20 - 3			Со	mplete
			4/1/20 - 6	· · · · · · · · · · · · · · · · · · ·			
			7/1/20 - 9	9/30/20			
-	ameters (PPS)				1 ו	routine (RT) រុ	-
	Point (Sampling Point ID)		Monitorin		Collection Perio	od Compli	ance Status
Select froi	m Inventory of Active Sampling Points		7/1/19 - 9				
			10/1/19 - 1				
			1/1/20 - 3			Со	mplete
			4/1/20 - 0				
			7/1/20 - 9	9/30/20			
-	Facility: ENTRY POINT (WSF ID: 0	10700)					
Nitrate (104	•					ر outine (RT)	-
	Point (Sampling Point ID)		Monitorin	_	Collection Perio	od Compli	ance Status
ENTRY PO	INT (3)		7/1/19 - 9				
			10/1/19 - 1				
			1/1/20 - 3			Co	mplete
			4/1/20 - 0				
Nitwite (104)	N.		7/1/20 - 9	9/30/20		1tina /D	T\
Nitrite (1041	Point (Sampling Point ID)		Monitorin	a Period	Collection Perio	1 routine (R	ance Status
ENTRY PO			1/1/19 - 1		Conection Fern		mplete
LIVINITO	(3)		1/1/20 - 1				inpiete
			1/1/21 - 1				
	Oth	ner Compliance					
Compliance Sci	hedule Activity	.c. comphanec		ue Date	Achiev	ed Date	
	ANITARY SURVEY			/7/2016			
		c Notification R					
	· don	Compliance	Notice		Notification	DN Cort	ification
Violation/Situa	ation	Period	Tier	Required		Due to DPH	Received
Total Coliform		7/1/10 - 9/30/10	2	1/29/201		2/8/2011	HELLINEU
	eters M&R Violation	7/1/10 - 9/30/10	3	12/30/201		1/9/2012	
Total Coliform		7/1/19 - 9/30/19	3	11/11/202		11/21/2020	
Nitrate M&R V		7/1/19 - 9/30/19	3	11/11/202		11/21/2020	
		1 1					

3

11/11/2020

11/21/2020

7/1/19 - 9/30/19

Physical Parameters M&R Violation

	Water Quality Monit	oring an	d Con	npli	iance S	Schedul	le	
PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
СТ0990054	1874 MIDDLETOWN AVENUE				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	ntial (Commercia	al Industri	al Combine	ed Agricultural
1874 MIDDLETC)WN AVENUE			1				

Connecticut Department of Public Health Drinking Water Section

Towns Served: NOF	RTH BRANFOR	D									
		Water Sy	stem Facil	ity and S	Sampling Poi	int In	vento	У			
Water System Water S Facility ID	ystem Facility		Sampling Point ID	Sampling Descriptio		(Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	: WQP	Stage 2 DBP
00600 DISTRIBU	JTION SYSTEM		4 DOWNSTREAM		ION SYSTEM	A A	Υ				
			UPSTREAM	WITHIN 5	SERVICE CON	Α					
00700 ENTRY P	OINT		3	ENTRY PO	INT	Α					
21727 WELL			2	WELL		Α					
			Con	tact Info	ormation						
Name			0	rganization					Job Title		
Mr. Robert Zuppar	di		To	ony Z's Pizza	1		Ме	mber			
Mailing Address Lin	e One		Mailing Addres	s Line Two			Ci	ty	State	Zip C	ode
1874 Middletown A	Ave					Nor	thford		СТ	064	1 37
Business Phone	Extension	Fax	Mobi	ile Phone	Emergency Phor	ne Ema	ail Addres	SS			
203-484-1949		203-484-1	1960		203-530-1265	zup	p1@aol.d	om			
Contact Role(s): A	dministrative	Contact, Leg	al Contact, Owi	ner							
Name			0	rganization					Job Title		
1874 Middletown /	Avenue LLC										
Mailing Address Lin	e One		Mailing Addres	s Line Two			Ci	ty	State	Zip C	Code
99 Greystone Way						Gui	lford		СТ	064	l37
Business Phone	Extension	Fax	Mobi	ile Phone	Emergency Phor	ne Ema	ail Addres	SS			

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

Name Ms. Cheryl Mailing Add P.O. Box 41 Business 203-484	dress Line 11 Phone -2065	One Extension gal Contact, C	Fax	Mailing Addı	Organization Mobil Station, ress Line Two obile Phone		Fdmar	Islan	d Pond			State VT	Zip Code 05846
Name Ms. Cheryl Mailing Add P.O. Box 41 Business 203-484	dress Line 11 Phone -2065	Extension		Mailing Addı	Mobil Station, ess Line Two	/Northford I	Fdmar	Islan	d Pond	City		State	
Name Ms. Cheryl Mailing Add P.O. Box 41 Business	dress Line L1 Phone		Fax	Mailing Addı	Mobil Station, ess Line Two	/Northford I	Fdmar	Islan	d Pond	City		State	
Name Ms. Cheryl Mailing Add P.O. Box 41	dress Line			Mailing Addı	Mobil Station, ess Line Two	/Northford I	Fdmar	Islan	d Pond	City		State	
Name Ms. Cheryl Mailing Add	dress Line	One			Mobil Station,				(City		State	
Name	Reilly				Mobil Station,			t	O	wner	,	Job Title	
					Organization							Job Title	
21731									1				· · · · · · · · · · · · · · · · · · ·
21731				Co	ontact Info	rmation							
0.4 = 0 :	WELL			2	WELL			Α					
00700	ENTRY PO	IIN I		3	ENTRY POI	N I		A					
00700				UPSTREAM		SERVICE CON	N	A					
ı			١		M WITHIN 5 S			A					
00600	DISTRIBU [*]	TION SYSTEM		4		ON SYSTEM		Α	Υ				
Facility ID				ID	Description			tatus	Rule	Rule	Tier .	Asbestos	WQP 2 DBP
System	Water Sys	stem Facility	9		nt Sampling F				oliforn	п Сорр	oer		Stage
Water				, J.	y unu o	b9	. 5.1		Total	Lead (and		
			Water Sv	stem Fac	cility and S				ente	rv			
						1/1/21 -							
		,				1/1/20 -		-					mplete
	POINT (3					1/1/19 -			23/100				mplete
		e (NOX) (Sampling P	oint ID)			Monitori	na Pei	riod	Collec	tion Per			ance Status
Nitrate A		-		.55. 5070	-1						1 r	outine (E	T) per year
Water Sys	tem Faci	lity: FNTR	Y POINT (W	/SE ID: 0070	10)	,, 1,20	5,307						
						7/1/20 -							
						4/1/20 -						CO	inhiere
						10/1/19 - 1/1/20 -							mplete mplete
Select	rrom Inve	entory of Acti	ive Sampling	roints		7/1/19 -							mplete
		(Sampling P		Daints		Monitori 7/1/10			Collec	tion Per	riod		ance Status
Physical F		= =							- "				per quarter
						7/1/20 -	9/30/	′20					
						4/1/20 -							
						1/1/20 -						Со	mplete
						10/1/19 -							mplete
Select	from Inve	entory of Act	ive Sampling	Points	<u> </u>	7/1/19 -	9/30/	/19				Co	mplete
Sampl	ling Point	(Sampling P	oint ID)			Monitori	ng Pei	riod	Collec	tion Per	riod	Compli	ance Status
Total Coli	iform (3:	100)		•						1	rout	ine (RT)	per quarter
Water Sys	tem Faci	lity: DISTR	IBUTION SY		F ID: 00600)	•							
				Mon	itoring Red	quireme	nts						
Towns Serv	ed: NORT	H BRANFORI)		1								
1371 MIDD					Connection			1					
		e applicable)	NOMINI ONE	TOODWALL	Service	Residen		Commer	rcial	Industria	al C	combined	Agricultura
CT0990094			NORTHFORD	FOODMAR				NC	ГРОР	25	OWITE	P P	GW
PWS ID	D\A/s	S Name	ici Quai	ity Mon	ittoring a	na con						or Type B	rimary Source
			tar i lilai	ity Mon	itoring a	$nd l \alpha m$	Trail.	anco	Sch	التلكم	Δ		
	40		*		of Public								

C	Omiccuc	ut Depa	I CITIC		i i ubiic	IIcaitii	ווועו	31117111	5 Water	Section	<i>J</i> 11	
	Wat	ter Qua	lity N	I onit	toring a	nd Con	nplia	nce S	Schedu	le		
PWS ID P	WS Name						Classif	ication	Population	Owner T	ype P	rimary Source
CT0990094 SI	HELL STATION/	NORTHFORD	FOOD	MART			١	IC	25	Р		GW
Local Address (who	ere applicable)				Service	Residen	itial Co	mmerci	al Industr	ial Com	bined	Agricultural
1371 MIDDLETOW	'N AVENUE				Connection	ns		1				
Towns Served: NO	RTH BRANFORD)			•				,			
Name				0	rganization					Job	Title	
Mr. Sam Pattersoi	n			Pa	atterson Oil (Co. Inc.			Vice Pres	ident		
Mailing Address Li	ne One		Mailing	Addres	s Line Two				City	Sta	ate	Zip Code
100 Lincoln Avenu	е		P. O. Bo	oc 898				Torring	gton	C	Т	06790
Business Phone	Extension	Fax		Mob	ile Phone	Emergency	/ Phone	Email A	Address			
800-446-8770 860-489-9914						860-489	-9271	PATTE	RSON.COM	PANIES@S	NET.N	1ET
Contact Role(s): 4	Administrative (Contact	,		,							

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.

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 Departmen	nt of Public H	lealth I	Drinkin	g Water S	Section	
Water Quality M	onitoring and	d Comp	oliance	Schedule	!	
PWS ID PWS Name		С	lassification	Population O	wner Type Pr	imary Source
CT0990174 JOSEPH DIGLIO PROPERTIES			NC	45	Р	GW
Local Address (where applicable)	Service	Residentia	al Commerc	cial Industrial	Combined	Agricultural
1060-1064 MIDDLETOWN AVENUE	Connections		1			
Towns Served: NORTH BRANFORD						
M	onitoring Requ	iremen	ts			
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)					
Total Coliform (3100)				1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collection Perio	od Complic	ance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9,	/30/19		Cor	mplete
		1/1/20 - 3,	/31/20		Cor	mplete
		4/1/20 - 6	/30/20			
		7/1/20 - 9,	/30/20			
Total Coliform (3100)				3	repeat (RP)	per period
Sampling Point (Sampling Point ID)		Monitoring	Period	Collection Perio	od Complic	ance Status
Select from Inventory of Active Sampling Points		9/12/19 - 9)/17/19		Cor	mplete
Total Coliform (3100)				3 temporary	routine (TR)	per month
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collection Perio	od Complia	ance Status
Select from Inventory of Active Sampling Points	-	10/1/19 - 1	0/31/19		Cor	mplete
Physical Parameters (PPS)				1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collection Perio	od Complia	ance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9,	/30/19		Cor	mplete
	-	10/1/19 - 1	2/31/19		Cor	mplete
		1/1/20 - 3,	/31/20		Cor	mplete
		4/1/20 - 6,	/30/20			
		7/1/20 - 9,	/30/20			
Water System Facility: ENTRY POINT (WSF ID: 0	0700)					
Nitrate And Nitrite (NOX)				1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collection Perio	od Complic	ance Status
ENTRY POINT (3)		7/1/19 - 9,	/30/19		Cor	mplete
	-	10/1/19 - 1	2/31/19		Cor	mplete
		1/1/20 - 3,	/31/20		Cor	mplete
		4/1/20 - 6,	/30/20			
		7/1/20 - 9,	/30/20			
Water System Facility: WELL (WSF ID: 21738)						
E. Coli (3014)				1 tr	iggered (TG)	per period
Sampling Point (Sampling Point ID)		Monitoring	g Period	Collection Perio	od Complic	ance Status
WELL (2)		9/11/19 - 9)/17/19			
Public	Notification R	equiren	nents			
	Compliance	Notice	Public I	<u>Notification</u>	PN Certi	fication
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Total Coliform M&R Violation	7/1/10 - 9/30/10	2	1/29/2013	1	2/8/2011	
Nitrate And Nitrite M&R Violation	7/1/10 - 9/30/10	2	1/29/2013	1	2/8/2011	
Distribution Color MCL Violation	10/1/10 - 12/31/10	2	3/3/2011		3/13/2011	
Distribution Color MCL Violation	7/1/10 - 9/30/10	2	3/25/2013	1	4/4/2011	
Physical Parameters M&R Violation	7/1/10 - 9/30/10	3	12/30/201	1	1/9/2012	

9/18/19 -

3

11/11/2020

11/21/2020

E. Coli M&R Violation

	Connecticut Department of Public Health Water Quality Monitoring and Con		,		ı
ID	PWS Name	Classification	Population	Owner Type	Primary

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Sourc
СТ0990174	JOSEPH DIGLIO PROPERTIES				NC	45	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultura
1060-1064 MID	DLETOWN AVENUE	Connections			1			

Towns Served: NORTH BRANFORD

	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				
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									
21738	WELL	2	WELL	Α									

Name Mr. Joseph Diglio			Organization					
Mr. Joseph Diglio							Job Title	
						Owner		
Mailing Address Line One	ress Line Two			City	State	Zip Code		
1038 Middletown Avenue	е				Northfor	d	СТ	06472
Business Phone Exte	ension Fa	x Mo	obile Phone	Emergency Phone	Email Ad	dress		
203-239-5050				203-996-8968	jdiglio77	@yahoo.com		

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

Please note the following:

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

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

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

End of schedule

Connecticut Depa	artment of	Public F	lealth D	rink	ing '	Water S	ection	
Water Qua	lity Monit	oring an	d Compl	lian	ce So	chedule		
PWS ID PWS Name			Cla	ssificat	tion Po	opulation Ov	vner Type P	rimary Source
CT0990254 NORTHFORD CONGREGATION	ONAL CHURCH			NC		25	Р	GW
Local Address (where applicable)		Service	Residential	Comn	nercial	Industrial	Combined	Agricultural
OLD POST ROAD		Connections			1			
Towns Served: NORTH BRANFORD								
	Monito	oring Requ	uirements	5				
Water System Facility: DISTRIBUTION S	YSTEM (WSF II	D: 00600)						
Total Coliform (3100)						1 ro	utine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitoring F	Period	Coll	lection Period	d Compl	iance Status
Select from Inventory of Active Sampling	g Points		7/1/19 - 9/3					mplete
			10/1/19 - 12/	/31/19			Co	mplete
			1/1/20 - 3/3					
			4/1/20 - 6/3	30/20				
			7/1/20 - 9/3	30/20				
Physical Parameters (PPS)						1 ro		per quarter
Sampling Point (Sampling Point ID)			Monitoring F		Coll	lection Period	d Compl	iance Status
Select from Inventory of Active Sampling	g Points		7/1/19 - 9/3					mplete
			10/1/19 - 12/				Co	mplete
			1/1/20 - 3/3					
			4/1/20 - 6/3	30/20				
			7/1/20 - 9/3	30/20				
Water System Facility: ENTRY POINT (\	WSF ID: 00700)							
Nitrate And Nitrite (NOX)						1	L routine (F	RT) per year
Sampling Point (Sampling Point ID)			Monitoring F	Period	Coll	lection Period	d Compl	iance Status
ENTRY POINT (3)			1/1/19 - 12/3	31/19			Cc	mplete
			1/1/20 - 12/3	31/20				
			1/1/21 - 12/3	31/21				
Water S	ystem Facili	ty and Sai	mpling Po	oint I	nven	tory		
Water					Tota	al Lead and	d	
System Water System Facility	Sampling Point		int		Colifo			Stage
Facility ID	ID	Description		Status		e Rule Tie	r Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTIO		Α	Y			
	DOWNSTREAM			Α				
	UPSTREAM	WITHIN 5 SEF		Α				
00700 ENTRY POINT	3	ENTRY POINT	•	Α				
21744 WELL	2	WELL		A				
		tact Infori	mation					
Name	Or	ganization					Job Title	
Mrs. Nancy K. Tipping		orthford Congi	r Church			Council Chair		
Mailing Address Line One	Mailing Address	Line Two				City	State	Zip Code
4 Old Post Road		<u> </u>			orth Br		CT	06472
Business Phone Extension Fax	Mobil	e Phone E	mergency Pho	one Er	nail Ad	dress		
		1						
203-675-8106 Contact Role(s): Administrative Contact, Leg				no	church	@snet.net		

Connecticut Department of Public Health	Drinking	g Water	Secti	ion	
Water Quality Monitoring and Con	npliance S	Schedul	e		

			<i>-</i>			1			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
СТ0990254	NORTHFORD CONGRE	GATION	AL CHURCH			NC	25	Р	GW
Local Address (w	vhere applicable)			Service	Residen	tial Commer	cial Industri	al Combine	ed Agricultural
OLD POST ROAD				Connections		1			

Towns Served: NORTH BRANFORD

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

Page 12

Connecticut De	•							
Water Q	uality Monit	oring and						
PWS ID PWS Name								Primary Source
CT0990264 NORTHFORD SQUARE				NC		30	Р	GW
Local Address (where applicable)		Service	Resident	ial Comn	nercial I	ndustrial	Combined	d Agricultural
1411 MIDDLETOWN AVENUE		Connections			1			
Towns Served: NORTH BRANFORD								
	Monito	oring Requ	iremer	nts				
Water System Facility: DISTRIBUTIO	N SYSTEM (WSF II	D: 00600)						
Total Coliform (3100)						1 r	outine (RT)	per quarter
Sampling Point (Sampling Point ID)		ı	Monitorir	ng Period	Collec	tion Perio	od Compl	liance Status
Select from Inventory of Active Samp	oling Points		7/1/19 -	9/30/19			Co	omplete
		1	10/1/19 -	12/31/19			Co	omplete
			1/1/20 -	3/31/20			Co	omplete
			4/1/20 -	6/30/20				
			7/1/20 -	9/30/20				
Physical Parameters (PPS)						1 r	outine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitorir	ng Period	Collec	tion Perio	od Compl	liance Status
Select from Inventory of Active Samp	oling Points		7/1/19 -	9/30/19			Co	omplete
		1	10/1/19 -	12/31/19			Co	omplete
			1/1/20 -	3/31/20			Co	omplete
			4/1/20 -	6/30/20				
			7/1/20 -	9/30/20				
Water System Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate And Nitrite (NOX)							1 routine (RT) per year
Sampling Point (Sampling Point ID)			Monitorin	ng Period	Collec	tion Perio	od Compl	liance Status
ENTRY POINT (3)			1/1/19 - 1	2/31/19			Co	omplete
			1/1/20 - 1	2/31/20				
			1/1/21 - 1	2/31/21				
Water System Facility: WELL (WSF I	D: 21745)							
E. Coli (3014)						1 r	outine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitorin	ng Period	Collec	tion Perio		liance Status
WELL (2)			7/1/19 -	9/30/19			Co	omplete
			10/1/19 -	12/31/19			Co	omplete
			1/1/20 -	3/31/20			Co	omplete
			4/1/20 -	6/30/20				
			7/1/20 -	9/30/20				_
Wate	r System Facili	ty and Sar	npling	Point I	nvento	ry		
Water	-	-			Total	Lead a	nd	
System Water System Facility	Sampling Point	Sampling Poi	nt		Coliform	п Сорре	er	Stage
Facility ID	ID	Description		Status	Rule	Rule T	ier Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	Α	Υ			
	DOWNSTREAM	WITHIN 5 SER	VICE CON	Α				
	LIDCTDEANA	WITHIN 5 SER	VICE CON	Α				
	UPSTREAM	VVIIIIIIV	VICE COIN					
00700 ENTRY POINT	3	ENTRY POINT	VICE CON	A				
00700 ENTRY POINT 21745 WELL			VICE COIV					

0264	NORTHFORD SOUARE	NC	30	Р	GW
)	PWS Name	Classification	Population	Owner Type	Primary Source
	Water Quality Monitoring and Con	npliance S	Schedul	e	
	Connecticut Department of Fublic Health	שוואווונע.	3 Water	Section	

СТ0990264	NORTHFORD SQUARE				NC	30	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial (Commercia	l Industri	al Combin	ed Agricultural
1411 MIDDI FTO	WN AVENUE	Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: NORTH BRANFORD

PWS ID

Contact Information											
Name					Organization Job Ti						
Ms. Barbara Kowalski					Kowalski Company Realtors LLC						
Mailing Address Line One Mailing Addre					ss Line Two			City	State	Zip Code	
C/O Kowalski Comp	any Realtors I	LC	669 Cen	nter Sti	reet		Wallingfo	ord	СТ	06492	
Business Phone	Extension	Fax	Mo		oile Phone	Emergency Phone	Email Address				
203-265-5671		203-265-2126									

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

Сс	onnectic	ut Depa	rtment of	Public	Health	Drink	ing W	ater S	ection	
	Wa	ter Qua	lity Monit	oring a	nd Com	pliand	ce Sch	edule		
PWS ID PW	VS Name					1				rimary Source
CT0990284 NC	ORTHFORD PLA	AZA REALTY	GROUP			NC		25	Р	GW
Local Address (when	re applicable)			Service	Resident	ial Comn	nercial I	ndustrial	Combined	Agricultural
855 FOREST ROAD				Connection	S		1			
Towns Served: NOR	TH BRANFORI)								
			Monit	oring Req	uiremer	nts				
Water System Fac	cility: DISTR	IBUTION S								
Total Coliform (3	3100)							1 rc	outine (RT)	per quarter
Sampling Poin	t (Sampling P	oint ID)			Monitorin	ng Period	Collec	tion Perio	d Compl	iance Status
Select from Inv	entory of Acti	ive Sampling	Points		7/1/19 -	9/30/19			Co	omplete
					10/1/19 -	12/31/19			Co	omplete
					1/1/20 -					omplete
					4/1/20 -					•
					7/1/20 -					
Physical Paramet	ters (PPS)				., _, _	2,00,20		1 r	outine (RT)	per quarter
Sampling Poin	= =	oint ID)			Monitorir	na Period	Collec	tion Perio	= '=	iance Status
Select from Inv			Points		7/1/19 -		Conco			omplete
Sciect iroin iii	rentory or nec	ive sampling	Tomes		10/1/19 -					omplete
					1/1/20 -					omplete
					4/1/20 -					ompiete
					7/1/20 -					
Matar System Fac	silitar ENITO	/ DOINT /W	/CE ID: 00700\		7/1/20-	3/30/20				
Water System Fac	•	T POINT (V	73F ID: 00700)						4 //	\
Nitrate And Nitri							6 II		=	RT) per year
Sampling Poin		oint ID)			Monitorin		Collec	tion Perio		iance Status
ENTRY POINT ((3)				1/1/19 - 1				Co	omplete
					1/1/20 - 1					
					1/1/21 - 1	.2/31/21				
		Water Sy	ystem Facil	ity and Sa	ampling	Point II	nvento	ry		
Water							Total	Lead an	d	
•	ystem Facility		Sampling Point		oint		Coliform			Stage
Facility ID			ID	Description		Status	Rule	Rule Tie	er Asbestos	WQP 2 DBPR
00600 DISTRIBU	JTION SYSTEM	1	4	DISTRIBUTION	ON SYSTEM	Α	Υ			
			DOWNSTREAM	WITHIN 5 SI	ERVICE CON	Α				
			UPSTREAM	WITHIN 5 SI	ERVICE CON	Α				
00700 ENTRY P	OINT		3	ENTRY POIN	IT	Α				
21746 WELL 1			2	WELL 1		Α				
59136 TREATM	ENT PLANT									
			2	WELL 2		Α				
59144 WFII 2			_			,,				
59144 WELL 2			Con	tact Info	rmation					
				tact Info	rmation				lob Title	
Name	altu Curanus Li	.		tact Info	rmation				Job Title	
Name Northford Plaza Re		C	0	rganization	rmation					7: 6 1
Name Northford Plaza Re	e One	С		rganization	rmation			iity	State	Zip Code
Name Northford Plaza Rea Mailing Address Line 199 White Birch Ro	e One oad		Mailing Addres	rganization s Line Two			st Hampt	on		Zip Code 06424
Name Northford Plaza Re Mailing Address Line	e One	C Fax	Mailing Addres	rganization s Line Two	rmation Emergency		st Hampt	on	State	

`		at Depa	ii ciiiciic oi	1 abiic	Ticarci	ע	1 11111111	, water	Decemon	*
	Wat	ter Qua	lity Monite	oring ai	nd Con	np	liance S	Schedul	le	
PWS ID F	PWS Name			Cla		ssification	Population	Owner Type	Primary Source	
CT0990284	NORTHFORD PLA	AZA REALTY	GROUP				NC	25	Р	GW
Local Address (wh	nere applicable)			Service	Resider	esidential Commercia		al Industri	al Combin	ed Agricultural
855 FOREST ROAL)			Connection	IS		1			
Towns Served: NO	ORTH BRANFORD)							1	
Name			Or	ganization					Job Titl	e
Mr. Tony Rossini			No	rthford Plaz	a Realty G	roup)	Owner		
Mailing Address L	ine One		Mailing Address	Line Two				City	State	Zip Code
203 White Birch Road							East Ha	ampton	СТ	06424
Business Phone	Extension	Fax	Mobil	e Phone	Emergency	/ Ph	one Email A	Address	·	
860-918-4083										
		_								

Connecticut Department of Public Health Drinking Water Section

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 Dep	artmer	nt of	f Public H	lealth I	Drinki	ng W	later S	Section	
	Water Qu	ality M	onit	oring and	d Com	olianc	e Sch	redule		
PWS ID	PWS Name				C	lassification	on Pop	ulation O	wner Type Pr	imary Source
СТ0990324	1872 MIDDLETOWN AVEN	UE				NC		29	Р	GW
Local Address	(where applicable)			Service	Residentia	al Commo	ercial	Industrial	Combined	Agricultural
1872 MIDDLE	TOWN AVENUE (ROUTE 17)			Connections					2	
Towns Served	l: NORTH BRANFORD								,	
		M	onit	oring Requ	iremen	ts				
Water Syste	m Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)						
Total Colifo	rm (3100)							1 r	outine (RT) բ	er quarter
Samplin	g Point (Sampling Point ID)				Monitoring	g Period	Collec	ction Perio	od Compli	ance Status
Select fro	om Inventory of Active Sampli	ng 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					
					7/1/20 - 9	/30/20				
Physical Pa	rameters (PPS)							1 r	outine (RT) բ	•
-	g Point (Sampling Point ID)				Monitoring		Collec	ction Perio		ance Status
Select fro	om Inventory of Active Sampli	ng Points			7/1/19 - 9					mplete
				:	10/1/19 - 1					mplete
			1/1/20 - 3				Co	mplete		
			4/1/20 - 6	/30/20						
					7/1/20 - 9	/30/20				
Water Syste	m Facility: ENTRY POINT	WSF ID: 0	0700)	1						
	Nitrite (NOX)								1 routine (R	
-	g Point (Sampling Point ID)				Monitoring		Collec	ction Perio		ance Status
ENTRY P	OINT (3)				1/1/19 - 12				Co	mplete
					1/1/20 - 12	-				
					1/1/21 - 12	2/31/21				
		Oth	er C	ompliance	Schedu	les				
Compliance S	chedule Activity				Du	ie Date		Achieve	ed Date	
RESPOND TO	SANITARY SURVEY				10/	27/2019				
		Public	Not	tification R	equiren	nents				
			C	ompliance	Notice	<u>Publi</u>	c Notifi	<u>cation</u>	PN Cert	<u>ification</u>
Violation/Site	uation			Period	Tier	Requir	ed Po	erformed	Due to DPH	Received
Total Coliforn	n M&R Violation		7/1,	/14 - 9/30/14	2	12/28/2	014		1/7/2015	
E. Coli M&R V	'iolation			/14 - 9/30/14	3	11/28/2	015		12/8/2015	
Physical Para	meters M&R Violation		7/1,	/14 - 9/30/14	3	11/28/2	015		12/8/2015	
	Water	System I	acil	ity and Sar	npling P	oint In	vento	ory		
Water							Total	Lead ar	nd	
-	ater System Facility		Point	Sampling Poi	nt		Coliforn			Stage
Facility ID		ID		Description		Status	Rule	Rule Ti	er Asbestos	WQP 2 DBPR
00600 DIS	STRIBUTION SYSTEM	4			TRIBUTION SYSTEM A Y					
	WITHIN 5 SER		Α							
		UPSTRE	AM	WITHIN 5 SER	VICE CON	Α				
00700 EN	TRY POINT	3		ENTRY POINT		Α				

DRILLED WELL 1

Α

2

59106

DRILLED WELL 1

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance	Schedul	e	
PWS Name	Classification	Population	Owner Type	Primary

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0990324	1872 MIDDLETOWN AVENUE				NC	29	Р	GW
Local Address (v	Local Address (where applicable)			ntial	Commercia	al Industri	al Combine	ed Agricultural
1872 MIDDLETC	WN AVENUE (ROUTE 17)	Connections					2	

Towns Served: NORTH BRANFORD

Contact Information													
Name			Organization				Job Title						
Mr. Fazlay Rabbi				On The Go Er	nterprises, LLC	Owner							
Mailing Address Lin	e One		Mailing Address Line Two				City	State	Zip Code				
363 Main Street			Suite 510				own	СТ	06457				
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress						
860-301-6465					203-484-2996								

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 Dep	nartmar	nt of	f Public H	aalth I	Drin	king '	Mater S	Section	
	•									
DIAIC ID	Water Qu	lanty M	OIIII	oring and						Duite and Comment
PWS ID CT099051	PWS Name SAINT AMBROSE PARISH (CODDODATIO	N I		C	N		25	P P	Primary Source GW
	ress (where applicable)	CORPORATIO	JIN	Service	Residentia		nmercial		Combine	
	DLETOWN AVENUE			Connections	Residentia	ai coi	1	ilidustilai	COMBINE	Agricultural
	rved: NORTH BRANFORD									
		M	onit	oring Requ	iremen	ts				
Water Sy	ystem Facility: DISTRIBUTION				ii ciiicii	-				
-	oliform (3100)			,				1 rd	outine (R1) per quarter
	pling Point (Sampling Point ID)			1	Monitoring	g Perio	od Col	lection Perio	=	pliance Status
	ct from Inventory of Active Sampli	ing Points			7/1/19 - 9					Complete
				1	0/1/19 - 1	2/31/	19			Complete
					1/1/20 - 3	/31/20)		1	Complete
					4/1/20 - 6	/30/20)			
					7/1/20 - 9	/30/20)			
-	Parameters (PPS)							1 rc	=) per quarter
	pling Point (Sampling Point ID)				Monitoring			lection Perio		pliance Status
Selec	ct from Inventory of Active Sampli	ing Points			7/1/19 - 9					Complete
				1	0/1/19 - 1					Complete
					1/1/20 - 3					Complete
					4/1/20 - 6					
Motor C.	estare Facility FNTDV DOINT	/MCE ID: 00	22001		7/1/20 - 9	/30/20)			
	stem Facility: ENTRY POINT	(WSF ID: U	J/UU)						4	(DT)
	And Nitrite (NOX)				Monitorin	n Donie	ad Cal			(RT) per year
	pling Point (Sampling Point ID) RY POINT (3)				Monitoring 1/1/19 - 12			lection Perio		Complete
LINIT	AT FORM (3)				1/1/20 - 12				<u>'</u>	complete
					1/1/20 12 1/1/21 - 12					
		Dublic	Not	tification R						
		Public						:Gantina	DALC	- utific aution
Violation	/Situation		C	Compliance Period	Notice Tier		<u>ublic Not</u> quired	Performed	Due to DF	ertification PH Received
	Parameters M&R Violation		10/1	/04 - 12/31/04	3		/2006	renjonneu	6/11/200	
yo.ca		System F		ity and San				tory	0, ==, =00	
Markon	vvater	System i	acii	ity allu Sali	ipiilig r	UIII		=	. al	
Water System	Water System Facility	Samplina	Point	Sampling Poir	nt		Tota Colifo			Stage
Facility IE	-	ID		Description		Sta	D. J			os WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4		DISTRIBUTION	SYSTEM	A				
		DOWNSTI	REAM	WITHIN 5 SER	VICE CON	А	ı			
		UPSTRE	AM	WITHIN 5 SER	VICE CON	Α				
00700	ENTRY POINT	3		ENTRY POINT		А				
22713	WELL 1	2		WELL		А				
56360	PRESSURE TANK									
			Con	tact Inforn	nation					
Name			0	rganization					Job Title	2
Archdioce	ese of Hartford									
Mailing A	ddress Line One	Mailing A	ddres	s Line Two				City	State	Zip Code
1331 Mid	dletown Ave.						Northfor	d	СТ	06472
1		1					l .			

Connecticut Department of Public Health Drinking Water Section														
	Water Quality Monitoring and Compliance Schedule													
PWS ID	PWS N	ame						Classif	ication	Population	Own	er Type	Primary Source	
CT0990514	SAINT	AMBROSE	PARISH CO	RPORA	TION			N	С	25		Р	GW	
Local Address (w	here ap	oplicable)				Service	Resider	ntial Co	mmerci	al Industri	al	Combine	ed Agricultural	
1331 MIDDLETOWN AVENUE Connections									1					
owns Served: NORTH BRANFORD														
business Phone	e Ex	tension	гах		MODIN	Phone	Emergency	Phone	Elliali F	Address				
203-484-9226	5													
Contact Role(s):	Legal (Contact, C	Owner											
Name					Org	ganization						Job Title	9	
Reverend Rober	t Turne	er			St.	Ambrose P	arish			Rev.				
Mailing Address	Line Or	ne		Mailing	Address	Line Two				City		State	Zip Code	
30 Caputo Rd	0 Caputo Rd North Branford CT 06471													
Business Phone	e Ex	ctension	Fax		Mobile	e Phone	Emergency	/ Phone	Email A	Address				
203-484-0403	3						203-484	-0403	frturne	r@nbcatho	lics.oı	g		
Contact Role(s):	ntact 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.

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

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

End of schedule

	Connecticut De	partmer	nt of	Public H	lealth	Dr	inking '	Water S	Section	
	Water Qu	iality M	onit	oring an	d Com	ıpli	ance So	chedule		
PWS ID	PWS Name								wner Type Pr	imary Source
СТ0990604	RITE AID						NC	25	Р	GW
Local Address	(where applicable)			Service	Resident	tial (Commercial	Industrial	Combined	Agricultural
1395 MIDDLET	TOWN AVE			Connections			1			
Towns Served:	NORTH BRANFORD									
		М	onite	oring Requ	uiremei	nts				
Water Syster	n Facility: DISTRIBUTION									
Total Colifor	m (3100)							1 r	outine (RT) _ا	-
Sampling	Point (Sampling Point ID)				Monitorii	ng Pe	riod Col	lection Perio	od Compli	ance Status
Select fro	m Inventory of Active Samp	ling Points			7/1/19 -	9/30,	/19			
					10/1/19 -					
					1/1/20 -					
					4/1/20 -					
					7/1/20 -	9/30,	/20			
-	ameters (PPS)								outine (RT) _ا	-
	Point (Sampling Point ID)				Monitorii			lection Perio	od Compli	ance Status
Select fro	m Inventory of Active Samp	ling Points			7/1/19 -					
					10/1/19 -					
					1/1/20 -					
					4/1/20 -					
Matau Crestau	n Facility FNTDV DOINT	/MCE ID: O	0700\		7/1/20 -	9/30,	/20			
-	n Facility: ENTRY POINT	(M2L ID: 0	0700)						4 13 /5	-1
	Nitrite (NOX)				Manitari	D.	wind Cal	lastian David	1 routine (R	
ENTRY PC	Point (Sampling Point ID)				<i>Monitorii</i> 1/1/19 - 3	_		lection Perio	-	mplete
ENTRIPO	(כ) ואות				1/1/20 - 1				CO	ilibiete
					1/1/20 - 1					
		Oth	er C	ompliance						
Compliance So	chedule Activity			-		Due D		Achieve	ed Date	
-	SANITARY SURVEY					/18/2		7.0		
	CTION SURVEY REPORT					3/1/2				
		Public	Not	ification R						
				ompliance	Notice		Public Not	ification	PN Cert	ification
Violation/Situ	ation			Period	Tier			Performed	Due to DPH	Received
Total Coliform	M&R Violation		1/1,	19 - 3/31/19	3		5/7/2020		5/17/2020	
Physical Param	neters M&R Violation		1/1,	19 - 3/31/19	3	5	5/7/2020		5/17/2020	
	Water	System I	Facili	ty and Sar	mpling	Poi	nt Inven	tory		
Water							Tota		nd	
System Wa	ter System Facility	Sampling	Point	Sampling Poi	int		Colifo	orm Coppe	r	Stage
Facility ID		ID		Description		S	tatus Rul	le Rule Ti	ier Asbestos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	4		DISTRIBUTION	N SYSTEM		A Y			
				WITHIN 5 SER			Α			
		UPSTRE	AM	WITHIN 5 SER		l	Α			
00700 ENT	TRY POINT	3		ENTRY POINT	•		Α			

Α

WELL

2

55577 WELL

	_	_					_		_					
Connecticut Department of Public Health Drinking Water Section														
	Water Quality Monitoring and Compliance Schedule													
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Primary Source				
CT0990604 R	RITE AID					N	IC	25	Р	GW				
Local Address (wh	ere applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combin	ed Agricultura				
1395 MIDDLETOW	/N AVE			Connection	ons		1							
owns Served: NORTH BRANFORD														
Contact Information														
Name Organization Job Title														
Northford Somek	h LLC													
Mailing Address L	ine One		Mailing Add	dress Line Two				City	State	Zip Code				
PO Box 3165							Harrisb	urg	PA	17105				
Business Phone	Extension	Fax	N	lobile Phone	Emergenc	y Phone	Email A	Email Address						
Contact Role(s):	Owner													
Name				Organization					Job Titl	e				
Mr. Matthew Roo	od			Beta Group				Project M	anager					
Mailing Address L	ine One		Mailing Add	dress Line Two				City		Zip Code				
1010 Wethersfield	d Ave		Suite 305				Hartfor	⁻ d	СТ	06114				
Business Phone	Extension	Fax	N	1obile Phone	Emergenc	y Phone	Email A	Address						
860-513-1503														

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.

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 Ou	ality Monit	oring and	d Comr	oliano	e Sch	edule					
PWS ID	PWS Name	J	8 -		lassificati			ner Type P	rimary Source			
СТ0999064	4 ROSABIANCA VINEYARDS				NC		36	P	GW			
	ess (where applicable)		Service	Residentia	I Comm	ercial In	ndustrial	Combined	Agricultural			
	DLETOWN AVE		Connections					2				
Towns Serv	ved: NORTH BRANFORD											
		Monito	oring Requ	irement	ts							
Water Sys	stem Facility: DISTRIBUTION											
Total Col	iform (3100)						1 rou	ıtine (RT)	per quarter			
Samp	ling Point (Sampling Point ID)		ı	Monitoring	Period	Collect	ion Period	Compli	ance Status			
Select	t from Inventory of Active Sampli	ng Points		7/1/19 - 9/	/30/19			Со	mplete			
			1	0/1/19 - 12	2/31/19			Co	mplete			
				1/1/20 - 3/	/31/20							
				4/1/20 - 6/	/30/20							
				7/1/20 - 9/	/30/20							
Physical I	Parameters (PPS)						1 rou	utine (RT)	per quarter			
_	ling Point (Sampling Point ID)		1	Monitoring	Period	Collect	ion Period		ance Status			
Select	t from Inventory of Active Sampli	ng Points		7/1/19 - 9/	/30/19			Со	mplete			
			1	0/1/19 - 12	2/31/19			Со	mplete			
				1/1/20 - 3/								
				4/1/20 - 6/	/30/20							
				7/1/20 - 9/	/30/20							
Water Sys	stem Facility: ENTRY POINT -	BARN (WSF ID:			·							
Nitrate (· · · · · · · · · · · · · · · · · · ·	•	•				1	routine (R	T) per year			
-	ling Point (Sampling Point ID)		1	Monitoring	Period	Collect	ion Period	=	ance Status			
	Y POINT (3)			1/1/19 - 12		12/1	1-12/31		mplete			
	- (-)			, , 1/1/20 - 12			l-12/31					
				1/1/21 - 12	· · ·		1-12/31					
Nitrite (1	1041)			-, -,	,			routine (R	T) per year			
•	ling Point (Sampling Point ID)		,	Monitoring	Period	Collect	ion Period		ance Status			
-	Y POINT (3)			1/1/19 - 12					mplete			
				1/1/20 - 12								
				1/1/21 - 12								
	Water	System Facili				vento	ry					
Water						Total	Lead and					
System	Water System Facility	Sampling Point	Sampling Poir	nt		Coliform	Copper		Stage			
Facility ID		ID	Description		Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	Α							
		DOWNSTREAM	WITHIN 5 SER	VICE CON	Α							
		UPSTREAM	WITHIN 5 SER	VICE CON	Α							
00700	ENTRY POINT - BARN	3	ENTRY POINT		Α							
58860	WELL 1	2	WELL 1		Α							
58864	BARN PRESSURE TANK											
	HOUSE PRESSURE TANK											

164	ROSARIANCA VINEVARDS	NC	36	D	G/M
	PWS Name	Classification	Population	Owner Type	Primary Source
	Water Quality Monitoring and Con	npliance S	Schedul	e	
	Connecticut Department of Public nearth	DIIIKIII	g water	Section	

								,
СТ0999064	ROSABIANCA VINEYARDS				NC	36	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial C	Commercial	Industria	al Combine	ed Agricultural
1536 MIDDLETC	OWN AVE	Connections					2	

Connecticut Department of Dublic Health Drinking Water Costion

Towns Served: NORTH BRANFORD

PWS ID

Contact Information													
Name				Organization			Job Title						
Mr. Charles Rosabi	anca			Rosabianca V	ineyards								
Mailing Address Lin	e One		Mailing Address Line Two				City	State	Zip Code				
1536 Middletown A	ve		1				d	СТ	06472				
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address							
203-208-1211				203-640-1422		rosabi@:	snet.net						

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 Depa	artment of	Public H	lealth	Drink	king '	Wate	r Se	ction	
	Water Qua	lity Monit	oring an	d Com	plian	ce So	chedu	le		
PWS ID	PWS Name		0					_	ner Type P	rimary Source
СТ0999084	STEWARDS OF THE LAND BE	REWERY			NC		25		P	GW
Local Address (v	where applicable)		Service	Resident	ial Comr	mercial	Industr	rial	Combined	Agricultural
418 FOREST RO	AD, NORTH BRANFORD		Connections						1	
Towns Served: I	NORTH BRANFORD			1			1			
		Monito	oring Requ	ıiremer	nts					
Water System	Facility: DISTRIBUTION S									
Total Coliforn	n (3100)							1 rou	tine (RT)	per quarter
Sampling I	Point (Sampling Point ID)			Monitorin	ng Period	Coll	lection P	eriod	Compl	iance Status
Select from	n Inventory of Active Sampling	g Points		10/1/19 -	12/31/19)			Cc	mplete
			_	1/1/20 -	3/31/20				Co	mplete
				4/1/20 -	6/30/20					
				7/1/20 -	9/30/20					
Physical Para	meters (PPS)							1 rou	tine (RT)	per quarter
Sampling I	Point (Sampling Point ID)			Monitorir	ng Period	Coll	lection Po	eriod	Compl	iance Status
DISTRIBUT	ION SYSTEM (4)			10/1/19 -	12/31/19	1			Co	mplete
				1/1/20 -	3/31/20				Co	mplete
				4/1/20 -						
				7/1/20 -	9/30/20					
Water System	Facility: ENTRY POINT (\	WSF ID: 00700)								
Nitrate (1040	0)							1 rou	tine (RT)	per quarter
Sampling I	Point (Sampling Point ID)			Monitorir	ng Period	Coll	lection Po	eriod	Compl	iance Status
ENTRY POI	NT (3)			1/1/20 -	3/31/20				Co	mplete
				4/1/20 -						
				7/1/20 -	9/30/20					
Nitrite (1041									-	RT) per year
	Point (Sampling Point ID)			Monitorir		Coll	lection P	eriod	Compl	iance Status
ENTRY POI	NT (3)			1/1/20 - 1					Cc	mplete
				1/1/21 - 1	2/31/21					_
Nitrate And N	•								=	RT) per year
	Point (Sampling Point ID)			Monitorin		Coll	lection P	eriod		iance Status
ENTRY POI				1/1/19 - 1					Cc	mplete
	Water S	ystem Facili	ty and Sar	mpling	Point I	nven	tory			
Water						Tota		d and		
	er System Facility	Sampling Point		nt		Colifo	-	oper 	0-66	Stage
Facility ID	DIDLITION OVETTA	ID	Description		Status		e Ruie	e Her	Aspestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION		Α	Y				
		DOWNSTREAM				Y				
00700 FNT	DV DOINT	UPSTREAM	5 SERVICE CO			Υ				
00700 ENTF	RY POINT	2	WELL		Α					
		2	VVELL		Α					
61771 TREA	ATMENT PLANT		11 1 C	··						
			tact Inforr	mation						
Name			ganization						Job Title	
Mr. Joseph Def			Defrancesco &	Son, Inc.	1		Presiden	t		
Mailing Address	Line One	Mailing Address	s Line Two				City		State	Zip Code
43 Augur Road					N	orthfor	d		CT	06472

Connecticut Department of Public Health Drinking Water Section											
	Wa	ter Qua	lity Monit	coring a	ind Coi	nplia	ince S	chedul	le		
PWS ID PV	PWS Name						fication F	opulation	Owner Type	Primary Source	
CT0999084 ST	STEWARDS OF THE LAND BREWERY						NC .	25	Р	GW	
Local Address (where applicable)				Service	Reside	ntial Co	ommercia	l Industri	al Combin	ed Agricultural	
418 FOREST ROAD, NORTH BRANFORD					nnections				1		
Towns Served: NO	RTH BRANFOR	D		·		·					
Business Phone	Extension Fax Mobil			ile Phone	Emergency Phone		Email Address				
203-641-0498						magmad			acarta88@gmail.com		
Contact Role(s): Lo	egal Contact, (Owner									
Name Org								Job Title			
Mr. Alex Defrances	sco		St	ewards of T	he Land Br	ewery					
Mailing Address Line One Mailing Addres				Line Two			City		Zip Code		
43 Augur Road							North Branford		СТ	06472	
Business Phone	Extension Fax Mo		Mob	ile Phone	Emergency Phone		Email Address				
203-641-0498							magmad	magmacarta88@gmail.com			
Contact Role(s): A	dministrative	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