Connecticut Department of Publi	c Health Drinki	ng Water Se	ection
Water Quality Monitoring		_	
PWS ID PWS Name			ner Type Primary Source
CT0999043 TILCON CONNECTICUT INC NORTH BRANFORD	NTNC	38	P GW
Local Address (where applicable) Service	Residential Comm		Combined Agricultural
ROUTE 22 & 80 Connecti			0
Towns Served: NORTH BRANFORD			
Monitoring Ro	equirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)	•		
Asbestos (1094)		1 routi	ne (RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	• • • •
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		•
	1/1/20 - 12/31/28	_	
Total Coliform (3100)		1 ro	utine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/19		Complete
	10/1/19 - 12/31/19		Complete
	1/1/20 - 3/31/20		
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		
Lead And Copper (PBCU)		5 routin	e (RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/19 - 12/31/21	6/1-9/30	
	1/1/22 - 12/31/24	6/1-9/30	
Physical Parameters (PPS)			utine (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		
	4/1/20 - 6/30/20		
	7/1/20 - 9/30/20		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routin	e (RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
Nitrate And Nitrite (NOX)		1	routine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
	1/1/21 - 12/31/21		
Pesticides, Herbicides and PCBs-Phase II (SOC2)			e (RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	<u> </u>
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
	1/1/23 - 12/31/25		
Pesticides, Herbicides and PCBs-Phase V (SOC5)			e (RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status

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	Connecticut D	epartment of	Public	Health	Dr	inkii	ng W	ater S	Section	
	Water Q	Quality Monit	oring a	nd Con	npl	iance	e Sch	edule		
PWS ID	PWS Name				_					Primary Sourc
СТ099904	TILCON CONNECTICUT	INC NORTH BRANF	ORD			NTNC		38	Р	GW
ocal Add	ress (where applicable)		Service	Residen	tial	Comme	ercial I	ndustrial	Combine	d Agricultura
ROUTE 22	2 & 80		Connection	S 1						
Towns Sei	rved: NORTH BRANFORD			·					·	
		Monito	oring Req	uireme	nts					
Water Sy	stem Facility: ENTRY POIN	T (WSF ID: 00700)								
Pesticid	es, Herbicides and PCBs-Pha	ase V (SOC5)						1 routi	ne (RT) pe	r three years
Sam	pling Point (Sampling Point ID))		Monitori	ing P	eriod	Collec	tion Perio	od Comp	liance Status
ENTF	RY POINT (3)			1/1/17 -	12/3	1/19			C	Complete
				1/1/20 -	12/3	1/22				
				1/1/23 -	12/3	1/25				
_	Chemicals (VOCS)									RT) per year
	pling Point (Sampling Point ID))		Monitori			Collec	tion Perio	od Comp	liance Status
ENTF	RY POINT (3)			1/1/19 -					C	Complete
				1/1/20 -						
				1/1/21 -						
		Other C	ompliand	e Sched	lule	!S				
Complian	ce Schedule Activity			1	Due l	Date		Achieve	ed Date	
	NNECTION SURVEY REPORT				3/1/2					
	TION SYSTEM MATERIALS EVAL	UATION				2019				
CROSS CO	NNECTION SURVEY REPORT				3/1/2	2020				
	Wate	er System Facili	ity and Sa	mpling	Po	int In	vento	ry		
Water							Total	Lead a		
System	Water System Facility	Sampling Point		oint		(Coliform			Stage
Facility ID		ID .	Description	DAL CVCTER		Status	Rule	Kule II	er Aspesto.	s WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION			A	Υ			
		DOWNSTREAM			N	A	V	2	V	
		MW001	SHOP MENS		1	A	Y Y	2	Y	
		MW002 MW003	SHOP WOM		/I	A		2		
		MW004	FAUCET #1	SIIVK		A A	Y Y	2 2		
		MW005	FAUCET #1				Y	2		
		UPSTREAM	WITHIN 5 SI		NI.	A	ī	2		
00700	ENTRY POINT	3	ENTRY POIN		V	A A				
10481	WELL #1	2	WELL	11						
		۷	VVELL			Α				
50190	PRESSURE TANK	0	0	. I C						
		Certified		Intorm	natio	on				
	stem Facility: DISTRIBUTIO	-	D: 00600)							
-	assification: SMALL WATER SY			o	, .					Certification
Operator		Operator Type		Certificatio		VCT-1 :	00557	-0.0 0::		Expiration
.AFRAMB	OISE, PAUL F.	CHIEF OPERATO	DR I	DISTRIBUTI	ON S	YSTEM	OPERAT	OR - CLA	SS I	9/30/2021

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.

ASSIGNED OPERATOR

LAFRAMBOISE, JEFFREY

WATER TREATMENT PLANT OPERATOR - CLASS II

DISTRIBUTION SYSTEM OPERATOR - CLASS I

9/30/2021

12/31/2020

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	Connecticut Department of Public Health Drinking Water Section										
	Wate	er Qua	lity Monit	toring a	nd Con	nplia	ince S	chedul	le		
PWS ID	PWS Name					Classification P		Population	Owner Type	Primary Source	
СТ0999043	TILCON CONNECTI	ICUT INC.	- NORTH BRANF	ORD		N	ΓNC	38	Р	GW	
Local Address (where applicable)				Service	Resider	ntial Co	ommercia	al Industri	al Combin	ed Agricultural	
ROUTE 22 & 80				Connection	ns 1						
Towns Served: No	ORTH BRANFORD			'		,		'			
			Cor	ntact Info	rmation	1					
Name			0	Organization				Job Title			
Mr. Thomas W. [rennen		Ti	ilcon Connec	con Connecticut, Inc.				Cfo And Secretary		
Mailing Address L	ine One		Mailing Addres	ss Line Two			City		State	Zip Code	
642 Black Rock Avenue							New Br	New Britain		06052	
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	y Phone	Email A	Email Address			
Contact Role(s):	Legal Contact										

Mr. Chris Costello

Mailing Address Line One

642 Blackrock Ave

Job Title Name Organization Tilcon Connecticut Inc Env Mngr

Mailing Address Line Two City State Zip Code New Britain CT 06050

Business Phone Extension **Mobile Phone** Emergency Phone Email Address Fax 860-224-6048 203-214-9092 ccostello@tillcon-inc.com

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.
- 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

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	Connecticut Department of	Public Healt	h Dri	nking	g Wate	r Se	ection	
	Water Quality Monit							
PWS ID	PWS Name						ner Type	Primary Source
CT0990713	5 ARDSLEY AVENUE			TNC	50		Р	GW
	/here applicable)	Service Reside		ommerci		trial	Combine	d Agricultural
5 ARDSLEY AVEN		Connections 2						9
Towns Served: N	IORTH BRANFORD							
	Monit	oring Requirem	ents					
Water System	Facility: DISTRIBUTION SYSTEM (WSF I	D: 00600)						
Asbestos (109	94)				1	routi	ne (RT) pe	er nine years
Sampling P	oint (Sampling Point ID)	Monito	ring Pe	riod C	Collection I	Period	Comp	liance Status
Select from	Inventory of Active Sampling Points	1/1/11	- 12/31	/19			C	Complete
		1/1/20	- 12/31	/28				
Total Coliform	(3100)					1 ro	utine (RT)	per quarter
Sampling P	oint (Sampling Point ID)	Monito	ring Pe	riod C	Collection I	Period	Comp	liance Status
Select from	Inventory of Active Sampling Points	7/1/19	9 - 9/30/	19			C	Complete
		10/1/19	9 - 12/31	L/19			C	Complete
		1/1/20) - 3/31/	'20			C	Complete
		4/1/20) - 6/30/	'20				
		7/1/20	9/30/	20				
Lead And Cop					5 r	outin		r three years
Sampling P	oint (Sampling Point ID)	Monito	ring Pe	riod C	ollection I	Period	Comp	liance Status
Select from	Inventory of Active Sampling Points		- 12/31		6/1-9/3			
		1/1/21	- 12/31	/23	6/1-9/3			
Physical Parar								per quarter
	oint (Sampling Point ID)		ring Pe		Collection I	Period		liance Status
Select from	Inventory of Active Sampling Points		9/30/					Complete
			9 - 12/31	-				Complete
) - 3/31/				C	Complete
) - 6/30/					
			9/30/	′20				
•	Facility: ENTRY POINT (WSF ID: 00700)							
Inorganic Che								r three years
	oint (Sampling Point ID)		ring Pe		Collection I	Period		liance Status
ENTRY POI	NT (3)		- 12/31				C	Complete
			- 12/31					
		1/1/23	- 12/31	/25				_
Nitrate And N	• •						-	RT) per year
	Point (Sampling Point ID)		ring Per		Collection I	eriod		liance Status
ENTRY POI	NI (3)		- 12/31				C	Complete
			- 12/31					
	11.11	1/1/21	- 12/31	/21	-		(==)	
-	rbicides and PCBs - Phase II & V (SOCS)		utus B					r three years
Sampling P	oint (Sampling Point ID)	Monito	ring Pe	riod C	Collection I	eriod	Comp	liance Status

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1/1/17 - 12/31/19

1/1/20 - 12/31/22 1/1/23 - 12/31/25

Monitoring Period

Schedule Generation Date: 3/10/2020

Sampling Point (Sampling Point ID)

ENTRY POINT (3)

Organic Chemicals (VOCS)

Complete

Compliance Status

1 routine (RT) per three years

Collection Period

	Connecticut D	epartment of	Public H	ealth	Drink	ing W	<i>l</i> ater	Se	ction	
		Quality Monit				U				
PWS ID	PWS Name	quarrey 1.101111	oring and	4 0011					er Tyne P	rimary Sour
CT099071					NTNC	1011 1 01	50	· · · · ·	P	GW
	ress (where applicable)		Service	Residen		nercial	Industri	al (Combined	
5 ARDSLE			Connections	2						0
	rved: NORTH BRANFORD									
		Monito	oring Requ	ireme	nts					
Water Sv	stem Facility: ENTRY POIN		<u>-</u>							
	Chemicals (VOCS)	(220)					1 rou	ıtine	(RT) per	three year
_	pling Point (Sampling Point ID)		Monitori	ng Period	Colle	ction Pe		• • •	iance Status
	RY POINT (3)	,			12/31/20					
					12/31/23					
		Other C	ompliance							
Complian	ce Schedule Activity		, p		Due Date		Achie	ved D	Date	
-	TION SYSTEM MATERIALS EVAI	LUATION		8	3/31/2019					
	NNECTION EXEMPTION				3/1/2024					
	Wat	er System Facili	ity and Sar			nvento	orv			
Water			•	1 0		Total	Lead	and		
System	Water System Facility	Sampling Point	Sampling Poi	nt		Coliforn				Stag
Facility ID)	ID	Description		Status	Rule	Rule	Tier	Asbestos	WQP 2 DBI
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	Α	Υ				
		AP-01	DR. OFFICE SI	NK #1	1		2			
		AP-02	FRONT TODLE	R SINK	Α	Υ	2		Υ	
		AP-03	STAFF KITCHE	N SINK	Α	Υ	2	!	Υ	
		AP-04	DAYCARE BOY	S LAV	Α	Υ	2	!	Υ	
		AP-05	DAYCARE GIR	S LAV	Α	Υ	2	!	Υ	
		AP-06	BACK TODLER	SINK	Α	Υ	2	!	Υ	
		AP-08	PRE SCH CLAS	S SINK	Α	Υ	2		Υ	
		AP-09	INF BABY RM	SINK	Α	Υ	2		Υ	
		AP-10	STAFF BATH S	NK	Α	Υ	2		Υ	
		AP-11	CLUB NAP KIT	SINK 1	Α	Υ	2	!	Υ	
		AP-12	CLUB NAP KIT	SINK 2	Α	Υ	2	!	Υ	
		AP-13	CLUB NAP BA	TH 1	Α	Υ	2	!	Υ	
		AP-14	CLUB NAP HA	ND SINK	Α	Υ	2	!	Υ	
		AP-15	CLUB NAP BA	TH 2	Α	Υ	2	!	Υ	
		DOWNSTREAM	WITHIN 5 SER	VICE CON	N A					
		UPSTREAM	WITHIN 5 SER	VICE CON	N A					
00700	ENTRY POINT	3	ENTRY POINT		Α					

Certified Operator Information

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

10774 WELL 1

Facility Classification: SMALL WA	ATER SYSTEM		Certification
Operator Name	Operator Type	Certification(s)	Expiration
ROWLEY, BRENDAN	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2022
		WATER TREATMENT PLANT OPERATOR - CLASS II	12/31/2022

WELL 1

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	Connecticut Depar	unent of Public F	ieaitii	DHIIKIII	g water	Section	
	Water Qualit	ty Monitoring an	d Con	ipliance :	Schedu	le	
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0990713	5 ARDSLEY AVENUE			NTNC	50	Р	GW
Local Address	Service	Service Resident		ial Industri	ial Combine	ed Agricultural	
5 ARDSLEY AV	ENUE	Connections	Connections 2				
Towns Served:	NORTH BRANFORD	İ			·	·	
		Contact Inform	mation				
Name		Organization				Job Title	e
	•						

Connecticut Department of Dublic Health Drinking Water Section

Name				Organization		Job Title					
Mr. Mario Simoni				P	Alm Realty G	roup		Member			
Mailing Address Lin	e One		Mailing A	ddre	ss Line Two		City State 2			Zip Code	
199 White Birch Ro	ad						East Har	East Hampton CT 064			
Business Phone	Extension	Fax		Mot	oile Phone	Emergency Phone	Email Address				
860-267-7335						860-267-1106					
Contact Role(s): Le	egal Contact		·								
Name				C	Organization		Job Title				
Ms. Lisa Simoni				5	Ardsley Ave	e, LLC		Property M	lanager		
Mailing Address Lin	e One		Mailing A	ddre	ss Line Two		City		State	Zip Code	
56 Spellman Point f	₹d						East Har	npton	СТ	06424	
Business Phone	Extension	Fax		Mot	oile Phone	Emergency Phone	gency Phone Email Address				
860-267-7335		860-267-7	7867			860-716-0141	lisam9876@yahoo.com				
			7867			860-716-0141	lisam9876@yahoo.com				

Contact Role(s): Administrative Contact, Owner

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End of schedule

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