	Connecticut De	*				•	_			ction	
D14/6 1 D		uality Monit	oring and		_		_				
PWS ID	PWS Name	205 110 5)									mary Source
CT1099083	PLAINFIELD REST AREA (I	I-395 N&S)	C	Danislassa		۱C	1	25		S	GW
	(where applicable)		Service Connections	Resident	tial Co	ommerc	iai ir	ndustrial	C	ombined	Agricultural
ROUTE 395 (N			Connections	2							
Towns Served:	: PLAINFIELD			•		_	_	_	_		
Water Syster	m Facility: <b>DISTRIBUTIO</b>		oring Requ D: 00600)	iremei	nts						
Total Colifor	•	•	<u> </u>					1 :	routi	ine (RT) p	er quarter
	Point (Sampling Point ID)			Monitorii	ng Per	iod (	Collect	ion Peri			nce Status
Select fro	m Inventory of Active Samp	ling Points		7/1/19 -	9/30/2	19				Cor	nplete
				10/1/19 -	12/31,	/19				Cor	nplete
				1/1/20 -							
				4/1/20 -							
				7/1/20 -							
Physical Para	ameters (PPS)							1 ו	routi	ine (RT) p	er quarter
•	Point (Sampling Point ID)			Monitorii	ng Per	iod (	Collect	ion Peri			nce Status
Select fro	m Inventory of Active Samp	ling Points		7/1/19 -	9/30/2	19				Cor	nplete
			-	10/1/19 -	12/31,	/19				Cor	nplete
				1/1/20 -	3/31/2	20					
				4/1/20 -	6/30/2	20					
				7/1/20 -	9/30/2	20					
Water Syster	m Facility: ENTRY POINT	(WSF ID: 00700)									
Nitrate And	Nitrite (NOX)								1 rc	outine (R	Γ) per year
Sampling	Point (Sampling Point ID)			Monitorii	ng Per	iod (	Collect	ion Peri	od	Complia	nce Status
ENTRY PO	DINT (3)			1/1/19 - 1	12/31/	'19				Cor	nplete
				1/1/20 - 3	12/31/	'20					
				1/1/21 - 1	12/31/	'21					
Water Syster	m Facility: WELL (WSF II	D: 20037)									
E. Coli (3014								1 1	routi	ine (RT) p	er quarter
-	Point (Sampling Point ID)			Monitorii	ng Per	iod (	Collect	ion Peri			nce Status
WELL (2)				7/1/19 -	9/30/2	19				Cor	nplete
				10/1/19 -	12/31,	/19				Cor	nplete
				1/1/20 -	3/31/2	20					
				4/1/20 -	6/30/2	20					
				7/1/20 -	9/30/2	20					_
	Wate	r System Facili	ty and Sar	npling	Poin	t Inve	ento	ry			
Water						Т	otal	Lead a	nd		
*	iter System Facility	Sampling Point		nt			liform	Coppe			Stage
Facility ID		ID	Description		Sto	atus l	Rule	Rule T	ier /	Asbestos	NQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	2	GENERATED E			Α	Υ				
		4	GENERIC DIST			Α	Υ				
		4N	GENERATED E			Α	Υ				
		4\$	GENERATED E			Α	Υ				
		DOWNSTREAM				Α					
		NMP014	GENERATED E	SY BATCH		A	Υ				
		NPM003	BOILER RM N			A		_		Y	
		NPM004	FOOD PREP SI	NK		Α	Υ	3			

(	Connectic	ut Depa	rtment of	Public	Health	Drink	ing V	Vater Se	ection	
		*	lity Monit				U			
PWS ID F	PWS Name	cor qua			114 0011	Classificat			ner Type P	rimary Source
	PLAINFIELD RES	Γ AREA (I-395	5 N&S)			NC		25	S	GW
Local Address (wh		•		Service	Residen	itial Comn	nercial	Industrial	Combined	Agricultural
ROUTE 395 (N & S				Connection	ns 2					
Towns Served: PL	AINFIELD					l l				
		Water Sy	stem Facili	ity and S	ampling	Point I	nvent	ory		
Water				-			Tota	l Lead and	1	
*	System Facility		Sampling Point				Colifor			Stage
Facility ID			ID	Description	1	Status	Rule	Rule Tie	Asbestos	WQP 2 DBPR
			NPM005	FOOD WAS	H SINK	Α	Υ	3		
			NPM006	WASH SINK		Α	Υ	3		
			NPM007	COFFEE PR	EP	Α	Υ	3		
			NPM008	LADIES RO	MC	Α	Υ	3		
			NPM014	BOILER RM		Α	Υ		Υ	
			SPM009	FOOD PREF	SINK	Α	Υ	3		
			SPM010	FOOD WAS	H SINK	Α	Υ	3		
			SPM011	WASH SINK		Α	Υ	3		
			SPM012	COFFEE SIN		Α	Υ	3		
			SPM013	LADIES RO		Α	Υ	3		
			UPSTREAM	WITHIN 5 S	SERVICE COI	N A				
00700 ENTRY	POINT		3	ENTRY POI	NT	Α				
20037 WELL			2	WELL		Α				
54355 TREAT	MENT PLANT									
				tact Info	rmation	1				
Name				rganization					Job Title	
Mr. Joseph Giulie			D€	epartment o	f Transport	ation	(	Commissione		
Mailing Address L	ine One		Mailing Address	s Line Two				City	State	Zip Code
2800 Berlin Turnp							ewingto		CT	06111
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	Phone Er	nail Add	ress		
860-594-3000										
Contact Role(s):	Legal Contact									
Name				rganization					Job Title	
Ms. Jill A. Brenna				ate of Conn	ecticut Dot			r. Director o	f Conc	
Mailing Address L			Mailing Address	s Line Two				City	State	Zip Code
2800 Berlin Turnp				1			ewingto		CT	06111
Business Phone	Extension	Fax	Mobi	le Phone	Emergency					
860-594-3000					Jill.Brennan@ct.gov					
Contact Role(s):	Owner		ı				1			
Name				rganization					Job Title	
Mr. Mike Modine	•		Pr	oject Service	e LLC		[	Director of O	peratio	

State

CT

City

mike.modine@psllcct.com

New Haven

Emergency Phone Email Address

Zip Code

06131

Mailing Address Line Two

Mobile Phone

203-314-5446

Mailing Address Line One

195 Church St. 8Th Floor

Extension

1004

Contact Role(s): Administrative Contact

Fax

**Business Phone** 

203-877-9900

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

PWS	ID	PWS Name					Classification	Population	Owner Type	Primary Source
CT10	99083	PLAINFIELD REST ARE	A (I-395	N&S)			NC	25	S	GW
Local	l Address (w	here applicable)			Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
ROUT	TE 395 (N &	S)			Connections	2				

### 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 Depart			U		ction
Water Qualit	ty Monit	oring and Com	pliance S	chedule	
PWS ID PWS Name		(	Classification	Population Own	er Type Primary Source
CT1090054 DANO'S PUB			NC	49	P GW
Local Address (where applicable)		Service Residenti	al Commercia	al Industrial (	Combined Agricultur
4 PUTNAM ROAD		Connections	4		
Towns Served: PLAINFIELD					
	Monito	oring Requiremen	ts		
Water System Facility: DISTRIBUTION SYST	TEM (WSF I	D: 00600)			
Total Coliform (3100)				1 rout	tine (RT) per quarte
Sampling Point (Sampling Point ID)		Monitorin	g Period Co	ollection Period	Compliance Status
Select from Inventory of Active Sampling Po	oints	7/1/19 - 9			Complete
, , ,		10/1/19 - 1		-	•
		1/1/20 - 3			Complete
		4/1/20 - 6			
		7/1/20 - 9			
Physical Parameters (PPS)				1 rout	tine (RT) per quarte
Sampling Point (Sampling Point ID)		Monitorin	g Period Co	ollection Period	Compliance Status
Select from Inventory of Active Sampling Po	oints	7/1/19 - 9	/30/19		Complete
		10/1/19 - 1	.2/31/19		
		1/1/20 - 3	/31/20		Complete
		4/1/20 - 6	/30/20		
		7/1/20 - 9	/30/20		
Water System Facility: ENTRY POINT (WSI	F ID: 00700)				
Nitrate And Nitrite (NOX)				1 r	outine (RT) per yea
Sampling Point (Sampling Point ID)		Monitorin	g Period Co	ollection Period	Compliance Status
Sampling Point (Sampling Point ID) ENTRY POINT (3)		<i>Monitorin</i> 1/1/19 - 1		ollection Period	Compliance Status Complete
		1/1/19 - 1	2/31/19	ollection Period	Complete
		1/1/19 - 1 1/1/20 - 1	2/31/19 2/31/20	ollection Period	
	Other C	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1	2/31/19 2/31/20 2/31/21	ollection Period	Complete
ENTRY POINT (3)	Other Co	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ompliance Schedu	2/31/19 2/31/20 2/31/21 Iles		Complete Complete
ENTRY POINT (3)  Compliance Schedule Activity		1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ompliance Schedu	2/31/19 2/31/20 2/31/21 Iles ue Date	Achieved E	Complete Complete
ENTRY POINT (3)  Compliance Schedule Activity  CORRECTIVE ACTION/CORRECTIVE ACTION PLAN		1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ompliance Schedu D	2/31/19 2/31/20 2/31/21 Iles ue Date 11/2014		Complete Complete
Compliance Schedule Activity  CORRECTIVE ACTION/CORRECTIVE ACTION PLAN RESPOND TO SANITARY SURVEY		1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ompliance Schedu D 7/	2/31/19 2/31/20 2/31/21 Iles ue Date 11/2014 2/23/2018	Achieved D	Complete Complete
Compliance Schedule Activity  CORRECTIVE ACTION/CORRECTIVE ACTION PLAN RESPOND TO SANITARY SURVEY  Water System		1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ompliance Schedu D	2/31/19 2/31/20 2/31/21 Iles ue Date 11/2014 /23/2018	Achieved E	Complete Complete
Compliance Schedule Activity  CORRECTIVE ACTION/CORRECTIVE ACTION PLAN RESPOND TO SANITARY SURVEY  Water Systems	tem Facili	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 compliance Schedu Dr. 7/ 12/ ty and Sampling I	2/31/19 2/31/20 2/31/21 Iles ue Date 11/2014 23/2018 Point Inve	Achieved E ntory tal Lead and	Complete Complete  Complete
Compliance Schedule Activity  CORRECTIVE ACTION/CORRECTIVE ACTION PLAN RESPOND TO SANITARY SURVEY  Water System Water System Facility  Sai	tem Facili	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1 ompliance Schedu D 7/	2/31/19 2/31/20 2/31/21 <b>iles</b> ue Date 11/2014 23/2018 <b>Point Inve</b>	Achieved D  ntory  tal Lead and form Copper	Complete Complete
Compliance Schedule Activity  CORRECTIVE ACTION/CORRECTIVE ACTION PLAN RESPOND TO SANITARY SURVEY  Water System System Water System Facility Facility ID	tem Facili	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1  compliance Schedu  7/ 12/ ty and Sampling I  Sampling Point Description	2/31/19 2/31/20 2/31/21 Iles ue Date 11/2014 2/23/2018 Point Inve	Achieved D  ntory  tal Lead and form Copper	Complete Complete  Complete  Stage
Compliance Schedule Activity  CORRECTIVE ACTION/CORRECTIVE ACTION PLAN RESPOND TO SANITARY SURVEY  Water System Water System Facility Facility ID  00600 DISTRIBUTION SYSTEM	tem Facili mpling Point ID 4	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1  compliance Schedue  port 7/ 12/ sty and Sampling I  Sampling Point Description  DISTRIBUTION SYSTEM	2/31/19 2/31/20 2/31/21 Iles ue Date 11/2014 23/2018 Point Inverse Colij Status	Achieved E  ntory  tal Lead and form Copper ule Rule Tier	Complete Complete  Complete  Stage
Compliance Schedule Activity  CORRECTIVE ACTION/CORRECTIVE ACTION PLAN RESPOND TO SANITARY SURVEY  Water System Water System Facility Sail Facility ID  00600 DISTRIBUTION SYSTEM  DC	tem Facili mpling Point ID 4 DWNSTREAM	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1  compliance Schedue  7/ 12/ ty and Sampling I  Sampling Point Description  DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON	2/31/19 2/31/20 2/31/21 Iles ue Date 11/2014 /23/2018 Point Inve	Achieved E  ntory  tal Lead and form Copper ule Rule Tier	Complete Complete  Complete  Stage
Compliance Schedule Activity  CORRECTIVE ACTION/CORRECTIVE ACTION PLAN RESPOND TO SANITARY SURVEY  Water System Water System Facility Facility ID  00600 DISTRIBUTION SYSTEM  DC	tem Facili mpling Point ID 4 DWNSTREAM UPSTREAM	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1  compliance Schedue  property and Sampling I  Sampling Point Description  DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON	2/31/19 2/31/20 2/31/21 Iles ue Date 11/2014 23/2018 Point Inve To Colij Status A A	Achieved E  ntory  tal Lead and form Copper ule Rule Tier	Complete Complete  Complete  Stage
Compliance Schedule Activity  CORRECTIVE ACTION/CORRECTIVE ACTION PLAN RESPOND TO SANITARY SURVEY  Water System Water System Facility Sail Facility ID  00600 DISTRIBUTION SYSTEM  DO  00700 ENTRY POINT	tem Facili mpling Point ID 4 DWNSTREAM UPSTREAM 3	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1  Dompliance Schedu  7/ 12/  Ity and Sampling I  Sampling Point Description  DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON ENTRY POINT	2/31/19 2/31/20 2/31/21 Iles ue Date 11/2014 23/2018 Point Invel Status A A A	Achieved E  ntory  tal Lead and form Copper ule Rule Tier	Complete Complete  Complete  Stage
Compliance Schedule Activity  CORRECTIVE ACTION/CORRECTIVE ACTION PLAN RESPOND TO SANITARY SURVEY  Water System Water System Facility Facility ID  00600 DISTRIBUTION SYSTEM  DO  00700 ENTRY POINT 21896 WELL	tem Facili mpling Point ID 4 DWNSTREAM UPSTREAM	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1  compliance Schedue  property and Sampling I  Sampling Point Description  DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON	2/31/19 2/31/20 2/31/21 Iles ue Date 11/2014 23/2018 Point Inve To Colij Status A A	Achieved E  ntory  tal Lead and form Copper ule Rule Tier	Complete Complete  Complete  Stage
Compliance Schedule Activity  CORRECTIVE ACTION/CORRECTIVE ACTION PLAN RESPOND TO SANITARY SURVEY  Water System Water System Facility Sail Facility ID  00600 DISTRIBUTION SYSTEM  DC 00700 ENTRY POINT	tem Facili mpling Point ID 4 DWNSTREAM UPSTREAM 3 2	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1  Dompliance Schedu  7/ 12/  Ity and Sampling I  Sampling Point Description  DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON ENTRY POINT WELL	2/31/19 2/31/20 2/31/21 Iles ue Date 11/2014 23/2018 Point Invel Status A A A	Achieved E  ntory  tal Lead and form Copper ule Rule Tier	Complete Complete  Complete  Stage
Compliance Schedule Activity  CORRECTIVE ACTION/CORRECTIVE ACTION PLAN RESPOND TO SANITARY SURVEY  Water System Water System Facility Sail Facility ID  00600 DISTRIBUTION SYSTEM  DC 00700 ENTRY POINT 21896 WELL 55521 BLADDER TANK	tem Facili mpling Point ID 4 DWNSTREAM UPSTREAM 3 2	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1  compliance Schedue  point 12/ ity and Sampling I  Sampling Point Description  DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON ENTRY POINT WELL  tact Information	2/31/19 2/31/20 2/31/21 Iles ue Date 11/2014 23/2018 Point Invel Status A A A	Achieved D  ntory  tal Lead and form Copper ule Rule Tier	Complete Complete  Complete  Stage Asbestos WQP 2 DBI
Compliance Schedule Activity  CORRECTIVE ACTION/CORRECTIVE ACTION PLAN RESPOND TO SANITARY SURVEY  Water System Water System Facility Sail Facility ID  00600 DISTRIBUTION SYSTEM  DO  00700 ENTRY POINT  21896 WELL  55521 BLADDER TANK	tem Facili mpling Point ID 4 DWNSTREAM UPSTREAM 3 2	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1  compliance Schedue  property and Sampling I  Sampling Point Description  DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON ENTRY POINT WELL  tact Information reganization	2/31/19 2/31/20 2/31/21 Iles ue Date 11/2014 23/2018 Point Invel Status A A A	Achieved D  ntory  tal Lead and form Copper ule Rule Tier	Complete Complete  Complete  Stage
Compliance Schedule Activity  CORRECTIVE ACTION/CORRECTIVE ACTION PLAN RESPOND TO SANITARY SURVEY  Water System Water System Facility Facility ID  00600 DISTRIBUTION SYSTEM  00700 ENTRY POINT 21896 WELL 55521 BLADDER TANK  Name  Mr. Dan Martin	tem Facili  mpling Point ID  4  DWNSTREAM UPSTREAM 3 2  Con	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1  compliance Schedue  property and Sampling I  sampling Point Description  DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON ENTRY POINT WELL  tact Information ganization ano's Pub	2/31/19 2/31/20 2/31/21 Iles ue Date 11/2014 23/2018 Point Invel Status A A A	Achieved D  ntory  tal Lead and form Copper ule Rule Tier  Y	Complete Complete  Stage Asbestos WQP 2 DBI
Compliance Schedule Activity  CORRECTIVE ACTION/CORRECTIVE ACTION PLAN RESPOND TO SANITARY SURVEY  Water System Water System Facility Sair Facility ID  00600 DISTRIBUTION SYSTEM  DO 00700 ENTRY POINT 21896 WELL 55521 BLADDER TANK  Name  Mr. Dan Martin Mailing Address Line One	tem Facili mpling Point ID 4 DWNSTREAM UPSTREAM 3 2	1/1/19 - 1 1/1/20 - 1 1/1/21 - 1  compliance Schedue  property and Sampling I  sampling Point Description  DISTRIBUTION SYSTEM WITHIN 5 SERVICE CON WITHIN 5 SERVICE CON ENTRY POINT WELL  tact Information ganization ano's Pub	2/31/19 2/31/20 2/31/21 Iles ue Date 11/2014 23/2018 Point Invel Status A A A	Achieved D  ntory  tal Lead and form Copper ule Rule Tier  Y  Owner  City	Complete Complete  Complete  Stage Asbestos WQP 2 DBI

	Connecticut Department of Fubile ficatur Diffixing Water Section											
	Wat	er Quality	Monito	oring ar	nd Con	npli	iance S	Schedul	le			
PWS ID PWS Name Classification Population Owner Type Primary Source												
CT1090054	DANO'S PUB			NC	49	Р	GW					
Local Address (w	here applicable)			Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural		
4 PUTNAM ROAL	)			Connection	S	4						
Towns Served: P	LAINFIELD							·		·		
Business Phone	e Extension	Fax	Mobile	e Phone	Emergency	/ Pho	ne Email A	Address				
860-564-5062 860-564-7584												

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 Departmen				_			
	Water Quality M	onitoring an	a Con	_				
PWS ID	PWS Name			Class		-		rimary Source
CT1090104	123, 125, & 127 NORWICH ROAD				NC	45	Р	GW
	where applicable)	Service	Residen	ntial	Commercial	Industrial	Combined	Agricultural
	7 NORWICH ROAD	Connections			3			
Towns Served:	PLAINFIELD							
	M	onitoring Requ	uireme	ents				
Water System	n Facility: DISTRIBUTION SYSTEM (	WSF ID: 00600)						
<b>Total Colifor</b>	m (3100)					1	routine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitor	ing Pe	eriod Coll	ection Perio	od Compl	iance Status
Select from	m Inventory of Active Sampling Points		10/1/19 -	- 10/3	31/19		Co	mplete
			11/1/19 -	- 11/3	0/19		Co	mplete
			12/1/19 -	- 12/3	31/19		Co	mplete
			1/1/20 -	- 1/31	./20		Co	mplete
			2/1/20 -					mplete
			3/1/20 -					•
			4/1/20 -					
			5/1/20 -					
			6/1/20 -					
			7/1/20 -					
			8/1/20 -					
			9/1/20 -					
-	ameters (PPS) Point (Sampling Point ID)		Monitor	ing Pe	eriod Coll	1 ection Perio	routine (RT)	per month
Select from	m Inventory of Active Sampling Points		10/1/19 -	- 10/3	31/19		Co	mplete
			11/1/19 -	- 11/3	80/19		Co	mplete
			12/1/19 -	- 12/3	31/19		Co	mplete
			1/1/20 -	- 1/31	./20		Co	mplete
			2/1/20 -	- 2/29	/20		Co	mplete
			3/1/20 -	- 3/31	./20			
			4/1/20 -	- 4/30	)/20			
			5/1/20 -	- 5/31	./20			
			6/1/20 -	- 6/30	)/20			
			7/1/20 -					
			8/1/20 -					
		_	9/1/20 -					
Water System	n Facility: ENTRY POINT (WSF ID: 0	0700)		,	, -			
Nitrate And I	Nitrite (NOX)						1 routine (I	RT) per year
Sampling	Point (Sampling Point ID)		Monitor	ing Pe	eriod Coll	ection Perio	od Compl	iance Status
ENTRY PO	INT (3)		1/1/19 -	12/32	1/19		Co	mplete
			1/1/20 -	12/32	1/20			
			1/1/21 -					
	Public	Notification R						
		Compliance	Notice		Public Noti	fication	PN Cer	<u>tification</u>
Violation/Situa	ation	Period	Tier			Performed		_
	1	0/00/110	-		. /= /0.0.=	,		

3

11/7/2017

11/17/2017

6/30/16 -

E. Coli M&R Violation

CT1090104	123 125 & 127 NORWICH ROAD	NC	45	D	GW
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
	Water Quality Monitoring and Con	npliance S	Schedul	le	
	Connecticut Department of Public Health	וואווונעון	g water	Section	

Connecticut Department of Dublic Health Drinking Water Costion

CT1090104 123, 125, & 127 NORWICH ROAD				NC	45	Р		GW
Local Address (where applicable)	Service	Residen	ntial	Commercia	al Industri	al Com	bined	Agricultural
123, 125, & 127 NORWICH ROAD	Connections			3				

Towns Served: PLAINFIELD

	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								
21901	WELL	2	WELL	Α								

Contact Information											
Name				Or	ganization		Job Title				
Ms. Lynne M. Quin	tal-Hill		Do	uble J Rea	lty, LLC	Member					
Mailing Address Lin	e One		Mailing	Address	ress Line Two			City	State	Zip Code	
127 Norwich Road			P. O. Box	x 405			Central \	/illage	СТ	06337	
Business Phone Extension Fax M					e Phone	Emergency Phone	Email Address				
860-886-9603 860-564-8253							lhill@qu	intalagency.c	om		

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.

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

End of schedule

Schedule Generation Date: 3/10/2020

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	Connectic	ut Depar	tment of	f Public	Health	Dri	nkin	ng W	ater S	ection	
	Wat	ter Quali	ty Monit	coring a	nd Con						
PWS ID	PWS Name										Primary Source
CT1090134		AR			5		NC		25	Р	GW
	ess (where applicable)			Service Connection	Residen	tial C	ommer	rcial I	ndustrial	Combined	d Agricultural
1006 NORV				Connectio	1113		1				
Towns Serv	red: PLAINFIELD		Monit	oring Po	quireme	ntc					
Water Sys	tem Facility: DISTR	IBUTION SYS			quireine	1113					
•	form (3100)		•	•					1 ro	utine (RT)	per quarter
Sampl	ling Point (Sampling Po	oint ID)			Monitori	ng Per	riod	Collec	tion Period	d Comp	liance Status
Select	from Inventory of Acti	ve Sampling P	oints		7/1/19 -	9/30/	19				omplete
					4/1/20 -	6/30/	20				
					7/1/20 -	9/30/	20				
Physical P	Parameters (PPS)								1 ro	utine (RT)	per quarter
Sampl	ling Point (Sampling Po	oint ID)			Monitori	ng Per	riod	Collec	tion Period	d Comp	liance Status
Select	from Inventory of Acti	ve Sampling P	oints		7/1/19 -	9/30/	19			C	omplete
					4/1/20 -	6/30/	20				
					7/1/20 -	9/30/	20				
Water Sys	tem Facility: ENTRY	POINT (WS	F ID: 00700)								
Nitrate A	nd Nitrite (NOX)								1	l routine (	RT) per year
Sampl	ling Point (Sampling Po	oint ID)			Monitori	ng Per	riod	Collec	tion Period	d Comp	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				
			Other C	omplian	ce Sched	lules					
-	e Schedule Activity					Due Do			Achieved	l Date	
SEASONAL	START UP COMPLETIO					4/1/20					
		Water Sys	tem Facili	ity and S	Sampling	Poir	nt Inv	ento	ry		
Water	Matas Custam Facility	Ca	manline Daint	Campalina	Doint			Total	Lead and		Charac
System Facility ID	Water System Facility	30	mpling Point ID	Descriptio				oliform Rule			Stage WQP 2 DBPR
_	DISTRIBUTION SYSTEM		4	-	ION SYSTEM		atus A	Y	Kule He	Aspestos	VVQF Z DDFN
00000	DISTRIBUTION STSTEIN		4 OWNSTREAM				A	ī			
			UPSTREAM		SERVICE CON		A				
00700	ENTRY POINT		3	ENTRY PO			A				
	WELL		2	WELL	11111		A				
21904	VVLLL				ormation						
Name				rganization	Ji iliacion					Job Title	
Ms. Claudia	a Zurowski			0							
	dress Line One	N	lailing Addres	s Line Two				(	City	State	Zip Code
1006 Norw			<u> </u>				Plain		•	СТ	06374
Business		Fax	Mobi	le Phone	Emergency	Phone			ess		
860-564					,						
Contact Ro	le(s): Administrative	Contact, Owne	er		1		1				

(	Jonnecuc	ut Depa	n unent	of Public	пеани	ווזעו	IIKIIIE	g vvater	Section	.1		
	Wa	ter Qua	lity Mon	itoring a	nd Con	nplia	ince S	Schedu	le			
PWS ID F	WS Name					Classif	ication	Population	Owner Type	e Pri	imary Source	
CT1090134 H	IANK'S DAIRY B	AR			NC			25	Р		GW	
Local Address (wh	ere applicable)			Service	Resider	ential Commercial Industrial Combined					Agricultural	
1006 NORWICH R	OAD			Connection	ns		1					
Towns Served: PL	AINFIELD					,		,				
Name				Organization					Job Tit	:le		
Mr. Peter Zurows	ki			Hank's Dairy B	ar, Inc.			Owner/P	resident			
Mailing Address L	ine One		Mailing Addr	ess Line Two				City	State	9	Zip Code	
1006 Norwich Roa	ad						Plainfield CT Phone Email Address				06374	
Business Phone	Extension	Fax	Мо	obile Phone	Emergency	/ Phone						
860-564-2298					860-564	-6300						
Contact Role(s):	Legal Contact. (	Owner	,									

Connecticut Department of Public Health Drinking Water Section

#### 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

	Connecticut D	onartment of	f Dublic U	[oalth	Drin	lring	Mot	on C	cation		
	Connecticut D	•				Ŭ				l	
		Quality Monit	coring and								
PWS ID	PWS Name							ion O	wner Type		-
CT1090154				5	N	-	25		Р		W
Local Addre	ess (where applicable)		Service Connections	Resident	iai Coi	mmercia	I Indu	ıstrial	Combin	ea Agr	icultural
Towns Son	ved: PLAINFIELD		Connections	1		1					
TOWIIS SELV	red. F LAINT IEED	Monit	oring Requ	iiromoi	atc						
Water Sys	stem Facility: DISTRIBUTION			iii eiiiei	113						
	iform (3100)		2.0000,					1 r	outine (R	T) ner o	warter
	ling Point (Sampling Point ID)	)		Monitorii	na Perio	od Co	llection		=	pliance	
	from Inventory of Active Sam			7/1/19 -					<u> </u>	Comple	
	, , , , , , , , , , , , , , , , , , , ,	<u>, , , , , , , , , , , , , , , , , , , </u>		10/1/19 -						Comple	
				1/1/20 -							
				4/1/20 -							
				7/1/20 -							
Physical I	Parameters (PPS)							1 rc	outine (R	T) per q	uarter
Samp	ling Point (Sampling Point ID)	)		Monitorii	ng Perio	od Co	llection	n Perio	d Con	pliance	Status
Select	from Inventory of Active Sam	pling Points		7/1/19 -	9/30/1	9				Comple	te
				10/1/19 -						Comple	te
				1/1/20 -							
				4/1/20 -							
				7/1/20 -	9/30/2	0					
Water Sys	tem Facility: ENTRY POIN	IT (WSF ID: 00700)									
	nd Nitrite (NOX)								1 routine	(RT) pe	er year
Samp	ling Point (Sampling Point ID)	)		Monitorii			llection	n Perio	d Con	pliance	Status
ENTR	Y POINT (3)			1/1/19 - 1	12/31/1	L9				Comple	te
				1/1/20 - 1							
				1/1/21 - 1	12/31/2	21					
		Other C	ompliance	Sched	ules						
	e Schedule Activity				Due Dat		Α	chieve	d Date		
CROSS CON	NNECTION EXEMPTION			3	3/1/202	:3					
	Wate	er System Facil	ity and Sar	npling	Point	t Inver	ntory				
Water						Tot		ead an			_
System Facility ID	Water System Facility	Sampling Point ID	Sampling Police Description	nt		Colif		Coppe	r er Asbest	os 14/05	Stage
	DICTRIBUTION CVCTEM			LCVCTENA	Sta			tule III	er Asbest	US WY	2 DDPK
00600	DISTRIBUTION SYSTEM	4 CHS5	DISTRIBUTION HAND SINK	N SYSTEIVI	Δ						
		DOWNSTREAM		VICE CON	Δ		(				
		UPSTREAM	WITHIN 5 SER								
		WHITOA002	HAND SINK	VICE CON	) A		,				
00700	ENTRY POINT	3	ENTRY POINT								
	WELL	2	WELL								
21300	****		tact Inforr	mation		<u>,                                      </u>					
Name			rganization	nation					Job Tit	0	
	.C Dba Jacks Sports Bar	U	1 Barnzauull						וון מטנ	e	
	dress Line One	Mailing Addres	s Line Two				City		State	7in	Code
1019 Norw		ividiling Addres	S LITTE T VVU			Plainfiel			CT	-	374
TOTA MOLM						i iaiiiiiei	u		CI	00	J/4

	CU	imecuc	ut Depa	I tille	IIL OI	1 ubiic	1100	ııtıı	וווע	ıkınıg	vvaler	Section	L	
		Wat	ter Qual	lity M	Ionit	oring a	nd (	Com	plia	nce S	Schedul	le		
PWS ID	PWS	Name							Classifi	cation	Population	Owner Type	Prir	mary Source
CT1090154	1019	NORWICH	ROAD						N	С	25	Р		GW
ocal Address (w	vhere	applicable)				Service R		sident	ial Co	mmercia	al Industri	al Combin	ed	Agricultural
						Connections 1		1		1				
Towns Served: P	LAIN	FIELD					'		'			-		
Business Phon	e	Extension	Fax	IVIODII	e Phone	Emerg	gency	Pnone	Email A	laaress				
Contact Role(s):	Ow	ner												
Name					Or	ganization	n				Job Tit	Job Title		
Mr. Stephen M	Sizer				Ca	thsize LLC					Manager/	'Member		
Mailing Address	Line	One		Mailing	Address	Line Two					City	State		Zip Code
L Cranska Road										Moosu	р	СТ		06354
Business Phon	ie	Extension	Fax		Mobil	e Phone	Emerg	gency	gency Phone		Email Address			
860-564-6500	860-564-6500 860-630-0194						stevesi	zer9@yaho	o.com					
Contact Role(s):	Adr	ninistrative (	Contact. Leg	al Conta	ct. Own	er								

Connecticut Department of Public Health Drinking Water Section

# 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

	Cor		•	rtment of lity Monit			ıpl	liance	e Sc	hed	ule			
PWS ID		Name					Cla		n Po		on Ow	ner Type F		
CT109024			A RESTAURA	NT	<b>1</b>			NC		43		Р	G\	
	ress (where		. 4.4)		Service Connectio	Residen	tial	Comme	ercial	Indus	trial	Combined	l Agri	icultural
	H MAIN STR ved: PLAINF		: 14)		Connectio	113		1						
TOWITS SET	veu. PLAINF	TELD		Manik	D -									
Water Sv	stem Facilit	tv: DISTR	IRLITION SV	IVIONITO STEM (WSF I		quireme	nts	•						
•	liform (310	•	IBOTION 31	ISILIVI (VVSFI	D. 00000)						1 ro	utine (RT)	ner a	uarter
	oling Point (	-	oint ID)			Monitori	na F	Period	Colle	ection				
			ve Sampling	Points		7/1/19 -	_						omplet	
33.33						10/1/19 -			_				omplet	_
						1/1/20 -		-					omplet	
						4/1/20 -								
						7/1/20 -	9/3	0/20						
Physical	Parameter	s (PPS)									1 ro	utine (RT)	per q	uarter
Samp	oling Point (	Sampling Po	oint ID)			Monitori	ng F	Period	Colle	ection	Period	Compl	iance s	Status
Selec	t from Inver	ntory of Acti	ve Sampling	Points		7/1/19 -	9/3	0/19				Co	omplet	:e
						10/1/19 -	12/	31/19				Co	omplet	:e
						1/1/20 -	3/3	1/20				Co	omplet	:e
						4/1/20 -	6/3	0/20						
						7/1/20 -	9/3	0/20						
Water Sys	stem Facili	ty: ENTRY	POINT (W	/SF ID: 00700)										
	And Nitrite	• •										routine (		-
	oling Point (	Sampling Po	oint ID)			Monitori			Colle	ection	Period			
ENTR	Y POINT (3)				1/1/19 - 12/31/19								omplet	
						1/1/20 -						Co	omplet	e
						1/1/21 -								
				Other C	omplian	ce Sched	lule	es						
	ce Schedule							Date		Acl	hieved	Date		
RESPOND	TO SANITAR						<u> </u>	/2018						
			Water Sy	stem Facili	ity and S	ampling	Po	int In	vent	ory				
Water									Tota		ad and	1		
System	Water Syst	em Facility	2	Sampling Point				(	Colifor		opper			Stage
Facility ID				ID .	Description			Status	Rule	e Ru	ile Tiei	Asbestos	WQP	2 DBPR
00600	DISTRIBUTI	ON SYSTEM		4		ION SYSTEM		Α	Υ					
				DOWNSTREAM				A						
00700	5N/50// 00/			UPSTREAM		SERVICE CON	N	Α .						
00700	ENTRY POI	N I		3	ENTRY POI	IN I		Α						
21910	WELL			2	WELL		_	Α						
						ormation								
Name					rganization							Job Title		
	Stavropoulo				verview Res	taurant			(	Owner				
	ddress Line (			Mailing Addres	s Line Two				City State Zip Coo					
	Main Street			P.O. Box 756		I			osup			СТ	063	354
Business		Extension	Fax		le Phone	Emergency			ail Add	Iress				
860-564	4-3632		860-564-1	1702		860-564-	152	5						

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

PWS ID	PWS Name			Classifica	ntion P	opulation	Owner Type	<b>Primary Source</b>
CT1090244	RIVERVIEW PIZZA RESTAURANT			NC		43	Р	GW
Local Address (w	here applicable)	Service	Residen	tial Com	mercial	Industria	al Combine	ed Agricultural
632 NORTH MAI	N STREET (ROUTE 14)	Connections			1			

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

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End of schedule

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PWS ID	Wat	ter Qua	lity N	lonit		1.0	7.0							
PWS ID			iicy iv	ΙΟΠΙ	oring a	nd Con	ıplia	ance S	Sche	edul	e			
	PWS Name						_					ner Type	Primary	Source
CT1090314	EDI'S PLACE							NC	2.	5		Р	G۷	V
Local Address (w	here applicable)				Service	Residen	tial C	ommercia	al In	dustria	al	Combine	d Agric	cultural
73 WARD AVENU	JE				Connection	ns		1						
Towns Served: P	LAINFIELD													
			N	/onit	oring Red	nuireme	nts							
Water System	Facility: <b>DISTR</b>	IBUTION SY				<sub>1</sub> an cinc	1103							
<b>Total Coliform</b>	(3100)									1	rou	tine (RT	) per qu	uarter
Sampling P	oint (Sampling Po	oint ID)				Monitori	ng Pei	riod Co	ollecti	on Pei	riod	Comp	oliance S	tatus
Select from	Inventory of Acti	ve Sampling	Points			7/1/19 -	9/30/	19					Complete	e
						10/1/19 -	12/31	./19				C	Complete	e
						1/1/20 -	3/31/	20					Complete	e
						4/1/20 -	6/30/	20						
						7/1/20 -	9/30/	20						
<b>Physical Paran</b>	neters (PPS)									1	rou	tine (RT	) per qu	uarter
_	oint (Sampling P	oint ID)				Monitori	ng Pei	riod Co	ollecti	on Pei		=	oliance S	
Select from	Inventory of Acti	ve Sampling	Points			7/1/19 -	9/30/	19				(	Complete	e
	·					10/1/19 -	12/31	./19				C	Complete	e
						1/1/20 -	3/31/	20				C	Complete	e
						4/1/20 -							•	
						7/1/20 -								
Water System	Facility: ENTRY	POINT (W	VSF ID:	00700)		., _, _ =	-,,							
Nitrate And N	•	(5)		,							1	routine	(RT) nei	r vear
	oint (Sampling Po	oint ID)				Monitori	na Pei	riod Co	allecti	on Pei			oliance S	-
ENTRY POIN						1/1/19 -			Jiicoti	011 1 61	104		Complete	
ENTITION	<b>V</b> 1 (3)					1/1/20 -							Complete	
						1/1/21 -							ompiet	
		Water Sy	ıstem	Facili	ity and S				ntor	'V				
Water		Trace: 5	Jocenn	1 40111	ity and 5	ab9	. 0		tal	Lead	and			
	r System Facility		Samplin	a Point	Sampling P	Point			form	Copp				Stage
Facility ID	. 5,500	•	IL	_	Description		C4	-	ule			Asbesto	s WQP	_
	IBUTION SYSTEM		4	L	DISTRIBUTI			utus	Υ					
00000 515111					WITHIN 5 S			Α	•					
			UPSTF		WITHIN 5 S			A						
00700 ENTR	Y POINT		3		ENTRY POI		•	A						
					WELL	M I								
22698 WELL			2					Α						
				Con	tact Info	rmation								
Name				Oı	rganization							Job Title	!	
Mr. Panajot Alia	j			Pa	ino LLC				Owi	ner				
Mailing Address	Line One		Mailing	Address	s Line Two				Cit	ty		State	Zip C	ode
73 Ward Ave								Moosu	р			СТ	063	54
	e Extension	Fax		Mobi	le Phone	Emergency	Phon	e Email A	ddres	S				
Business Phone								1						
860-564-3679	)					203-558-	0401	panoal	iaj@gı	mail.co	om			
	e Extension	Fax		Mobi	le Phone	Emergency	Phon		-	S		CI	063	54

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

		<u> </u>	-		I-				
PWS ID	PWS Name				Clas	sification	Population	Owner Type	Primary Source
CT1090314	EDI'S PLACE					NC	25	Р	GW
Local Address (v	vhere applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
73 WARD AVEN	UE		Connections			1			

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End of schedule

CT1090324 COUNTRY FARMS  Local Address (where applicable)  83 WARD AVENUE, MOOSUP  Towns Served: PLAINFIELD  Monitoring Requirements	e Schedule on Population C 30 ercial Industrial	Owner Type Pr	imary Source GW Agricultura
PWS ID PWS Name Classification CT1090324 COUNTRY FARMS NC Local Address (where applicable) Service Connections 1 Towns Served: PLAINFIELD  Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100)	on Population 0 30 ercial Industrial	Owner Type Pr	GW
CT1090324 COUNTRY FARMS  Local Address (where applicable)  83 WARD AVENUE, MOOSUP  Towns Served: PLAINFIELD  Monitoring Requirements  Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)  Total Coliform (3100)	30 ercial Industrial	Р	GW
Local Address (where applicable)  83 WARD AVENUE, MOOSUP  Towns Served: PLAINFIELD  Monitoring Requirements  Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)  Total Coliform (3100)	ercial Industrial	Combined	_
83 WARD AVENUE, MOOSUP  Towns Served: PLAINFIELD  Monitoring Requirements  Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)  Total Coliform (3100)			0
Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100)			
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100)			
Total Coliform (3100)			
· · ·			
· · ·	1	routine (RT)	per month
	Collection Peri		ance Status
Select from Inventory of Active Sampling Points 10/1/19 - 10/31/19		Cor	mplete
11/1/19 - 11/30/19		Cor	mplete
12/1/19 - 12/31/19		Cor	mplete
1/1/20 - 1/31/20		Cor	mplete
2/1/20 - 2/29/20		Cor	mplete
3/1/20 - 3/31/20			
4/1/20 - 4/30/20			
5/1/20 - 5/31/20			
6/1/20 - 6/30/20			
7/1/20 - 7/31/20			
8/1/20 - 8/31/20			
9/1/20 - 9/30/20 Physical Parameters (PPS)	1	routine (RT)	nor month
Sampling Point (Sampling Point ID)  Monitoring Period	Collection Peri	= =	per monun ance Status
Select from Inventory of Active Sampling Points 10/1/19 - 10/31/19	Concetion i en		mplete
11/1/19 - 11/30/19			mplete
12/1/19 - 12/31/19			mplete
1/1/20 - 1/31/20			mplete
2/1/20 - 2/29/20			mplete
3/1/20 - 3/31/20			
4/1/20 - 4/30/20			
5/1/20 - 5/31/20			
6/1/20 - 6/30/20			
7/1/20 - 7/31/20			
8/1/20 - 8/31/20			
9/1/20 - 9/30/20			
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 routine (R	
Sampling Point (Sampling Point ID) Monitoring Period	Collection Peri		ance Status
ENTRY POINT (3) 1/1/19 - 12/31/19		Cor	mplete
1/1/20 - 12/31/20			
1/1/21 - 12/31/21			
Water System Facility: WELL (WSF ID: 22699)			
E. Coli (3014)	1	routine (RT) p	er quarter

**Monitoring Period** 

7/1/19 - 9/30/19

10/1/19 - 12/31/19

1/1/20 - 3/31/20

**Collection Period** 

**Compliance Status** 

Complete

Complete

Complete

Schedule Generation Date: 3/10/2020 Page 16

Sampling Point (Sampling Point ID)

WELL (2)

	Connecticut De	partment o	f Public H	ealth	Dri	inking	g Wa	ater S	Section	
	Water 0	uality Moni	toring and	d Con	nnli	ance S	Sche	edule		
PWS ID	PWS Name		0011118 UIII						wner Type Pr	imary Source
CT1090324						NC	3(		Р	GW
Local Addr	ess (where applicable)		Service	Residen	ntial C	Commerci	al In	dustrial	Combined	Agricultura
83 WARD A	AVENUE, MOOSUP		Connections			1				
Towns Serv	ved: PLAINFIELD									
		Monit	oring Requ	ireme	nts					
Water Sys	stem Facility: WELL (WSF I	D: 22699)	<u> </u>							
E. Coli (3	8014)							1 r	outine (RT) p	er quarter
-	ling Point (Sampling Point ID)			Monitori	ing Pe	riod C	ollecti	on Perio		ance Status
				4/1/20 -	- 6/30/	′20				
				7/1/20 -	- 9/30/	′20				
		Public No	tification R	equire	emei	nts				
			Compliance	Notice Public No			otifica	tion	PN Cert	<u>ification</u>
Violation/S	Situation		Period	Tier	R	Required	Perj	formed	Due to DPH	Received
Total Colife	orm M&R Violation	9/1	./18 - 9/30/18	3	12	2/4/2019			12/14/2019	
Physical Pa	rameters M&R Violation	9/1	./18 - 9/30/18	3	12	2/4/2019			12/14/2019	
Total Colife	orm M&R Violation	11/1	/18 - 11/30/18	3	2/	/25/2020			3/6/2020	
Total Colife	orm M&R Violation	10/1	/18 - 10/31/18	3	2/	/25/2020			3/6/2020	
Physical Pa	arameters M&R Violation	10/1	/18 - 10/31/18	3	2/	/25/2020			3/6/2020	
Physical Pa	rameters M&R Violation	11/1	/18 - 11/30/18	3	2/	/25/2020			3/6/2020	
Total Colife	orm M&R Violation	2/1	./19 - 2/28/19	3	5/	/28/2020			6/7/2020	
	orm M&R Violation		/19 - 1/31/19	3		/28/2020			6/7/2020	
Physical Pa	rameters M&R Violation		/19 - 1/31/19	3	5/	/28/2020			6/7/2020	
Physical Pa	rameters M&R Violation	2/1	/19 - 2/28/19	3	5/	/28/2020			6/7/2020	
	Wate	r System Faci	ity and Sar	npling	Poi	nt Inve	ntor	У		
Water						To	otal	Lead ar	nd	
	Water System Facility	Sampling Point		nt			iform	Coppe		Stage
Facility ID		ID	Description			tatus R	Rule	Rule Ti	er Asbestos	WQP 2 DBPF
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION			Α	Υ			
			WITHIN 5 SER			A				
00=00	ENTRY ROLLIT	UPSTREAM	WITHIN 5 SER	VICE COI	N	A				
	ENTRY POINT	3	ENTRY POINT			A				
	WELL	2	WELL			Α				
46637	TREATMENT PLANT									
		Coı	ntact Inform	nation	1					
Name		C	rganization						Job Title	

Mr. Gaurang Gajjar Mailing Address Line One Mailing Address Line Two City State Zip Code 83 Ward Ave 06354 Moosup CT Emergency Phone | Email Address **Business Phone** Extension Fax **Mobile Phone** 860-564-7478 732-397-9942 gajjar239@gmail.com Contact Role(s): Administrative Contact, Legal Contact, Owner

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

				0		1			
Р	WS ID	PWS Name				Classification	Population	Owner Type	<b>Primary Source</b>
C	T1090324	COUNTRY FARMS				NC	30	Р	GW
L	ocal Address (w	here applicable)		Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
8	3 WARD AVENU	JE, MOOSUP		Connections		1			

### 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

	Connectic Wa	•		of Public litoring a				_			.1011	
PWS ID	PWS Name	tor Quia	1109 1 1011			_					Type P	rimary Source
CT1090404							IC	_	25	P		GW
	ess (where applicable)			Service	Resident		mmer		ndustria		mbined	
992 NORW				Connection			3					7.6
	red: PLAINFIELD											
			Mon	itoring Red	guiremer	nts						
Water Sys	tem Facility: <b>DISTR</b>	RIBUTION S										
<b>Total Coli</b>	form (3100)								1	routin	ne (RT)	per quarter
Sampl	ling Point (Sampling P	Point ID)			Monitorin	ng Peri	iod	Collect	tion Per	iod	Compl	iance Status
Select	from Inventory of Act	ive Sampling	Points		7/1/19 -	9/30/1	L9				Co	mplete
					10/1/19 -	12/31/	/19				Co	mplete
					1/1/20 -	3/31/2	20				Co	mplete
					4/1/20 -	6/30/2	20			-		
					7/1/20 -	9/30/2	20					
	Parameters (PPS)											per quarter
	ling Point (Sampling P				Monitorin			Collect	tion Per	iod		iance Status
Select	from Inventory of Act	ive Sampling	Points		7/1/19 -							mplete
					10/1/19 -							mplete
					1/1/20 -						Сс	mplete
					4/1/20 -							
				- 1	7/1/20 -	9/30/2	20					
•	tem Facility: ENTR	Y POINT (V	VSF ID: 0070	0)								
	nd Nitrite (NOX)							- "			=	RT) per year
Sambi	ling Point (Sampling P	oint ID)			Monitorin	ng Peri	od	Collect	tion Per	iod	Compl	iance Status
	( DOINT (0)				4 /4 /40	0 /0 4 /	4.0					
	POINT (3)				1/1/19 - 1							mplete
	POINT (3)				1/1/20 - 1	12/31/2	20					omplete omplete
	POINT (3)				1/1/20 - 1 1/1/21 - 1	12/31/2 12/31/2	20 21					-
	POINT (3)	Water Sy	ystem Fac	cility and S	1/1/20 - 1 1/1/21 - 1	12/31/2 12/31/2	20 21	ento	ry			-
ENTRY Water					1/1/20 - 1 1/1/21 - 1 ampling	12/31/2 12/31/2	20 21 <b>t Inv</b>	Total	Lead o			omplete
Water System	( POINT (3)  Water System Facility		Sampling Poi	nt Sampling F	1/1/20 - 1 1/1/21 - 1 ampling	12/31/2 12/31/2 <b>Poin</b>	20 21 <b>t Inv</b>	Total oliform	Lead o	er	Co	omplete  Stage
Water System Facility ID	Water System Facility	, .	Sampling Poi ID	nt Sampling F Description	1/1/20 - 1 1/1/21 - 1 ampling	12/31/2 12/31/2 Poin	20 21 <b>t Inv</b> Co	Total oliform Rule	Lead o	er	Co	omplete
Water System Facility ID			Sampling Poi ID 4	nt Sampling F Description DISTRIBUTI	1/1/20 - 1 1/1/21 - 1 ampling Point 1	12/31/2 12/31/2 Poin	20 21 <b>t Inv</b> Co	Total oliform	Lead o	er	Co	omplete  Stage
Water System Facility ID	Water System Facility		Sampling Poi ID 4 DOWNSTREA	nt Sampling F Description DISTRIBUTI	1/1/20 - 1 1/1/21 - 1 ampling Point ON SYSTEM SERVICE CON	12/31/2 12/31/2 Poin	20 21 <b>t Inv</b> Contus A	Total oliform Rule	Lead o	er	Co	omplete  Stage
Water System 1 Facility ID	Water System Facility DISTRIBUTION SYSTEN		Sampling Poi ID 4 DOWNSTREA UPSTREAM	nt Sampling F Description DISTRIBUTI M WITHIN 5 S WITHIN 5 S	1/1/20 - 1 1/1/21 - 1 ampling  Point ON SYSTEM SERVICE CON	12/31/2 12/31/2 Poin	20 21 <b>t Inv</b> Co atus A A A	Total oliform Rule	Lead o	er	Co	omplete  Stage
Water System Facility ID 00600	Water System Facility  DISTRIBUTION SYSTEM  ENTRY POINT		Sampling Poi ID 4 DOWNSTREA UPSTREAM 3	DISTRIBUTION WITHIN 5 S WITHIN 5 S ENTRY POI	1/1/20 - 1 1/1/21 - 1 ampling  Point ON SYSTEM SERVICE CON	12/31/2 Poin  Sta	20 21 <b>t Inv</b> Contus A A A A	Total oliform Rule	Lead o	er	Co	omplete  Stage
Water System Facility ID 00600 I	Water System Facility  DISTRIBUTION SYSTEM  ENTRY POINT  WELL #1		Sampling Poi ID 4 DOWNSTREA UPSTREAM	nt Sampling F Description DISTRIBUTI M WITHIN 5 S WITHIN 5 S	1/1/20 - 1 1/1/21 - 1 ampling  Point ON SYSTEM SERVICE CON	12/31/2 Poin  Sta	20 21 <b>t Inv</b> Co atus A A A	Total oliform Rule	Lead o	er	Co	omplete  Stage
Water System Facility ID 00600 I	Water System Facility  DISTRIBUTION SYSTEM  ENTRY POINT		Sampling Poi ID 4 DOWNSTREA UPSTREAM 3 2	DISTRIBUTION  MITHIN 5 S  WITHIN 5 S  ENTRY POIL  WELL	1/1/20 - 1 1/1/21 - 1 ampling  Point ON SYSTEM SERVICE CON SERVICE CON	12/31/2 Poin  Sta	20 21 <b>t Inv</b> Contus A A A A	Total oliform Rule	Lead o	er	Co	omplete  Stage
Water System Facility ID 00600 00700 22926 57737	Water System Facility  DISTRIBUTION SYSTEM  ENTRY POINT  WELL #1		Sampling Poi ID 4 DOWNSTREA UPSTREAM 3 2	DISTRIBUTION  MITHIN 5 S  ENTRY POI  WELL	1/1/20 - 1 1/1/21 - 1 ampling  Point ON SYSTEM SERVICE CON SERVICE CON	12/31/2 Poin  Sta	20 21 <b>t Inv</b> Contus A A A A	Total oliform Rule	Lead o	er Tier As	Section Co.	omplete  Stage
Water System Facility ID  00600 I  00700 E 22926 V 57737 I	Water System Facility  DISTRIBUTION SYSTEM  ENTRY POINT  WELL #1  BLADDER TANK		Sampling Poi ID 4 DOWNSTREA UPSTREAM 3 2	DISTRIBUTION  MITHIN 5 S  WITHIN 5 S  ENTRY POIL  WELL  Organization	1/1/20 - 1 1/1/21 - 1 ampling  Point ON SYSTEM SERVICE CON SERVICE CON	12/31/2 Poin  Sta	20 21 <b>t Inv</b> Contus A A A A	Total pliform Rule Y	Lead of Copp Rule	er Tier As	Co	omplete  Stage
Water System Facility ID  00600  00700  22926  57737  Name Mr. Kennet	Water System Facility  DISTRIBUTION SYSTEM  ENTRY POINT  WELL #1  BLADDER TANK  th Riley		Sampling Poi ID 4 DOWNSTREAM 3 2	Int Sampling F Description DISTRIBUTI IM WITHIN 5 S WITHIN 5 S ENTRY POIL WELL  Ontact Info Organization Skate LLC	1/1/20 - 1 1/1/21 - 1 ampling  Point ON SYSTEM SERVICE CON SERVICE CON	12/31/2 Poin  Sta	20 21 <b>t Inv</b> Contus A A A A	Total pliform Rule Y	Lead of Copp Rule i	Jo	sbestos bb Title	Stage WQP 2 DBPR
Water System Facility ID  00600  00700  22926  57737  Name Mr. Kennet Mailing Add	Water System Facility  DISTRIBUTION SYSTEM  ENTRY POINT  WELL #1  BLADDER TANK  th Riley  dress Line One		Sampling Poi ID 4 DOWNSTREAM 3 2	DISTRIBUTION  MITHIN 5 S  WITHIN 5 S  ENTRY POIL  WELL  Organization	1/1/20 - 1 1/1/21 - 1 ampling  Point ON SYSTEM SERVICE CON SERVICE CON	12/31/2 Poin  Sta	20 21 <b>t Inv</b> Contus A A A A	Total pliform Rule Y	Lead of Copp Rule	Jo	sbestos  bb Title	Stage WQP 2 DBPR
Water System Facility ID  00600 I  00700 I  22926 V  57737 I  Name Mr. Kennet Mailing Add 992 Norwic	Water System Facility  DISTRIBUTION SYSTEM  ENTRY POINT  WELL #1  BLADDER TANK  th Riley  dress Line One		Sampling Poi ID 4 DOWNSTREA UPSTREAM 3 2	DISTRIBUTION  MITHIN 5 S  WITHIN 5 S  ENTRY POIL  WELL  Organization  Skate LLC  ress Line Two	1/1/20 - 1 1/1/21 - 1 ampling  Point ON SYSTEM SERVICE CON SERVICE CON NT	12/31/2 12/31/2 Poin	20 21  t Inventor Control A A A A A Plainf	Ov Cfield	Lead of Copp Rule i	Jo	sbestos bb Title	Stage WQP 2 DBPR
Water System Facility ID  00600  00700  22926  57737  Name Mr. Kennet Mailing Add 992 Norwic Business	Water System Facility  DISTRIBUTION SYSTEM  ENTRY POINT  WELL #1  BLADDER TANK  th Riley dress Line One th Rd Phone Extension	fax	Sampling Poi ID  4  DOWNSTREAM  3  2  Co	DISTRIBUTION DISTRIBUTION MITHIN 5 SI WITHIN 5 SI ENTRY POIN WELL  Ontact Info Organization Skate LLC ress Line Two	1/1/20 - 1 1/1/21 - 1 ampling Point ON SYSTEM SERVICE CON NT Ormation Emergency	12/31/2   12/31/2   Poin   Sta   H   H   H   H   H   H	20 21  t Inventor Contus  A  A  A  A  Plainf  E Email	Ov Cfield	vner	Jo	sbestos  bb Title  State  CT	Stage WQP 2 DBPR
Water System Facility ID  00600 II  00700 II  22926 V  57737 II  Name Mr. Kennet Mailing Add 992 Norwice Business 860-564-	Water System Facility  DISTRIBUTION SYSTEM  ENTRY POINT  WELL #1  BLADDER TANK  th Riley dress Line One th Rd Phone Extension	Fax 860-564-	Sampling Poi ID  4  DOWNSTREAM  3  2  Co	DISTRIBUTION  MITHIN 5 S  WITHIN 5 S  ENTRY POIL  WELL  Organization  Skate LLC  ress Line Two	1/1/20 - 1 1/1/21 - 1 ampling  Point ON SYSTEM SERVICE CON SERVICE CON NT	12/31/2   12/31/2   Poin   Sta   H   H   H   H   H   H	20 21  t Inventor Contus  A  A  A  A  Plainf  E Email	Ov Cfield	Lead of Copp Rule i	Jo	sbestos  bb Title  State  CT	Stage WQP 2 DBPR

	Connectic	ut Depa	arument	of Public	пеани	וועו	ukmg	, water	Section	l	
	Wa	ter Qua	lity Mon	itoring a	nd Con	nplia	ance S	Schedul	le		
PWS ID	PWS Name					Classi	fication	Population	Owner Type	Prim	ary Source
CT1090404	SKATE-INN, INC.					ı	١C	25	Р		GW
Local Address (w	here applicable)			Service	Resider	Residential Cor		al Industri	al Combin	ed A	gricultural
992 NORWICH R	OAD			Connection	ns		3				
Towns Served: P	LAINFIELD				,						
Name				Organization					Job Tit	e	
Ms. Coleen Bote	llo			Hi-Way LLC			Secretary/Treasurer				
Mailing Address	Line One		Mailing Addr	ress Line Two			City		State	Zi	ip Code
992 Norwich Roa	ıd						Plainfie	eld	СТ	(	06374
Business Phone	e Extension	Fax	Mo	obile Phone	Emergency	y Phone	e Email A	Address	·		
800-524-8978							colleen	@hiwaycan	npers.com		
Contact Role(s)	Administrative	Contact		,							

Connecticut Department of Dublic 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

	Carrage time to Danas atte		L1: _ T1	141-	D.	.:	XX7-4 C	la aki a sa	
	Connecticut Departr								
	Water Quality	7 Monitorir	ng and	d Com	ıpl	iance S	Schedule		
PWS ID	PWS Name				Clas	sification	Population O	wner Type Pr	imary Source
CT1099134	20 NORWICH ROAD, LLC					NC	30	Р	GW
Local Address	(where applicable)	Servi	ce	Resident	tial	Commercia	al Industrial	Combined	Agricultura
20 (ROUTE 12)	NORWICH ROAD	Conr	nections			1			
Towns Served:	PLAINFIELD								
		Monitoring	g Requ	ireme	nts				
Water Systen	n Facility: DISTRIBUTION SYSTE	M (WSF ID: 00	600)						
<b>Total Colifor</b>	m (3100)						1	routine (RT)	per month
Sampling	Point (Sampling Point ID)		1	Monitori	ng P	eriod Co	ollection Perio	d Complic	nce Status
Select fro	m Inventory of Active Sampling Poir	nts	1	.0/1/19 -	10/3	31/19		Cor	nplete
			1	.1/1/19 -	11/3	30/19		Cor	nplete
			1	.2/1/19 -	12/3	31/19		Cor	mplete
				1/1/20 -				Cor	mplete
				2/1/20 -				Cor	mplete
				3/1/20 -		•			
				4/1/20 -					
				5/1/20 -					
				6/1/20 -					
			7/1/20 - 7/31/20						
				8/1/20 -					
				9/1/20 -	9/30	0/20			
-	ameters (PPS)							routine (RT)	-
	Point (Sampling Point ID)			Monitori			ollection Perio		ince Status
Select fro	m Inventory of Active Sampling Poir	nts		.0/1/19 -					nplete
				.1/1/19 -					nplete
			1	.2/1/19 -					nplete
				1/1/20 -					nplete
				2/1/20 -				Cor	nplete
				3/1/20 -					
				4/1/20 -	-				
				5/1/20 -					
				6/1/20 - 7/1/20 -					
				8/1/20 -		•			
				9/1/20 -	-	<u> </u>			
Water System	n Facility: ENTRY POINT (WSF I	ID: 00700)		J/ 1/ 20 -	اد رد	J, 20			
	Nitrite (NOX)	.5.00700						1 routine (R	T) ner vear
	Point (Sampling Point ID)			Monitori	na P	eriod Co	ollection Perio	=	ince Status
ENTRY PC				1/1/19 - :					nplete
214111111	(0)			1/1/20 -					nplete
				1/1/21 - :				201	
	Dii	ublic Notifica			•				
	- Fu	Compli		Notice			otification	PN Certi	fication
Violation/Situ	ation	Perio		Tier		Required	Performed	Due to DPH	Received
,	MCI Violation	0/1/12 0				14 /4 /0040	reijornieu	11 /11 /2012	NECEIVEU

Repeat Total Coliform M&R Violation 7/1/13 - 9/30/13 2 2/16/2014 2/26/2014

E. Coli M&R Violation 9/16/13 - 10/10/13 3 5/8/2015 5/18/2015

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

11/1/2012

11/11/2012

2

9/1/12 - 9/30/12

Total Coliform MCL Violation

Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Schedule Generation Date: 3/10/2020

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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1099134	20 NORWICH ROAD, LLC				NC	30	Р	GW
Local Address (	where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
20 (ROUTE 12)	NORWICH ROAD	Connections			1			

	Public Notification Requirements									
	Compliance	Notice	Public No	<u>otification</u>	PN Certi	<u>fication</u>				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Total Coliform M&R Violation	12/1/18 - 12/31/18	3	2/25/2020		3/6/2020					
Total Coliform M&R Violation	11/1/18 - 11/30/18	3	2/25/2020		3/6/2020					
Physical Parameters M&R Violation	12/1/18 - 12/31/18	3	2/25/2020		3/6/2020					
Physical Parameters M&R Violation	11/1/18 - 11/30/18	3	2/25/2020		3/6/2020					
Total Coliform M&R Violation	1/1/19 - 1/31/19	3	5/28/2020		6/7/2020					
Physical Parameters M&R Violation	1/1/19 - 1/31/19	3	5/28/2020		6/7/2020					

	W	ater System Facili	ity and Sampling P	oint Ir	nventoi	ſy			
Water System	Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and Copper			Stage
Facility ID	)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α					
		4-1	KITCHEN DISH SINK	Α	Υ				
		4-2	KITCHEN HAND SINK	Α	Υ				
		4-5	WAITRESS HAND SINK	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
52583	WELL	2	WELL	Α					
60425	ATMOSPHERIC TANKS								
60427	BOOSTER PUMP								

				Contact Info	ormation					
Name			Organization				Job Title			
Mr. Rene Comtois			Rpc Properties, LLC				Managing Member			
Mailing Address Lin	e One		Mailing Address Line Two				City	State	Zip Code	
4 Greene Lane						Thompse	on	СТ	06277	
Business Phone Extension Fax				Mobile Phone	Emergency Phone	ne Email Address				
860-779-5910			860-450-6996 nectpropertiesllc@gmail.com				mail.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.
- B. 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	artment of	Public H	ealth	Drinki	ing Wa	ater Se	ection	
	Water Ou	ality Monit	oring and	d Com	plianc	e Sch	edule		
PWS ID	PWS Name		0					ner Type F	Primary Source
CT1099144	4 518 NORWICH ROAD - PLA	INFIELD			NC		25	Р	GW
Local Addr	ress (where applicable)		Service Connections	Resident	ial Comm		dustrial	Combined	d Agricultural
Towns Serv	ved: PLAINFIELD					-			
TOWNS SEL	VCC. I DAIRTIEED	Monite	oring Requ	iromor	atc.				
Water Sv	stem Facility: <b>DISTRIBUTION</b>			ii eiiiei	113				
•	liform (3100)	(					1 ro	utine (RT)	per quarter
	oling Point (Sampling Point ID)			Monitorin	na Period	Collect	ion Period		liance Status
	t from Inventory of Active Sampli	ng Points		7/1/19 - 9					omplete
30.00	e mem inventer, et metive eampii	18 1 011113			12/31/19				omplete
				1/1/20 - :					omplete
				4/1/20 -					mpiete
				7/1/20 - 9					
Dhysical	Darameters (DDS)			7/1/20-	3/30/20		1	utina (DT)	per quarter
_	Parameters (PPS) pling Point (Sampling Point ID)			Monitorin	a Pariod	Collect	ion Period		liance Status
	t from Inventory of Active Sampli	ng Points	-	7/1/19 - 9		Conecti	ion Periou		omplete
Select	t from inventory of Active Sample	ig Politis							
					12/31/19				omplete
				1/1/20 - 3				C	omplete
				4/1/20 -					
				7/1/20 - :	9/30/20				
•	stem Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate (	•								per quarter
_	oling Point (Sampling Point ID)		1	Monitorin		Collect	ion Period		liance Status
ENTR'	Y POINT (3)			7/1/19 - 9				C	omplete
			1	0/1/19 -	12/31/19			C	omplete
				1/1/20 - :	3/31/20			C	omplete
				4/1/20 -	6/30/20				
				7/1/20 - 9	9/30/20				
Nitrate A	and Nitrite (NOX)						1	routine (	RT) per year
Samp	oling Point (Sampling Point ID)		1	Monitorin	ng Period	Collect	ion Period	Comp	liance Status
ENTR'	Y POINT (3)			1/1/19 - 1	.2/31/19			C	omplete
				1/1/20 - 1	.2/31/20			C	omplete
				1/1/21 - 1	.2/31/21				
	Water	System Facili	ity and San	npling	Point Ir	vento	ry		
Water						Total	Lead and	1	
System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	nt	Status	Coliform Rule	Copper Rule Tie	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		А				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	Α				
		UPSTREAM	WITHIN 5 SER	VICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT		А				
54388	WELL	2	WELL		Α				

	Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source		
CT1099144	518 NORWICH ROAD - PLAINFIELD				NC	25	Р	GW		
Local Address (	where applicable)	Service	Service Residen		Commerci	al Industri	al Combine	ed Agricultural		
		Connections			1					
Towns Served:	PLAINFIELD				'	-				

Connecticut Department of Public Health Drinking Water Section

				Contact Inf	ormation					
Name				Organization	1	Job Title				
Ms. Tracy Lavigne			Sams Food Stores				Petroleum Director			
Mailing Address Lin	ie One		Mailing Address Line Two				City	State	Zip Code	
2138 Silas Deane H	wy,					Rocky H	ill	СТ	06067	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
860-757-3434	101	860-757-3	3443		860-707-4455	tracy@s	tracy@samsfoodstores.com			
Contact Role(s): Le	egal Contact, (	Owner								
Name				Organization	1	Job Title				
Mr. Mohammad N	iaz			Sam's Food		Business Owner				
Mailing Address Lin	ie One		Mailin	g Address Line Two		City		State	Zip Code	
518 Norwich Road						Plainfiel	d	СТ	06374	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress			
860-230-0719	860-230-	0719		860-564-7824						
Contact Role(s): A	dministrative	Contact			•					

### Please note the following:

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

End of schedule

	Connecticut D	Department of	Public H	lealth	Dri	nkin	g W	ater	Se	ction		
	Water	<b>Quality Monit</b>	oring an	d Com	ıplia	ance	Sch	edu	le			
PWS ID	PWS Name				Classi	fication	Pop	ulation	Owr	ner Type	Prima	ry Source
CT1099164	597 PUTNAM ROAD				1	NC		30		Р	(	SW
Local Address (v	where applicable)		Service	Resident	tial Co	ommero	cial	Industri	al	Combine	d Ag	ricultural
			Connections			1						
Towns Served:	PLAINFIELD								_			
		Monito	oring Requ	iireme	nts							
Water System	Facility: DISTRIBUT	ION SYSTEM (WSF II	D: 00600)									
<b>Total Coliforn</b>	n (3100)							1	l rou	itine (RT	) per (	quarter
Sampling	Point (Sampling Point II	D)		Monitori	ng Per	riod (	Collec	tion Pe	riod	Comp	liance	Status
Select from	n Inventory of Active Sa	mpling Points		7/1/19 -	9/30/	19				C	omple	ete
				10/1/19 -	12/31	/19					Comple	ete
				1/1/20 -	3/31/	20				C	Comple	ete
				4/1/20 -								
				7/1/20 -	9/30/	20						
	meters (PPS)							1	l rou	itine (RT	•	-
	Point (Sampling Point II			Monitori			Collec	tion Pe	riod			Status
Select from	n Inventory of Active Sa	mpling Points		7/1/19 -							omple	
				10/1/19 -							omple	
				1/1/20 -						C	Comple	ete
				4/1/20 -								
				7/1/20 -	9/30/	20						
Water System	Facility: ENTRY POI	NT (WSF ID: 00700)										
Nitrate And N	•									routine		-
	Point (Sampling Point II	D)		Monitori			Collec	tion Pe	riod			Status
ENTRY POI	INT (3)			1/1/19 - :						C	omple	ete
				1/1/20 - :								
				1/1/21 - :	12/31/	/21						
	Wat	ter System Facili	ty and Sar	npling	Poir	nt Inve	ento	ory				
Water	on Custom Fasilitu	Complian Doint	Campling Doi				otal	Lead				Charac
System Wat Facility ID	er System Facility	Sampling Point ID	Description	nt			liforn Rule			Asbesto	s WO	Stage
	RIBUTION SYSTEM	4	DISTRIBUTION	d.	St	<i>atus</i> A	Nuic	Nuic	1161	ASDESTO	3 VVQI	ZDDIK
00000 0131	MIDOTION STSTEM	DOWNSTREAM			J	A						
		UPSTREAM	WITHIN 5 SER			A						
00700 ENT	RY POINT	3	ENTRY POINT			A						
54896 WEL		2	WELL 1			A						
31030 1122			tact Inforr	mation		,,						
Namo				Hation						Job Title		
Ms. Sophia A P	elagidou		ganization 7 Putnam Rd				Dr	operty	Own			
Mailing Address		Mailing Address						City	UVVII	State	7in	Code
117 Parkmeado		ivialiling Additess	EITIC I WU			Pittsfo		LILY		NY		1534
Business Pho		Fax Mobil	le Phone Er	nergency	Phone			ACC		INI	1,	1JJ4
860-774-019		i ax iviobii	ie riione El	nergency	FIIOIR	Lillall	Auul	C33				
	: Administrative Conta	nct Legal Contact Own	ıer									
contact Noie(s)	. Administrative Conta	ice, regai contact, Own										

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

					1				
PWS ID	PWS Name				Classi	ification	Population	Owner Type	Primary Source
CT1099164	597 PUTNAM ROAD					NC	30	Р	GW
Local Address (v	vhere applicable)		Service	Residen	itial C	Commercia	l Industri	al Combine	ed Agricultural
			Connections			1			

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

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

End of schedule

	Connectic	ut Departme	nt of	Public	Hea	alth	Dr	inkin	ıg V	Vatei	<sup>2</sup> So	ection	
	Wat	ter Quality M	onit	oring a	nd (	Com	nnl	iance	Scl	nedu	le		
PWS ID	PWS Name	ter quarrey in	OIIIC	orms a	II d						_	vner Tyne P	rimary Source
CT1099184	SEABIRD ENTERF	PRISES INC					Cius	NC	1 10	25		P	GW
	ess (where applicable)	Moes, mee		Service	Re	esident	tial	Commer	cial	Industr	ial	Combined	_
	CH ROAD - PLAINFIELD	)		Connection		Jordenie	ciai	3	- Ciai	maasti		Combined	, ignouncer an
	ed: PLAINFIELD												
		N	lonit	oring Red	nuira	amai	ntc						
W. I C	DICTO				quiit		1113						
•	tem Facility: DISTR	IROTION SAZIEM	(WSF I	D: 00600)							_	(==)	-
	form (3100)								o "				per quarter
	ing Point (Sampling Po					nitorir			Colle	ction Pe	eriod		ance Status
Select	from Inventory of Acti	ive Sampling Points				1/19 -		· — —					mplete
						1/19 -							mplete
						1/20 -						CC	mplete
						1/20 - 1/20 -							
Dhysical D	lawawa tawa (DDC)				//.	1/20-	9/30	0/20			1	tin o (DT)	
-	arameters (PPS) ing Point (Sampling Po	oint ID)			Ma	nitorir	na D	eriod	Colla	ction Pe			per quarter ance Status
	from Inventory of Acti	•				1/19 -			Cone	CUOII FE	.1100		mplete
Sciect	TOTT ITVETTOTY OF ACT	ive sampling rollies				1/19 -		-					mplete
						1/20 -							mplete
						1/20 -							
						1/20 -							
Water Syst	tem Facility: ENTR\	POINT (WSF ID: 0	0700)		.,	_,	-,	,					
•	nd Nitrite (NOX)	(3.23.12.1	,								1	routine (F	RT) per year
	ing Point (Sampling Po	oint ID)			Мо	nitorir	na P	eriod	Colle	ction Pe		<del>-</del>	ance Status
_	POINT (3)	,				L/19 - 1							mplete
	<u> </u>					L/20 - 1							mplete
					1/1	L/21 - 1	12/3	1/21					-
		Publi	c Not	ification	Reo	uire	me	nts					
			1	ompliance		Votice		Public	Notif	ication		PN Cer	tification
Violation/S	ituation			Period	′	Tier		Required		erforme	ed	Due to DPH	Received
E. Coli			1/1,	/18 - 3/31/18	8	3		6/4/2019		.,		6/14/2019	
		Water System	Facili	ity and S	amn	ling	Poi	int Inv	ent	orv			
Water		Trate: 0,5tc		ity and o	чр	8	. •		Total		land	4	
	Nater System Facility	Sampling	g Point	Sampling P	Point				olifori				Stage
Facility ID		ID	)	Description	1		9	Status	Rule	-	•	r Asbestos	WQP 2 DBPR
000999 \	WELL 1	2		WELL 1				Α					
00600	DISTRIBUTION SYSTEM	1 4		DISTRIBUTI	ON SY	/STEM		Α					
		DOWNS	ΓREAM	WITHIN 5 S	ERVIC	E CON	J	Α					
		UPSTR	EAM	WITHIN 5 S	ERVIC	E CON	J	Α					
00700 E	ENTRY POINT	3		ENTRY POI	NT			Α					
			Con	tact Info	rma	tion							
Name				rganization								Job Title	
Mr. John La	ıvoie			abird Enter	orises.	, Inc.			Р	rogram	Mar		
	dress Line One	Mailing		s Line Two						City		State	Zip Code
169 Thames								Groto		•		СТ	06340
Business F	Phone Extension	Fax	Mobi	le Phone	Emer	gency	Pho	ne Emai	l Add	ress			
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	Connecticu	ıt Depa	rtmer	nt of	f Public .	Health	Drii	nking	g Water	Sec	ction		
	Wat	er Qua	lity M	onit	oring ar	nd Con	nplia	nce S	Schedul	le			l
PWS ID	PWS Name						Classif	ication	Population	Own	er Type	Primary Source	
CT1099184	SEABIRD ENTERP	RISES, INC.					N	IC	25		Р	GW	
Local Address (w	here applicable)				Service	Residen	itial Co	mmerci	al Industri	al (	Combine	d Agricultural	
159 NORWICH R	OAD - PLAINFIELD	)			Connection	S		3					
Towns Served: P						·							
000-440-0002		<del>800-440-</del> 2	2930			000-037	-2003						_
Contact Role(s):	Administrative (	Contact											
Name				0	rganization						Job Title		
Mr. H. Douglas N	Newman			Se	eabird Enterp	rises			Executive	Direc	tor		
Mailing Address	Line One		Mailing A	ddres	s Line Two				City		State	Zip Code	
169 Thames Stre	eet							Groton	1		СТ	06340	
Business Phon	e Extension	Fax		Mobi	ile Phone	Emergency	/ Phone	Email A	Address				
860-446-0882	1												
Contact Role(s):	Legal Contact, O	wner	,										

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End of schedule

Connecticut Departme	nt of Public H	ealth [	) Prinki	ng Wa	ater S	ection	
Water Quality M	onitoring and	d Comr	oliance	e Sche	edule		
PWS ID PWS Name	8 - 1					vner Type P	rimary Source
CT1099214 137 NORWICH RD - VILLAGE COMMO	INS		NC	4	5	Р	GW
Local Address (where applicable)	Service	Residentia	I Comme	ercial In	dustrial	Combined	Agricultural
137 NORWICH ROAD	Connections		1				
Towns Served: PLAINFIELD							
Water System Facility: <b>DISTRIBUTION SYSTEM</b> (	lonitoring Requ	irement	ts				
Total Coliform (3100)	(4431 12:00000)				1 ro	utine (RT)	per quarter
Sampling Point (Sampling Point ID)	/	Monitoring	Period	Collecti	on Period		ance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9/					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 Parameters (PPS)							per quarter
Sampling Point (Sampling Point ID)		Monitoring		Collecti	on Period		ance Status
Select from Inventory of Active Sampling Points		7/1/19 - 9/	-				mplete
		0/1/19 - 12 1/1/20 - 3/				Co	mplete
		4/1/20 - 6/					
		7/1/20 - 9/	-				
Water System Facility: ENTRY POINT (WSF ID: 0		771720 37	30,20				
Nitrate And Nitrite (NOX)	,					L routine (R	T) per year
Sampling Point (Sampling Point ID)	1	Monitoring	Period	Collecti	on Period	=	ance Status
ENTRY POINT (3)	-	1/1/19 - 12	/31/19			Со	mplete
	<u>.</u>	1/1/20 - 12	/31/20				
	-	1/1/21 - 12	/31/21				
Otl	ner Compliance	Schedu	les				
Compliance Schedule Activity		Du	e Date		Achieved	d Date	
RESPOND TO SANITARY SURVEY		12/2	25/2019				
Publi	c Notification Re	equirem	nents				
	Compliance	Notice		: Notifica	ition	PN Cert	rification
Violation/Situation	Period	Tier	Require	ed Per	formed	Due to DPH	Received
Total Coliform MCL Violation	10/1/14 - 12/31/14	2	1/8/201	15		1/18/2015	
Total Coliform MCL Violation	11/1/14 - 11/30/14	2	1/8/201	L5		1/18/2015	
Water System	<b>Facility and San</b>	npling P	oint In	ventor	У		
Water				Total	Lead and		
	Point Sampling Point	t		Coliform	Copper		Stage
Facility ID ID	•		Status ^	Rule	Kule Tie	r ASDESTOS	WQP 2 DBPR
00501 WELL#1 2	WELL #1	CVCTENA	Α	Y			
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTION (REAM WITHIN 5 SER		A A	Ţ			
UPSTR			A				
01311	L VVIIIIIIV J JEIN		, T				

**ENTRY POINT** 

Α

00700 ENTRY POINT

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
DM/S Name	Classification	Population	Owner Type	Drima

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1099214	137 NORWICH RD - VILLAGE COMMONS				NC	45	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultura
137 NORWICH I	ROAD	Connections			1			

	Contact Information										
Name				Organization			Job Title				
Mr. Bruce A. Dawley				Dawley Colle	lo Development		Member				
Mailing Address Line One				g Address Line Two		City	State	Zip Code			
153 Plainfield Pike						Plainfield	d	СТ	06374		
Business Phone Extension Fax				Mobile Phone	Email Ad	ldress					
860-564-1822			860-334-2610	bdawley	@hotmail.c	om					

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

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

Connecticut Department of Public Health Drinking Wa	ater Section
Water Quality Monitoring and Compliance Sche	dule

					_				
PWS ID	PWS Name				Classifica	ation P	opulation	Owner Type	Primary Source
CT1099234	10 PUTNAM ROAD				NC		36	Р	GW
Local Address (v	vhere applicable)		Service	Residen	itial Com	nmercial	Industri	al Combine	ed Agricultural
			Connections					6	

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

End of schedule

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	Connectic	ut Depa	ırtment of	f Public	Health l	Drin	nking	Wate	r Se	ection		
	Wat	ter Qua	lity Monit	coring a	nd Com	plia	nce So	chedu	ıle			
PWS ID											Source	
CT1099254	SANGERMANO F	PROPERTIES	, LLC			N	С	25		Р	G۱	Ν
Local Address	s (where applicable)			Service	Residentia	al Co	mmercial	Indust	rial	Combined	Agri	cultural
				Connection	ns		1					
Towns Serve	d: PLAINFIELD											
			Monite	oring Red	quiremen	ts						
Water Syste	em Facility: DISTR	IBUTION S			•							
Total Colifo	orm (3100)								1 ro	utine (RT)	per q	uarter
	g Point (Sampling P	oint ID)			Monitoring	g Perio	od Col	lection P		Compl		
Select fr	om Inventory of Acti	ive Sampling	Points		7/1/19 - 8	/31/1	9			Co	mplet	e
					10/1/19 - 1	2/31/	19			Co	mplet	e
					1/1/20 - 3	/31/2	0					
					4/1/20 - 6	/30/2	0					
					7/1/20 - 9	/30/2	0					
Physical Pa	rameters (PPS)								1 ro	utine (RT)	per qı	uarter
Samplin	g Point (Sampling P	oint ID)			Monitoring	g Perio	od Col	lection P	eriod	Compl	iance S	itatus
Select fr	om Inventory of Acti	ive Sampling	Points		7/1/19 - 9	/30/1	9			Cc	mplet	e
					10/1/19 - 1	.2/31/	19			Co	mplet	e
					1/1/20 - 3	/31/2	0					
					4/1/20 - 6	/30/2	0					
					7/1/20 - 9	/30/2	0					
Water Syste	em Facility: ENTRY	Y POINT (V	VSF ID: 00700)									
	d Nitrite (NOX)									ıtine (RT)		
-	g Point (Sampling P	oint ID)			Monitoring			lection P	eriod	Compl		
ENTRY P	POINT (3)				7/1/19 - 9						mplet	
					10/1/19 - 1					Сс	mplet	е
					1/1/20 - 3							
					4/1/20 - 6							
					7/1/20 - 9							
		Water S	ystem Facili	ity and Sa	ampling F	Point	t Inven	tory				
Water							Tota		d and			
-	ater System Facility		Sampling Point				Colifo		pper 		14/05	Stage
Facility ID	CTRIBLITION CYCTEN	•	ID	Description		Sta		e Rul	e Tier	Asbestos	WQP	2 DBPR
00600 DI	STRIBUTION SYSTEM		4		ON SYSTEM	Δ.						
			DOWNSTREAM			Α						
00700 FN	ITDV DOINT		UPSTREAM		ERVICE CON	Α						
	NTRY POINT		3	ENTRY POIN	N I	Α						
61159 W	ELL 1		2	WELL 1		Α	<del>\</del>					
			Con	tact Info	rmation							
Name			O	rganization						Job Title		
Mr. Joseph S				n Constructio	on LLC							
Mailing Addr		Mailing Address Line Two					City		State	Zip C		
1221 Norwick				T			Plainfield			СТ	063	74
Business Ph		Fax	Mobi	le Phone	Emergency P							
860-564-1	400	C	1.0		860-377-8	172	khconstr	uctionllc	@gm	ail.com		

Contact Role(s): Administrative Contact, Legal Contact

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

PWS ID	PWS Name					Cla	ssification	Population	Owner Type	Primary Source
CT1099254	SANGERMANO PROPE	RTIES,	LLC				NC	25	Р	GW
Local Address (where applicable)		Service	Resider	Residential Co		al Industri	al Combine	ed Agricultural		
				Connections			1			

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End of schedule

	Connecticut Dep					_		ection	
		ality Monit	oring an						
	PWS Name			Cla		on Po			Primary Source
	FLATS BUSINESS PARK				NC		25	Р	GW
Local Address (w	here applicable)		Service	Residential	Comme	ercial	Industrial	Combined	d Agricultural
			Connections					1	
Towns Served: Pl	LAINFIELD					_			
		Monito	oring Req	uirements	5				
Water System F	acility: <b>DISTRIBUTION</b>	SYSTEM (WSF II	D: 00600)						
<b>Total Coliform</b>	(3100)						1 ro	utine (RT)	per quarter
Sampling Po	oint (Sampling Point ID)			Monitoring I	Period	Colle	ection Period	d Comp	liance Status
Select from	Inventory of Active Sampli	ng Points		7/1/19 - 9/3	80/19				
				10/1/19 - 12/	/31/19			C	omplete
				1/1/20 - 3/3	31/20			C	omplete
				4/1/20 - 6/3	30/20				
				7/1/20 - 9/3	0/20				
<b>Physical Paran</b>	neters (PPS)						1 ro	utine (RT)	per quarter
Sampling Po	oint (Sampling Point ID)			Monitoring I	Period	Colle	ection Period	d Comp	liance Status
Select from	Inventory of Active Sampli	ng Points		7/1/19 - 9/3	0/19			C	omplete
				10/1/19 - 12/	/31/19			C	omplete
				1/1/20 - 3/3	31/20			C	omplete
				4/1/20 - 6/3	80/20				
				7/1/20 - 9/3	80/20				
Water System F	acility: ENTRY POINT	(WSF ID: 00700)							
Nitrate And Ni	trite (NOX)						1	L routine (	RT) per year
	oint (Sampling Point ID)			Monitoring I	Period	Colle	ection Period	=	liance Status
ENTRY POIN				1/1/19 - 12/3					omplete
				1/1/20 - 12/3					·
				1/1/21 - 12/3					
	Water	System Facili	ity and Sa		•	vent	orv		
Water		- ,				Total	<u> </u>	4	
	r System Facility	Sampling Point	Sampling Po	int		Colifor			Stage
Facility ID	,,,,,,	ID	Description		Status	Rule			WQP 2 DBPR
00600 DISTR	IBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	A	Υ			
		DOWNSTREAM			Α	Υ			
		UPSTREAM	WITHIN 5 SE	RVICE CON	Α	Υ			
00700 ENTRY	Y POINT	3	ENTRY POIN		Α				
61512 WELL		2	WELL 1		Α				
		Con	tact Infor	mation					
Namo				mation				Job Title	
Name	•	Or	rganization					שוווו מטנ	
Mr. David Young		Mailing Address	c Line Two				City	Ctata	7in Codo
Mailing Address		Mailing Address	S LINE I WO		Dic:		City	State	Zip Code
29 Old Canterbu		v Nach:	lo Dhona	morgonalDb		infield	ross	СТ	06374
Business Phone		x IVIODI	le Phone E	mergency Pho				m	
860-608-4696		agal Cantast			ayo	Jung@	prepregs.co	m	
contact Role(s):	Administrative Contact, L	egai Contact							

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1099264	FLATS BUSINESS PARK			NC	25	Р	GW
Local Address (where applicable)		Service	Residen	ntial Commerc	ial Industri	ial Combine	ed Agricultural
		Connections				1	

### 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