Connecticut Department of Public		_		ection	
Water Quality Monitoring a					
PWS ID PWS Name			-		imary Source
CT1200062 ROXBURY MARKET PROPERTIES, LLC		NC	49	Р	GW
Local Address (where applicable) 26 NORTH STREET Connection		ommercial	Industrial	Combined	Agricultural
20 NOMITI STREET	1				
Towns Served: ROXBURY					
Monitoring Rec Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)	quirements				
Total Coliform (3100)			1 ro	utino (PT) r	er quarter
Sampling Point (Sampling Point ID)	Monitoring Per	riod Coll	ection Period		ance Status
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/2		ection renot		mplete
Select from inventory of Active Sampling Foints	10/1/19 - 9/30/1				mplete mplete
	1/1/20 - 3/31/2	-			
	4/1/20 - 6/30/2			CO	mplete
	7/1/20 - 6/30/2				
Total Coliform (3100)	7 1 1 20 - 3 30 / 2	20	2 .	renest (DD)	per period
Sampling Point (Sampling Point ID)	Monitoring Per	riad Call	ection Period	• • •	ance Status
Select from Inventory of Active Sampling Points	11/9/19 - 11/14		ection remot		mplete
Total Coliform (3100)	11/3/13 11/14/	·	emporary r		
Sampling Point (Sampling Point ID)	Monitoring Per		ection Period		ance Status
Select from Inventory of Active Sampling Points	12/1/19 - 12/31				mplete
Physical Parameters (PPS)	12/1/13 12/31/	., 13	1 ro		per quarter
Sampling Point (Sampling Point ID)	Monitoring Per	riod Coll	ection Period		ance Status
Select from Inventory of Active Sampling Points	7/1/19 - 9/30/2				mplete
Select Hom inventory of Active Sumpling Comes	10/1/19 - 12/31				mplete
	1/1/20 - 3/31/2				mplete
	4/1/20 - 6/30/2				piece
	7/1/20 - 9/30/2				
Water System Facility: ENTRY POINT (WSF ID: 00700)	., _, _, _				
Nitrate And Nitrite (NOX)			1	routine (R	T) per year
Sampling Point (Sampling Point ID)	Monitoring Per	riod Coll	ection Period	=	ance Status
ENTRY POINT (3)	1/1/19 - 12/31/				mplete
	1/1/20 - 12/31/				F
	1/1/21 - 12/31/				
Water System Facility: WELL (WSF ID: 10559)	, ,,				
E. Coli (3014)			1 trie	gered (TG)	per period
Sampling Point (Sampling Point ID)	Monitoring Per	riod Coll	ection Period		ance Status
WELL (2)	11/8/19 - 11/14				mplete
E. Coli (3014)	-		1 ro		er quarter
Sampling Point (Sampling Point ID)	Monitoring Per	riod Coll	ection Period		ance Status
WELL (2)	7/1/19 - 9/30/2	19		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			
Monthly Water System Facility (WSF) Level Monit	toring R	eguireme	ents	

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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1200062	ROXBURY MARKET PROPERTIES, LLC				NC	49	Р	GW
Local Address	where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
26 NORTH STR	EET	Connections	1					

Towns Served: ROXBURY

Water System Facility:	ENTRY POINT (WSFID: 00700)			
Analyte	Monitoring Requirement (Summary Type	pe) Operating Limit		Samples Req/Month
рН	Entry Point pH Monitoring (PHRD)	Minimum: 7 PH		4
Start Date: 2/1/2012		Compliance History:	Operating Limit	Monitoring
	1	Monitoring Period	Compliance Status	: Compliance Status:
		10/1/2019 - 10/31/2019		
		11/1/2019 - 11/30/2019		
		12/1/2019 - 12/31/2019		
		1/1/2020 - 1/31/2020		
		2/1/2020 - 2/29/2020		

Other Compliance Schedules

 Compliance Schedule Activity
 Due Date
 Achieved Date

 RESPOND TO SANITARY SURVEY
 2/19/2012

 CROSS CONNECTION EXEMPTION
 3/1/2015

Pu Violation/Situation	Compliance Period 3/1/12 - 3/31/12	equiren Notice Tier	nents <u>Public No</u>	tification	DAI Contil			
Violation/Situation	Period		Public No	tification	DNI Countil			
Violation/Situation		Tier						
	3/1/12 - 3/31/12	,,,,,	Required	Performed	Due to DPH	Received		
pH M&R Violation		3	9/6/2013		9/16/2013			
pH M&R Violation	4/1/12 - 4/30/12	3	9/6/2013		9/16/2013			
pH M&R Violation	5/1/12 - 5/31/12	3	9/6/2013		9/16/2013			
pH M&R Violation	6/1/12 - 6/30/12	3	9/6/2013		9/16/2013			
pH M&R Violation	2/1/12 - 2/29/12	3	9/6/2013		9/16/2013			
pH M&R Violation	8/1/12 - 8/31/12	3	10/16/2013		10/26/2013			
pH M&R Violation	7/1/12 - 7/31/12	3	10/16/2013		10/26/2013			
pH M&R Violation	9/1/12 - 9/30/12	3	11/9/2013		11/19/2013			
pH M&R Violation	10/1/12 - 10/31/12	3	12/18/2013		12/28/2013			
pH M&R Violation	11/1/12 - 11/30/12	3	1/16/2014		1/26/2014			
pH M&R Violation	12/1/12 - 12/31/12	3	2/19/2014		3/1/2014			
pH M&R Violation	1/1/13 - 1/31/13	3	3/14/2014		3/24/2014			
pH M&R Violation	6/1/13 - 6/30/13	3	8/16/2014		8/26/2014			
Total Coliform M&R Violation	4/1/14 - 6/30/14	2	9/20/2014		9/30/2014			
Total Coliform M&R Violation	10/1/14 - 12/31/14	2	1/4/2015		1/14/2015			
Total Coliform M&R Violation	7/1/14 - 9/30/14	2	1/4/2015		1/14/2015			
pH M&R Violation	4/1/14 - 4/30/14	3	7/11/2015		7/21/2015			
pH M&R Violation	5/1/14 - 5/31/14	3	8/1/2015		8/11/2015			
pH M&R Violation	6/1/14 - 6/30/14	3	8/4/2015		8/14/2015			
Physical Parameters M&R Violation	4/1/14 - 6/30/14	3	8/21/2015		8/31/2015			
pH M&R Violation	7/1/14 - 7/31/14	3	9/22/2015		10/2/2015			
pH M&R Violation	8/1/14 - 8/31/14	3	11/3/2015		11/13/2015			
pH M&R Violation	9/1/14 - 9/30/14	3	11/6/2015		11/16/2015			
pH M&R Violation	11/1/14 - 11/30/14	3	1/9/2016		1/19/2016			
pH M&R Violation	10/1/14 - 10/31/14	3	1/9/2016		1/19/2016			

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.

	Co	nnectic	ut Departme	nt of	Public	Health	Dri	nking	g W	ater	Sec	tion	
		Wa	ter Quality M	Ionit	oring a	nd Con	nplia	ance	Sch	edul	e		
PWS ID	PW	S Name	<u> </u>		<u> </u>							r Type F	Primary Source
CT1200062	RO	XBURY MARK	ET PROPERTIES, LLC					NC	-	49)	GW
Local Addre		e applicable)	·		Service	Residen	tial Co	ommerc	ial I	ndustria	al Co	ombined	Agricultura
26 NORTH		,			Connectio	ns 1							
Towns Serv	ed: ROXE	BURY											
			Publi	c Not	ification	Require	emen	its					
					ompliance	Notice		Public N	otific	ation		PN Cei	<u>tification</u>
Violation/S	Situation				Period	Tier		equired	_	rforme	d Du	to DPF	
pH M&R Vi				12/1,	/14 - 12/31/	14 3		5/2016		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		15/2016	
pH M&R Vi	olation				/15 - 1/31/1			/5/2016				L5/2016	
pH M&R Vi	olation				/15 - 2/28/1			15/2016				25/2016	
pH M&R Vi	olation			3/1,	/15 - 3/31/1	.5 3	4/2	27/2016			5/	7/2016	
Physical Pa	rameters	M&R Violatio	on		/14 - 9/30/1			28/2016				8/2016	
Physical Pa	rameters	M&R Violatio	on	10/1,	/14 - 12/31/	14 3	4/2	28/2016			5/	8/2016	
pH M&R Vi	olation			4/1,	/15 - 4/30/1	.5 3	5/3	31/2016			6/3	10/2016	
pH M&R Vi	olation			5/1,	/15 - 5/31/1	.5 3	7/	/8/2016			7/3	18/2016	
pH M&R Vi	olation			6/1,	/15 - 6/30/1	.5 3	8/	/3/2016			8/2	13/2016	
pH M&R Vi	olation			7/1,	/15 - 7/31/1	.5 3	9/:	16/2016			9/2	26/2016	
pH M&R Vi	olation			8/1,	/15 - 8/31/1	.5 3	10/	/25/2016	5		11,	/4/2016	
			Water System	Facili	ity and S	ampling	Poin	t Inve	ento	ry			
Water								Т	otal	Lead	and		
	Water Sy	stem Facility			Sampling I				iform				Stage
Facility ID			IL)	Description	n	Sto	atus F	Rule	Rule	Tier /	Sbestos	WQP 2 DBPF
00600	DISTRIBU	TION SYSTEM				ION SYSTEM		Α	Υ				
						SERVICE COI		A					
			MW0		COFFEE SI			Р	Υ				
			MW00		RM FRONT			P -	Υ	N			
			MW004		RM K BAC			P -	Y	N			
								P	Υ	N			
					RM K DBL			_					
			MW004	-RMKH	RM K HAN	D SINK		P	Y	N			
			MW004 MW01	-RMKH L7-PO	RM K HAN P.O. REST I	D SINK ROOM		P	Y Y	N N			
20725	FAITS:	NAIT.	MW004 MW01 UPSTF	-RMKH 17-PO REAM	RM K HAN P.O. REST I WITHIN 5 S	D SINK ROOM SERVICE CON	N	P A	-				
	ENTRY PC	DINT	MW004 MW02 UPSTF 3	-RMKH 17-PO REAM	RM K HAN P.O. REST I WITHIN 5 S ENTRY POI	D SINK ROOM SERVICE CON	N	P A A	-				
10559	WELL		MW004 MW01 UPSTF	-RMKH 17-PO REAM	RM K HAN P.O. REST I WITHIN 5 S	D SINK ROOM SERVICE CON	N	P A	-				
10559	WELL	DINT ENT PLANT	MW004 MW02 UPSTF 3	-RMKH 17-PO REAM	RM K HAN P.O. REST I WITHIN 5 S ENTRY POI	D SINK ROOM SERVICE CON	N	P A A	-				
10559	WELL		MW004 MW02 UPSTF 3	-RMKH 17-PO REAM	RM K HAN P.O. REST I WITHIN 5 S ENTRY POI WELL	D SINK ROOM SERVICE CON	N	P A A	-				
10559	WELL		MW004 MW02 UPSTF 3	-RMKH L7-PO REAM	RM K HAN P.O. REST I WITHIN 5 S ENTRY POI WELL	D SINK ROOM SERVICE COI NT	N	P A A	-			ob Title	
10559 55326 Name	WELL TREATME		MW004 MW02 UPSTF 3	-RMKH L7-PO REAM	RM K HAN P.O. REST I WITHIN 5 S ENTRY POI WELL	D SINK ROOM SERVICE COI NT	N	P A A	-			ob Title	
10559 55326 Name	WELL TREATME	Operties LLC	MW004 MW02 UPSTF 3 2	-RMKH L7-PO REAM	RM K HAN P.O. REST I WITHIN 5 S ENTRY POI WELL	D SINK ROOM SERVICE COI NT	N	P A A	Y			ob Title State	Zip Code
10559 55326 Name Roxbury M	WELL TREATME	Operties LLC	MW004 MW02 UPSTF 3 2	-RMKH L7-PO REAM	RM K HAN P.O. REST I WITHIN 5 S ENTRY POI WELL tact Info	D SINK ROOM SERVICE COI NT	N	P A A	Y	N			Zip Code 06783

Contact Role(s): Owner

	Connectic	ut Depa	ii unent (of Fublic	Hearth	וועו	nkmg	vvater	Section	1	
	Wa	ter Qua	lity Moni	itoring a	nd Con	nplia	ance S	chedul	le		
PWS ID	PWS Name					Classi	fication	Population	Owner Type	Prir	nary Source
CT1200062	ROXBURY MARK	ET PROPER	ΓIES, LLC			NC		49	Р		GW
Local Address (w	here applicable)			Service	Resider	ntial Co	ommercia	al Industri	al Combin	ed	Agricultural
26 NORTH STREE	Т		Connections								
Towns Served: R	OXBURY				"	'			1		
Name				Organization					Job Tit	le	
Mr. Robert Burn	nann			Roxbury Market Properties LLC				Member			
Mailing Address	Line One		Mailing Addre	ess Line Two			City		State	7	Zip Code
P.O. Box 418							Bridgev	vater	СТ		06752
Business Phone	e Extension	Fax	Мо	bile Phone	Emergenc	y Phone	e Email A	ddress	•		
			203	-948-5151			5bobby	b@gmail.co	om		
6			10				-				

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

Page 4

Schedule Generation Date: 3/10/2020

	Connectic	*					_				
	wa	ter Quality	/ Monit	oring a		_					
PWS ID	PWS Name					Classif	ication	Popu	lation O	wner Type	Primary Source
CT1200014	CHRIST EPISCOP	AL CHURCH				N	IC	2	.5	Р	GW
	ss (where applicable)			Service	Resident	ial Co	mmerci	al In	dustrial	Combine	ed Agricultural
CHURCH STI				Connectio	ns		1				
Towns Serve	ed: ROXBURY										
			Monito	oring Re	quiremer	nts					
Water Syst	em Facility: DISTR	IBUTION SYSTE	M (WSF II	D: 00600)							
Total Colif	form (3100)								1 r	outine (R1) per quarter
Sampli	ing Point (Sampling P	oint ID)			Monitorin	ng Peri	iod C	ollect	ion Perio	d Com	pliance Status
Select	from Inventory of Act	ive Sampling Poi	nts		7/1/19 -	9/30/1	L9			1	Complete
					10/1/19 -	12/31/	/19				Complete
					1/1/20 -	3/31/2	20				
					4/1/20 -	6/30/2	20				
					7/1/20 -	9/30/2	20				
Physical P	arameters (PPS)								1 r	outine (R1) per quarter
Sampli	ing Point (Sampling P	oint ID)			Monitorir	ig Peri	iod C	ollect	ion Perio	d Com	pliance Status
Select	from Inventory of Acti	ive Sampling Poi	nts		7/1/19 -	9/30/1	L9				Complete
					10/1/19 -	12/31/	/19			ı	Complete
					1/1/20 -	3/31/2	20				
					4/1/20 -	6/30/2	20				
					7/1/20 -	9/30/2	20				
Water Syst	em Facility: ENTRY	POINT (WSF	ID: 00700)								
Nitrate An	nd Nitrite (NOX)									1 routine	(RT) per year
Sampli	ing Point (Sampling P	oint ID)			Monitorir	ng Peri	iod C	ollect	ion Perio	d Com	pliance Status
ENTRY	POINT (3)				1/1/19 - 1	.2/31/	19				Complete
					1/1/20 - 1	.2/31/2	20				
					1/1/21 - 1	.2/31/2	21				
			Other Co	omplian	ce Sched	ules					
Compliance	Schedule Activity				D	ue Da	te		Achieve	d Date	
RESPOND TO	O SANITARY SURVEY				11	/13/20	019				
		Water Syste	em Facili	itv and S	Sampling	Poin	t Inve	nto	rv		
Water						- 9		otal	Lead an	nd	
	Vater System Facility	Sam	pling Point	Sampling I	Point			form	Coppe		Stage
Facility ID			ID	Description	n	Sta	atus R	ule			s WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	1	4	DISTRIBUT	ION SYSTEM	,	Α	Υ			
		DOV	VNSTREAM	WITHIN 5	SERVICE CON	,	Α				
		UI	PSTREAM	WITHIN 5	SERVICE CON	,	A				
00700 E	NTRY POINT		3	ENTRY POI	NT	,	Α				
22073 V	VELL		2	WELL		,	A				
			Con	tact Info	ormation						
Name			Or	rganization						Job Title	2
Mr. James L	owe			rist Episcop	oal Church			Sen	ior Ward	den	
Mailing Add	ress Line One	Mai	iling Address	s Line Two				Ci	ty	State	Zip Code
Senior Ward		РО	Box 4				Roxbui	у		СТ	06783
Business F	Phone Extension	Fax	Mobi	le Phone	Emergency	Phone	Email A	Addres	SS	'	
860-354-	4113		203-4	17-5470			christc	hurch	office@f	rontier.con	า
		·		-						·	

	Water Quality Monit				C	,		
PWS ID	PWS Name		Classification Population Owner Type Prima					
CT1200014	CHRIST EPISCOPAL CHURCH			NC		25	Р	GW
Local Address	(where applicable)	Service	Residen	ntial Commerc		al Industri	al Combined	Agricultural
CHURCH STRE	ET	Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: ROXBURY

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

End of schedule

Schedule Generation Date: 3/10/2020

Mr. Rev. David F.	Extension	Fax 860-354-7430	ng Addres	s Line Two	Emergency 860-355-		ne Em		City ress xburychu	urch.	State CT org	Zip Code 06783
Business Phone 860-355-1978	Extension	Fax 860-354-7430	ng Addres	s Line Two	Emergency		ne Em	ail Add	ress	ırch.	СТ	
Mr. Rev. David F. Mailing Address L 24 Church St Business Phone	ine One	Fax	ng Addres	s Line Two		, Pho	ne Em	ail Add	ress		СТ	
Mr. Rev. David F. Mailing Address L 24 Church St	ine One		ng Addres	s Line Two								
Mr. Rev. David F. Mailing Address L		Maili			Charch				City			
Mr. Rev. David F.					Charch		1					
			D	oxbury Cong.	Church			N	∕linister			
				rganization							Job Title	
			Con	tact Info	rmation							
22074 WELL			2	WELL			Α					
	1 Olivi				V 1							
00700 ENTRY	POINT	UPS	3	ENTRY POIN		4	A					
		_	TREAM	WITHIN 5 SI			A					
OOOOO DISTRI	DOTION STSTEIN			WITHIN 5 SI			A	ī				
	BUTION SYSTEM		4	DISTRIBUTION			<u>Status</u> A	Y	Nuie	1161	73063103	WQI Z DDP
System Water Facility ID	System Facility	Samp	ling Point ID	Sampling Po				Colifor Rule	т Сор		Achestos	Stage WQP 2 DBP
Water								Tota		and		
	,	Water Syste	m Facil	ity and Sa	ampling	Ро	int In	vent	ory			
					1/1/21 - :	12/3	31/21					
					1/1/20 - :	12/3	31/20					
ENTRY POIN					1/1/19 -							mplete
	int (Sampling Po	oint ID)			Monitori	ng P	Period	Colle	ction Pe			ance Status
Nitrate And Nit	-									1	routine (F	RT) per year
Water System F	acility: ENTRY	POINT (WSF II): 00700)									
					7/1/20 -							
					4/1/20 -							<u> </u>
					1/1/20 -							mplete
					10/1/19 -							mplete
		ve Sampling Point	S		7/1/19 -			33110				mplete
•	int (Sampling Po	oint ID)			Monitori	na P	Period	Colle	ction Pe			ance Status
Physical Param	eters (PPS)				//1/20-	<i>3</i> /3(0/20		1	l rou	itine (RT)	per quarter
					4/1/20 - 7/1/20 -		-					
							-				Co	mpiete
					10/1/19 - 1/1/20 -							mplete mplete
Select from I	nventory of Activ	ve Sampling Point	S		7/1/19 -			_				mplete
	int (Sampling Po				Monitori			Colle	ection Pe	riod		ance Status
Total Coliform	•											per quarter
Water System F	acility: DISTRI	BUTION SYSTEM	и (WSF I	D: 00600)								
			Monit	oring Req	juireme	nts	,					
Towns Served: RC	XBURY											
24 CHURCH STREE	ĒΤ			Connection	S		1					
Local Address (wh	nere applicable)			Service	Residen	tial	Comme	ercial	Industri	al	Combined	Agricultura
		REGATIONAL CHU	IRCH				NC		25		P	GW
PWS ID F	PWS Name	Quidility		0		_					ner Type P	rimary Sourc
	vvai			MI 1112 (11	\mathbf{I}	11/1		E 30.	neau	le		
		ut Departm er Quality										

	Connectic	ut Depa	rtment o	f Public	Health I	Drin	king \	Water S	Section	ı
	Wat	er Qua	lity Moni	toring a	nd Com	plia	nce So	chedule	•	
PWS ID	PWS Name				C	Classifi	cation Po	opulation C	wner Type	Primary Source
CT1200024	ROXBURY CONG	REGATIONA	L CHURCH			N	С	25	Р	GW
Local Address (w	here applicable)			Service	Residentia	al Cor	mmercial	Industrial	Combin	ed Agricultura
24 CHURCH STRE	ET			Connection	ns	1				
Towns Served: Ro	OXBURY									
Name			C	Organization					Job Tit	le
Roxbury Cong. C	hurch									
Mailing Address I	Line One	Mailing Addres	ss Line Two				City	State	Zip Code	
24 Church							Roxbury		СТ	06783
Business Phone	e Extension	Fax	Mob	ile Phone	Emergency P	hone	Email Ad	dress	·	
860-355-1978										
Contact Role(s):	Owner		·							
Name			C	Organization					Job Tit	le
Mr. Fred Karl			R	oxbury Cong.	Church			Chairpersor	า	
Mailing Address I	Line One		Mailing Addres	ss Line Two				City	State	Zip Code
24 Church Street							Roxbury		СТ	06783
Business Phone	Extension	Fax	Mob	ile Phone	Emergency P	hone	Email Ad	dress		
860-355-1978					860-355-88	830				
Contact Role(s):	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.

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

End of schedule

Schedule Generation Date: 3/10/2020

Conne	cticut Department of l					_			ection	
	Water Quality Monito	ring an	d Con	npl	liance	Scl	hedul	le		
PWS ID PWS Name	e			Clas	ssification	Pop	pulation	Owi	ner Type P	rimary Source
CT1200013 162 BAKEI	R ROAD				NC		36		Р	GW
Local Address (where appli	cable)	Service	Residen	tial	Commer	cial	Industri	al	Combined	Agricultural
162 BAKER ROAD		Connections	2		1					
Towns Served: ROXBURY										
	Monitor	ring Requ	iireme	nts	;					
Water System Facility:	DISTRIBUTION SYSTEM (WSF ID:	00600)								
Total Coliform (3100)							1	rou	ıtine (RT)	per quarter
Sampling Point (Samp	oling Point ID)		Monitori	ing P	Period	Colle	ction Pe	riod	Compl	iance Status
Select from Inventory	of Active Sampling Points		7/1/19 -	9/3	0/19				Co	omplete
			10/1/19 -	12/	31/19				Co	omplete
			1/1/20 -	3/3	1/20					
			4/1/20 -	6/3	0/20					
			7/1/20 -	9/3	0/20					
Physical Parameters (P	PS)						1	rou	ıtine (RT)	per quarter
Sampling Point (Samp	oling Point ID)		Monitori	ing P	Period	Colle	ction Pe	riod	Compl	iance Status
Select from Inventory	of Active Sampling Points		7/1/19 -	9/3	0/19				Co	omplete
			10/1/19 -	12/	31/19				Co	omplete
			1/1/20 -	3/3	1/20					
			4/1/20 -	6/3	0/20					
			7/1/20 -	9/3	0/20					
Water System Facility:	ENTRY POINT (WSF ID: 00700)									
Nitrate And Nitrite (NC	DX)							1	routine (I	RT) per year
Sampling Point (Samp	oling Point ID)		Monitori	ing P	Period	Colle	ction Pe	riod	Compl	iance Status
ENTRY POINT (3)			1/1/19 -	12/3	31/19				Co	omplete
			1/1/20 -	12/3	31/20					
			1/1/21 -	12/3	31/21					
Mor	nthly Water System Facilit	y (WSF) I	evel N	Лor	nitorin	g Re	equire	me	nts	
Water System Facility:	ENTRY POINT (WSFID: 00700)									
Analyte	Monitoring Requirement (Summar	у Туре)	Ope	ratir	ng Limit				Samples R	eq/Month
рН	Entry Point pH Monitoring (PHRD)		Min	imur	m: 7 PH				4	4
Start Date: 9/1/2013		Complia	nce Histo	ory:	c	pera	ting Lim	it	Monito	ring
		Monitor	ing Perio	d			liance St		: Complia	ance Status:
		10/1/20	19 - 10/3	1/20)19					
		11/1/20	19 - 11/3	0/20)19					
		12/1/20	19 - 12/3	1/20)19					
		1/1/202	0 - 1/31/2	2020)					
		2/1/202	0 - 2/29/2	2020)					
Analyte	Monitoring Requirement (Summar	y Type)	Ope	ratir	ng Limit				Samples R	eq/Month
рН	Entry Point pH Monitoring (PHRD)		Max	imu	m: 8.0 PH	1				4
Start Date: 9/1/2013		Complia	nce Histo	ory:	C	pera	ting Lim	it	Monito	ring
		Monitor	ing Perio	d			liance St		: Complia	ance Status:
		10/1/20	19 - 10/3	1/20)19					
		11/1/20	19 - 11/3	0/20)19					
		12/1/20	19 - 12/3	1/20)19					
		1/1/202	0 - 1/31/2	2020)					

	Conne	ecticut D	epartment of	Public F	lealth	ı Di	rinki	ng W	ater	Se	ction		
		Water (Quality Monit	oring an	d Con	npl	ianc	e Sch	edu	le			
PWS ID	PWS Nam	e				Cla	ssificatio	on Pop	ulation	Own	ner Type I	Primary	Source
CT1200013	162 BAKE	R ROAD					NC		36		Р	GV	٧
Local Address (\	where appli	icable)		Service	Resider	ntial	Comme	ercial	Industri	al	Combine	d Agric	cultural
162 BAKER ROA	Connections	2		1									
Towns Served: I	ROXBURY												
Water System	Facility:	ENTRY POIN	T (WSFID: 00700)										
Analyte		Monitoring	Requirement (Summa	ary Type)	Оре	eratir	ng Limit			:	Samples I	Req/Mo	nth
pH Entry Point pH Monitoring (PHRD) Maximum: 8.0 PH 4									4				
Start Date:	9/1/2013			Complia	ance Hist	ory:		Operat	ing Lim	it	Monito	ring	
				Monito	ring Perio	od		Compli	_		Compli	ance St	atus:
				2/1/202	0 - 2/29/	2020)						
			Other Co	ompliance	Sche	dule	es						
Compliance Sch	edule Activ	vity				Due	Date		Achie	ved I	Date		
CROSS CONNEC	TION EXEM	1PTION				3/1/	2022						
		Wate	er System Facili	ty and Sai	mpling	, Po	int In	vento	ory				
Water								Total	Lead				
	er System F	acility	Sampling Point ID	Sampling Poil Description	nt			Coliforn Rule	-		Ashasta	MOD	Stage
Facility ID		VCTCNA		•			<u>Status</u>		Kuie	rier	Asbestos	WQP	Z DDPK
00600 DIST	RIBUTION S	YSTEIVI	4	GENERIC DIST			A	Υ					
			DOWNSTREAM UPSTREAM	WITHIN 5 SEF			Α						
							A	V	,	ı			
			WR001 WR002	WRAGG REST MAMIES K HA			A	Y Y	1				
			WR002 WR003	MAMIES K HA			Α	Υ	_	=			
				MAMIES UTIL		. 2	A		1				
			WR004		_		A	Y Y	1				
			WR005	MAMIES PRE		NIZ	A	Υ	1				
			WR006				A		1				
			WR007 WR008	MAMIES REST		K	A	Y Y	1				
							A		1	_			
			WR009 WR010	DAY CARE OF DAY CARE OF			Α	Y Y	1	_			
			WR010 WR011	DAY CARE OF		c	A	Υ	1				
00700 FNT	DV DOINT					>	Α	Y		<u>. </u>			
	RY POINT		3	ENTRY POINT			Α						
11025 WEL		A A I T	2	WELL			Α						
58213 TREA	ATMENT PL	ANI											
Motor Costs	Facility	TDF ATA 4FAIR		Operator	Inforn	nati	on						
-	-		PLANT (WSF ID: 5	8213)									
Facility Classific		SS I IREAIMI			aubili a sat	a w / - 1						_	ication
Operator Name			Operator Type		ertificatio			AA/T ==	ED -=-	n ~:	466 **		ration
HURLBUT, AND	REW		CHIEF OPERATO		ATER TR		/IENT PL	ANT OP	ERATO	K - CL	ASS II	6/30	/2020
N				tact Infor	matior	1					Joh Titlo		

Organization Job Title Name **Roxbury Depot Holding Company LLC** Mailing Address Line One Mailing Address Line Two City State Zip Code 19 Golden Harvest Rd Roxbury СТ 06783 **Business Phone** Emergency Phone Email Address Extension Fax Mobile Phone

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

(Connectic	ut Depa	irtment	t of 1	Public	Health	Drii	nking	g Water	Section		
	Wa	ter Qua	lity Mo	nito	oring ar	nd Con	nplia	nce S	Schedul	le		
PWS ID	PWS Name							Classification		Owner Type	Primary So	urce
CT1200013	L62 BAKER ROA	D				N		С	36	Р	GW	
Local Address (wh		Service	Resider	ntial Co	mmerci	al Industri	al Combine	d Agricultural				
162 BAKER ROAD	L62 BAKER ROAD					s 2	2					
Towns Served: RC	OXBURY						·		·	·		
Contact Role(s):	Owner											
Name	Org	Organization				Job Title						
Mr. Edwin N. Cady, Jr.					Roxbury Depot Holding Co., LLC				Owner			
Mailing Address Line One Mailing Addr				dress I	ess Line Two			City		State	Zip Code	e
89 Flag Swamp Rd								Roxbury		СТ	06783	
Business Phone	Extension	Fax	N	Mobile	Phone	Emergency Pl		Email Address				
203-232-8461						203-232	-8387	edwincady@hotmail.com				
Contact Role(s):	Administrative	Contact, Leg	gal Contact,	Owne	er							

Please note the following:

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