

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name    |  |             | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|-------------|--|-------------|----------------|------------|------------|----------------|--------------|
| CT0030091                        | CAMP CONNRI |  |             | NC             | 319        | P          | GW             |              |
| Local Address (where applicable) |             |  | Service     | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 27-28 HAPPY HILL LANE            |             |  | Connections |                |            |            | 22             |              |
| Towns Served: ASHFORD            |             |  |             |                |            |            |                |              |

### Monitoring Requirements

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

| Total Coliform (3100)                           |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25   |                            | Complete          |
|   | 10/1/25 - 12/31/25 |                            | Complete          |
|   | 1/1/26 - 3/31/26   |                            |                   |
|   | 4/1/26 - 6/30/26   |                            |                   |

| Physical Parameters (PPS)                       |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25   |                            | Complete          |
|   | 10/1/25 - 12/31/25 |                            | Complete          |
|   | 1/1/26 - 3/31/26   |                            |                   |
|   | 4/1/26 - 6/30/26   |                            |                   |

Water System Facility: **CAMP CONNRI TREATMENT PLANT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX)          |                   | 1 routine (RT) per year |                   |
|------------------------------------|-------------------|-------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period       | Compliance Status |
| CAMP CONNRI TREATMENT PLANT (3)    | 1/1/25 - 12/31/25 |                         | Complete          |
|                                    | 1/1/26 - 12/31/26 |                         |                   |
|                                    | 1/1/27 - 12/31/27 |                         |                   |

### Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **CAMP CONNRI TREATMENT PLANT (WSFID: 00700)**

| Analyte              | Monitoring Requirement (Summary Type)           | Operating Limit    | Samples Req/Month  |  |
|----------------------|---|--------------------|--------------------|--|
| Chlorine             | Entry Point Chlorine Residual Monitoring (CHLR) | Minimum: 0.2 MG/L  | Daily              |  |
| Start Date: 1/1/2017 | Compliance History:                             | Operating Limit    | Monitoring         |  |
|                      | Monitoring Period                               | Compliance Status: | Compliance Status: |  |
|                      | 8/1/2025 - 8/31/2025                            |                    |                    |  |
|                      | 9/1/2025 - 9/30/2025                            |                    |                    |  |
|                      | 10/1/2025 - 10/31/2025                          |                    |                    |  |
|                      | 11/1/2025 - 11/30/2025                          |                    |                    |  |
|                      | 12/1/2025 - 12/31/2025                          |                    |                    |  |

### Other Compliance Schedules

| Compliance Schedule Activity   | Due Date | Achieved Date |
|--------------------------------|----------|---------------|
| CROSS CONNECTION SURVEY REPORT | 3/1/2026 |               |

### 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 | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |

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

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |             |  |             |                |            |            |                |              |
|----------------------------------|-------------|--|-------------|----------------|------------|------------|----------------|--------------|
| PWS ID                           | PWS Name    |  |             | Classification | Population | Owner Type | Primary Source |              |
| CT0030091                        | CAMP CONNRI |  |             | NC             | 319        | P          | GW             |              |
| Local Address (where applicable) |             |  | Service     | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 27-28 HAPPY HILL LANE            |             |  | Connections |                |            |            | 22             |              |
| Towns Served: ASHFORD            |             |  |             |                |            |            |                |              |

### 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 | Stage WQP 2 DBPR |
|--------------------------|-----------------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00700                    | CAMP CONNRI TREATMENT PLANT | 3                 | CAMP CONNRI TREATMEN       | A      |                     |                           |          |                  |
| 50927                    | CONCRETE ATMOSPHERIC TANK   |                   |                            |        |                     |                           |          |                  |
| 56286                    | WELL 3A                     | 2                 | WELL 3A                    | A      |                     |                           |          |                  |

### Contact Information

| Name                      |           | Organization             |              | Job Title       |               |            |
|---------------------------|-----------|--------------------------|--------------|-----------------|---------------|------------|
| <b>Mr. David Champlin</b> |           | The Salvation Army       |              | Major           |               |            |
| Mailing Address Line One  |           | Mailing Address Line Two |              | City            | State         | Zip Code   |
| C/O Camp Connri           |           | P.O. Box 176             |              | Ashford         | CT            | 06278-0176 |
| Business Phone            | Extension | Fax                      | Mobile Phone | Emergency Phone | Email Address |            |
|                           |           |                          |              |                 |               |            |

Contact Role(s): **Legal Contact**

| Name                     |           | Organization             |              | Job Title            |                                    |          |
|--------------------------|-----------|--------------------------|--------------|----------------------|------------------------------------|----------|
| <b>Mr. Jorge Marzan</b>  |           | The Salvation Army       |              | Divisional Commander |                                    |          |
| Mailing Address Line One |           | Mailing Address Line Two |              | City                 | State                              | Zip Code |
| 855 Asylum Ave           |           |                          |              | Hartford             | CT                                 | 06105    |
| Business Phone           | Extension | Fax                      | Mobile Phone | Emergency Phone      | Email Address                      |          |
| 860-702-0010             |           | 860-543-8412             |              | 860-918-3604         | jorge.marzan@use.salvationarmy.org |          |

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

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

***<http://www.ct.gov/dph/publicdrinkingwater>***

***End of schedule***

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

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                             | PWS Name                                 |  |             | Classification | Population | Owner Type | Primary Source |              |
|------------------------------------|--|--|-------------|----------------|------------|------------|----------------|--------------|
| CT0038011                          | HOLE IN THE WALL GANG CAMP-MAIN SYSTEM#1 |  |             | NC             | 335        | P          | GW             |              |
| Local Address (where applicable)   |  |  | Service     | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 565 ASHFORD CENTER ROAD (ROUTE 44) |  |  | Connections | 29             |            |            |                |              |
| Towns Served: ASHFORD              |  |  |             |                |            |            |                |              |

### Monitoring Requirements

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

| Total Coliform (3100)                           |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25   |                            | Complete          |
|   | 10/1/25 - 12/31/25 |                            | Complete          |
|   | 1/1/26 - 3/31/26   |                            |                   |
|   | 4/1/26 - 6/30/26   |                            |                   |

| Physical Parameters (PPS)                       |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25   |                            | Complete          |
|   | 10/1/25 - 12/31/25 |                            | Complete          |
|   | 1/1/26 - 3/31/26   |                            |                   |
|   | 4/1/26 - 6/30/26   |                            |                   |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX)          |                   | 1 routine (RT) per year |                   |
|------------------------------------|-------------------|-------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period       | Compliance Status |
| ENTRY POINT (3)                    | 1/1/25 - 12/31/25 |                         | Complete          |
|                                    | 1/1/26 - 12/31/26 |                         |                   |
|                                    | 1/1/27 - 12/31/27 |                         |                   |

### Other Compliance Schedules

| Compliance Schedule Activity   | Due Date | Achieved Date |
|--------------------------------|----------|---------------|
| CROSS CONNECTION SURVEY REPORT | 3/1/2026 |               |

### 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 | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 22894                    | WELL 1                | 2                 | WELL 1                     | A      |                     |                           |          |                  |
| 22895                    | WELL 2                | 2                 | WELL 2                     | A      |                     |                           |          |                  |
| 22896                    | WELL 3                | 2                 | WELL 3                     | A      |                     |                           |          |                  |
| 22897                    | WELL 4                | 2                 | WELL 4                     | A      |                     |                           |          |                  |
| 54621                    | ATMOSPHERIC TANKS     |                   |                            |        |                     |                           |          |                  |
| 63112                    | BLADDER TANK          |                   |                            |        |                     |                           |          |                  |

### Contact Information

| Name                     |                          | Organization                   | Job Title |       |          |
|--------------------------|--------------------------|--------------------------------|-----------|-------|----------|
| Mr. Raymond Lamontagne   |                          | Hole In The Wall Gang Fund Inc | President |       |          |
| Mailing Address Line One | Mailing Address Line Two |                                | City      | State | Zip Code |

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|  |   |                            |              |                      |                                      |
|--|---|----------------------------|--------------|----------------------|--------------------------------------|
| PWS ID   | PWS Name  | Classification             | Population   | Owner Type           | Primary Source                       |
| <b>CT0038011</b>                               | <b>HOLE IN THE WALL GANG CAMP-MAIN SYSTEM#1</b> | <b>NC</b>                  | <b>335</b>   | <b>P</b>             | <b>GW</b>                            |
| Local Address (where applicable)               |   | Service Connections        | Residential  | Commercial           | Industrial                           |
| 565 ASHFORD CENTER ROAD (ROUTE 44)             |   | 29                         |              |                      |                                      |
| Towns Served: ASHFORD                          |   |                            |              |                      |                                      |
| 112 Fifth Ave                                  |   | New York                   |              | NY                   | 10128                                |
| Business Phone                                 | Extension                                       | Fax                        | Mobile Phone | Emergency Phone      | Email Address                        |
|  |   |                            |              |                      |                                      |
| Contact Role(s): <b>Legal Contact, Owner</b>   |   |                            |              |                      |                                      |
| Name   |   | Organization               |              | Job Title            |                                      |
| <b>Mr. John Suprenant</b>                      |   | Hole In The Wall Gang Camp |              | Asst Dir. of Facilit |                                      |
| Mailing Address Line One                       |   | Mailing Address Line Two   |              | City                 | State                                |
| 585 Ashford Center Road                        |   |                            |              | Ashford              | CT                                   |
| Business Phone                                 | Extension                                       | Fax                        | Mobile Phone | Emergency Phone      | Email Address                        |
| 860-487-0574                                   |   | 860-487-2666               |              |                      | john.suprenant@holeinthewallgang.org |
| Contact Role(s): <b>Administrative Contact</b> |   |                            |              |                      |                                      |

**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

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

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

**End of schedule**

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |                  |             |             |                |            |            |                |
|----------------------------------|------------------|-------------|-------------|----------------|------------|------------|----------------|
| PWS ID                           | PWS Name         |             |             | Classification | Population | Owner Type | Primary Source |
| CT0030024                        | ASHFORD DARI BAR |             |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                  | Service     | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 432 ASHFORD CENTER ROAD          |                  | Connections |             | 1              |            |            |                |
| Towns Served: ASHFORD            |                  |             |             |                |            |            |                |

### Monitoring Requirements

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

| Total Coliform (3100)                           |                   | 1 routine (RT) per month |                   |
|---|-------------------|--------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period | Collection Period        | Compliance Status |
| Select from Inventory of Active Sampling Points | 8/1/25 - 8/31/25  |                          | Complete          |
|   | 9/1/25 - 9/30/25  |                          |                   |
|   | 4/1/26 - 4/30/26  |                          |                   |
|   | 5/1/26 - 5/31/26  |                          |                   |
|   | 6/1/26 - 6/30/26  |                          |                   |
|   | 7/1/26 - 7/31/26  |                          |                   |

| Physical Parameters (PPS)                       |                   | 1 routine (RT) per month |                   |
|---|-------------------|--------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period | Collection Period        | Compliance Status |
| Select from Inventory of Active Sampling Points | 8/1/25 - 8/31/25  |                          | Complete          |
|   | 9/1/25 - 9/30/25  |                          |                   |
|   | 4/1/26 - 4/30/26  |                          |                   |
|   | 5/1/26 - 5/31/26  |                          |                   |
|   | 6/1/26 - 6/30/26  |                          |                   |
|   | 7/1/26 - 7/31/26  |                          |                   |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX)          |                   | 1 routine (RT) per year |                   |
|------------------------------------|-------------------|-------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period       | Compliance Status |
| ENTRY POINT (3)                    | 1/1/25 - 12/31/25 |                         | Complete          |
|                                    | 1/1/26 - 12/31/26 |                         |                   |
|                                    | 1/1/27 - 12/31/27 |                         |                   |

### Other Compliance Schedules

| Compliance Schedule Activity | Due Date   | Achieved Date |
|------------------------------|------------|---------------|
| RESPOND TO SANITARY SURVEY   | 11/30/2022 |               |

### Public Notification Requirements

| Violation/Situation                             | Compliance Period | Notice Tier | Public Notification |           | PN Certification |          |
|---|-------------------|-------------|---------------------|-----------|------------------|----------|
|   |                   |             | Required            | Performed | Due to DPH       | Received |
| REVISED TOTAL COLIFORM RULE (RTCR) TT Violation | 6/30/18 - 4/4/19  | 2           | 8/19/2018           |           | 8/29/2018        |          |
| Physical Parameters M&R Violation               | 9/1/23 - 9/30/23  | 3           | 2/21/2025           |           | 3/3/2025         |          |
| Total Coliform M&R Violation                    | 9/1/23 - 9/30/23  | 3           | 2/21/2025           |           | 3/3/2025         |          |

### 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 | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |                  |             |             |                |            |            |                |
|----------------------------------|------------------|-------------|-------------|----------------|------------|------------|----------------|
| PWS ID                           | PWS Name         |             |             | Classification | Population | Owner Type | Primary Source |
| CT0030024                        | ASHFORD DARI BAR |             |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                  | Service     | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 432 ASHFORD CENTER ROAD          |                  | Connections |             | 1              |            |            |                |
| Towns Served: ASHFORD            |                  |             |             |                |            |            |                |

### Water System Facility and Sampling Point Inventory

| <i>Water System</i><br>Facility ID | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|------------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 20014                              | WELL                         | 2                        | WELL                              | A             |                            |                                  |                 |                         |

### Contact Information

| Name                     |           |     |                          | Organization              |                       |        | Job Title |       |          |
|--------------------------|-----------|-----|--------------------------|---------------------------|-----------------------|--------|-----------|-------|----------|
| Raul A Lemus             |           |     |                          | Lemus Martinez Family LLC |                       |        | Owner     |       |          |
| Mailing Address Line One |           |     | Mailing Address Line Two |                           |                       | City   |           | State | Zip Code |
| 77 Wildwood Rd           |           |     |                          |                           |                       | Storrs |           | CT    | 06268    |
| Business Phone           | Extension | Fax | Mobile Phone             | Emergency Phone           | Email Address         |        |           |       |          |
| 860-874-1070             |           |     |                          |                           | raullemus23@gmail.com |        |           |       |          |

Contact Role(s): **Administrative 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

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***<http://www.ct.gov/dph/publicdrinkingwater>***

***End of schedule***

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |               |  |             |                |            |            |                |              |
|----------------------------------|---------------|--|-------------|----------------|------------|------------|----------------|--------------|
| PWS ID                           | PWS Name      |  |             | Classification | Population | Owner Type | Primary Source |              |
| CT0030034                        | ASHFORD MOTEL |  |             | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |               |  | Service     | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 26 SNOW HILL ROAD                |               |  | Connections |                | 1          |            |                |              |
| Towns Served: ASHFORD            |               |  |             |                |            |            |                |              |

### Monitoring Requirements

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

| Total Coliform (3100)                           |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25   |                            | Complete          |
|   | 10/1/25 - 12/31/25 |                            |                   |
|   | 1/1/26 - 3/31/26   |                            |                   |
|   | 4/1/26 - 6/30/26   |                            |                   |

| Physical Parameters (PPS)                       |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25   |                            | Complete          |
|   | 10/1/25 - 12/31/25 |                            |                   |
|   | 1/1/26 - 3/31/26   |                            |                   |
|   | 4/1/26 - 6/30/26   |                            |                   |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX)          |                   | 1 routine (RT) per year |                   |
|------------------------------------|-------------------|-------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period       | Compliance Status |
| ENTRY POINT (3)                    | 1/1/25 - 12/31/25 |                         | Complete          |
|                                    | 1/1/26 - 12/31/26 |                         |                   |
|                                    | 1/1/27 - 12/31/27 |                         |                   |

### 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 | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 20015                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |

### Contact Information

|   |  |           |                          |               |              |                 |                        |       |          |
|---|--|-----------|--------------------------|---------------|--------------|-----------------|------------------------|-------|----------|
| Name  |  |           |                          | Organization  |              |                 | Job Title              |       |          |
| Mr. Chirag Patel  |  |           |                          | Ashford Motel |              |                 | Owner                  |       |          |
| Mailing Address Line One                                      |  |           | Mailing Address Line Two |               |              | City            |                        | State | Zip Code |
| 26 Ashford Motel Rd   |  |           |                          |               |              | Ashford         |                        | CT    | 06278    |
| Business Phone  |  | Extension | Fax                      |               | Mobile Phone | Emergency Phone | Email Address          |       |          |
| 860-487-3900  |  |           |                          |               |              | 860-450-6381    | ashfordmotel@yahoo.com |       |          |
| Contact Role(s): Administrative Contact, Legal Contact, Owner |  |           |                          |               |              |                 |                        |       |          |

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name      |                     |             | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0030034                        | ASHFORD MOTEL |                     |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |               | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 26 SNOW HILL ROAD                |               |                     |             | 1              |            |            |                |

Towns Served: ASHFORD

**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

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

***<http://www.ct.gov/dph/publicdrinkingwater>***

***End of schedule***

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



# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |                    |             |             |                |            |            |                |
|----------------------------------|--------------------|-------------|-------------|----------------|------------|------------|----------------|
| PWS ID                           | PWS Name           |             |             | Classification | Population | Owner Type | Primary Source |
| CT0030054                        | 55-69 NOTT HIGHWAY |             |             | NC             | 36         | P          | GW             |
| Local Address (where applicable) |                    | Service     | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 55 NOTT HIGHWAY (ROUTE 74)       |                    | Connections |             | 1              |            |            |                |
| Towns Served: ASHFORD            |                    |             |             |                |            |            |                |

### Monitoring Requirements

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

| Total Coliform (3100)                           |                          | 1 routine (RT) per quarter |                          |
|---|--------------------------|----------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>   | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25         |                            | Complete                 |
|   | 10/1/25 - 12/31/25       |                            | Complete                 |
|   | 1/1/26 - 3/31/26         |                            |                          |
|   | 4/1/26 - 6/30/26         |                            |                          |

| Physical Parameters (PPS)                       |                          | 1 routine (RT) per quarter |                          |
|---|--------------------------|----------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>   | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25         |                            | Complete                 |
|   | 10/1/25 - 12/31/25       |                            | Complete                 |
|   | 1/1/26 - 3/31/26         |                            |                          |
|   | 4/1/26 - 6/30/26         |                            |                          |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX)                 |                          | 1 routine (RT) per year  |                          |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3)                           | 1/1/25 - 12/31/25        |                          | Complete                 |
|   | 1/1/26 - 12/31/26        |                          |                          |
|   | 1/1/27 - 12/31/27        |                          |                          |

### Public Notification Requirements

| <i>Violation/Situation</i>        | <i>Compliance Period</i> | <i>Notice Tier</i> | <i>Public Notification</i> |                  | <i>PN Certification</i> |                 |
|-----------------------------------|--------------------------|--------------------|----------------------------|------------------|-------------------------|-----------------|
|                                   |                          |                    | <i>Required</i>            | <i>Performed</i> | <i>Due to DPH</i>       | <i>Received</i> |
| Total Coliform M&R Violation      | 4/1/25 - 6/30/25         | 3                  | 10/9/2026                  |                  | 10/19/2026              |                 |
| Physical Parameters M&R Violation | 4/1/25 - 6/30/25         | 3                  | 10/9/2026                  |                  | 10/19/2026              |                 |

### Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00400                           | TREATMENT PLANT              |                          |                                   |               |                            |                                  |                 |                         |
| 00600                           | DISTRIBUTION SYSTEM          | 4                        | DISTRIBUTION SYSTEM               | A             | Y                          |                                  |                 |                         |
|                                 |                              | DOWNSTREAM               | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
|                                 |                              | UPSTREAM                 | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
| 00700                           | ENTRY POINT                  | 3                        | ENTRY POINT                       | A             |                            |                                  |                 |                         |
| 20000                           | WELL                         | 2                        | WELL                              | A             |                            |                                  |                 |                         |

### Contact Information

|                          |           |                              |              |                 |               |       |          |
|--------------------------|-----------|------------------------------|--------------|-----------------|---------------|-------|----------|
| Name                     |           | Organization                 |              |                 | Job Title     |       |          |
| Mr. Mark Harnois         |           | Olympic Properties Group LLC |              |                 |               |       |          |
| Mailing Address Line One |           | Mailing Address Line Two     |              |                 | City          | State | Zip Code |
| 57 Nott Highway          |           |                              |              |                 | Ashford       | CT    | 06278    |
| Business Phone           | Extension | Fax                          | Mobile Phone | Emergency Phone | Email Address |       |          |

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

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|   |                           |                               |              |                 |                          |
|---|---------------------------|-------------------------------|--------------|-----------------|--------------------------|
| PWS ID  | PWS Name                  | Classification                | Population   | Owner Type      | Primary Source           |
| <b>CT0030054</b>  | <b>55-69 NOTT HIGHWAY</b> | <b>NC</b>                     | <b>36</b>    | <b>P</b>        | <b>GW</b>                |
| Local Address (where applicable)                              |                           | Service Connections           | Residential  | Commercial      | Industrial               |
| 55 NOTT HIGHWAY (ROUTE 74)                                    |                           |                               | 1            |                 |                          |
| Towns Served: ASHFORD   |                           |                               |              |                 |                          |
| 860-888-4928  |                           | mark@olympicbuilding.com      |              |                 |                          |
| Contact Role(s): <b>Owner</b>                                 |                           |                               |              |                 |                          |
| Name  |                           | Organization                  |              | Job Title       |                          |
| <b>Mr. Mark Harnois</b>                                       |                           | Olympic Properties Group, LLC |              |                 |                          |
| Mailing Address Line One                                      |                           | Mailing Address Line Two      |              | City            | State                    |
| 57 Nott Highway   |                           |                               |              | Ashford         | CT                       |
| Zip Code  |                           |                               |              |                 |                          |
|   | 06278                     |                               |              |                 |                          |
| Business Phone  | Extension                 | Fax                           | Mobile Phone | Emergency Phone | Email Address            |
| 860-888-4928  |                           |                               |              |                 | mark@olympicbuilding.com |
| Contact Role(s): <b>Administrative Contact, Legal Contact</b> |                           |                               |              |                 |                          |

**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

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

***<http://www.ct.gov/dph/publicdrinkingwater>***

***End of schedule***

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

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                    |  |             | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|-----------------------------|--|-------------|----------------|------------|------------|----------------|--------------|
| CT0030134                        | CHURCH OF LATTER DAY SAINTS |  |             | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                             |  | Service     | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 511 ASHFORD CENTER ROAD          |                             |  | Connections |                | 1          |            |                |              |
| Towns Served: ASHFORD            |                             |  |             |                |            |            |                |              |

### Monitoring Requirements

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

| Total Coliform (3100)                           |                          | 1 routine (RT) per quarter |                          |
|---|--------------------------|----------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>   | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25         |                            | Complete                 |
|   | 10/1/25 - 12/31/25       |                            | Complete                 |
|   | 1/1/26 - 3/31/26         |                            |                          |
|   | 4/1/26 - 6/30/26         |                            |                          |

| Physical Parameters (PPS)                       |                          | 1 routine (RT) per quarter |                          |
|---|--------------------------|----------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>   | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25         |                            | Complete                 |
|   | 10/1/25 - 12/31/25       |                            | Complete                 |
|   | 1/1/26 - 3/31/26         |                            |                          |
|   | 4/1/26 - 6/30/26         |                            |                          |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX)                 |                          | 1 routine (RT) per year  |                          |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3)                           | 1/1/25 - 12/31/25        |                          | Complete                 |
|   | 1/1/26 - 12/31/26        |                          |                          |
|   | 1/1/27 - 12/31/27        |                          |                          |

### Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| RESPOND TO SANITARY SURVEY          | 6/22/2018       |                      |

### Public Notification Requirements

| <i>Violation/Situation</i>        | <i>Compliance Period</i> | <i>Notice Tier</i> | <i>Public Notification</i> |                  | <i>PN Certification</i> |                 |
|-----------------------------------|--------------------------|--------------------|----------------------------|------------------|-------------------------|-----------------|
|                                   |                          |                    | <i>Required</i>            | <i>Performed</i> | <i>Due to DPH</i>       | <i>Received</i> |
| Total Coliform M&R Violation      | 7/1/24 - 9/30/24         | 3                  | 11/21/2025                 |                  | 12/1/2025               |                 |
| Physical Parameters M&R Violation | 7/1/24 - 9/30/24         | 3                  | 11/21/2025                 |                  | 12/1/2025               |                 |

### Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600                           | DISTRIBUTION SYSTEM          | 4                        | DISTRIBUTION SYSTEM               | A             | Y                          |                                  |                 |                         |
|                                 |                              | DOWNSTREAM               | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
|                                 |                              | UPSTREAM                 | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
| 00700                           | ENTRY POINT                  | 3                        | ENTRY POINT                       | A             |                            |                                  |                 |                         |
| 20078                           | WELL                         | 2                        | WELL                              | A             |                            |                                  |                 |                         |

### Contact Information

| Name                     |  | Organization                   |  | Job Title |       |          |
|--------------------------|--|--------------------------------|--|-----------|-------|----------|
| Mr. Roy B. McDaniel      |  | Natural Resources-Special Proj |  | Manager   |       |          |
| Mailing Address Line One |  | Mailing Address Line Two       |  | City      | State | Zip Code |

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|  |                                    |                          |                               |                 |                                    |
|--|------------------------------------|--------------------------|-------------------------------|-----------------|------------------------------------|
| PWS ID   | PWS Name                           | Classification           | Population                    | Owner Type      | Primary Source                     |
| <b>CT0030134</b>                               | <b>CHURCH OF LATTER DAY SAINTS</b> | <b>NC</b>                | <b>25</b>                     | <b>P</b>        | <b>GW</b>                          |
| Local Address (where applicable)               |                                    | Service Connections      | Residential                   | Commercial      | Industrial                         |
| 511 ASHFORD CENTER ROAD                        |                                    |                          | 1                             |                 |                                    |
| Towns Served: ASHFORD                          |                                    |                          |                               |                 |                                    |
| 50 East North Temple St                        |                                    | Mfd 12Th Floor           |                               | Salt Lake City  | UT 84150                           |
| Business Phone                                 | Extension                          | Fax                      | Mobile Phone                  | Emergency Phone | Email Address                      |
| 801-240-4656                                   |                                    | 801-240-2913             |                               |                 | mcdanielrb@churchofjesuschrist.org |
| Contact Role(s): <b>Legal Contact, Owner</b>   |                                    |                          |                               |                 |                                    |
| Name   |                                    |                          | Organization                  |                 | Job Title                          |
| <b>Ms. Christine Spencer</b>                   |                                    |                          | Church of Jesus Christ of Lds |                 | Hartford Admin Asst                |
| Mailing Address Line One                       |                                    | Mailing Address Line Two |                               | City            | State Zip Code                     |
| 130 South St                                   |                                    |                          |                               | Cromwell        | CT 06516                           |
| Business Phone                                 | Extension                          | Fax                      | Mobile Phone                  | Emergency Phone | Email Address                      |
| 959-230-1116                                   | 2                                  | 860-835-4036             |                               |                 | spencerca@churchofjesuschrist.org  |
| Contact Role(s): <b>Administrative Contact</b> |                                    |                          |                               |                 |                                    |

**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

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

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

**End of schedule**

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                             | PWS Name                        |  |             | Classification | Population | Owner Type | Primary Source |              |
|------------------------------------|---------------------------------|--|-------------|----------------|------------|------------|----------------|--------------|
| CT0030194                          | HOLE IN THE WALL GANG CAMP (#2) |  |             | NC             | 25         | P          | GW             |              |
| Local Address (where applicable)   |                                 |  | Service     | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 565 ASHFORD CENTER ROAD (ROUTE 44) |                                 |  | Connections |                | 4          |            |                |              |
| Towns Served: ASHFORD              |                                 |  |             |                |            |            |                |              |

### Monitoring Requirements

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

| Total Coliform (3100)                           |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25   |                            | Complete          |
|   | 10/1/25 - 12/31/25 |                            | Complete          |
|   | 4/1/26 - 6/30/26   |                            |                   |

| Physical Parameters (PPS)                       |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25   |                            | Complete          |
|   | 10/1/25 - 12/31/25 |                            | Complete          |
|   | 4/1/26 - 6/30/26   |                            |                   |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX)          |                   | 1 routine (RT) per year |                   |
|------------------------------------|-------------------|-------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period       | Compliance Status |
| ENTRY POINT (3)                    | 1/1/25 - 12/31/25 |                         | Complete          |
|                                    | 1/1/26 - 12/31/26 |                         |                   |
|                                    | 1/1/27 - 12/31/27 |                         |                   |

### Other Compliance Schedules

| Compliance Schedule Activity   | Due Date | Achieved Date |
|--------------------------------|----------|---------------|
| CROSS CONNECTION SURVEY REPORT | 3/1/2026 |               |

### 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 | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 20084                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |

### Contact Information

|                          |  |               |                          |                                |              |                 |               |       |          |
|--------------------------|--|---------------|--------------------------|--------------------------------|--------------|-----------------|---------------|-------|----------|
| Name                     |  |               |                          | Organization                   |              |                 | Job Title     |       |          |
| Mr. Raymond Lamontagne   |  |               |                          | Hole In The Wall Gang Fund Inc |              |                 | President     |       |          |
| Mailing Address Line One |  |               | Mailing Address Line Two |                                |              | City            |               | State | Zip Code |
| 112 Fifth Ave            |  |               |                          |                                |              | New York        |               | NY    | 10128    |
| Business Phone           |  | Extension     | Fax                      |                                | Mobile Phone | Emergency Phone | Email Address |       |          |
|                          |  |               |                          |                                |              |                 |               |       |          |
| Contact Role(s):         |  | Legal Contact |                          |                                |              |                 |               |       |          |

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|  |  |                            |              |                      |                                      |
|--|--|----------------------------|--------------|----------------------|--------------------------------------|
| PWS ID   | PWS Name                               | Classification             | Population   | Owner Type           | Primary Source                       |
| <b>CT0030194</b>                               | <b>HOLE IN THE WALL GANG CAMP (#2)</b> | NC                         | 25           | P                    | GW                                   |
| Local Address (where applicable)               |  | Service Connections        | Residential  | Commercial           | Industrial                           |
| 565 ASHFORD CENTER ROAD (ROUTE 44)             |  |                            | 4            |                      |                                      |
| Towns Served: ASHFORD                          |  |                            |              |                      |                                      |
| Name   |  | Organization               |              | Job Title            |                                      |
| <b>Mr. John Suprenant</b>                      |  | Hole In The Wall Gang Camp |              | Asst Dir. of Facilit |                                      |
| Mailing Address Line One                       |  | Mailing Address Line Two   |              | City                 | State                                |
| 585 Ashford Center Road                        |  |                            |              | Ashford              | CT                                   |
| Business Phone                                 | Extension                              | Fax                        | Mobile Phone | Emergency Phone      | Email Address                        |
| 860-487-0574                                   |  | 860-487-2666               |              |                      | john.suprenant@holeinthewallgang.org |
| Contact Role(s): <b>Administrative Contact</b> |  |                            |              |                      |                                      |

**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

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

***<http://www.ct.gov/dph/publicdrinkingwater>***

***End of schedule***

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |  |             |             |                |            |            |                |
|----------------------------------|--|-------------|-------------|----------------|------------|------------|----------------|
| PWS ID                           | PWS Name                               |             |             | Classification | Population | Owner Type | Primary Source |
| CT0030214                        | JUNE NORCROSS WEBSTER (CAFETERIA WELL) |             |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |  | Service     | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 229 ASHFORD CENTER ROAD          |  | Connections |             | 1              |            |            |                |
| Towns Served: ASHFORD            |  |             |             |                |            |            |                |

### Monitoring Requirements

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

| Total Coliform (3100)                           |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25   |                            | Complete          |
|   | 10/1/25 - 12/31/25 |                            | Complete          |
|   | 4/1/26 - 6/30/26   |                            |                   |

| Physical Parameters (PPS)                       |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25   |                            | Complete          |
|   | 10/1/25 - 12/31/25 |                            | Complete          |
|   | 4/1/26 - 6/30/26   |                            |                   |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX)          |                   | 1 routine (RT) per year |                   |
|------------------------------------|-------------------|-------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period       | Compliance Status |
| ENTRY POINT (3)                    | 1/1/25 - 12/31/25 |                         | Complete          |
|                                    | 1/1/26 - 12/31/26 |                         |                   |
|                                    | 1/1/27 - 12/31/27 |                         |                   |

### 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 | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 20086                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |

### Contact Information

| Name                     |           | Organization             |              |                 | Job Title     |       |          |
|--------------------------|-----------|--------------------------|--------------|-----------------|---------------|-------|----------|
| Conn. Rivers Council Bsa |           |                          |              |                 |               |       |          |
| Mailing Address Line One |           | Mailing Address Line Two |              |                 | City          | State | Zip Code |
| 60 Darlin Street         |           | P O Box 280098           |              |                 | East Hartford | CT    | 06128    |
| Business Phone           | Extension | Fax                      | Mobile Phone | Emergency Phone | Email Address |       |          |
| 860-289-6669             |           |                          |              |                 |               |       |          |

Contact Role(s): **Owner**

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|   |   |                           |              |                     |                                  |
|---|---|---------------------------|--------------|---------------------|----------------------------------|
| PWS ID  | PWS Name                                      | Classification            | Population   | Owner Type          | Primary Source                   |
| <b>CT0030214</b>  | <b>JUNE NORCROSS WEBSTER (CAFETERIA WELL)</b> | NC                        | 25           | P                   | GW                               |
| Local Address (where applicable)                              |   | Service Connections       | Residential  | Commercial          | Industrial                       |
| 229 ASHFORD CENTER ROAD                                       |   |                           | 1            |                     |                                  |
| Towns Served: ASHFORD   |   |                           |              |                     |                                  |
| Name  |   | Organization              |              | Job Title           |                                  |
| <b>Mr. Mark D Switzer</b>                                     |   | Conn. Rivers Council Bsa  |              | Scout Executive/Ceo |                                  |
| Mailing Address Line One                                      |   | Mailing Address Line Two  |              | City                | State                            |
| State House Square  |   | 50 State Street 5Th Floor |              | Hartford            | CT                               |
| Business Phone  | Extension                                     | Fax                       | Mobile Phone | Emergency Phone     | Email Address                    |
| 860-913-2710  |   |                           |              | 425-205-5151        | MarkDouglas.Switzer@scouting.org |
| Contact Role(s): <b>Administrative Contact, Legal Contact</b> |   |                           |              |                     |                                  |

**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

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

**<http://www.ct.gov/dph/publicdrinkingwater>**

***End of schedule***

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



# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                        |  |                     | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|---------------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0030224                        | JUNE NORCROSS WEBSTER - WELL #2 |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                                 |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 229 ASHFORD CENTER ROAD          |                                 |  |                     |                | 1          |            |                |              |
| Towns Served: ASHFORD            |                                 |  |                     |                |            |            |                |              |

### Monitoring Requirements

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

| Total Coliform (3100)                           |                          | 1 routine (RT) per month |                          |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 8/1/25 - 8/31/25         |                          | Complete                 |
|   | 9/1/25 - 9/30/25         |                          | Complete                 |
|   | 5/1/26 - 5/31/26         |                          |                          |
|   | 6/1/26 - 6/30/26         |                          |                          |
|   | 7/1/26 - 7/31/26         |                          |                          |

| Total Coliform (3100)                           |                          | 3 repeat (RP) per period |                          |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 9/16/25 - 9/21/25        |                          |                          |
|   | 9/19/25 - 9/24/25        |                          |                          |

| Physical Parameters (PPS)                       |                          | 1 routine (RT) per month |                          |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 8/1/25 - 8/31/25         |                          | Complete                 |
|   | 9/1/25 - 9/30/25         |                          | Complete                 |
|   | 5/1/26 - 5/31/26         |                          |                          |
|   | 6/1/26 - 6/30/26         |                          |                          |
|   | 7/1/26 - 7/31/26         |                          |                          |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX)                 |                          | 1 routine (RT) per year  |                          |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3)                           | 1/1/25 - 12/31/25        |                          | Complete                 |
|   | 1/1/26 - 12/31/26        |                          |                          |
|   | 1/1/27 - 12/31/27        |                          |                          |

Water System Facility: **WELL (WSF ID: 20087)**

| E. Coli (3014)                            |                          | 1 triggered (TG) per period |                          |
|---|--------------------------|-----------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i>    | <i>Compliance Status</i> |
| WELL (2)                                  | 9/15/25 - 9/21/25        |                             |                          |
|   | 9/18/25 - 9/24/25        |                             |                          |

### Other Compliance Schedules

| <i>Compliance Schedule Activity</i>      | <i>Due Date</i> | <i>Achieved Date</i> |
|--|-----------------|----------------------|
| L2 ASSESSMENT (MULTIPLE TC+, 2ND IN 12M) | 10/20/2025      |                      |

### 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 | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |

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

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                        |  |             | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|---------------------------------|--|-------------|----------------|------------|------------|----------------|--------------|
| CT0030224                        | JUNE NORCROSS WEBSTER - WELL #2 |  |             | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                                 |  | Service     | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 229 ASHFORD CENTER ROAD          |                                 |  | Connections |                | 1          |            |                |              |
| Towns Served: ASHFORD            |                                 |  |             |                |            |            |                |              |

### 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 | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 20087                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |
| 61008                    | ATMOSPHERIC STORAGE   |                   |                            |        |                     |                           |          |                  |

### Contact Information

|                          |           |     |                          |                 |               |               |           |          |
|--------------------------|-----------|-----|--------------------------|-----------------|---------------|---------------|-----------|----------|
| Name                     |           |     |                          | Organization    |               |               | Job Title |          |
| Conn. Rivers Council Bsa |           |     |                          |                 |               |               |           |          |
| Mailing Address Line One |           |     | Mailing Address Line Two |                 |               | City          | State     | Zip Code |
| 60 Darlin Street         |           |     | P O Box 280098           |                 |               | East Hartford | CT        | 06128    |
| Business Phone           | Extension | Fax | Mobile Phone             | Emergency Phone | Email Address |               |           |          |
| 860-289-6669             |           |     |                          |                 |               |               |           |          |

Contact Role(s): **Owner**

|                          |           |     |                           |                          |                                  |          |                     |          |
|--------------------------|-----------|-----|---------------------------|--------------------------|----------------------------------|----------|---------------------|----------|
| Name                     |           |     |                           | Organization             |                                  |          | Job Title           |          |
| Mr. Mark D Switzer       |           |     |                           | Conn. Rivers Council Bsa |                                  |          | Scout Executive/Ceo |          |
| Mailing Address Line One |           |     | Mailing Address Line Two  |                          |                                  | City     | State               | Zip Code |
| State House Square       |           |     | 50 State Street 5Th Floor |                          |                                  | Hartford | CT                  | 06103    |
| Business Phone           | Extension | Fax | Mobile Phone              | Emergency Phone          | Email Address                    |          |                     |          |
| 860-913-2710             |           |     |                           | 425-205-5151             | MarkDouglas.Switzer@scouting.org |          |                     |          |

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

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

***<http://www.ct.gov/dph/publicdrinkingwater>***

***End of schedule***

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |                             |  |             |                |            |            |                |              |
|----------------------------------|-----------------------------|--|-------------|----------------|------------|------------|----------------|--------------|
| PWS ID                           | PWS Name                    |  |             | Classification | Population | Owner Type | Primary Source |              |
| CT0030254                        | CHAAR SAHIBZAADE REALTY LLC |  |             | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                             |  | Service     | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 174 ASHFORD CENTER ROAD          |                             |  | Connections |                | 1          |            |                |              |
| Towns Served: ASHFORD            |                             |  |             |                |            |            |                |              |

### Monitoring Requirements

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

| Total Coliform (3100)                           |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25   |                            | Complete          |
|   | 10/1/25 - 12/31/25 |                            |                   |
|   | 1/1/26 - 3/31/26   |                            |                   |
|   | 4/1/26 - 6/30/26   |                            |                   |

| Physical Parameters (PPS)                       |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25   |                            | Complete          |
|   | 10/1/25 - 12/31/25 |                            |                   |
|   | 1/1/26 - 3/31/26   |                            |                   |
|   | 4/1/26 - 6/30/26   |                            |                   |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX)          |                   | 1 routine (RT) per year |                   |
|------------------------------------|-------------------|-------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period       | Compliance Status |
| ENTRY POINT (3)                    | 1/1/25 - 12/31/25 |                         | Complete          |
|                                    | 1/1/26 - 12/31/26 |                         |                   |
|                                    | 1/1/27 - 12/31/27 |                         |                   |

### Other Compliance Schedules

| Compliance Schedule Activity | Due Date  | Achieved Date |
|------------------------------|-----------|---------------|
| RESPOND TO SANITARY SURVEY   | 11/6/2025 |               |

### 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 | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 60466                    | WELL #2               | 2                 | WELL #2                    | A      |                     |                           |          |                  |
| 63347                    | TREATMENT PLANT       |                   |                            |        |                     |                           |          |                  |

### Contact Information

| Name                     |  |           |                          | Organization                |              | Job Title       |                      |       |          |
|--------------------------|--|-----------|--------------------------|-----------------------------|--------------|-----------------|----------------------|-------|----------|
| Mr. Rashpal Singh        |  |           |                          | Chaar Sahibzaade Realty LLC |              |                 |                      |       |          |
| Mailing Address Line One |  |           | Mailing Address Line Two |                             |              | City            |                      | State | Zip Code |
| 174 Ashford Center Road  |  |           |                          |                             |              | Ashford         |                      | CT    | 06278    |
| Business Phone           |  | Extension | Fax                      |                             | Mobile Phone | Emergency Phone | Email Address        |       |          |
| 860-429-0030             |  |           |                          |                             |              | 860-713-4247    | midwayon44@gmail.com |       |          |

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

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

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                    |  |                     | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|-----------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0030254                        | CHAAR SAHIBZAADE REALTY LLC |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                             |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 174 ASHFORD CENTER ROAD          |                             |  |                     |                | 1          |            |                |              |

Towns Served: ASHFORD

**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

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***<http://www.ct.gov/dph/publicdrinkingwater>***

***End of schedule***

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                    |  |             | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|-----------------------------|--|-------------|----------------|------------|------------|----------------|--------------|
| CT0030294                        | SAINT PHILIP CHURCH RECTORY |  |             | NC             | 26         | P          | GW             |              |
| Local Address (where applicable) |                             |  | Service     | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 64 POMPEY HOLLOW ROAD            |                             |  | Connections |                | 1          |            |                |              |
| Towns Served: ASHFORD            |                             |  |             |                |            |            |                |              |

### Monitoring Requirements

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

| Total Coliform (3100)                           |                    | 1 routine (RT) per quarter         |                   |
|---|--------------------|------------------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period                  | Compliance Status |
| Select from Inventory of Active Sampling Points | 1/1/26 - 3/31/26   |                                    |                   |
|   | 4/1/26 - 6/30/26   |                                    |                   |
| Total Coliform (3100)                           |                    | 3 temporary routine (TR) per month |                   |
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period                  | Compliance Status |
| Select from Inventory of Active Sampling Points | 10/1/25 - 10/31/25 |                                    |                   |
| Physical Parameters (PPS)                       |                    | 1 routine (RT) per quarter         |                   |
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period                  | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25   |                                    | Complete          |
|   | 10/1/25 - 12/31/25 |                                    | Complete          |
|   | 1/1/26 - 3/31/26   |                                    |                   |
|   | 4/1/26 - 6/30/26   |                                    |                   |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX)          |                   | 1 routine (RT) per year |                   |
|------------------------------------|-------------------|-------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period       | Compliance Status |
| ENTRY POINT (3)                    | 1/1/25 - 12/31/25 |                         | Complete          |
|                                    | 1/1/26 - 12/31/26 |                         |                   |
|                                    | 1/1/27 - 12/31/27 |                         |                   |

### 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 | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 20093                    | WELL 1                | 2                 | WELL 1                     | A      |                     |                           |          |                  |
| 59750                    | WELL 2                | 2                 | WELL 2                     | A      |                     |                           |          |                  |

### Contact Information

|                          |  |               |                          |              |              |  |                 |                          |       |          |
|--------------------------|--|---------------|--------------------------|--------------|--------------|--|-----------------|--------------------------|-------|----------|
| Name                     |  |               |                          | Organization |              |  | Job Title       |                          |       |          |
| Reverend Gregory Galvin  |  |               |                          |              |              |  | Pastor          |                          |       |          |
| Mailing Address Line One |  |               | Mailing Address Line Two |              |              |  | City            |                          | State | Zip Code |
| 64 Pompey Hollow Rad     |  |               |                          |              |              |  | Ashford         |                          | CT    | 06278    |
| Business Phone           |  | Extension     | Fax                      |              | Mobile Phone |  | Emergency Phone | Email Address            |       |          |
| 860-429-2860             |  |               | 860-429-2860             |              |              |  | 860-398-0541    | stphilipstjude@gmail.com |       |          |
| Contact Role(s):         |  | Legal Contact |                          |              |              |  |                 |                          |       |          |

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                    |  |             | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|-----------------------------|--|-------------|----------------|------------|------------|----------------|--------------|
| CT0030294                        | SAINT PHILIP CHURCH RECTORY |  |             | NC             | 26         | P          | GW             |              |
| Local Address (where applicable) |                             |  | Service     | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 64 POMPEY HOLLOW ROAD            |                             |  | Connections |                | 1          |            |                |              |

Towns Served: ASHFORD

| Name                     |  |           |                          | Organization           |  |                 | Job Title                |       |          |
|--------------------------|--|-----------|--------------------------|------------------------|--|-----------------|--------------------------|-------|----------|
| Ms. Ann Phillips         |  |           |                          | St. Philip Church Corp |  |                 | Parish Secretary         |       |          |
| Mailing Address Line One |  |           | Mailing Address Line Two |                        |  | City            |                          | State | Zip Code |
| 64 Pompey Hollow Road    |  |           |                          |                        |  | Ashford         |                          | CT    | 06278    |
| Business Phone           |  | Extension | Fax                      | Mobile Phone           |  | Emergency Phone | Email Address            |       |          |
| 860-429-2860             |  |           |                          |                        |  |                 | stphilipstjude@gmail.com |       |          |

Contact Role(s): **Administrative Contact**

| Name                       |  |           |                          | Organization                 |  |                 | Job Title                |       |          |
|----------------------------|--|-----------|--------------------------|------------------------------|--|-----------------|--------------------------|-------|----------|
| Father Michael Giannitelli |  |           |                          | St Philip The Apostle Church |  |                 | Pastor                   |       |          |
| Mailing Address Line One   |  |           | Mailing Address Line Two |                              |  | City            |                          | State | Zip Code |
| 64 Pompey Hollow Rd        |  |           |                          |                              |  | Ashford         |                          | CT    | 06278    |
| Business Phone             |  | Extension | Fax                      | Mobile Phone                 |  | Emergency Phone | Email Address            |       |          |
| 860-429-2860               |  |           |                          |                              |  |                 | stphilipstjude@gmail.com |       |          |

Contact Role(s): **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

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

***<http://www.ct.gov/dph/publicdrinkingwater>***

***End of schedule***

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |                                |             |             |                |            |            |                |
|----------------------------------|--------------------------------|-------------|-------------|----------------|------------|------------|----------------|
| PWS ID                           | PWS Name                       |             |             | Classification | Population | Owner Type | Primary Source |
| CT0030374                        | WESTFORD CONGREGATIONAL CHURCH |             |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                                | Service     | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 368 WESTFORD HILL ROAD           |                                | Connections |             | 1              |            |            |                |
| Towns Served: ASHFORD            |                                |             |             |                |            |            |                |

### Monitoring Requirements

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

| Total Coliform (3100)                           |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25   |                            | Complete          |
|   | 10/1/25 - 12/31/25 |                            | Complete          |
|   | 1/1/26 - 3/31/26   |                            |                   |
|   | 4/1/26 - 6/30/26   |                            |                   |

| Physical Parameters (PPS)                       |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25   |                            | Complete          |
|   | 10/1/25 - 12/31/25 |                            | Complete          |
|   | 1/1/26 - 3/31/26   |                            |                   |
|   | 4/1/26 - 6/30/26   |                            |                   |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX)          |                   | 1 routine (RT) per year |                   |
|------------------------------------|-------------------|-------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period       | Compliance Status |
| ENTRY POINT (3)                    | 1/1/25 - 12/31/25 |                         | Complete          |
|                                    | 1/1/26 - 12/31/26 |                         |                   |
|                                    | 1/1/27 - 12/31/27 |                         |                   |

### Other Compliance Schedules

| Compliance Schedule Activity | Due Date  | Achieved Date |
|------------------------------|-----------|---------------|
| RESPOND TO SANITARY SURVEY   | 6/29/2023 |               |

### 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 | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 20099                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |

### Contact Information

| Name   |           |     |                          | Organization                   |                            | Job Title |       |          |
|--|-----------|-----|--------------------------|--------------------------------|----------------------------|-----------|-------|----------|
| Mrs. Daryl L. Basch                                    |           |     |                          | Westford Congregational Church |                            | Deacon    |       |          |
| Mailing Address Line One                               |           |     | Mailing Address Line Two |                                |                            | City      | State | Zip Code |
| 368 Westford Hill Road                                 |           |     |                          |                                |                            | Ashford   | CT    | 06278    |
| Business Phone   | Extension | Fax | Mobile Phone             | Emergency Phone                | Email Address              |           |       |          |
| 860-490-3510   |           |     |                          |                                | darylbasch13@sbcglobal.net |           |       |          |
| Contact Role(s): Administrative Contact, Legal Contact |           |     |                          |                                |                            |           |       |          |

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

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                       |             |             | Classification | Population | Owner Type | Primary Source |
|----------------------------------|--------------------------------|-------------|-------------|----------------|------------|------------|----------------|
| CT0030374                        | WESTFORD CONGREGATIONAL CHURCH |             |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                                | Service     | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 368 WESTFORD HILL ROAD           |                                | Connections |             | 1              |            |            |                |
| Towns Served: ASHFORD            |                                |             |             |                |            |            |                |

**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

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

***<http://www.ct.gov/dph/publicdrinkingwater>***

***End of schedule***

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                                 |  |             | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|--|--|-------------|----------------|------------|------------|----------------|--------------|
| CT0039023                        | EVANGELICAL CHRISTIAN CENTER -REC CENTER |  |             | NC             | 150        | P          | GW             |              |
| Local Address (where applicable) |  |  | Service     | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 574 ASHFORD CENTER ROAD          |  |  | Connections | 1              |            |            |                |              |
| Towns Served: ASHFORD            |  |  |             |                |            |            |                |              |

### Monitoring Requirements

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

| Total Coliform (3100)                           |                          | 1 routine (RT) per quarter |                          |
|---|--------------------------|----------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>   | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25         |                            | Complete                 |
|   | 10/1/25 - 12/31/25       |                            | Complete                 |
|   | 1/1/26 - 3/31/26         |                            | Complete                 |
|   | 4/1/26 - 6/30/26         |                            |                          |

| Physical Parameters (PPS)                       |                          | 1 routine (RT) per quarter |                          |
|---|--------------------------|----------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>   | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/25 - 9/30/25         |                            | Complete                 |
|   | 10/1/25 - 12/31/25       |                            | Complete                 |
|   | 1/1/26 - 3/31/26         |                            | Complete                 |
|   | 4/1/26 - 6/30/26         |                            |                          |

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

| Nitrate And Nitrite (NOX)                 |                          | 1 routine (RT) per year  |                          |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3)                           | 1/1/25 - 12/31/25        |                          | Complete                 |
|   | 1/1/26 - 12/31/26        |                          | Complete                 |
|   | 1/1/27 - 12/31/27        |                          |                          |

### Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| CROSS CONNECTION SURVEY REPORT      | 3/1/2020        |                      |
| CROSS CONNECTION SURVEY REPORT      | 3/1/2021        |                      |
| CROSS CONNECTION SURVEY REPORT      | 3/1/2022        |                      |
| CROSS CONNECTION SURVEY REPORT      | 3/1/2023        |                      |
| CROSS CONNECTION SURVEY REPORT      | 3/1/2024        |                      |
| CROSS CONNECTION SURVEY REPORT      | 3/1/2026        |                      |

### Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600                           | DISTRIBUTION SYSTEM          | 4                        | DISTRIBUTION SYTEM                | A             | Y                          |                                  |                 |                         |
|                                 |                              | DOWNSTREAM               | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
|                                 |                              | UPSTREAM                 | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
| 00700                           | ENTRY POINT                  | 3                        | ENTRY POINT                       | A             |                            |                                  |                 |                         |
| 50743                           | ATMOSPHERIC TANK             |                          |                                   |               |                            |                                  |                 |                         |
| 90                              | WELL 3                       | 2                        | WELL 3                            | A             |                            |                                  |                 |                         |

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |  |             |             |                |            |            |                |
|----------------------------------|--|-------------|-------------|----------------|------------|------------|----------------|
| PWS ID                           | PWS Name                                 |             |             | Classification | Population | Owner Type | Primary Source |
| CT0039023                        | EVANGELICAL CHRISTIAN CENTER -REC CENTER |             |             | NC             | 150        | P          | GW             |
| Local Address (where applicable) |  | Service     | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 574 ASHFORD CENTER ROAD          |  | Connections | 1           |                |            |            |                |
| Towns Served: ASHFORD            |  |             |             |                |            |            |                |

### Contact Information

| Name                     |  |           |                          | Organization                 |              |                 | Job Title                  |       |          |
|--------------------------|--|-----------|--------------------------|------------------------------|--------------|-----------------|----------------------------|-------|----------|
| Mr. Wassily Smyrnow      |  |           |                          | Evangelical Christian Center |              |                 | Director                   |       |          |
| Mailing Address Line One |  |           | Mailing Address Line Two |                              |              | City            |                            | State | Zip Code |
| 574 Ashford Center Road  |  |           |                          |                              |              | Ashford         |                            | CT    | 06278    |
| Business Phone           |  | Extension | Fax                      |                              | Mobile Phone | Emergency Phone | Email Address              |       |          |
| 860-429-2743             |  | 302       | 928-437-2743             |                              |              | 860-377-1723    | director@eccministries.org |       |          |

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

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***End of schedule***

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