

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

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
|----------------------------------|----------------------|---------------------|-------------|------------|----------------|
| CT0220014 | CALVARY CHAPEL | NC | 25 | P | GW |
| Local Address (where applicable) | 175 WESTMINSTER ROAD | Service Connections | Residential | Commercial | Industrial |
| | | | 1 | Combined | Agricultural |

Towns Served: CANTERBURY

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 (1040) | 1 routine (RT) per quarter | | |
|------------------------------------|----------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 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 | | |

| Nitrite (1041) | 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 | Total Coliform Status | Lead and Copper Rule Status | Asbestos Rule Tier | WQP 2 Stage | 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 | | | | |
| 20456 | WELL | 2 | WELL | A | | | | |

Contact Information

| | | | | | | | |
|--------------------------|--------------------------|-----|--------------|-----------------|---------------|-----------------------|--|
| Name | Organization | | | | Job Title | | |
| Mr. Eric Arnio | Calvary Chapel | | | | Pastor | | |
| Mailing Address Line One | Mailing Address Line Two | | City | | State | Zip Code | |
| 175 Westminster Road | | | Canterbury | | CT | 06331 | |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | ericarnio@hotmail.com | |
| 860-545-0206 | | | | | | | |

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 |
|---|---------------------|----------------|------------|------------|----------------------|
| CT0220014 | CALVARY CHAPEL | NC | 25 | P | GW |
| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined |
| 175 WESTMINSTER ROAD | | | 1 | | |
| Towns Served: CANTERBURY | | | | | |
| 800-540-9590 | | | | | rickarmo@hotmail.com |
| 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

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 |
|----------------------------------|-----------------------------|----------------|------------|------------|----------------|
| CT0220034 | FIRST CONGREGATIONAL CHURCH | NC | 25 | P | GW |
| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined |
| ROUTE 169 | | | 1 | | |

Towns Served: CANTERBURY

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 | | |

Public Notification Requirements

| Violation/Situation | Compliance Period | Notice Tier | Public Notification Required | PN Certification Due to DPH | Received |
|-----------------------------------|-------------------|-------------|------------------------------|-----------------------------|----------|
| Physical Parameters M&R Violation | 4/1/10 - 6/30/10 | 3 | 8/19/2011 | 8/29/2011 | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Total Status | Coliform | Lead and Copper Rule | Asbestos Rule Tier | WQP 2 Stage | DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------------|----------|----------------------|--------------------|-------------|------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | | |
| | | DOWNTSTREAM | WITHIN 5 SERVICE CON | A | | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | | |
| 20458 | WELL | 2 | WELL | A | | | | | |
| 55518 | TREATMENT PLANT | | | | | | | | |

Contact Information

| | | | | | | | |
|--------------------------|---------------------------|-----|--------------|-----------------|---------------------------|-------|----------|
| Name | Organization | | | | Job Title | | |
| Reverend Cheryl Caronna | First Congregation Church | | | | Pastor | | |
| Mailing Address Line One | Mailing Address Line Two | | | City | | State | Zip Code |
| P.O. Box 160 | 6 South Canterbury Rd | | | Canterbury | | CT | 06415 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 860-546-9007 | | | | 860-916-4157 | congregational1@gmail.com | | |

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 |
|----------------------------------|-----------------------------|---------------------|-------------|------------|-----------------------|
| CT0220034 | FIRST CONGREGATIONAL CHURCH | NC | 25 | P | GW |
| Local Address (where applicable) | ROUTE 169 | Service Connections | Residential | Commercial | Industrial |
| | | | 1 | | Combined Agricultural |

Towns Served: CANTERBURY

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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
|----------------------------------|------------------------|---------------------|-------------|------------|----------------|
| CT0220054 | SAINT AUGUSTINE CHURCH | NC | 26 | P | GW |
| Local Address (where applicable) | 144 WESTMINSTER ROAD | Service Connections | Residential | Commercial | Industrial |
| | | | 1 | Combined | Agricultural |

Towns Served: CANTERBURY

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 | | |
| 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 | 1/1/26 - 1/31/26 | | |
| | 2/1/26 - 2/28/26 | | |
| | 3/1/26 - 3/31/26 | | |
| | 4/1/26 - 4/30/26 | | |
| | 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 | 9/23/25 - 9/28/25 | | |
| | Complete | | |
| Total Coliform (3100) | 3 temporary routine (TR) 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 | 10/1/25 - 10/31/25 | | |
| 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 | | |
| 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 | 1/1/26 - 1/31/26 | | |
| | 2/1/26 - 2/28/26 | | |
| | 3/1/26 - 3/31/26 | | |
| | 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 | | |
| <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: 20460)

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 |
|----------------------------------|------------------------|----------------|------------|------------|----------------|
| CT0220054 | SAINT AUGUSTINE CHURCH | NC | 26 | P | GW |
| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined |
| 144 WESTMINSTER ROAD | | | 1 | | |

Towns Served: CANTERBURY

Monitoring Requirements

Water System Facility: WELL (WSF ID: 20460)

| E. Coli (3014) | Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
|----------------|------------------------------------|-------------------|-------------------|-------------------|
| | WELL (2) | 9/22/25 - 9/28/25 | | Complete |

Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|------------------------------|------------|---------------|
| L1 ASSESSMENT (MULTIPLE TC+) | 10/27/2025 | |

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Total Coliform Status | Lead and Copper Rule | Asbestos Rule Tier | WQP 2 | DBPR Stage |
|--------------------------|-----------------------|-------------------|----------------------------|-----------------------|----------------------|--------------------|-------|------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | 4-1 | CHURCH KITCHEN DISH | A | Y | | | |
| | | 4-2 | HAND SINK | A | Y | | | |
| | | 4-3 | MEN'S RESTROOM SINK | A | Y | | | |
| | | 4-4 | RECTORY KITCHEN | A | Y | | | |
| | | 4-5 | RECTORY RESTROOM SIN | A | Y | | | |
| | | 4-6 | REC BATH SINK | A | Y | | | |
| | | 4-7 | REC KIT SINK 2 | A | Y | | | |
| | | 4-8 | REC KIT SINK | A | Y | | | |
| | | 4-9 | SOURCE | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 20460 | WELL | 2 | WELL | A | | | | |
| 55843 | TREATMENT PLANT | | | | | | | |

Contact Information

| | | |
|------------------------------|---------------------------|--------------------------|
| Name | Organization | Job Title |
| Reverend P. Grzegorz Jednaki | St. Andre Bessette Parish | |
| Mailing Address Line One | Mailing Address Line Two | City |
| 10 Railroad Ave | | Plainfield |
| Business Phone | Extension | State |
| 860-564-3313 | | Zip Code |
| | | |
| Email Address | | |
| | | standrebparish@gmail.com |

Contact Role(s): Administrative Contact, 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 |
|----------------------------------|------------------------|----------------|------------|------------|----------------|
| CT0220054 | SAINT AUGUSTINE CHURCH | NC | 26 | P | GW |
| Local Address (where applicable) | Service | Residential | Commercial | Industrial | Combined |
| 144 WESTMINSTER ROAD | Connections | | 1 | | |

Towns Served: CANTERBURY

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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
|----------------------------------|------------------------------|----------------|------------|------------|----------------|
| CT0220084 | CANTERBURY MUNICIPAL OFFICES | NC | 41 | L | GW |
| Local Address (where applicable) | Service | Residential | Commercial | Industrial | Combined |
| 1 MUNICIPAL DRIVE | Connections | | 1 | | |

Towns Served: CANTERBURY

Monitoring Requirements

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

| 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 | | |

| 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)

| 1 routine (RT) per quarter | | | |
|------------------------------------|--------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 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 | | |

| 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 | | |

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: ENTRY POINT (WSFID: 00700)

| Analyte | Monitoring Requirement (Summary Type) | Operating Limit | Samples Req/Month |
|----------------------|---------------------------------------|--------------------|--------------------|
| pH | Entry Point pH Monitoring (PHRD) | Minimum: 7 PH | 4 |
| Start Date: 1/1/2014 | 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 | | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Total Coliform Status | Lead and Copper Rule Status | Asbestos Rule Tier | WQP 2 DBPR Status | Stage |
|--------------------------|-----------------------|-------------------|----------------------------|-----------------------|-----------------------------|--------------------|-------------------|-------|
| | | | | | | | | |

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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 |
|----------------------------------|------------------------------|----------------|------------|------------|----------------|
| CT0220084 | CANTERBURY MUNICIPAL OFFICES | NC | 41 | L | GW |
| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined |
| 1 MUNICIPAL DRIVE | | | 1 | | |

Towns Served: CANTERBURY

| Water System Facility and Sampling Point Inventory | | | | | | | |
|---|-----------------------|-------------------|----------------------------|--------------|------------------------|------------------|---------------------------|
| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Total Status | Lead and Coliform Rule | Copper Rule Tier | Asbestos WQP 2 DBPR Stage |
| 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 | | | |
| 22868 | WELL #1 | 2 | WELL #1 | A | | | |
| 54419 | TREATMENT SYSTEM | | | | | | |

Contact Information

| | | |
|------------|--------------|-----------|
| Name | Organization | Job Title |
| Canterbury | | |

| | | | | |
|--------------------------|--------------------------|------|-------|----------|
| Mailing Address Line One | Mailing Address Line Two | City | State | Zip Code |
|--------------------------|--------------------------|------|-------|----------|

| | | | | | |
|----------------|-----------|-----|--------------|-----------------|---------------|
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| | | | | | |

| | | | |
|------------------|-------|--------------------|-----------------|
| Contact Role(s): | Owner | Organization | Job Title |
| Mr. Roy A. Piper | | Town of Canterbury | First Selectman |

| | | | | |
|--------------------------|--------------------------|------------|-------|----------|
| Mailing Address Line One | Mailing Address Line Two | City | State | Zip Code |
| 1 Municipal Drive | | Canterbury | CT | 06331 |

| | | | | | |
|----------------|-----------|--------------|--------------|-----------------|---------------------------------|
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| 860-546-9693 | | 860-546-7805 | | 860-334-4713 | firstselectman@canterburyct.org |

| | | | |
|------------------------|----------------------|--------------------|-----------------|
| Contact Role(s): | Legal Contact, Owner | Organization | Job Title |
| Mr. Christopher Lippke | | Town of Canterbury | First Selectman |

| | | | | |
|--------------------------|--------------------------|------------|-------|----------|
| Mailing Address Line One | Mailing Address Line Two | City | State | Zip Code |
| 1 Municipal Drive | | Canterbury | CT | 06331 |

| | | | | | |
|----------------|-----------|-----|--------------|-----------------|---------------------------------|
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| 860-546-9693 | | | | | firstselectman@canterburyct.org |

| | | | |
|------------------------|------------------------|--------------------|-----------------|
| Contact Role(s): | Administrative Contact | Organization | Job Title |
| Mr. Christopher Lippke | | Town of Canterbury | First Selectman |

| | | | | |
|--------------------------|--------------------------|------------|-------|----------|
| Mailing Address Line One | Mailing Address Line Two | City | State | Zip Code |
| 1 Municipal Drive | | Canterbury | CT | 06331 |

| | | | | | |
|----------------|-----------|-----|--------------|-----------------|---------------------------------|
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| 860-546-9693 | | | | | firstselectman@canterburyct.org |

| | | | |
|------------------------|------------------------|--------------------|-----------------|
| Contact Role(s): | Administrative Contact | Organization | Job Title |
| Mr. Christopher Lippke | | Town of Canterbury | First Selectman |

| | | | | |
|--------------------------|--------------------------|------------|-------|----------|
| Mailing Address Line One | Mailing Address Line Two | City | State | Zip Code |
| 1 Municipal Drive | | Canterbury | CT | 06331 |

| | | | | | |
|----------------|-----------|-----|--------------|-----------------|---------------------------------|
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| 860-546-9693 | | | | | firstselectman@canterburyct.org |

| | | | |
|------------------------|------------------------|--------------------|-----------------|
| Contact Role(s): | Administrative Contact | Organization | Job Title |
| Mr. Christopher Lippke | | Town of Canterbury | First Selectman |

| | | | | |
|--------------------------|--------------------------|------------|-------|----------|
| Mailing Address Line One | Mailing Address Line Two | City | State | Zip Code |
| 1 Municipal Drive | | Canterbury | CT | 06331 |

| | | | | | |
|----------------|-----------|-----|--------------|-----------------|---------------------------------|
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| 860-546-9693 | | | | | firstselectman@canterburyct.org |

| | | | |
|------------------------|------------------------|--------------------|-----------------|
| Contact Role(s): | Administrative Contact | Organization | Job Title |
| Mr. Christopher Lippke | | Town of Canterbury | First Selectman |

| | | | | |
|--------------------------|--------------------------|------------|-------|----------|
| Mailing Address Line One | Mailing Address Line Two | City | State | Zip Code |
| 1 Municipal Drive | | Canterbury | CT | 06331 |

| | | | | | |
|----------------|-----------|-----|--------------|-----------------|---------------------------------|
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| 860-546-9693 | | | | | firstselectman@canterburyct.org |

| | | | |
|------------------------|------------------------|--------------------|-----------------|
| Contact Role(s): | Administrative Contact | Organization | Job Title |
| Mr. Christopher Lippke | | Town of Canterbury | First Selectman |

| | | | | |
|--------------------------|--------------------------|------------|-------|----------|
| Mailing Address Line One | Mailing Address Line Two | City | State | Zip Code |
| 1 Municipal Drive | | Canterbury | CT | 06331 |

| | | | | | |
|----------------|-----------|-----|--------------|-----------------|---------------------------------|
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| 860-546-9693 | | | | | firstselectman@canterburyct.org |

| | | | |
|------------------------|------------------------|--------------------|-----------------|
| Contact Role(s): | Administrative Contact | Organization | Job Title |
| Mr. Christopher Lippke | | Town of Canterbury | First Selectman |

| | | | | |
|--------------------------|--------------------------|------------|-------|----------|
| Mailing Address Line One | Mailing Address Line Two | City | State | Zip Code |
| 1 Municipal Drive | | Canterbury | CT | 06331 |

| | | | | | |
|----------------|-----------|-----|--------------|-----------------|---------------------------------|
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| 860-546-9693 | | | | | firstselectman@canterburyct.org |

| | | | |
|------------------------|------------------------|--------------------|-----------------|
| Contact Role(s): | Administrative Contact | Organization | Job Title |
| Mr. Christopher Lippke | | Town of Canterbury | First Selectman |

| | | | | |
|--------------------------|--------------------------|------------|-------|----------|
| Mailing Address Line One | Mailing Address Line Two | City | State | Zip Code |
| 1 Municipal Drive | | Canterbury | CT | 06331 |

| | | | | | |
|----------------|-----------|-----|--------------|-----------------|---------------------------------|
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| 860-546-9693 | | | | | firstselectman@canterburyct.org |

| | | | |
|------------------------|------------------------|--------------------|-----------------|
| Contact Role(s): | Administrative Contact | Organization | Job Title |
| Mr. Christopher Lippke | | Town of Canterbury | First Selectman |

| | | | | |
|--------------------------|--------------------------|------------|-------|----------|
| Mailing Address Line One | Mailing Address Line Two | City | State | Zip Code |
| 1 Municipal Drive | | Canterbury | CT | 06331 |

| | | | | | |
|----------------|-----------|-----|--------------|-----------------|---------------------------------|
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| 860-546-9693 | | | | | firstselectman@canterburyct.org |

| | | | |
|------------------------|------------------------|--------------------|-----------------|
| Contact Role(s): | Administrative Contact | Organization | Job Title |
| Mr. Christopher Lippke | | Town of Canterbury | First Selectman |

| | | | | |
|--------------------------|--------------------------|------------|-------|----------|
| Mailing Address Line One | Mailing Address Line Two | City | State | Zip Code |
| 1 Municipal Drive | | Canterbury | CT | 06331 |

| | | | | | |
|----------------|-----------|-----|--------------|-----------------|---------------------------------|
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| 860-546-9693 | | | | | firstselectman@canterburyct.org |

| | | | |
|------------------------|------------------------|--------------------|-----------------|
| Contact Role(s): | Administrative Contact | Organization | Job Title |
| Mr. Christopher Lippke | | Town of Canterbury | First Selectman |

| | | | | |
|--------------------------|--------------------------|------------|-------|----------|
| Mailing Address Line One | Mailing Address Line Two | City | State | Zip Code |
| 1 Municipal Drive | | Canterbury | CT | 06331 |

| | | | | | |
|----------------|-----------|-----|--------------|-----------------|---------------------------------|
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| 860-546-9693 | | | | | firstselectman@canterburyct.org |

| | | | |
|------------------------|------------------------|--------------------|-----------------|
| Contact Role(s): | Administrative Contact | Organization | Job Title |
| Mr. Christopher Lippke | | Town of Canterbury | First Selectman |

| | | | | |
|--------------------------|--------------------------|------------|-------|----------|
| Mailing Address Line One | Mailing Address Line Two | City | State | Zip Code |
| 1 Municipal Drive | | Canterbury | CT | 06331 |

| | | |
| --- | --- | --- |
| Business Phone | Extension | Fax</td |

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

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---------------------------|----------------|------------|------------|----------------|
| CT0220094 | WRIGHTS MILL FARM - LODGE | NC | 25 | P | GW |
| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined |
| 65 CREASEY ROAD | | | 1 | | |

Towns Served: CANTERBURY

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 | | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Total Coliform Status | Lead and Copper Rule | Asbestos Rule Tier | WQP 2 DBPR Stage |
|--------------------------|-----------------------|-------------------|----------------------------|-----------------------|----------------------|--------------------|------------------|
| 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 | | | |
| 22966 | WELL #1 | 2 | WELL | A | | | |

Contact Information

| | | |
|--------------------------|----------------------------|---------------|
| Name | Organization | Job Title |
| Mr. Albert Amundsen | The Lodge At Wright's Mill | |
| Mailing Address Line One | Mailing Address Line Two | City |
| 63 Creasey Road | | State |
| Business Phone | Extension | Zip Code |
| 860-774-1455 | | CT |
| | Fax | 06331 |
| Mobile Phone | Emergency Phone | Email Address |

Contact Role(s): 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 |
|----------------------------------|---------------------------|----------------|------------|------------|----------------|
| CT0220094 | WRIGHTS MILL FARM - LODGE | NC | 25 | P | GW |
| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined |
| 65 CREASEY ROAD | | | 1 | | |

Towns Served: CANTERBURY

| Name | | Organization | | | Job Title | | |
|--------------------------|-----------|----------------------------|--------------|-----------------|--------------------------|-------|----------|
| Mr. Curt Dubois | | The Lodge At Wright's Mill | | | Director | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | State | Zip Code |
| 65 Creasy Road | | | | | Canterbury | CT | 06331 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 860-774-1455 | | | 860-334-8403 | | info@wrightsmillfarm.com | | |

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

| Name | | Organization | | | Job Title | | |
|--------------------------|-----------|--------------------------|--------------|-----------------|---------------|-------|----------|
| Sim Realty LLC | | | | | | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | State | Zip Code |
| | | | | | | | |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| | | | | | | | |

Contact Role(s): **Owner**

Please note the following:

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

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 |
|----------------------------------|------------------------|---------------------|-------------|------------|-----------------------|
| CT0220104 | CANTERBURY PLAINS MALL | NC | 46 | P | GW |
| Local Address (where applicable) | 180 WESTMINSTER ROAD | Service Connections | Residential | Commercial | Industrial |
| | | | 1 | | Combined Agricultural |

Towns Served: CANTERBURY

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 | | Complete |
| | 10/1/25 - 10/31/25 | | Complete |
| | 11/1/25 - 11/30/25 | | Complete |
| | 12/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 1/31/26 | | Complete |
| | 2/1/26 - 2/28/26 | | |
| | 3/1/26 - 3/31/26 | | |
| | 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 | | Complete |
| | 10/1/25 - 10/31/25 | | Complete |
| | 11/1/25 - 11/30/25 | | Complete |
| | 12/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 1/31/26 | | Complete |
| | 2/1/26 - 2/28/26 | | |
| | 3/1/26 - 3/31/26 | | |
| | 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 | | |

Water System Facility: WELL #1 (WSF ID: 22941)

| E. Coli (3014) | 1 routine (RT) per month | | |
|------------------------------------|--------------------------|-------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| WELL (2) | 8/1/25 - 8/31/25 | | Complete |
| | 9/1/25 - 9/30/25 | | Complete |

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 |
|----------------------------------|------------------------|----------------|------------|------------|----------------|
| CT0220104 | CANTERBURY PLAINS MALL | NC | 46 | P | GW |
| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined |
| 180 WESTMINSTER ROAD | | | 1 | | |

Towns Served: CANTERBURY

Monitoring Requirements

Water System Facility: WELL #1 (WSF ID: 22941)

| E. Coli (3014) | | | | 1 routine (RT) per month |
|------------------------------------|--|--------------------|-------------------|--------------------------|
| Sampling Point (Sampling Point ID) | | Monitoring Period | Collection Period | Compliance Status |
| | | 10/1/25 - 10/31/25 | | Complete |
| | | 11/1/25 - 11/30/25 | | Complete |
| | | 12/1/25 - 12/31/25 | | Complete |
| | | 1/1/26 - 1/31/26 | | Complete |
| | | 2/1/26 - 2/28/26 | | |
| | | 3/1/26 - 3/31/26 | | |
| | | 4/1/26 - 4/30/26 | | |
| | | 5/1/26 - 5/31/26 | | |
| | | 6/1/26 - 6/30/26 | | |
| | | 7/1/26 - 7/31/26 | | |

Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|--------------------------------|----------|---------------|
| CROSS CONNECTION SURVEY REPORT | 3/1/2030 | |

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Total Status | Lead and Coliform Rule | Copper Rule Tier | Asbestos | WQP 2 Stage DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------------|------------------------|------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | SP2 | DINO'S RESTAURANT CO | A | Y | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 22941 | WELL #1 | 2 | WELL | A | | | | |

Contact Information

| | | |
|--------------------------|--------------------------|----------------------|
| Name | Organization | Job Title |
| Ms. Sharona Sefarady | S & M, LLC | Manager |
| Mailing Address Line One | Mailing Address Line Two | City |
| 630 Pleasant Street | | State |
| | | Zip Code |
| Business Phone | Extension | Fax |
| 774-293-0112 | | |
| Mobile Phone | Emergency Phone | Email Address |
| | 774-293-0112 | sharonainc@yahoo.com |

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 |
| CT0220104 | CANTERBURY PLAINS MALL | | | | NC | 46 | P | GW |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural | |
| 180 WESTMINSTER ROAD | | | | 1 | | | | |
| Towns Served: CANTERBURY | | | | | | | | |
| Name | | | Organization | | | Job Title | | |
| Mr. Mohammad R Djamshidi | | | S & M, LLC | | | Manager | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | | State | Zip Code |
| 630 Pleasant Street | | | | | Worcester | | MA | 01602 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 508-579-6678 | | 508-772-0022 | | | mdjamshidi@theprofessionalgroupllc.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

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 |
|----------------------------------|---------------------|----------------|------------|------------|----------------|
| CT0220114 | CANTERBURY COMMONS | NC | 39 | P | GW |
| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined |
| 200 WESTMINSTER ROAD | | | 3 | | |

Towns Served: CANTERBURY

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 | | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Total Coliform Status | Lead and Copper Rule | Asbestos Rule Tier | WQP 2 | DBPR | Stage |
|--------------------------|-----------------------|----------------------|----------------------------|-----------------------|----------------------|--------------------|-------|------|-------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | | |
| | | 4-1 | A. Pharmacy Sink | A | Y | | | | |
| | | 4-2 | B. Pharmacy Sink | A | Y | | | | |
| | | 4-3 | C. Pharmacy Sink | A | Y | | | | |
| | | 4-4 | Movieland Restroom S | A | Y | | | | |
| | | 4-5 | NY Pizza Dishwasher | A | Y | | | | |
| | DOWNSTREAM | WITHIN 5 SERVICE CON | | A | | | | | |
| | UPSTREAM | WITHIN 5 SERVICE CON | | A | | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | | |
| 22947 | WELL #1 | 2 | WELL | A | | | | | |

Contact Information

| | | | | | | | | |
|--------------------------|-----------|-----|--------------------------|-----------------|----------------------------|------------------|----|-------|
| Name | | | Organization | | | Job Title | | |
| Mr. Shawn Beatty | | | Nickerson Group | | | Property Manager | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | |
| Nickerson Group | | | 800 Village Walk #117 | | | State | | |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | Guilford | CT | 06437 |
| 860-598-0809 | | | | | hammer.nails4230@gmail.com | | | |

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 |
|----------------------------------|---------------------|----------------|------------|------------|----------------|
| CT0220114 | CANTERBURY COMMONS | NC | 39 | P | GW |
| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined |
| 200 WESTMINSTER ROAD | | | 3 | | |

Towns Served: CANTERBURY

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

| Name | Organization | Job Title | | |
|------------------------------|--------------------------|------------|--------------|--------------------------------------|
| Mr. Sathyaprasad Burjonrappa | Solburj LLC | | | |
| Mailing Address Line One | Mailing Address Line Two | City | State | Zip Code |
| 9 Woodside Ct, Edison, | | New Jersey | NJ | 08820-2572 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone |
| | | | | Email Address sathyabc1@gmail.com |

Contact Role(s): **Owner**

Please note the following:

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

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

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

End of schedule

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

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
|----------------------------------|--------------------------|----------------|------------|------------|----------------|
| CT0220134 | PRUDENCE CRANDALL MUSEUM | NC | 25 | S | GW |
| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined |
| JCT ROUTES 14 & 169 | | | 1 | | |

Towns Served: CANTERBURY

Monitoring Requirements

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

| 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 | | |

| 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)

| 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 | Total Coliform Status | Lead and Copper Rule | Asbestos Rule Tier | WQP 2 | DBPR | Stage |
|--------------------------|-----------------------|-------------------|----------------------------|-----------------------|----------------------|--------------------|-------|------|-------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | | |
| | | 4-1 | Kitchen Tap | A | Y | | | | |
| | | 4-2 | Restroom Tap | A | Y | | | | |
| | | 4-3 | Tank Tap | A | Y | | | | |
| | | 4-4 | Outside Tap | A | Y | | | | |
| | | 4-5 | KITCHEN TAP 2 | I | Y | | | | |
| | | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | | |
| 22959 | WELL #1 | 2 | WELL | A | | | | | |
| 59795 | TREATMENT PLANT | | | | | | | | |

Contact Information

| | | |
|---------------------------------|--------------------------|------------------------|
| Name | Organization | Job Title |
| Mr. Jonathan Kinney | | Director of Operations |
| Mailing Address Line One | Mailing Address Line Two | City |
| 1 Constitution Plaza, 2nd Floor | | State |
| Business Phone | Extension | Zip Code |
| 860-500-2280 | | 06103 |
| Fax | Mobile Phone | Email Address |
| | | jonathan.kinney@ct.gov |

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 |
| CT0220134 | PRUDENCE CRANDALL MUSEUM | | | | NC | 25 | S | GW |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural | |
| JCT ROUTES 14 & 169 | | | | 1 | | | | |
| Towns Served: CANTERBURY 860-546-2580 jonathan.kimney@ct.gov | | | | | | | | |
| Contact Role(s): Legal Contact | | | | | | | | |
| Name | | | Organization | | | Job Title | | |
| Ms. Joan Dimartino | | | Prudence Crandall Museum | | | Superintendent | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | State | Zip Code | |
| 1 South Canterbury Road (Gps) | | PO Box 58 (Mail) | | | Canterbury | CT | 06331 | |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-546-7800 | 101 | | 860-538-3773 | | Joan.DiMartino@ct.gov | | | |

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

Please note the following:

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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---------------------|----------------|------------|------------|----------------|
| CT0229044 | KNOLLWOOD PLAZA | NC | 65 | P | GW |
| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined |
| 1 KNOLLWOOD PLAZA | | | 1 | | |

Towns Served: CANTERBURY

Monitoring Requirements

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

| 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 | | |

| 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)

| 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 | Total Coliform Status | Lead and Copper Rule | Asbestos Rule Tier | WQP 2 | DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|-----------------------|----------------------|--------------------|-------|------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION | A | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | MW001 | FUEL SERVICE SINK | A | Y | | | |
| | | MW002 | MENS ROOM SINK | A | Y | | | |
| | | MW003 | WOMENS ROOM SINK | A | Y | | | |
| | | MW004 | HAND WASH SINK | A | Y | | | |
| | | MW005 | THREE BAY SINK | A | Y | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 54339 | WELL 1 | 2 | WELL 1 | A | | | | |

Contact Information

| | | | | | | | |
|--------------------------|-----------------------------|-----|--------------|-----------------|---------------------|-------|----------|
| Name | Organization | | | | Job Title | | |
| Mr. John C. D'amato Jr. | D'amato - Killingworth, LLC | | | | | | |
| Mailing Address Line One | Mailing Address Line Two | | | City | | State | Zip Code |
| 46 Taugwonk Spur Road | | | | Stonington | | CT | 06378 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | |
| 203-877-3276 | | | | 203-410-5353 | jcdamato2@gmail.com | | |

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 |
| CT0229044 | KNOLLWOOD PLAZA | | | | NC | 65 | P | GW |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 1 KNOLLWOOD PLAZA | | | | | 1 | | | |

Towns Served: CANTERBURY

| | | | | | |
|--|-----------------------------|------------------|--------------|-----------------|---------------------------|
| Contact Role(s): Legal Contact, Owner | | | | | |
| Name | Organization | Job Title | | | |
| Ms. Teresa Longley | D'amato - Killingworth, LLC | Property Manager | | | |
| Mailing Address Line One | Mailing Address Line Two | City | State | Zip Code | |
| 46 Taugwonk Spur Road | | Stonington | CT | 06378 | |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| 203-877-3276 | | | | 203-687-3336 | teresa@damatobrothers.com |

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

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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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End of schedule

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

| PWS ID | PWS Name | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---------------------|----------------|------------|------------|----------------|
| CT0229054 | WICKED COW | NC | 25 | P | GW |
| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined |
| 7 PLAINFIELD ROAD | | | | | 1 |

Towns Served: CANTERBURY

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 | | Complete |
| | 10/1/25 - 10/31/25 | | Out of Service |
| | 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 | | Complete |
| | 10/1/25 - 10/31/25 | | Out of Service |
| | 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 | | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Total Coliform Status | Lead and Copper Rule Status | Asbestos Rule Tier | WQP 2 Stage | DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|-----------------------|-----------------------------|--------------------|-------------|------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 58846 | WELL 1 | 2 | WELL 1 | A | | | | |

Contact Information

| | | |
|--------------------------|--------------------------|----------------------------|
| Name | Organization | Job Title |
| Mr. Nicholas Grillo | | |
| Mailing Address Line One | Mailing Address Line Two | City |
| 141 Bethel Road | | State |
| Business Phone | Extension | Zip Code |
| 860-817-1001 | | 06351 |
| Fax | Mobile Phone | Email Address |
| | | Nicholas.Grillo@ctmail.gov |

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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 |
|---|---------------------|----------------|------------|----------------|----------------|
| CT0229054 | WICKED COW | NC | 25 | P | GW |
| Local Address (where applicable) | Service Connections | Residential | Commercial | Industrial | Combined |
| 7 PLAINFIELD ROAD | | | | | 1 |
| Towns Served: CANTERBURY | | | | | |
| 800-917-4091 | | | | WICK@gmail.com | |
| Contact Role(s): Administrative Contact, Legal Contact, Owner | | | | | |

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