

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0380024	CAMP FARNAM	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
285 R MAIDEN LANE			1		

Towns Served: DURHAM

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		Out of Service
	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		Out of Service
	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		

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	5/2/17 - 6/21/20	2	7/30/2017		8/9/2017	
Total Coliform M&R Violation	8/1/18 - 8/31/18	3	11/13/2019		11/23/2019	
Physical Parameters M&R Violation	8/1/18 - 8/31/18	3	11/20/2019		11/30/2019	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Rule		Lead and Copper Rule		Asbestos	WQP 2 DBPR	Stage
				Status	Rule	Tier	Rule			
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						
20673	WELL 3	2	WELL 3	A						
62456	HYDROSTATIC TANK									

Contact Information

Name	Organization	Job Title
Mr. Jamell Cotto	Farnam Neighborhood House	Vice President
Mailing Address Line One	Mailing Address Line Two	City
162 Fillmore Street	(Camp Farnam 285 Maiden Ln, Durham, Ct)	State Zip Code
		CT 06513

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
CT0380024	CAMP FARNAM	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
285 R MAIDEN LANE		1			

Towns Served: DURHAM

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-562-9194		203-562-2812		203-606-6760	jcotto@cliffordbeers.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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0380034	376 MAIN STREET	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
376 MAIN STREET			4		

Towns Served: DURHAM

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		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
	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		
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
SAMPLING SITE PLAN		5/16/2025

Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and 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					
20674	WELL	2	WELL	A					
55981	TREATMENT PLANT								

Contact Information

Name	Organization	Job Title
Mr. Alan C. Webber	Madison, Durham, Westbrook, Lp	Cfo
Mailing Address Line One	Mailing Address Line Two	City
1 Smith Street	Suite B101	State
Business Phone	Extension	Zip Code
203-854-5046	202	06851
Fax	Mobile Phone	Email Address
203-853-9246	203-858-7187	alanwebber@discala.com
Emergency Phone		
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
CT0380034	376 MAIN STREET	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
376 MAIN STREET			4		

Towns Served: DURHAM

Name		Organization	Job Title		
Mr. Jason Antonio		Madison, Durham, Westbrook, Lp	Property Manager		
Mailing Address Line One	Mailing Address Line Two		City	State	Zip Code
1 Smith Street	Suite B101	Norwalk		CT	06851
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
203-943-9640		203-853-9246			jason@discala.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
CT0380044	COMMERCE CIRCLE ASSOC	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
9 COMMERCE CIRCLE			1		

Towns Served: DURHAM

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	10/22/2016	
RESPOND TO SANITARY SURVEY	8/15/2021	

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	WQP 2 DBPR	Stage
					Rule	Tier			
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					
20675	WELL	2	WELL	A					

Contact Information

Name	Organization			Job Title		
Mr. Anthony Cordone	Commerce Circle Assoc			President		
Mailing Address Line One	Mailing Address Line Two			City	State	Zip Code
Commerce Circle Assoc C/O Printing Dept	9 Commerce Circle			Durham	CT	06422
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
203-627-9865						

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
CT0380044	COMMERCE CIRCLE ASSOC	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
9 COMMERCE CIRCLE			1		

Towns Served: DURHAM

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2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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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
CT0380054	THE LNJS REALTY FAMILY LTD PARTNERSHIP	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
339 MAIN STREET	Connections		1		

Towns Served: DURHAM

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		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY		5/15/2009

Water System Facility and Sampling Point Inventory						
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule Tier
					Asbestos	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		
20676	WELL	2	WELL	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
CT0380054	THE LNJS REALTY FAMILY LTD PARTNERSHIP	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
339 MAIN STREET	Connections		1		

Towns Served: DURHAM

Contact Information

Name	Organization	Job Title		
Mr. Leonard A. Rossicone	Lnhs Realty Family Ltd Partner	Manager		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
The Lnjs Realty Family Ltd. Partnership	12 Turnberry Road	Wallingford	CT	06492
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone Email Address
203-265-0453			203-213-4982	lrossicone@sbcglobal.net

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

Name	Organization	Job Title		
The Lnjs Realty Family Ltd. Partnership				
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
12 Turnberry Road		Wallingford	CT	06492
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

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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
CT0380064	FAS MART #313	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
384 MAIN STREET			1		

Towns Served: DURHAM

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	7/27/2022	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification	PN Certification		
			Required	Performed	Due to DPH	Received
Total Coliform MCL Violation	8/1/09 - 8/31/09	2	2/20/2010		3/2/2010	
Total Coliform M&R Violation	4/1/13 - 6/30/13	2	10/12/2013		10/22/2013	
Physical Parameters M&R Violation	4/1/13 - 6/30/13	3	9/12/2014		9/22/2014	
Total Coliform M&R Violation	10/1/17 - 12/31/17	3	3/15/2019		3/25/2019	
Physical Parameters M&R Violation	10/1/17 - 12/31/17	3	3/15/2019		3/25/2019	

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	Stage WQP 2 DBPR
				Coliform Status	Copper Rule Status	Asbestos Rule Tier	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			
20677	WELL	2	WELL	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
CT0380064	FAS MART #313	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
384 MAIN STREET			1		

Towns Served: DURHAM

Contact Information

Name		Organization			Job Title				
Ms. Marianne Corona									
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code		
245 Cherry Hill Rd					Middlefield	CT	06455		
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-349-9593		860-349-9593		860-349-9593					
Contact Role(s): Legal Contact, Owner									
Name		Organization			Job Title				
Mr. Gary Tierney		Gpm Investments LLC			District Manaer				
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code		
682 Walnut Hill Road					Thomaston	CT	06787		
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-372-1927					Gtierney@gpminvestments.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

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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
CT0380074	22 NEW HAVEN ROAD	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
22 NEW HAVEN ROAD - DURHAM	Connections		1		

Towns Served: DURHAM

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		
	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		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	9/3/25 - 9/8/25		Complete
	10/14/25 - 10/19/25		Complete
	11/21/25 - 11/26/25		Complete

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		
	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		

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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
CT0380074	22 NEW HAVEN ROAD	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
22 NEW HAVEN ROAD - DURHAM			1		

Towns Served: DURHAM

Monitoring Requirements

Water System Facility: WELL (WSF ID: 20678)

E. Coli (3014)		1 triggered (TG) per period		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
WELL (2)	9/2/25 - 9/8/25		Complete	
	10/13/25 - 10/19/25		Complete	
	11/20/25 - 11/26/25		Complete	

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
L1 ASSESSMENT (MULTIPLE TC+)	10/6/2025	
L2 ASSESSMENT (MULTIPLE TC+, 2ND IN 12M)	11/17/2025	
RESPOND TO SANITARY SURVEY	12/24/2025	
L2 ASSESSMENT (MULTIPLE TC+, 2ND IN 12M)	12/26/2025	
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	3/24/2026	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Status	Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNTSTREAM	5 SERVICE CONNECTION	A	Y			
		UPSTREAM	5 SERVICE CONNECTION	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
20678	WELL	2	WELL	A				

Contact Information

Name	Organization	Job Title
Mr. Nurul Alam	22 New Haven Road	
Mailing Address Line One	Mailing Address Line Two	City
22 New Haven Road		State
Business Phone	Extension	Zip Code
860-538-4077	860-956-9918	Durham
		CT
		06422
Emergency Phone	Email Address	
860-956-4161	Food.Land@aol.com	

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

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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

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
CT0380224	NEW HAVEN RACOON CLUB	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
853R NEW HAVEN ROAD			1		

Towns Served: DURHAM

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 Status	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			
20692	WELL	2	WELL	A			
55462	HYDROSTATIC TANK						

Contact Information

Name	Organization			Job Title		
Mr. Stephen Ferriola	New Haven Racoon Club			President		
Mailing Address Line One	Mailing Address Line Two			City	State	Zip Code
853 New Haven Rd				Durham	CT	06422
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-349-8139				860-349-9034	nhrc1@sbcglobal.net	
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
CT0380224	NEW HAVEN RACOON CLUB	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
853R NEW HAVEN ROAD	Connections		1		
Towns Served: DURHAM					
Please note the following:					
<ol style="list-style-type: none"> 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 					
<i>If you have any questions, please contact the Drinking Water Section at (860) 509-7333.</i> 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
CT0380244	HARD HAT RESTAURANT	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
100 NEW HAVEN ROAD			1		

Towns Served: DURHAM

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	2/6/2026	

Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and 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					
20694	WELL	2	WELL	A					
56853	TREATMENT PLANT								

Contact Information

Name	Organization	Job Title
Mr. Joseph D'errico		
Mailing Address Line One	Mailing Address Line Two	City
370 State Street		State
Business Phone	Extension	Zip Code
203-606-7131		
		joejr@colonialcolor.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
CT0380244	HARD HAT RESTAURANT	NC	25	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
100 NEW HAVEN ROAD	Connections		1		

Towns Served: DURHAM

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
CT0389134	1041 NEW HAVEN ROAD - DURHAM	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined

Towns Served: DURHAM

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	PN Certification	
			Required	Performed	Due to DPH
Total Coliform M&R Violation	7/1/04 - 9/30/04	2	2/2/2005		2/12/2005
Total Coliform M&R Violation	10/1/04 - 12/31/04	2	6/19/2005		6/29/2005
Total Coliform M&R Violation	1/1/05 - 3/31/05	2	8/24/2005		9/3/2005
Total Coliform M&R Violation	4/1/05 - 6/30/05	2	11/17/2005		11/27/2005
Total Coliform M&R Violation	10/1/05 - 12/31/05	2	4/12/2006		4/22/2006
Nitrate And Nitrite M&R Violation	1/1/05 - 12/31/05	2	4/12/2006		4/22/2006
Physical Parameters M&R Violation	10/1/04 - 12/31/04	3	5/20/2006		5/30/2006
Total Coliform M&R Violation	1/1/06 - 3/31/06	2	7/13/2006		7/23/2006
Physical Parameters M&R Violation	1/1/05 - 3/31/05	3	7/25/2006		8/4/2006
Total Coliform M&R Violation	4/1/06 - 6/30/06	2	9/17/2006		9/27/2006
Physical Parameters M&R Violation	4/1/05 - 6/30/05	3	10/18/2006		10/28/2006
Total Coliform M&R Violation	7/1/06 - 9/30/06	2	12/30/2006		1/9/2007
Physical Parameters M&R Violation	10/1/05 - 12/31/05	3	3/13/2007		3/23/2007
Physical Parameters M&R Violation	1/1/06 - 3/31/06	3	6/13/2007		6/23/2007
Physical Parameters M&R Violation	10/1/07 - 12/31/07	3	2/28/2009		3/10/2009
Physical Parameters M&R Violation	10/1/08 - 12/31/08	3	6/29/2010		7/9/2010
Physical Parameters M&R Violation	7/1/08 - 9/30/08	3	6/29/2010		7/9/2010

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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
CT0389134	1041 NEW HAVEN ROAD - DURHAM	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined Agricultural

Towns Served: DURHAM

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					Y	Rule Tier	WQD	DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y	Rule Tier	WQD	DBPR
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
48826	WELL	2	WELL	A				

Contact Information

Name	Organization	Job Title
Mr. Jay N Mavani	Jay Enterprise LLC	Owner
Mailing Address Line One	Mailing Address Line Two	
1041 New Haven Rd		
Business Phone	Extension	
860-349-0460		
Fax	Mobile Phone	Emergency Phone
		203-215-8470
		jmavani@aol.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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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
CT0389163	45R OZICK DRIVE - UNIT 18-R	NC	38	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined

Towns Served: DURHAM

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	3/1/2016	
CROSS CONNECTION SURVEY REPORT	3/1/2017	
CROSS CONNECTION SURVEY REPORT	3/1/2018	
CROSS CONNECTION SURVEY REPORT	3/1/2019	
CROSS CONNECTION SURVEY REPORT	3/1/2020	
CROSS CONNECTION SURVEY REPORT	3/1/2021	
CROSS CONNECTION SURVEY REPORT	3/1/2022	
RESPOND TO SANITARY SURVEY	8/11/2022	
CROSS CONNECTION SURVEY REPORT	3/1/2024	
CROSS CONNECTION SURVEY REPORT	3/1/2025	
CROSS CONNECTION SURVEY REPORT	3/1/2026	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Distribution Turbidity MCL Violation	4/1/10 - 6/30/10	2	8/26/2010		9/5/2010	
Distribution Color MCL Violation	4/1/10 - 6/30/10	2	8/26/2010		9/5/2010	
Distribution Turbidity MCL Violation	10/1/10 - 12/31/10	2	3/2/2011		3/12/2011	
Distribution Color MCL Violation	7/1/10 - 9/30/10	2	3/24/2011		4/3/2011	
Distribution Turbidity MCL Violation	7/1/10 - 9/30/10	2	3/24/2011		4/3/2011	

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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
CT0389163	45R OZICK DRIVE - UNIT 18-R	NC	38	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined

Towns Served: DURHAM

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Distribution Turbidity MCL Violation	4/1/12 - 6/30/12	2	8/9/2012		8/19/2012	
Distribution Color MCL Violation	4/1/12 - 6/30/12	2	9/7/2012		9/17/2012	
Physical Parameters M&R Violation	7/1/12 - 9/30/12	3	12/12/2013		12/22/2013	
Physical Parameters M&R Violation	4/1/13 - 6/30/13	3	9/12/2014		9/22/2014	
Physical Parameters M&R Violation	1/1/13 - 3/31/13	3	9/12/2014		9/22/2014	
Physical Parameters M&R Violation	10/1/12 - 12/31/12	3	9/12/2014		9/22/2014	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Sampling Point ID	Sampling Point Description	Status	Total	Lead and Coliform	Copper	Stage
				Rule	Rule Tier	Asbestos	
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	A				
	DOWNSTREAM	WITHIN 5 SERVICE CON	A				
	UPSTREAM	WITHIN 5 SERVICE CON	A				
00700 ENTRY POINT	3	ENTRY POINT	A				
53787 WELL 1	2	WELL 1	A				
53791 TREATMENT PLANT							

Contact Information

Name	Organization	Job Title			
Mr. Yoon Lee	Room Unity	Property Owner			
Mailing Address Line One	Mailing Address Line Two	City State Zip Code			
45R Ozick Dr		Durham CT 06422			
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
646-704-7478					LEE.ROOMUNITY@ROOMUNITY.COM

Contact Role(s): Legal Contact, Owner

Name	Organization	Job Title			
Mr. Mark T. Violano	Roomunity	Property Manager			
Mailing Address Line One	Mailing Address Line Two	City State Zip Code			
45R Ozick Dr		Durham CT 06422			
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
475-414-6822				475-414-6822	mark@roomunity.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

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
CT0389164	459 MADISON RD	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
459 MADISON ROAD			1		

Towns Served: DURHAM

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	7/23/2022	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification Required	Public Notification Performed	PN Certification Due to DPH	PN Certification Received
Distribution Color MCL Violation	7/1/11 - 9/30/11	2	3/11/2012		3/21/2012	
Distribution Color MCL Violation	10/1/11 - 12/31/11	2	3/11/2012		3/21/2012	
Distribution Turbidity MCL Violation	10/1/11 - 12/31/11	2	3/11/2012		3/21/2012	
Distribution Turbidity MCL Violation	7/1/11 - 9/30/11	2	3/11/2012		3/21/2012	
Distribution Turbidity MCL Violation	1/1/12 - 3/31/12	2	6/14/2012		6/24/2012	
Distribution Color MCL Violation	1/1/12 - 3/31/12	2	6/14/2012		6/24/2012	
Distribution Color MCL Violation	4/1/12 - 6/30/12	2	9/7/2012		9/17/2012	
Distribution Turbidity MCL Violation	4/1/12 - 6/30/12	2	9/7/2012		9/17/2012	
Distribution Turbidity MCL Violation	7/1/12 - 9/30/12	2	12/1/2012		12/11/2012	
Distribution Color MCL Violation	7/1/12 - 9/30/12	2	12/1/2012		12/11/2012	
Distribution Turbidity MCL Violation	10/1/12 - 12/31/12	2	3/23/2013		4/2/2013	
Distribution Color MCL Violation	10/1/12 - 12/31/12	2	3/23/2013		4/2/2013	
Distribution Color MCL Violation	1/1/13 - 3/31/13	2	6/1/2013		6/11/2013	
Distribution Turbidity MCL Violation	1/1/13 - 3/31/13	2	6/1/2013		6/11/2013	
Distribution Color MCL Violation	4/1/13 - 6/30/13	2	10/30/2013		11/9/2013	

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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
CT0389164	459 MADISON RD	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
459 MADISON ROAD			1		

Towns Served: DURHAM

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
Distribution Turbidity MCL Violation	4/1/13 - 6/30/13	2	10/30/2013		11/9/2013	
Distribution Turbidity MCL Violation	7/1/13 - 9/30/13	2	2/8/2014		2/18/2014	
Distribution Color MCL Violation	7/1/13 - 9/30/13	2	2/8/2014		2/18/2014	
Distribution Turbidity MCL Violation	10/1/13 - 12/31/13	2	3/16/2014		3/26/2014	
Distribution Color MCL Violation	10/1/13 - 12/31/13	2	3/16/2014		3/26/2014	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total	Lead and	Stage
					Coliform	Copper	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A	Y		Stage
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		UPSTREAM	WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
53845	WELL	2	WELL	A			
59108	TREATMENT PLANT						

Contact Information

Name	Organization	Job Title
Mr. Ahmad B. Kohsar	Khorasan LLC	Owner
Mailing Address Line One	Mailing Address Line Two	City
59 Mustang Dr		State
Business Phone	Extension	Zip Code
959-888-2945		
		Email Address
		bkohsar@gmail.com

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

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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
CT0389174	350 MAIN ST. - WINDSOR GOLD STAR LLC	NC	43	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
350 MAIN STREET					2

Towns Served: DURHAM

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 Status	Asbestos Rule Tier	WQP 2 DBPR Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		UPSTREAM	WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
58189	WELL 1	2	WELL 1	A			

Contact Information

Name	Organization			Job Title		
Mr. Donald J. Mondani	Windsor Gold Star LLC			Owner		
Mailing Address Line One	Mailing Address Line Two		City		State	Zip Code
5 Iron Gate Ln			Cromwell		CT	06416
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-250-1122		866-594-5844		860-250-1122	donmondani@hotmail.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
CT0389174	350 MAIN ST. - WINDSOR GOLD STAR LLC	NC	43	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
350 MAIN STREET					2

Towns Served: DURHAM

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
CT0389184	352 MAIN ST - WINDSOR GOLD STAR LLC	NC	29	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
352 MAIN ST			1		

Towns Served: DURHAM

Monitoring Requirements

Water System Facility: DISTRIBUTION SYSTEM - BARN (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 - BARN (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 - BARN (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
CAP - ADDRESS DEFICIENCY	5/16/2025	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification Required	PN Certification Due to DPH	Received
Physical Parameters M&R Violation	7/1/23 - 9/30/23	3	3/22/2025	4/1/2025	
Total Coliform M&R Violation	7/1/23 - 9/30/23	3	3/22/2025	4/1/2025	
GROUNDWATER RULE TT Violation	5/17/25 -	2	2/19/2026	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	Lead and Copper	Asbestos	WQP 2 DBPR	Stage
					Rule	Rule Tier			
00600	DISTRIBUTION SYSTEM - BARN	4	DISTRIBUTION - BARN	A					
		DOWNSTREAM	WITHIN 5 SERVICE CON	A					
		UPSTREAM	WITHIN 5 SERVICE CON	A					
00700	ENTRY POINT - BARN	3	ENTRY POINT - BARN	A					
58336	BARN WELL	2	BARN WELL	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
CT0389184	352 MAIN ST - WINDSOR GOLD STAR LLC	NC	29	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
352 MAIN ST			1		

Towns Served: DURHAM

Contact Information

Name	Organization	Job Title		
Mr. Donald J. Mondani	Windsor Gold Star LLC	Owner		
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Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
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				donmondani@hotmail.com

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

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