

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0460044	CONNECTICUT GOLF CLUB			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
915 BLACK ROCK TURNPIKE					1			
Towns Served: EASTON								

### Monitoring Requirements

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

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

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	7/1/25 - 7/31/25		Complete
	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		
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		

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

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/24 - 12/31/24	4/1-11/30	Complete
	1/1/25 - 12/31/25	4/1-11/30	Complete
	1/1/26 - 12/31/26	4/1-11/30	

Water System Facility: **WELL #1 (WSF ID: 20852)**

E. Coli (3014)		1 routine (RT) per month	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL (2)	7/1/25 - 7/31/25		Complete
	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
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		

Water System Facility: **WELL #2 (WSF ID: 56928)**

**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	
CT0460044	CONNECTICUT GOLF CLUB			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
915 BLACK ROCK TURNPIKE					1			
Towns Served: EASTON								

### Monitoring Requirements

Water System Facility: WELL #2 (WSF ID: 56928)

E. Coli (3014)		1 routine (RT) per month	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL #2 (2)	7/1/25 - 7/31/25		Complete
	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
	4/1/26 - 4/30/26		
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
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	
CROSS CONNECTION SURVEY REPORT	3/1/2023	
CROSS CONNECTION SURVEY REPORT	3/1/2024	
CROSS CONNECTION SURVEY REPORT	3/1/2025	
CROSS CONNECTION SURVEY REPORT	3/1/2026	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		CGC001	KIT SNK DOUBLE	I	Y		Y	
		CGC002	BAR SINK	A	Y		Y	
		CGC003	RR LADY CHANGING RM	A	Y		Y	
		CGC004	RR OFFICE LEFT	A	Y		Y	
		CGC005	RR OFFICE RIGHT	A	Y		Y	
		CGC006	RR MENS CHG SNK 1	A	Y		Y	
		CGC007	RR MENS CHG SNK 2	A	Y		Y	
		CGC008	RR MENS CHG SNK 3	A	Y		Y	
		CGC009	RR MENS CHG SNK 4	A	Y		Y	
		CGC010	RR MENS CHG SNK 5	A	Y		Y	
		CGC011	RR MENS CHG SNK 6	A	Y		Y	
		CGC012	BASEMENT UTILITY SNK	A	Y		Y	

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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	
CT0460044	CONNECTICUT GOLF CLUB			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
915 BLACK ROCK TURNPIKE					1			
Towns Served: EASTON								

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		CGC013	KIT TRIPLE SINK	A	Y		Y	
		CGC014	KIT HAND SINK	A	Y		Y	
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20852	WELL #1	2	WELL	A				
51910	TREATMENT PLANT							
56928	WELL #2	2	WELL #2	A				
56930	STORAGE TANK #1							
56932	STORAGE TANK #2							

### Contact Information

Name				Organization			Job Title	
<b>Ms. Deborah Wallenta</b>				Connecticut Golf Club				
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
915 Black Rock Turnpike						Easton	CT	06612
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-261-2544				203-459-0367	deborah@ctgolfclub.com			

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

Name				Organization			Job Title	
<b>Connecticut Golf Club</b>								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
915 Black Rock Rd						Easton	CT	06612
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			

Contact Role(s): **Owner**

Name				Organization			Job Title	
<b>Mr. Randall Johnson</b>				Connecticut Golf Club			President	
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
412 Purdy Hill Rd						Monroe	CT	06468
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			

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

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0460044	CONNECTICUT GOLF CLUB			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
915 BLACK ROCK TURNPIKE					1			
Towns Served: EASTON								

**Please note the following:**

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

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

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

***End of schedule***

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0460074	GREISER GENERAL STORE			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
299 CENTER ROAD					1			
Towns Served: EASTON								

### 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	4/1/25 - 6/30/25		Complete
	7/1/25 - 7/31/25		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	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		
	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		
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	7/22/25 - 7/27/25		Complete
	8/20/25 - 8/25/25		Complete
	8/20/25 - 8/25/25		Complete
	9/3/25 - 9/8/25		Complete
	9/3/25 - 9/8/25		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	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
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	10/1/25 - 10/31/25		Complete
	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		
	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		

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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	
CT0460074	GREISER GENERAL STORE			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
299 CENTER ROAD					1			
Towns Served: EASTON								

### Monitoring Requirements

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

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>
	6/1/26 - 6/30/26		

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

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

Water System Facility: **WELL (WSF ID: 20854)**

E. Coli (3014)		1 triggered (TG) per period	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL (2)	7/21/25 - 7/27/25		Complete
	8/19/25 - 8/25/25		Complete
	8/19/25 - 8/25/25		Complete
	9/2/25 - 9/8/25		Complete
	9/2/25 - 9/8/25		Complete

E. Coli (3014)		1 routine (RT) per month	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL (2)	11/1/25 - 11/30/25		Complete
	12/1/25 - 12/31/25		
	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		

### Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
E. Coli	4/10/20 - 7/31/20	3	4/30/2021		5/10/2021	

### Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Total Coliform Status</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		GG001	RR 1ST FLOOR	A	Y	Y	
		GG002	RR 2ND FLOOR NO 1	A	Y	Y	

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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	
CT0460074	GREISER GENERAL STORE			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
299 CENTER ROAD					1			
Towns Served: EASTON								

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		GG5003	RR 2ND FLOOR NO 2	A	Y		Y	
		GG5004	BASEMENT UTILITY SNK	A	Y		Y	
		GG5005	HAND SINK	A	Y		Y	Y
		GG5006	TRIPLE SINK	A	Y		Y	Y
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20854	WELL	2	WELL	A				
59343	TREATMENT PLANT							

### Contact Information

Name			Organization			Job Title		
<b>Mr. Richard Greiser</b>								
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
299 Center Road						Easton	CT	06612
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-268-9551					richardfgreiser@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 schedule.

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0460084	EASTON VILLAGE STORE			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
438 SPORT HILL ROAD							3	
Towns Served: EASTON								

### 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	7/1/25 - 7/31/25		Complete
	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		
	12/1/25 - 12/31/25		
	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		

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	7/1/25 - 7/31/25		Complete
	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		
	11/1/25 - 11/30/25		
	12/1/25 - 12/31/25		
	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		

Water System Facility: **ENTRY POINT - WELL 2 (WSF ID: 00701)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
EP - WELL 2 (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			

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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	
CT0460084	EASTON VILLAGE STORE			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
438 SPORT HILL ROAD			Connections				3	
Towns Served: EASTON								

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		EVS001	KIT HAND SNK 1	A	Y		Y	
		EVS002	KIT HAND SNK 2	A	Y		Y	
		EVS003	KIT HAND SNK 3	A	Y		Y	
		EVS004	KIT HAND SNK 4	A	Y		Y	
		EVS005	KIT SNK DOUBLE	A	Y		Y	
		EVS006	KIT SNK TRPL SNK	A	Y		Y	
		EVS007	RR LADY ROOM	A	Y		Y	
		EVS008	RR MENS RR	A	Y		Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00701	ENTRY POINT - WELL 2	3	EP - WELL 2	A				
58619	WELL 2	2	WELL 2	A				
58622	TREATMENT PLANT							

### Contact Information

Name		Organization			Job Title		
Dr. Marsel Huribal					Owner		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
440 Sport Hill Road					Easton	CT	06612
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-268-5618		203-445-2810		203-257-9171	mhuribal@aol.com		

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

Name		Organization			Job Title		
Easton Village Center LLC Qc/Cov							
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
438 Sport Hill Rd					Easton	CT	06612
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		

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 schedule.

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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	
CT0460104	OLDE BLUE BIRD INN			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
357 BLACKROCK TURNPIKE (ROUTE 58)					1			

Towns Served: EASTON

### Monitoring Requirements

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

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

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	7/1/25 - 7/31/25		Complete
	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		
	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		

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

Nitrate (1040)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	4/1/25 - 6/30/25		Complete
	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	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/24 - 12/31/24		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	
CT0460104	OLDE BLUE BIRD INN			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
357 BLACKROCK TURNPIKE (ROUTE 58)			Connections		1			
Towns Served: EASTON								

### Monitoring Requirements

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

<b>Nitrite (1041)</b>				1 routine (RT) per year
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
	1/1/25 - 12/31/25		Complete	
	1/1/26 - 12/31/26			

Water System Facility: **WELL (WSF ID: 20857)**

<b>E. Coli (3014)</b>				1 routine (RT) per quarter
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
WELL (2)	4/1/25 - 6/30/25		Complete	
	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			

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2031	

### Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		OBB001	KIT SNK TRPL SNK	A	Y		Y	
		OBB002	KIT SNK UTILITY SNK	A	Y		Y	
		OBB003	HAND SINK FRONT	A	Y		Y	
		OBB004	RR MENS RR	A	Y		Y	
		OBB005	RR LADY ROOM	A	Y		Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20857	WELL	2	WELL	A				
55071	TREATMENT PLANT							

### Contact Information

Name				Organization			Job Title			
Mr. Martin Wieser				Bluebird Properties Inc, LLC			Property Owner			
Mailing Address Line One				Mailing Address Line Two			City		State	Zip Code
357 Blackrock Turnpike							Easton		CT	06612
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone	Email Address		
203-268-2049			203-459-1502				860-339-2976	mwieser2049@yahoo.com		
Contact Role(s):		Administrative 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
<b>CT0460104</b>	<b>OLDE BLUE BIRD INN</b>	<b>NC</b>	<b>25</b>	<b>P</b>	<b>GW</b>
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
357 BLACKROCK TURNPIKE (ROUTE 58)			<b>1</b>		
Towns Served: EASTON					
Name		Organization		Job Title	
<b>Bluebird Properties LLC</b>					
Mailing Address Line One		Mailing Address Line Two		City	State
357 Black Rock Road				Easton	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
Contact Role(s): <b>Legal Contact, Owner</b>					

**Please note the following:**

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

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

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

***End of schedule***

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0460154	EASTON RACQUET CLUB			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
36 WIMBLEDON LANE					2			
Towns Served: EASTON								

### 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	7/1/25 - 7/31/25		Complete
	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		
	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		

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	7/1/25 - 7/31/25		Complete
	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		
	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		

Water System Facility: ENTRY POINT- CLUB HOUSE (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- CLUB HOUSE (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

Water System Facility: ENTRY POINT- POOL HOUSE (WSF ID: 00701)

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT- POOL HOUSE (3)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		

**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		
CT0460154	EASTON RACQUET CLUB				NC	25	P	GW		
Local Address (where applicable)				Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
36 WIMBLEDON LANE						2				
Towns Served: EASTON										
Monitoring Requirements										
Water System Facility: ENTRY POINT- POOL HOUSE (WSF ID: 00701)										
Nitrate And Nitrite (NOX)						1 routine (RT) per year				
Sampling Point (Sampling Point ID)				Monitoring Period		Collection Period		Compliance Status		
				1/1/26 - 12/31/26						
Other Compliance Schedules										
Compliance Schedule Activity					Due Date		Achieved Date			
CROSS CONNECTION SURVEY REPORT					3/1/2027					
Public Notification Requirements										
Violation/Situation		Compliance Period		Notice Tier	Public Notification Required		Public Notification Performed		PN Certification Due to DPH	
									Received	
E. Coli M&R Violation		10/21/22 -		3	9/28/2024				10/8/2024	
E. Coli M&R Violation		10/21/22 -		3	9/28/2024				10/8/2024	
Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y					
			DOWNSTREAM	WITHIN 5 SERVICE CON	A					
		ERC001	RR LADY ROOM 1F R	A	Y			Y		
		ERC002	RR LADY ROOM 1F L	A	Y			Y		
		ERC003	RR MENS RM 1F L	A	Y			Y		
		ERC004	RR MENS RM 1F R	A	Y			Y		
		ERC005	KIT SNK 2ND FLOOR	A	Y			Y		
		ERC006	BAR SINK	A	Y			Y		
		UPSTREAM	WITHIN 5 SERVICE CON	A						
00700	ENTRY POINT- CLUB HOUSE	3	ENTRY POINT- CLUB HO	A						
00701	ENTRY POINT- POOL HOUSE	3	ENTRY POINT- POOL HO	A						
55903	WELL 1	2	WELL	A						
57098	WELL 2	2	WELL 2	A						
57153	TREATMENT PLANT #1									
57155	TREATMENT PLANT #2									
Contact Information										
Name				Organization			Job Title			
Dr. Keith Rudolph				Easton Racquet Club			President			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code	
116 Crest Terrace						Fairfield		CT	06825	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address					
203-254-9533		203-254-9511		203-371-8512	keithlrudolph@gmail.com					
Contact Role(s):		Administrative Contact, Legal Contact								

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0460154	EASTON RACQUET CLUB			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
36 WIMBLEDON LANE					2			
Towns Served: EASTON								

**Please note the following:**

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

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

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

***End of schedule***

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0460164	ST. DIMITRIE ROMANIAN ORTHODOX CHURCH			NC	200	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
500 SPORT HILL ROAD					1			
Towns Served: EASTON								

### 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	4/1/25 - 6/30/25		Complete
	7/1/25 - 8/31/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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	8/27/25 - 9/1/25		

Total Coliform (3100)		3 temporary routine (TR) per month	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	9/1/25 - 9/30/25		Complete

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	4/1/25 - 6/30/25		Complete
	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)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

Water System Facility: **WELL 1 (WSF ID: 56178)**

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

### Other Compliance Schedules

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

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				

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



# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0460164	ST. DIMITRIE ROMANIAN ORTHODOX CHURCH			NC	200	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
500 SPORT HILL ROAD					1			
Towns Served: EASTON								

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
56178	WELL 1	2	WELL 1	A				
59398	TREATMENT PLANT							

### Contact Information

Name		Organization			Job Title		
Mr. Peter Fatsy		St. Dimitri Church			Admin		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
500 Sport Hill Road					Easton	CT	06612
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-268-8237		203-814-2848		203-261-1149	pfatsy@yahoo.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 schedule.

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0460174	SILVERMAN'S FARM			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
451 SPORT HILL ROAD			Connections		1			
Towns Served: EASTON								

### 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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	4/1/26 - 6/30/26		

**Physical Parameters (PPS)** **1 routine (RT) per quarter**

<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	4/1/25 - 6/30/25		Complete
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	4/1/26 - 6/30/26		

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

**Nitrate (1040)** **1 routine (RT) per quarter**

<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	4/1/25 - 6/30/25		
	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	4/1/26 - 6/30/26		

**Nitrite (1041)** **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)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2030	

### Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		SF001	GREENHOUSE SINK	A	Y		Y	
		SF002	KIT SNK	A	Y		Y	
		SF003	RR GENERIC RR	A	Y		Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
60278	WELL #2	2	WELL #2	A				

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

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0460174	SILVERMAN'S FARM			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
451 SPORT HILL ROAD					1			
Towns Served: EASTON								

### Contact Information

Name				Organization			Job Title		
Mr. Jacob Conover				Silverman's Farm			Manager		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
451 Sport Hill Road						Easton		CT	06612
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
203-261-3306					609-575-2175		jacob.silvermansfarm@gmail.com		
Contact Role(s): Administrative Contact, Owner									

**Please note the following:**

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

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0460184	SILVERMAN'S FARM - ANIMAL FARM WELL			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
451 SPORTHILL ROAD						1	
Towns Served: EASTON							

### Monitoring Requirements

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

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

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	7/22/25 - 7/27/25		Complete
	8/16/25 - 8/21/25		Complete

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	7/1/25 - 7/31/25		Complete
	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		
	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		

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)	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		

Water System Facility: **WELL (WSF ID: 62257)**

**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
CT0460184	SILVERMAN'S FARM - ANIMAL FARM WELL			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
451 SPORTHILL ROAD						1	
Towns Served: EASTON							

### Monitoring Requirements

Water System Facility: WELL (WSF ID: 62257)

E. Coli (3014)				1 triggered (TG) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status	
WELL (2)	7/21/25 - 7/27/25		Complete	
	8/15/25 - 8/21/25		Complete	

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SAMPLING SITE PLAN	9/25/2025	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTEAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
62257	WELL	2	WELL	A				

### Contact Information

Name				Organization		Job Title			
Mr. Jacob Conover				Silverman's Farm		Manager			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
451 Sport Hill Road						Easton		CT	06612
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
203-261-3306					609-575-2175		jacob.silvermansfarm@gmail.com		

Contact Role(s): Administrative Contact, Owner

#### Please note the following:

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

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

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

**End of schedule**