	Connecticut Departme				`	_			ection			
		onitoring an	u Con	Compliance Schedule  Classification   Population   Ow					_	T   D : 0		
PWS ID	PWS Name			Class		PC	-	Ow				
CT0460044	CONNECTICUT GOLF CLUB		5		NC		25		Р	GW		
	(where applicable)	Service Connections	Residen	itial (	Commerc	ial	Industri	al	Combine	d Agricu	Itural	
915 BLACK RO		Connections			1							
Towns Served:				_		_		_				
Water Systen	Mon Facility: <b>DISTRIBUTION SYSTEM (</b>	Ionitoring Requ	iireme	nts								
Total Colifor	,	100000						1 r/	outine (R	[] ner m	onth	
	Point (Sampling Point ID)		Monitori	ina Pe	eriod (	^oll	ection Pe		=	liance Sta		
	m Inventory of Active Sampling Points		7/1/25 -					704		omplete	1143	
Sciectifo	in inventory of Active Jumpling Forms		8/1/25 -							omplete		
			9/1/25 -		•					omplete		
			9/1/25 - 10/1/25 -							omplete		
			10/1/25 - 11/1/25 -							omplete		
			4/1/26 -							ompiete		
			5/1/26 -									
			6/1/26 -									
Dhysical Day	ometers (DDC)		0/1/20 -	- 6/30	/20			1 4	outing /D	T\	طغمم	
-	ameters (PPS)  Point (Sampling Point ID)		Monitori	ina Da	riod (	Call	ection Pe		outine (R <sup>-</sup>	l) per mo liance Sta		
	m Inventory of Active Sampling Points		7/1/25 -			JUIII	ection Fei	iou		omplete	itus	
Select II 0	in inventory of Active Sampling Points		8/1/25 -							omplete		
			9/1/25 -							omplete		
			10/1/25 -							omplete		
			11/1/25 -									
			4/1/26 -		•							
			5/1/26 -									
Matax Custon	To siliture FAITRY DOINT (MCF ID. O	10700\	6/1/26 -	- 6/30	/26							
	n Facility: ENTRY POINT (WSF ID: 0	0700)								/n=\		
	Nitrite (NOX)		0.4	D.	orte at a d	c - 11	<b>t</b> : D		routine		-	
	Point (Sampling Point ID)		Monitori				ection Per		•	liance Sto	itus	
ENTRY PC	1 (3) (3)		1/1/24 -				4/1-11/30			omplete		
			1/1/25 -				4/1-11/30		(	omplete		
\A/=+ C	English AMELL HA (MICE IN OCCUPA	<b>,</b>	1/1/26 -	12/31	L/ 2b		4/1-11/30					
-	m Facility: WELL #1 (WSF ID: 20852	)										
E. Coli (3014	-								outine (R			
	Point (Sampling Point ID)		Monitori			Coll	ection Pe	rioa	•	liance Sto	atus	
WELL (2)			7/1/25 -							omplete		
			8/1/25 -							omplete		
			9/1/25 -							omplete		
			10/1/25 -							omplete		
			11/1/25 -						C	omplete		
			4/1/26 -									
			5/1/26 - 5/31/26									
			6/1/26 -	- 6/30	/26							
Water Systen	n Facility: WELL #2 (WSF ID: 56928	)										

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

PWS ID PWS Name C						Population	Owner Type	Prim	nary Source
CT0460044	CONNECTICUT GOLF CLUB				NC	25	Р		GW
Local Address (v	Service Residen		ntial	Commercia	al Industri	al Combin	ed A	Agricultural	
915 BLACK ROCI	Connections			1					

Towns Served: EASTON

## **Monitoring Requirements**

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

E. Coli (3014)		1 rou	tine (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	Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and Copper Stage
Facility ID		ID	Description	Status	Rule	Rule Tier Asbestos WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ	
		CGC001	KIT SNK DOUBLE	1	Υ	Υ
		CGC002	BAR SINK	Α	Υ	Υ
		CGC003	RR LADY CHANGING RM	Α	Υ	Υ
		CGC004	RR OFFICE LEFT	Α	Υ	Υ
		CGC005	RR OFFICE RIGHT	Α	Υ	Υ
		CGC006	RR MENS CHG SNK 1	Α	Υ	Υ
		CGC007	RR MENS CHG SNK 2	Α	Υ	Υ
		CGC008	RR MENS CHG SNK 3	Α	Υ	Υ
		CGC009	RR MENS CHG SNK 4	Α	Υ	Υ
		CGC010	RR MENS CHG SNK 5	Α	Υ	Υ
		CGC011	RR MENS CHG SNK 6	Α	Υ	Υ
		CGC012	BASEMENT UTILITY SNK	Α	Υ	Υ

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

	Co	onnectic	ut Depa	rtment o	f Public	Health	Drin	nkin	g W	ater Se	ection			
		Wat	ter Qua	lity Moni	toring a	nd Con	nplia	nce	Sch	edule				
PWS ID	PW	VS Name							_		ner Type P	rimary Source		
CT046004	4 CO	NNECTICUT G	OLF CLUB				N	С	2	25	Р	GW		
Local Addı	ress (whe	re applicable)			Service	Residen	tial Co	mmer	cial Ir	ndustrial	Combined	Agricultural		
915 BLACK	ROCK TU	JRNPIKE			Connectio	ns		1						
Towns Ser	ved: EAS	TON												
			Water S	ystem Faci	lity and S	ampling	Poin	t Inv	ento	ry				
Water System Facility ID	_	ystem Facility		Sampling Poin ID	t Sampling I		Sta	Co	Total diform Rule			Stage WQP 2 DBPR		
				CGC013	KIT TRIPLE	SINK	A	4	Υ		Υ			
				CGC014	KIT HAND	SINK	A	4	Υ		Υ			
				DOWNSTREAM	WITHIN 5	SERVICE CO	N A	4						
				UPSTREAM	WITHIN 5	SERVICE COI	N A	4						
00700	ENTRY P	OINT		3	ENTRY POI	NT	A	4						
20852	WELL #1			2	WELL		A	4						
51910	TREATM	ENT PLANT												
56928	WELL #2			2	WELL #2		A	4						
56930	STORAGI	E TANK #1												
56932	STORAGI	E TANK #2												
				Co	ntact Info	rmation	1							
Name				C	Organization						Job Title			
Ms. Debo	rah Walle	enta		C	Connecticut C	olf Club								
Mailing Ad	ddress Lin	e One		Mailing Addre	ss Line Two				С	ity	State	Zip Code		
915 Black	Rock Turr	npike						Easto	n		СТ	06612		
Business	s Phone	Extension	Fax	Mok	oile Phone	Emergency	Phone	Email	Addre	SS				
203-26	1-2544					203-459-	0367	debor	rah@ct	golfclub.co	om			
Contact Ro	ole(s): A	dministrative (	Contact											
Name				C	Organization						Job Title			
Connectic														
Mailing Ad		e One		Mailing Addre	ss Line Two					ity	State	Zip Code		
915 Black								Easto			СТ	06612		
Business Phone Extension Fax Mob			oile Phone	pile Phone Emergency Phone Email Address										
Contact Ro	ole(s): O	wner		1		•								
Name						Organization Job Title								
				C	Connecticut Golf Club				Pre	President				
Mailing Ad	ddress Lin	e One		Mailing Addre	ss Line Two				С	ity	State	Zip Code		
412 Purdy	Hill Rd							Monr	oe		СТ	06468		

Mobile Phone

Emergency Phone Email Address

Contact Role(s): Legal Contact

**Business Phone** 

Extension

Fax

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

		_							
PWS ID	PWS Name				Clas	ssification	Population	Owner Type	Primary Source
CT0460044	CONNECTICUT GOLF	CLUB				NC	25	Р	GW
Local Address (w	here applicable)		Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
915 BLACK ROCK	K TURNPIKE		Connections			1			
Towns Served: E	ASTON								

#### 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

CT0460074	GREISER GENERAL STORE	NC	25	Р	GW								
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source								
	Water Quality Monitoring and Compliance Schedule												
	dominocitate Department of Fusing Hearth Britishing Water Beetich												

Residential Commercial Industrial

Combined Agricultural

Service

Connecticut Department of Public Health Drinking Water Section

299 CENTER ROAD	Connections		1					
Towns Served: EASTON					-			
Moi	nitoring Requ	irements						
Water System Facility: DISTRIBUTION SYSTEM (WS	SF ID: 00600)							
Total Coliform (3100)				1 ro	1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)		Monitoring P	eriod	<b>Collection Period</b>				
Select from Inventory of Active Sampling Points		4/1/25 - 6/30	0/25		Complete			
		7/1/25 - 7/31	1/25		Complete			
Total Coliform (3100)				1 rc	outine (RT) per month			
Sampling Point (Sampling Point ID)		Monitoring P	eriod	<b>Collection Period</b>	• • •			
Select from Inventory of Active Sampling Points		10/1/25 - 10/3	31/25		Complete			
	:	11/1/25 - 11/3	30/25		Complete			
	:	12/1/25 - 12/3	31/25					
		1/1/26 - 1/31	1/26					
		2/1/26 - 2/28	3/26					
		3/1/26 - 3/31	1/26					
		4/1/26 - 4/30	0/26					
		5/1/26 - 5/31	1/26					
		6/1/26 - 6/30	0/26					
Total Coliform (3100)				3 ו	repeat (RP) per period			
Sampling Point (Sampling Point ID)		Monitoring P	eriod	Collection Period	Compliance Status			
Select from Inventory of Active Sampling Points		7/22/25 - 7/2	7/25		Complete			
		8/20/25 - 8/2	5/25		Complete			
		8/20/25 - 8/2	5/25		Complete			
		9/3/25 - 9/8	/25		Complete			
		9/3/25 - 9/8	/25	Complete				
Total Coliform (3100)				3 temporary routine (TR) per month				
Sampling Point (Sampling Point ID)		Monitoring P	eriod	<b>Collection Period</b>	Compliance Status			
Select from Inventory of Active Sampling Points		8/1/25 - 8/31	1/25		Complete			
		9/1/25 - 9/30	0/25		Complete			
Physical Parameters (PPS)				1 ro	utine (RT) per quarter			
Sampling Point (Sampling Point ID)		Monitoring Po	eriod	<b>Collection Period</b>	Compliance Status			
Select from Inventory of Active Sampling Points		4/1/25 - 6/30	0/25		Complete			
		7/1/25 - 9/30	0/25		Complete			
Physical Parameters (PPS)				1 rc	outine (RT) per month			
Sampling Point (Sampling Point ID)		Monitoring P	eriod	<b>Collection Period</b>	Compliance Status			
Select from Inventory of Active Sampling Points	:	10/1/25 - 10/3	31/25		Complete			
		11/1/25 - 11/3			Complete			
	:	12/1/25 - 12/3						
		1/1/26 - 1/31	1/26					
		2/1/26 - 2/28						
		3/1/26 - 3/31	1/26					
		4/1/26 - 4/30/26						
		5/1/26 - 5/31	1/26					

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.

Local Address (where applicable)

	Connecticut Dep	artmen	t of	Public H	ealth l	Drinki	ng W	ater S	ection	
	Water Qua	ality Mo	nit	oring and	l Com	plianc	e Sch	edule		
PWS ID	PWS Name					<u> </u>			wner Type Pr	imary Source
СТ0460074	GREISER GENERAL STORE					NC		25	Р	GW
Local Address (v	where applicable)			Service	Residentia	al Commo	ercial I	ndustrial	Combined	Agricultural
299 CENTER RO	)AD			Connections		1				
Towns Served:	EASTON									
		Mo	nito	oring Requ	iremen	ts				
Water System	Facility: DISTRIBUTION	SYSTEM (W	/SF II	D: 00600)						
<b>Physical Para</b>	meters (PPS)							1	routine (RT)	per month
Sampling	Point (Sampling Point ID)			1	/onitoring	g Period	Collec	tion Perio	d Complic	ance Status
					6/1/26 - 6	/30/26				
Water System	Facility: ENTRY POINT (	WSF ID: 007	700)							
Nitrate And Nitrite (NOX) 1 routine (RT) per year										
Sampling	Point (Sampling Point ID)				<b>Monitorin</b>	g Period	Collec	tion Perio	d Complic	ance Status
ENTRY POI	INT (3)				L/1/24 - 12					mplete
						2/31/25			Cor	mplete
					L/1/26 - 12	2/31/26				
•	Facility: WELL (WSF ID:	20854)								
E. Coli (3014)	<b>-</b>								ggered (TG)	
	Point (Sampling Point ID)				Monitoring		Collec	tion Perio	-	ance Status
WELL (2)					7/21/25 - 3					nplete
					3/19/25 - 8 3/19/25 - 8					nplete nplete
					9/2/25 - 9					nplete
					9/2/25 - 9					nplete
E. Coli (3014)	1				3,2,23	5, 6, 25		1	routine (RT)	-
-	Point (Sampling Point ID)			1	Monitoring	g Period	Collec	tion Perio		ance Status
WELL (2)					1/1/25 - 1		_			nplete
				1	2/1/25 - 1	.2/31/25				
					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	Not	ification Re	equirer	nents				
			C	ompliance	Notice	<u>Publi</u>	c Notific	cation	PN Certi	<u>fication</u>
Violation/Situa	ition			Period	Tier	Requir		erformed	Due to DPH	Received
E. Coli				/20 - 7/31/20	3	4/30/20			5/10/2021	
	Water	System Fa	acili	ty and San	ipling F	Point In	vento	ry		
Water	System Water System Facility Sampling Point Sampling Po			_		Total	Lead an		_	
-			Sampling Poin Description					r er Asbestos	Stage	
Facility ID  00600 DIST	RIBUTION SYSTEM	4		DISTRIBUTION	CVCTENA	Status A	Rule Y	Rule III	בו אטטפטנטט	WYF Z DDFK
ו צוע טטטטט	MIDOLION SISIEM		FΔN/I	WITHIN 5 SERV		A	ı			
		GGS002		RR 1ST FLOOR						
		GGS002		RR 2ND FLOOR	NO 1	A	Y		Y	
		- 3000.				• •	<del>-</del>		÷	

	Water Quality Monit	oring an	d Con	npl	iance S	Schedul	e	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0460074			NC	25	Р	GW		
Local Address (	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural	
299 CENTER RO	Connections			1				

Connecticut Department of Public Health Drinking Water Section

Towns Served: EASTON

	Wa	ater System Facili	ity and Sampling P	oint Ir	nvento	ry			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID	)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
		GGS003	RR 2ND FLOOR NO 2	Α	Υ		Υ		
		GGS004	BASEMENT UTILITY SNK	Α	Υ		Υ		
		GGS005	HAND SINK	Α	Υ		Υ	Υ	
		GGS006	TRIPLE SINK	Α	Υ		Υ	Υ	
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20854	WELL	2	WELL	Α					
59343	TREATMENT PLANT								

			Co	ontact Inf	ormation					
Name				Organization	1		Job Title			
Mr. Richard Greise	r									
Mailing Address Line One Mailing Add				ess Line Two			City	State	Zip Code	
299 Center Road						Easton CT			06612	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address				
203-268-9551						richardfgreiser@gmail.com				
203-200-3331	1		10			richarung	reiser wgrin	an.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.

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

	Connecticut Dep	artment of	Public F	[palth	Dri	nkin	σ Μ	otor '	200	rtion	
	*					`	_			LIOII	
DIAIC ID		ality Monit	oring an	u Con						T 5	
PWS ID	PWS Name										rimary Source
CT0460084	EASTON VILLAGE STORE		c ·	5 1		NC		25		Р	GW
	s (where applicable)		Service Connections	Residen	itial Co	ommerc	cial Ir	ndustria	1 (	combined	Agricultura
438 SPORT HI			Connections							3	
Towns Served	d: EASTON										
			ring Requ	iireme	nts						
•	m Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)								
Total Colifo	•										per month
	g Point (Sampling Point ID)			Monitori			Collect	ion Peri	od		ance Status
Select fr	om Inventory of Active Sampli	ng Points		7/1/25 -	- 7/31/2	25				Со	mplete
				8/1/25 -						Со	mplete
			_	9/1/25 -	9/30/2	25				Со	mplete
				10/1/25 -	- 10/31	/25					
				11/1/25 -	- 11/30	/25					
				12/1/25 -	- 12/31	/25					
				1/1/26 -	- 1/31/2	26					
				2/1/26 -	- 2/28/2	26					
				3/1/26 -	- 3/31/2	26					
				4/1/26 -	4/30/2	26					
				5/1/26 -	- 5/31/2	26					
				6/1/26 -	- 6/30/2	26					
Physical Pa	rameters (PPS)							1	. rou	tine (RT)	per month
Samplin	g Point (Sampling Point ID)			Monitori	ing Per	iod (	Collect	ion Peri	od	Compli	ance Status
Select fr	om Inventory of Active Sampli	ng Points		7/1/25 -	- 7/31/2	25				Со	mplete
				8/1/25 -	- 8/31/2	25				Со	mplete
				9/1/25 -	9/30/2	25				Со	mplete
				10/1/25 -	- 10/31	/25					
				11/1/25 -	- 11/30	/25					
				12/1/25 -	- 12/31	/25					
				1/1/26 -		-					
				2/1/26 -							
				3/1/26 -							
				4/1/26 -							
				5/1/26 -							
				6/1/26 -							
Water Syste	m Facility: ENTRY POINT -	WELL 2 (WSF ID	• 00701)	0, 1, 20	0,00,1						
•	Nitrite (NOX)	11222 2 (1131 12	. 30,01,						1 -	outing /B	T) per year
	g Point (Sampling Point ID)			Monitori	ina Dar	ind 4	Collect	ion Peri		<del>-</del>	ance Status
EP - WEL				1/1/24 -			CONECL	ion Fell	Ju		mplete
LF → VVEL	LL 2 (J)			1/1/24 -							mplete
				1/1/25 -						CO	inhiere
	Matar	System Fasili	tu and Co				onto	K7 (			
	water	System Facili	ty and Sal	ııhııng	PUIN						
Water	ater System Facility	Sampling Point	Samplina Doi	nt			Total Jiform	Lead a			Chara
System W	ater system ruthity		Sumpling Poli	16		CO	liform				Stage

**DISTRIBUTION SYSTEM** 

Rule

Υ

**Status** 

Α

**Description** 

Schedule Generation Date: 12/12/2025

ID

4

Facility ID

00600 DISTRIBUTION SYSTEM

Rule Tier Asbestos WQP 2 DBPR

	Water Quality Monit	oring an	d Con	npl	liance S	Schedul	le	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0460084			NC	25	Р	GW		
Local Address (\	where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural
438 SPORT HILL	Connections					3		

Connecticut Department of Public Health Drinking Water Section

**Water System Facility and Sampling Point Inventory Total** Water Lead and System Water System Facility Sampling Point Sampling Point Coliform Copper Stage Facility ID ID Description Rule Tier Asbestos WQP 2 DBPR Rule Status DOWNSTREAM WITHIN 5 SERVICE CON EVS001 KIT HAND SNK 1 Υ Υ EVS002 KIT HAND SNK 2 Α ٧ Υ EVS003 KIT HAND SNK 3 Α Υ EVS004 KIT HAND SNK 4 EVS005 KIT SNK DOUBLE **EVS006** KIT SNK TRPL SNK EVS007 RR LADY ROOM **EVS008** RR MENS RR Δ **UPSTREAM** WITHIN 5 SERVICE CON Α 00701 **ENTRY POINT - WELL 2** 3 EP - WELL 2 Α

WELL 2

Α

58622 TREATMENT PLANT

WELL 2

58619

Towns Served: EASTON

			(	Contact Inf	ormation				
Name				Organization	1	Job Title			
Dr. Marsel Huribal							Owner		
Mailing Address Lin	e One		Mailing Add	dress Line Two			City	State	Zip Code
440 Sport Hill Road						Easton		СТ	06612
Business Phone	Extension	Fax	N	Mobile Phone	Emergency Phone	Email Ad	dress		
203-268-5618		203-445-	2810		203-257-9171	mhuriba	@aol.com		
Contact Role(s): A	dministrative	Contact, Ow	ner						
Name				Organization	1		Job Title		
Easton Village Cent	er LLC Qc/Cov	1							
Mailing Address Lin	e One		Mailing Add	dress Line Two			City	State	Zip Code
438 Sport Hill Rd						Easton		СТ	06612
Business Phone Extension Fax			N	Nobile Phone	Emergency Phone	e Email Address			
Contact Role(s): Le	gal Contact, C	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

- 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

	Connecticut Departme	ent of Public I	Health D	rinkin	ig Water S	Section	
	Water Quality M	Monitoring an	d Comp	liance	Schedule		
PWS ID	PWS Name	<u> </u>			Population O		rimary Source
CT0460104	OLDE BLUE BIRD INN			NC	25	Р	GW
Local Address (	(where applicable)	Service	Residential	Commer	cial Industrial	Combined	Agricultural
	CK TURNPIKE (ROUTE 58)	Connections		1			
Towns Served:	EASTON	,					
	N	Monitoring Req	uirement	S			
Water Systen	n Facility: <b>DISTRIBUTION SYSTEM</b>	(WSF ID: 00600)					
<b>Total Colifor</b>	m (3100)				1	routine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitoring	Period	<b>Collection Perio</b>	d Compli	ance Status
Select fro	m Inventory of Active Sampling Points		7/1/25 - 7/3	31/25		Co	mplete
			8/1/25 - 8/3	31/25		Co	mplete
			9/1/25 - 9/3			Со	mplete
			10/1/25 - 10	/31/25		Со	mplete
			11/1/25 - 11	/30/25		Со	mplete
			12/1/25 - 12	/31/25			
			1/1/26 - 1/3	31/26			
			2/1/26 - 2/2				
			3/1/26 - 3/3				
			4/1/26 - 4/3				
			5/1/26 - 5/3				
			6/1/26 - 6/3	30/26			
_	ameters (PPS)					routine (RT)	•
	Point (Sampling Point ID)		Monitoring		Collection Perio		ance Status
Select fro	m Inventory of Active Sampling Points		7/1/25 - 7/3	-			mplete
			8/1/25 - 8/3				mplete
			9/1/25 - 9/3	-			mplete
			10/1/25 - 10				mplete
			11/1/25 - 11			Со	mplete
			12/1/25 - 12				
			1/1/26 - 1/3				
			2/1/26 - 2/2				
			3/1/26 - 3/3				
			4/1/26 - 4/3				
			5/1/26 - 5/3				
Matar Custon	a Facility CNTDV POINT (MCC. ID.	00700\	6/1/26 - 6/3	3U/2b			
•	n Facility: ENTRY POINT (WSF ID:	00700)			1	outing (DT)	
Nitrate (104	-		Monitorin	Dariod		outine (RT)	-
ENTRY PO	Point (Sampling Point ID)		Monitoring		Collection Perio		ance Status
EINTRY PU	лі <b>ч</b> (5)		4/1/25 - 6/3				mplete
			7/1/25 - 9/3 10/1/25 - 12				mplete mplete
			1/1/26 - 3/3			CO	inhiera
			1/1/20 - 3/3				

4/1/26 - 6/30/26

**Monitoring Period** 

1/1/24 - 12/31/24

**ENTRY POINT (3)** 

Sampling Point (Sampling Point ID)

**Nitrite (1041)** 

1 routine (RT) per year

**Compliance Status** 

Complete

**Collection Period** 

	Connectic	ut Dena	rtment of	Public	Health	Dri	nkii	ησ Μ	later Se	ection	
		•	lity Monit					_		CCIOII	
PWS ID	PWS Name	ici Quai	iity Moint	or mg ar	ilu Coli					nor Typo B	rimary Sourc
CT0460104	OLDE BLUE BIRD	INN					NC	-	25	P	GW
	(where applicable)	IIVIV		Service	Residen		omme		Industrial	Combined	_
	CK TURNPIKE (ROUT	TE EO\		Connection		tiai C	1	i Ciai I	illuustilai	Combined	Agricultura
Towns Served:		16 30)		3011113011311							
Towns Serveu.	LASTON		Monit	oring Rec	uiromo	ntc					
Water Systen	n Facility: ENTRY	POINT (W		ornig Nec	luii eiile	1115					
Nitrite (104:	1)								1	routine (I	RT) per year
Sampling	Point (Sampling Po	oint ID)			Monitori	ing Pei	riod	Collec	tion Period	Compl	iance Status
					1/1/25 -	12/31	/25			Co	mplete
					1/1/26 -	12/31	/26				
Water Systen	n Facility: WELL	(WSF ID: 20	0857)								
E. Coli (3014									1 ro	utine (RT)	per quarter
· -	Point (Sampling Po	oint ID)			Monitori	ing Pe	riod	Collec	tion Period	• •	iance Status
WELL (2)					4/1/25 -	6/30/	'25			Co	mplete
					7/1/25 -	9/30/	′25			Co	mplete
					10/1/25 -	12/31	L/25			Co	mplete
					1/1/26 -	3/31/	26				
					4/1/26 -	6/30/	'26				
			Other Co	ompliand	e Sched	lules	;				
Compliance Sc	hedule Activity					Due D			Achieved	Date	
_	CTION SURVEY REP	ORT				3/1/20			Acmerea	Date	
CROSS CONNE			stem Facili	ity and Sa				vento	rv		
Water		•	,	•		<u>'</u>		Total	Lead and	1	
System Wa	ter System Facility	9	Sampling Point	Sampling P	oint		C	Coliform	Copper		Stage
Facility ID			ID	Description		St	atus	Rule	Rule Tie	Asbestos	WQP 2 DBP
00600 DIS	TRIBUTION SYSTEM		4	DISTRIBUTION	ON SYSTEM		Α	Υ			
			DOWNSTREAM	WITHIN 5 SI	ERVICE CON	٧	Α				
			OBB001	KIT SNK TRP	L SNK		Α	Υ		Υ	
			OBB002	KIT SNK UTI	LITY SNK		Α	Υ		Υ	
			OBB003	HAND SINK	FRONT		Α	Υ		Υ	
			OBB004	RR MENS R	₹		Α	Υ		Υ	
			OBB005	RR LADY RO	OM		Α	Υ		Υ	
			UPSTREAM	WITHIN 5 SI	ERVICE CO	N	Α				
00700 ENT	TRY POINT		3	ENTRY POIN	IT		Α				
JULIO LIVI							Α				
20857 WEI			2	WELL							
20857 WEI			2	WELL							
20857 WEI	LL			tact Info	rmation		Α				
20857 WEI	LL		Con		rmation	1	Α			Job Title	
20857 WEI 55071 TRE	LL ATMENT PLANT		<b>Con</b> Or	tact Info				Pro	operty Owr		
20857 WEI 55071 TRE	ATMENT PLANT		<b>Con</b> Or	tact Inforganization					operty Owr		Zip Code
20857 WEI 55071 TRE Name Mr. Martin Wi	ATMENT PLANT  ieser ss Line One		Con Or Blo	tact Inforganization			East	(		ier	Zip Code 06612
20857 WEI 55071 TRE  Name  Mr. Martin Wi  Mailing Addres	ATMENT PLANT  ieser ss Line One Turnpike	Fax	Con Or Blo	tact Info rganization uebird Prope s Line Two		LC	East	on (	City	State	
20857 WEI 55071 TRE Name Mr. Martin Wi Mailing Addres 357 Blackrock	ieser ss Line One Turnpike one Extension	Fax 203-459-1	Con Or Blo Mailing Address	tact Info rganization uebird Prope s Line Two	erties Inc, LI	LC ' Phon	East e Ema	on il Addre	City	State CT	

	Connecticut Department of Fublic Health Drinking Water Section										
	V	Vater Qua	lity Moni	toring a	nd Con	nplia	ance S	Schedul	le		
PWS ID	PWS Name					Classi	fication	Population	Owne	r Type	Primary Source
CT0460104	OLDE BLUE B	IRD INN				I	NC	25		Р	GW
ocal Address (w	here applicab	ole)		Service	Residen	tial C	ommerci	al Industri	ial Combin		ed Agricultural
357 BLACKROCK	TURNPIKE (R		Connection	ıs		1					
Γowns Served: Ε	ASTON				·						
Name			О	Organization					J	lob Title	9
Bluebird Propert	ies LLC										
Mailing Address	Line One		Mailing Addres	s Line Two	s Line Two			City			Zip Code
357 Black Rock R	oad						Easton			CT	06612
Business Phon	e Extensio	on Fax	Mob	ile Phone	Emergency	Phone	e Email A	Address			
Contact Role(s):	Legal Contac	ct, Owner	·		·						

Connecticut Department of Dublic Health Drinking Water Costion

#### Please note the following:

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

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

	Connecticut Departme				_			ection	
	Water Quality M	Ionitoring and	d Con	npl	iance S	Schedu	le		
PWS ID	PWS Name			Clas	ssification	Population	O	wner Type Pr	imary Source
CT0460154	EASTON RACQUET CLUB				NC	25		P	GW
Local Address	(where applicable)	Service	Residen	itial	Commerci	al Industr	ial	Combined	Agricultural
36 WIMBLEDO		Connections			2				
Towns Served:	EASTON								
	N	Ionitoring Requ	iireme	nts					
Water Syster	m Facility: DISTRIBUTION SYSTEM								
<b>Total Colifor</b>	m (3100)						1 r	outine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitori	ing P	eriod C	ollection Pe	erio	d Compli	ance Status
Select fro	m Inventory of Active Sampling Points		7/1/25 -	- 7/3:	1/25			Со	mplete
			8/1/25 -	- 8/3:	1/25			Со	mplete
			9/1/25 -	- 9/30	0/25			Со	mplete
			10/1/25 -	- 10/3	31/25			Со	mplete
			11/1/25 -	- 11/3	30/25			Co	mplete
			12/1/25 -	- 12/3	31/25				
			1/1/26 -	- 1/3:	1/26				
			2/1/26 -	- 2/2	8/26				
			3/1/26 -	- 3/3:	1/26				
			4/1/26 -	- 4/30	0/26				
			5/1/26 -	- 5/3:	1/26				
			6/1/26 -	- 6/30	0/26				
Physical Para	ameters (PPS)						1 r	outine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitori	ing P	eriod C	ollection Po	erio	d Compli	ance Status
Select fro	m Inventory of Active Sampling Points		7/1/25 -	- 7/3:	1/25			Со	mplete
			8/1/25 -	- 8/3	1/25			Со	mplete
			9/1/25 -	9/30	0/25			Со	mplete
		:	10/1/25 -	- 10/3	31/25			Со	mplete
			11/1/25 -	- 11/3	30/25			Со	mplete
		:	12/1/25 -	- 12/3	31/25				
			1/1/26 -	- 1/3	1/26				
			2/1/26 -	- 2/2	8/26				
			3/1/26 -	3/3	1/26				
			4/1/26 -	4/30	0/26				
			5/1/26 -	- 5/3	1/26				
			6/1/26 -	- 6/30	0/26				
Water Syster	n Facility: ENTRY POINT- CLUB HOU	JSE (WSF ID: 00700	)						
<b>Nitrate And</b>	Nitrite (NOX)							1 routine (R	T) per year
Sampling	Point (Sampling Point ID)		Monitori	ing P	eriod C	ollection Pe	erio	d Compli	ance Status
ENTRY PO	DINT- CLUB HOUSE (3)		1/1/24 -	12/3	31/24			Со	mplete
			1/1/25 -	12/3	31/25			Со	mplete
			1/1/26 -	12/3	31/26				
Water Syster	n Facility: ENTRY POINT- POOL HO	USE (WSF ID: 00701	L)						
Nitrate And	Nitrite (NOX)							1 routine (R	T) per year
Sampling	Point (Sampling Point ID)		Monitori	ing P	Period C	ollection Pe	erio	d Compli	ance Status
ENTRY PC	DINT- POOL HOUSE (3)		1/1/24 -					Со	mplete
1			1 /1 /25	12/2	4 /25				

1/1/25 - 12/31/25

	Connecticut Dep	partmen	it of	f Public H	ealth	Dri	inkin	g W	ater S	Section	
	Water Qu							_			
PWS ID	PWS Name			011110							rimary Source
CT046015							NC	-	25	P	GW
Local Add	ress (where applicable)			Service	Resident	tial (	Commer	cial I	ndustrial	Combined	Agricultural
36 WIMBI	LEDON LANE			Connections			2				
Towns Sei	rved: EASTON										
		M	onit	oring Requ	iremer	nts					
Water Sy	stem Facility: ENTRY POINT-	<b>POOL HOU</b>	SE (V	WSF ID: 00701	.)						
Nitrate A	And Nitrite (NOX)									1 routine (I	RT) per year
Sam	pling Point (Sampling Point ID)				Monitorir	ng Pe	riod	Collec	tion Perio	od Compl	iance Status
					1/1/26 - 1	12/31	./26				
		Oth	er C	ompliance	Sched	ules	5				
Complian	ce Schedule Activity				E	Due D	ate		Achieve	ed Date	
CROSS CO	NNECTION SURVEY REPORT				3	3/1/20	027				
		Public	Not	tification R	equire	mei	nts				
			C	Compliance	Notice		<u>Public l</u>	Notific	ation	PN Cer	<u>tification</u>
Violation,				Period	Tier		Required		rformed	Due to DPH	Received
	&R Violation			10/21/22 -	3		/28/202			10/8/2024	
E. Coli M8	&R Violation		1	.0/21/22 -	3	9,	/28/202	4		10/8/2024	
	Water	System F	acil	ity and Sar	npling	Poi	nt Inv	ento	ry		
Water								Total	Lead a		
System	Water System Facility		Point	Sampling Point	nt			oliform			Stage
Facility IE		ID		Description	L CVCTER A	S	tutus	Rule	Kule II	er Aspestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4 DOMNSTI	) F A B 4	DISTRIBUTION WITHIN 5 SER			A	Υ			
		ERCOC		RR LADY ROO		1	A A	Υ		Υ	
		ERCOC		RR LADY ROO			A	Ϋ́		Y	
		ERC00		RR MENS RM			A	Ϋ́		Y	
		ERCOC		RR MENS RM			Α	Y		Y	
		ERCOC		KIT SNK 2ND F			A	Υ		Y	
		ERCOC		BAR SINK			Α	Y		Y	
		UPSTRE		WITHIN 5 SER	VICE CON	I	A			•	
00700	ENTRY POINT- CLUB HOUSE	3		ENTRY POINT	CLUB HO	)	Α				
00701	ENTRY POINT- POOL HOUSE	3		ENTRY POINT	POOL HC	)	Α				
55903	WELL 1	2		WELL			Α				
57098	WELL 2	2		WELL 2			Α				
57153	TREATMENT PLANT #1										
57155	TREATMENT PLANT #2										
			Con	tact Inforr	nation						
Name				rganization						Job Title	
			_							22.30	

Easton Racquet Club

Mailing Address Line Two

Mobile Phone

Fax

203-254-9511

Extension

Contact Role(s): Administrative Contact, Legal Contact

Dr. Keith Rudolph

116 Crest Terrace

**Business Phone** 

203-254-9533

Mailing Address Line One

Zip Code

06825

President

State

CT

City

keithlrudolph@gmail.com

Fairfield

**Emergency Phone Email Address** 

203-371-8512

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

		_							
PWS ID	PWS Name				Clas	ssification	Population	Owner Type	<b>Primary Source</b>
CT0460154	EASTON RACQUET CL	UB				NC	25	Р	GW
Local Address (v	here applicable)		Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
36 WIMBLEDON	LANE		Connections			2			
Towns Served: E	ASTON								

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

End of schedule

Schedule Generation Date: 12/12/2025 Page 15

	Connecticut De Water Qu	partment of uality Monit					_			1	
PWS ID	PWS Name				_					Pri	mary Source
CT0460164	ST. DIMITRIE ROMANIAN	ORTHODOX CHUR	СН		NC		-	00	P		GW
Local Address	(where applicable)		Service	Residen	tial Con	nmer	cial Ir	ndustrial	Combin	ed	Agricultural
500 SPORT HI	ILL ROAD		Connections			1					
Towns Served	d: EASTON										
		Monite	oring Requ	iireme	nts						
Water Syste	m Facility: DISTRIBUTION										
<b>Total Colifo</b>	orm (3100)							1 r	outine (R	T) p	er quarter
Samplin	g Point (Sampling Point ID)			Monitori	ng Perio	od (	Collect	ion Perio	od Con	nplia	nce Status
Select fr	om Inventory of Active Samp	ing Points		4/1/25 -	6/30/25	5				Cor	nplete
				7/1/25 -	8/31/25	5				Cor	nplete
				10/1/25 -	12/31/2	25				Cor	nplete
				1/1/26 -	3/31/26	5					
				4/1/26 -	6/30/26	5					
<b>Total Colifo</b>	rm (3100)							3	repeat (	RP)	per period
Samplin	g Point (Sampling Point ID)			Monitori	ng Perio	od (	Collect	ion Perio	od Con	nplia	nce Status
Select fr	om Inventory of Active Samp	ing Points		8/27/25	- 9/1/25	5					
<b>Total Colifo</b>	orm (3100)						3 tem	nporary	routine (	TR)	per month
Samplin	g Point (Sampling Point ID)							Collection Period			nce Status
Select fr	om Inventory of Active Samp	ing Points		9/1/25 -	9/30/25	5				Cor	nplete
Physical Pa	rameters (PPS)							1 r	outine (R	T) p	er quarter
Samplin	g Point (Sampling Point ID)			Monitori	ng Perio	od (	Collect	ion Perio	od Con	nplia	nce Status
Select fr	om Inventory of Active Samp	ing Points		4/1/25 -	6/30/25	5				Cor	nplete
				7/1/25 -	9/30/25	5				Cor	nplete
				10/1/25 -	12/31/2	25				Cor	nplete
				1/1/26 -	3/31/26	5					
				4/1/26 -	6/30/26	5					
Water Syste	m Facility: ENTRY POINT	(WSF ID: 00700)									
Nitrate And	Nitrite (NOX)								1 routine	e (R	Γ) per year
Samplin	g Point (Sampling Point ID)			Monitori	ng Perio	od (	Collect	ion Perio	od Con	nplia	nce Status
ENTRY P	OINT (3)			1/1/24 -	12/31/24	4				Cor	nplete
				1/1/25 -	12/31/25	5				Cor	nplete
				1/1/26 -	12/31/26	6					
Water Syste	m Facility: WELL 1 (WSF	ID: 56178)									
E. Coli (301	14)							1 tr	iggered (	TG)	per period
Samplin	g Point (Sampling Point ID)			Monitori	ng Perio	od (	Collect	ion Perio	od Con	nplia	nce Status
WELL 1 (	(2)			8/26/25	- 9/1/25	5					
		Other C	ompliance	Sched	lules						
Compliance S	Schedule Activity			ı	Due Date	e		Achieve	ed Date		
CROSS CONN	ECTION SURVEY REPORT				3/1/2026	6					
	Water	System Facil	ity and Sar	npling	Point	Inve	ento	ry			
Water				. 3			Total	Lead a	nd		
	ater System Facility	Sampling Point	Sampling Poi	nt			liform				Stage
Facility ID		ID	Description		Stat	tus	Rule	Rule Ti	ier Asbest	os I	NQP 2 DBPR
00600 DI	STRIBUTION SYSTEM	4	DISTRIBUTION	J	Α						
		DOWNSTREAM	WITHIN 5 SER	VICE CON	N A						

Connecticut Department of Public Health	Di	in	king	g W	/ater	Se	ction	l
Water Quality Monitoring and Com	ıpl	iar	ice :	Sch	iedul	le		
D14/6 44	01				1			

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0460164	ST. DIMITRIE ROMANIAN ORTHODOX CHUR	СН			NC	200	Р	GW
Local Address (	where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultura
500 SPORT HIL	LROAD	Connections			1			

Towns Served: EASTON

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

	Contact Information												
Name Organization								Job Title					
Mr. Peter Fatsy				St. Dimitri Ch	urch		Admin						
Mailing Address Line	e One		Mailing Address Line Two				City	State	Zip Code				
500 Sport Hill Road						Easton		СТ	06612				
Business Phone Extension Fax		Fax		Mobile Phone	Emergency Phone	e Email Address							
203-268-8237	68-8237 203-814-		848		203-261-1149	pfatsy@yahoo.com							

Contact Role(s): Administrative Contact, Legal Contact

### Please note the following:

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

		Connecticut De	partment of	Public H	Health	Dr	inkii	ng W	ater	Se	ction		
		Water Ou	iality Monit	oring an	d Com	ıbli	ance	e Sch	edul	e			
PWS ID		PWS Name	<u>-</u>	<u> </u>							ner Type F	rimary	Source
CT046017	74	SILVERMAN'S FARM					NC		25		P	G۷	
Local Add	lress (\	where applicable)		Service	Resident	ial (	Comme	rcial Ir	ndustria	al	Combined	Agric	cultural
451 SPOR	T HILL	ROAD		Connections			1						
Towns Ser	rved: I	EASTON		-				'					
			Monito	oring Requ	uiremer	nts							
Water Sy	/stem	Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)									
<b>Total Co</b>	liforn	n (3100)							1	rou	tine (RT)	per qu	uarter
Sam	pling l	Point (Sampling Point ID)			Monitorin	ng Pe	riod	Collect	ion Per	riod	Comp	iance S	tatus
Selec	ct fron	n Inventory of Active Sampl	ing Points		4/1/25 -	/25		C	omplete	9			
					7/1/25 - 9	9/30,	/25				C	omplete	9
					10/1/25 -	12/3	1/25				C	omplete	9
					4/1/26 -	6/30,	/26						
_	Physical Parameters (PPS) 1 rou									rou	tine (RT)		
Samı	pling l	Point (Sampling Point ID)			Monitorin	ng Pe	riod	Collect	ion Per	riod	Comp	iance S	tatus
Selec	ct fron	n Inventory of Active Sampl	ing Points		4/1/25 - 6/30/25						C	omplete	9
					7/1/25 - 9	9/30,	/25				C	omplete	9
					10/1/25 -						C	omplete	9
					4/1/26 -	6/30,	/26						
Water Sy	/stem	Facility: ENTRY POINT	(WSF ID: 00700)										
Nitrate	•	-							1	rou	tine (RT)	per qu	uarter
		Point (Sampling Point ID)			Monitorin			Collect	ion Per	riod	Comp	iance S	tatus
ENTR	RY POI	NT (3)			4/1/25 -								
					7/1/25 -							omplete	
					10/1/25 -						C	omplete	9
					4/1/26 -	6/30,	/26						
Nitrite (	-	=									routine (		-
_		Point (Sampling Point ID)			Monitorin			Collect	ion Per	riod	Comp		
ENTR	ry poi	NT (3)			1/1/24 - 1							omplete	
					1/1/25 - 1						C	omplete	9
					1/1/26 - 1	L2/31	L/26			_			
			Other C	ompliance	Sched	ules	S						
Complian	ce Sch	edule Activity			D	ue D	ate		Achie	ved I	Date		
CROSS CO	NNEC	TION SURVEY REPORT			3	/1/2	030						
		Water	System Facili	ity and Sa	mpling	Poi	nt In	vento	ry				
Water								Total	Lead				
System		er System Facility	Sampling Point		int		(	Coliform				1445-	Stage
Facility ID			ID	Description		S	tatus	Rule	Rule	Tier	Asbestos	WQP	2 DBPR
00600	DIST	RIBUTION SYSTEM	4	DISTRIBUTION			A						
			DOWNSTREAM				A	.,			.,		
			SF001	GREENHOUSI	E SINK		A	Y			Y		
			SF002	KIT SNK			A	Y			Y		
			SF003	RR GENERIC F			A	Υ			Y		
00700	F	NA BOINT	UPSTREAM	WITHIN 5 SEF			A						
00700	ENT	RY POINT	3	ENTRY POINT			Α						

Α

WELL #2

2

Schedule Generation Date: 12/12/2025

60278 WELL #2

	the family content of the state							
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0460174	SILVERMAN'S FARM				NC	25	Р	GW
Local Address	(where applicable)	tial	Commercia	al Industri	al Combine	ed Agricultural		

Connections

Connecticut Department of Public Health Drinking Water Section

451 SPORT HILL ROAD
Towns Served: EASTON

Contact Information												
Name		Organization		Job Title								
Mr. Jacob Conover				Silverman's F	arm		Manager					
Mailing Address Line	e One		Mailing Addr	ess Line Two			City	State	Zip Code			
451 Sport Hill Road						Easton		СТ	06612			
Business Phone Extension Fax M		Мо	bile Phone	Emergency Phone	Email Ad	Email Address						
203-261-3306			60	9-575-2175		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

	Connecticut Department	of Public H	lealth	Drinl	king	Water S	ection	
	Water Quality Mon				_			
PWS ID	PWS Name	<u> </u>						Primary Source
СТ0460184	SILVERMAN'S FARM - ANIMAL FARM WEL	L		NC		25	Р	GW
	(where applicable)	Service	Residenti	al Com	mercial	Industrial	Combined	d Agricultural
451 SPORTHIL		Connections					1	
Towns Served:			•					
Mator Custom		toring Requ	ııremen	its				
Total Colifor	n Facility: DISTRIBUTION SYSTEM (WSF	· ID: 00600)				1 .	routine (RI	) per month
	Point (Sampling Point ID)		Monitorin	a Period	d Col	lection Perio	· · · · · · · · · · · · · · · · · · ·	liance Status
	m Inventory of Active Sampling Points		7/1/25 - 7	_				omplete
	, , , , , , , , , , , , , , , , , , , ,		8/1/25 - 8					omplete
			9/1/25 - 9					omplete
			10/1/25 - 1	10/31/2	5		С	omplete
			11/1/25 - 1	11/30/25	5		С	omplete
			12/1/25 - 1	12/31/25	5			
			1/1/26 - 1					
			2/1/26 - 2					
<u> </u>			3/1/26 - 3					
			4/1/26 - 4					
			5/1/26 - 5 6/1/26 - 6					
Total Colifor	rm (3100)		0/1/20-0	0/30/20		2	reneat (RE	) per period
	Point (Sampling Point ID)		Monitorin	a Period	d Col	lection Perio	•	liance Status
	m Inventory of Active Sampling Points		7/22/25 -					omplete
	· · · · · · · · · · · · · · · · · · ·		8/16/25 -	8/21/25	)		С	omplete
Physical Para	ameters (PPS)					1 :	routine (R1	) per month
Sampling	Point (Sampling Point ID)		Monitorin	g Period	d Col	lection Perio	d Comp	liance Status
Select fro	m Inventory of Active Sampling Points		7/1/25 - 7	7/31/25			С	omplete
			8/1/25 - 8					omplete
			9/1/25 - 9					omplete
			10/1/25 - 1					omplete
			11/1/25 - 1				C	omplete
			12/1/25 - 1 1/1/26 - 1		<b>5</b>			
			2/1/26 - 2	· ·				
			3/1/26 - 3					
			4/1/26 - 4					
			5/1/26 - 5	-				
			6/1/26 - 6					
Water Systen	n Facility: ENTRY POINT (WSF ID: 00700	0)						
Nitrate And	Nitrite (NOX)						1 routine (	RT) per year
	Point (Sampling Point ID)		Monitorin			lection Perio		liance Status
ENTRY PO	DINT (3)		1/1/24 - 1	2/31/24	ļ		С	omplete

1/1/25 - 12/31/25

1/1/26 - 12/31/26

Schedule Generation Date: 12/12/2025

Water System Facility: WELL (WSF ID: 62257)

Complete

	0 1: 1		CD 11: T	r 1,1	D	. 1 .	т	A 7 .	C			
	Connecticut De	•					_			ection		
	Water Q	uality Monit	coring an	d Con	npli	ance	e Sc	hedı	ıle			
PWS ID	PWS Name	-			Class	ificatio	n Po	pulatio	n Owi	ner Type	Prima	ry Source
CT046018	4 SILVERMAN'S FARM - AN	NIMAL FARM WELL				NC		25		Р	(	3W
Local Add	ress (where applicable)		Service	Residen	tial C	Comme	rcial	Indust	rial	Combine	ed Ag	ricultural
451 SPOR	THILL ROAD		Connections							1		
Towns Sei	rved: EASTON				·				·		·	
		Monit	oring Requ	iireme	nts							
Water Sy	stem Facility: WELL (WSF I	D: 62257)										
E. Coli (	3014)								1 trig	gered (T	G) pei	period
Sam	pling Point (Sampling Point ID)			Monitori	ing Pe	riod	Colle	ection F	Period	Com	oliance	Status
WEL	L (2)			7/21/25	- 7/27	/25				(	Comple	ete
				8/15/25	- 8/21	/25				(	Comple	ete
		Other C	ompliance	Sched	lules	5						
Complian	ce Schedule Activity				Due D	ate		Ach	ieved	Date		
SAMPLING	G SITE PLAN			S	9/25/2	.025						
	Wate	r System Facil	ity and Sar	npling	Poi	nt Inv	vent	ory				
Water							Tota	l Lea	d and			
System	Water System Facility	Sampling Point		nt		C	Colifor		pper			Stage
Facility II		ID	Description			tatus	Rule	Ru	le Tier	Asbesto	s WQ	P 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION			Α	Υ					
		DOWNSTREAM				Α						
		UPSTREAM	WITHIN 5 SER	VICE CON	V	Α						
00700	ENTRY POINT	3	ENTRY POINT			Α						
62257	WELL	2	WELL			Α						
		Cor	tact Inform	mation	)							
Name		0	rganization							Job Title	9	
Mr. Jacob	Conover	Si	lverman's Farm	1			N	∕lanage	r			
Mailing A	ddress Line One	Mailing Addres	s Line Two					City		State	Zip	Code
451 Sport	Hill Road					East	on			CT	06	5612

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

Extension

#### Please note the following:

**Business Phone** 

203-261-3306

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

Mobile Phone

609-575-2175

2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

Fax

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.

**Emergency Phone Email Address** 

jacob.silvermansfarm@gmail.com

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

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