	Connecticut Departme				`	_			ection	
	Water Quality M	onitoring an	a Con			_				
PWS ID	PWS Name			Clas		Po		Ow		imary Source
CT0480233	CRYSTAL LAKE PLAZA	<u> </u>			NC		25		Р	GW
	(where applicable)	Service	Residen	itial	Commerc	cial	Industria	al	Combined	Agricultura
99 STAFFORD I		Connections	4							
owns Served:								_		
	M	Ionitoring Requ	ireme	nts						
Water Systen	n Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)								
Total Colifor	m (3100)							1 rc	outine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitori	ing P	eriod (Colle	ection Per	riod	Compli	ance Status
Select fro	m Inventory of Active Sampling Points		7/1/25 -	7/3	1/25				Co	mplete
			8/1/25 -	8/3	1/25				Со	mplete
			9/1/25 -	9/30	0/25				Co	mplete
			10/1/25 -	10/	31/25				Co	mplete
			11/1/25 -	11/	30/25				Co	mplete
			12/1/25 -	12/	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					
Total Colifor	m (3100)							3 r	epeat (RP)	per period
Sampling	Point (Sampling Point ID)		Monitori	ing P	eriod (Colle	ection Per	riod	Compli	ance Status
Select fro	m Inventory of Active Sampling Points		6/27/25	- 7/2	2/25				Со	mplete
			7/24/25	- 7/2	9/25				Co	mplete
Physical Para	ameters (PPS)							1 rc	outine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitori	ing P	eriod (Colle	ection Per	riod	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/	31/25				Co	mplete
			11/1/25 -	11/	30/25				Co	mplete
			12/1/25 -	12/	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					
Nater Systen	n Facility: ENTRY POINT (WSF ID: 0	0700)								
Nitrate And	Nitrite (NOX)							1	routine (R	T) per year
Sampling	Point (Sampling Point ID)		Monitori	ing P	eriod (Colle	ection Per	riod	Compli	ance Status
ENTRY PC	DINT (3)		1/1/24 -	12/3	31/24				Со	mplete
			1/1/25 -	12/3	31/25				Co	mplete
			1/1/26 -	12/3	31/26					
Water Systen	n Facility: WELL #1 (WSF ID: 10218)								

	Connectici Wat	•		onitorin			nplia	nce S	Schedu	le		
PWS ID	PWS Name						Classifi	cation	Population	Owr	ner Type P	rimary Source
CT0480233	CRYSTAL LAKE PL	AZA					N	C	25		Р	GW
	s (where applicable)			Servic		Residen	tial Co	mmercia	al Indust	rial	Combined	Agricultura
99 STAFFORD				Conne	ections	4						
Towns Served	d: ELLINGTON											
Matax Custo	on Facility AA/FIL	44 /W/CE ID		onitoring	Req	uireme	nts					
•	em Facility: WELL i	t (M2LID	: 10218)									\
E. Coli (301	•	int ID)				Monitori	na Boria	.d C	ollection P		-) per period iance Status
(2)	ng Point (Sampling Po	יווונ וטן				<i>Monitori</i> 6/26/25			Direction P	eriou		mplete
(2)						7/23/25						mplete
			Dublic	Notificat	i o no l							inpiete
			Public	Notificat		-						
Violetian /C's	wation			Complia Perio		Notice			<u>otification</u>	_ _		<u>tification</u>
Violation/Sit	n M&R Violation			5/1/25 - 5/		Tier 3		quired 9/2026	Perform		o/19/2026	
	meters M&R Violatio	n		5/1/25 - 5/	-	3	-	9/2026			0/19/2026 0/19/2026	
riiysicai rara							-			1	0/19/2020	
Water		water sy	stem i	Facility an	ia Sa	mpiing	Point		-	d and		
Facility ID	STRIBUTION SYSTEM		<i>ID</i> 4	-	ption BUTIO	N SYSTEM		Coli _j tus R	form Co	oper e Tier	Asbestos	Stage WQP 2 DBPI
			UPSTRE	REAM WITHI AM WITHI		RVICE CON						
00700 EN	NTRY POINT		3	ENTRY	POIN	Γ	Δ	L				
10218 W	'ELL #1		2				Д	\				
				Contact	Infor	mation						
Name				Organiza	tion						Job Title	
Mr. Scott E. \	Webber			Crystal La	ke Pla	za						
Mailing Addr 99 Stafford R			Mailing A	ddress Line T	wo			Ellingto	City		State CT	Zip Code 06029-9732
Business Pl	hone Extension	Fax		Mobile Phor	ne E	Emergency	Phone	Email A	ddress			
860-316-8	192			860-316-859)1	860-872-	2209	Webbe	renterprise	e@gm	ail.com	
Contact Role	(s): Owner											
Name Webber Ente	ernrises Inc			Organiza	tion						Job Title	
Mailing Addr			Mailing A	.ddress Line T	wo				City		State	Zip Code
99-101 Staffo								Ellingto			CT	06029
Business Pl		Fax		Mobile Phor	ne E	Emergency	Phone	_				
Contact Role	(s): Legal Contact, O	wner										
CONTACT ROLE	(S): Legal Contact, O	wner										

	Connectic	ut Depa	irtment c	of Public	Health	ı pri	nking	g vvater	Section	n	
	Wa	ter Qua	lity Moni	itoring a	nd Con	nplia	ance S	Schedu	le		
PWS ID	PWS Name					Classi	fication	Population	Owner Typ	e Pr	imary Source
CT0480233	CRYSTAL LAKE PI	LAZA				ľ	١C	25	Р		GW
Local Address (w	here applicable)			Service	Resider	ntial Co	ommerci	al Industri	ial Combi	ned	Agricultural
99 STAFFORD RE). (RT. 30)			Connection	ns 4						
Towns Served: E	LLINGTON								,		
Name			(Organization					Job Ti	tle	
Mr. Justin Webb	er		(Crystal Lake Pl	aza						
Mailing Address	Line One		Mailing Addre	ess Line Two				City	State	ة	Zip Code
99 Stafford Rd							Ellingto	n	СТ	(06029-9732
Business Phon	e Extension	Fax	Mol	bile Phone	Emergency	y Phone	e Email A	Address			
860-454-7085	5		860	-316-8195			3jsdeli(@gmail.com	1		
Contact Role(s):	Administrative	Contact									

Connecticut Department of Dublic Health Drinking Water Costion

Contact Role(s): Administrative Contact

Please note the following:

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

End of schedule

	C D	· CD ll: II	1.1	D	. 1.	TAT	C		
	Connecticut Departm				•	_		ection	
	Water Quality I	Monitoring and	d Con	npl	iance :	Schedu	le		
PWS ID	PWS Name			Clas	sification	Population	Ow	ner Type	Primary Source
СТ0480064	CRYSTAL LAKE COMMUNITY METHO	DDIST CHURCH			NC	25		Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commerc	ial Industr	ial	Combine	ed Agricultura
265 SANDY BE	ACH ROAD	Connections			1				
Towns Served	: ELLINGTON								
		Monitoring Requ	ireme	ents					
Water Syster	m Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)							
Total Colifo							1 r	-	T) per month
	g Point (Sampling Point ID)		Monitor			Collection Pe	riod		oliance Status
Select fro	om Inventory of Active Sampling Points		7/1/25	- 7/3:	1/25			(Complete
			8/1/25						Complete
			9/1/25						Complete
			10/1/25						Complete
			11/1/25					(Complete
		:	12/1/25						
			1/1/26						
			2/1/26						
			3/1/26						
			4/1/26						
			5/1/26						
	()		6/1/26	- 6/30	0/26		_		_\
•	rameters (PPS)							-	T) per month
	g Point (Sampling Point ID)		Monitor			Collection Pe	eriod		oliance Status
DISTRIBU	ITION SYSTEM (4)		7/1/25		-				Complete
			8/1/25						Complete
			9/1/25						Complete
			10/1/25						Complete
			11/1/25						Complete
		<u> </u>	12/1/25						
			1/1/26						
			2/1/26						
			3/1/26 ·						
			5/1/26						
			6/1/26						
Water System	m Facility: ENTRY POINT (WSF ID:	00700)	0/1/20	- U/ SI	0/20				
•	Nitrite (NOX)						1	Lrouting	(RT) per year
	Point (Sampling Point ID)		Monitor	ina P	eriod (Collection Pe			(KT) per year pliance Status
ENTRY PO			1/1/24 -			.c.i.cotion r c			Complete
2.411111	(5)		1/1/25 -						Complete
			1/1/26 -					`	Complete
Water System	m Facility: WELL (WSF ID: 20880)		-, -, -0		-, -0				
E. Coli (301	,						1 r	outine (D	T) per month
L. COII (301	+)							outilie (N	", per monul

Monitoring Period

7/1/25 - 7/31/25

8/1/25 - 8/31/25

Collection Period

WELL (2)

Sampling Point (Sampling Point ID)

Compliance Status

Complete

Complete

PWS ID	PWS Name					Classificat	ion Pop	oulation O	vner Type	Primary Source
CT0480064	CRYSTAL LAKE COMM	UNITY METH	DDIST CH	URCH		NC		25	Р	GW
	(where applicable)			Service	Residen			Industrial	Combine	ed Agricultura
265 SANDY BE				Connectio	ns	1	L			
Towns Served	I: ELLINGTON						_			
			Monit	oring Re	quireme	nts				
•	m Facility: WELL (WS	F ID: 20880)								
E. Coli (301	•	21			Monitori	ing Davied	Calla	1 r ction Perio	=	T) per month
Sampling	g Point (Sampling Point II	וע				9/30/25	Collec	ction Perio		Complete
						10/31/25				Complete
						11/30/25				Complete
						12/31/25				•
					1/1/26 -	1/31/26				
						2/28/26				
						3/31/26				
						4/30/26				
						5/31/26				
		0	than C	omelion		6/30/26				
Camanlian as C	inhadula Antivitus	U	ther C	ompiian	ce Sched			Ashious	d Darks	
	SANITARY SURVEY					Due Date		Achieve	a Date	
	ACTION/CORRECTIVE ACT	ION PLAN				3/7/2026				
		ter Systen	n Facili	ity and 9			nvento	nrv		
Water	• • • • • • • • • • • • • • • • • • •	ici System	i i aciii	ity alia s	amping	i Oille II	Total		d	
	ater System Facility	Sampli	ng Point	Sampling I	Point		Coliforn			Stage
For all the LID			ID	Description	n	Status	Rule	Rule Tie	r Asbesto	s WQP 2 DBP
Facility ID										
	STRIBUTION SYSTEM		4		ION SYSTEM		Υ			
	STRIBUTION SYSTEM	DOWN	4 STREAM	WITHIN 5	SERVICE CON	N A	Y			
00600 DIS		DOWN	4 STREAM REAM	WITHIN 5 S	SERVICE CON SERVICE CON	N A	Υ			
00600 DIS	TRY POINT	DOWN UPS1	4 STREAM REAM 3	WITHIN 5 S WITHIN 5 S ENTRY POI	SERVICE CON SERVICE CON	N A N A	Y			
00600 DIS	TRY POINT	DOWN UPS1	4 STREAM REAM 3	WITHIN 5 S WITHIN 5 S ENTRY POI WELL	SERVICE CON SERVICE CON	A A A	Y			
00600 DIS 00700 EN 20880 WE	TRY POINT	DOWN UPS1	4 STREAM REAM 3 2	WITHIN 5 S WITHIN 5 S ENTRY POI WELL tact Info	SERVICE CON SERVICE CON	A A A	Y			
00600 DIS 00700 EN 20880 WE	ITRY POINT ELL	DOWN UPS1	4 STREAM REAM 3 2 Con	WITHIN 5 S WITHIN 5 S ENTRY POI WELL tact Info	SERVICE CON SERVICE CON INT Ormation	A A A	Y	agir Pd of T	Job Title	2
00600 DIS 00700 EN 20880 WE Name Ms. Yolanda J	TRY POINT ELL J. Armelin	DOWN	4 STREAM 3 2 Con	WITHIN 5 S WITHIN 5 S ENTRY POI WELL tact Info ganization ystal Lake C	SERVICE CON SERVICE CON	A A A		nair Bd of T	rustees	
00700 EN 20880 WE Name Ms. Yolanda J Mailing Addre	J. Armelin ess Line One	DOWN	4 STREAM 3 2 Con	WITHIN 5 S WITHIN 5 S ENTRY POI WELL tact Info	SERVICE CON SERVICE CON INT Ormation	A A A A Church		nair Bd of T City	rustees	Zip Code
00600 DIS 00700 EN 20880 WE Name Ms. Yolanda J	J. Armelin ess Line One ach Road	DOWN	4 STREAM REAM 3 2 Con Cr g Address	WITHIN 5 S WITHIN 5 S ENTRY POI WELL tact Info ganization ystal Lake C	SERVICE CON SERVICE CON INT Ormation	A A A A Church	ngton	City	rustees	
00700 EN 20880 WE Name Ms. Yolanda J Mailing Addre	J. Armelin ess Line One ach Road none Extension	DOWN UPST	4 STREAM REAM 3 2 Con Cr g Address	WITHIN 5 SENTRY POINTS WELL Tact Information Tystal Lake Cost Line Two	SERVICE CON SERVICE CON INT Drmation	A A A A Church	ngton nail Addr	City	rustees	Zip Code

Schedule Generation Date: 12/12/2025 Page 5

MMUNITY METHODIST	Service Connections	Residen		NC ommercia 1	25 I Industri	P Combin	ied A	GW Agricultural
			tial Co		l Industri	al Combir	ed A	Agricultural
	Connections			1				
	,			_				
			,		,			
	Organization					Job Tit	le	
rch								
Mailing Add	lress Line Two				City	State	Z	ip Code
				Ellingto	n	СТ		06029
Fax N	1obile Phone E	Emergency	Phone	Email A	ddress			
Chu	J	Mailing Address Line Two Ellington	Mailing Address Line Two City Ellington	Mailing Address Line Two City State Ellington CT	Mailing Address Line Two City State Z Ellington CT			

CD 1.11 - 11 - 1/1. D -1 -1 1 - - 147-4 -

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End of schedule

Schedule Generation Date: 12/12/2025 Page 6

			10/1/25 - 1/1/26 -	3/31/26	5				
Dhysical Darameters (DDC)			4/1/26 -	6/30/26			vo	o (DT)	204 01101451
Physical Parameters (PPS) Sampling Point (Sampling Point I)	D)		Monitorii	na Period	l Coll	1 ection Per			per quarter ance Status
DISTRIBUTION SYSTEM (4)	<i>-</i>		4/1/25 -				104		mplete
			7/1/25 -						mplete
			10/1/25 -	12/31/2	5				
			. / . /	2/21/26					
			1/1/26 -	3/31/20					
Water System Facility: ENTRY POI	INT (WSF ID: 00	700)	1/1/26 - 4/1/26 -					· /n	-1
Water System Facility: ENTRY POI Nitrate And Nitrite (NOX) Sampling Point (Sampling Point II ENTRY POINT (3)		7700)	4/1/26 - Monitorin 1/1/24 - 1 1/1/25 - 1	6/30/26 ng Period 12/31/24 12/31/25		ection Per		Compli Co	T) per year ance Status mplete
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point II ENTRY POINT (3)	(D)		4/1/26 - 4/1/26 - 4/1/24 - 4/1/25 - 4/1/26 - 4/1	6/30/26 ng Perioo 12/31/24 12/31/25 12/31/26				Compli Co	mplete
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point II ENTRY POINT (3) Water System Water System Facility Facility ID	ter System F Sampling I	acility and S Point Sampling I Description	Monitoria 1/1/24 - 3 1/1/25 - 3 1/1/26 - 3 Sampling Point	6/30/26 ng Period 12/31/24 12/31/25 12/31/26 Point	Invent Tota Colifor	t ory I Lead (rm Copp	and per	Complia Co Co	mplete
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point II ENTRY POINT (3) Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM	ter System F Sampling ID 4	Point Sampling Description	Monitorin 1/1/24 - 3 1/1/25 - 3 1/1/26 - 3 Sampling Point n	6/30/26 ng Period 12/31/24 12/31/25 12/31/26 Point State A	Invent	t ory I Lead (rm Copp	and per	Complia Co Co	mplete mplete Stage
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point II ENTRY POINT (3) Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT	ter System F Sampling I ID 4 3	Point Sampling In Description DISTRIBUT ENTRY POI	Monitorin 1/1/24 - 3 1/1/25 - 3 1/1/26 - 3 Sampling Point n	6/30/26 ng Period 12/31/24 12/31/25 12/31/26 Point State A A	Invent Tota Colifor	t ory I Lead (rm Copp	and per	Complia Co Co	mplete mplete Stage
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point II ENTRY POINT (3) Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM	ter System F Sampling ID 4 3 2	Point Sampling Description DISTRIBUT ENTRY POI	Monitoria 1/1/24 - 3 1/1/25 - 3 1/1/26 - 3 Sampling Point n HON SYSTEM	6/30/26 ng Period 12/31/24 12/31/25 12/31/26 Point State A	Invent Tota Colifor	t ory I Lead (rm Copp	and per	Complia Co Co	mplete mplete Stage
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point II ENTRY POINT (3) Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT 20883 WELL	ter System F Sampling ID 4 3 2	Point Sampling Description DISTRIBUT ENTRY POINT WELL Contact Info	Monitoria 1/1/24 - 3 1/1/25 - 3 1/1/26 - 3 Sampling Point n HON SYSTEM	6/30/26 ng Period 12/31/24 12/31/25 12/31/26 Point State A A	Invent Tota Colifor	t ory I Lead (rm Copp	and per Tier As	Complii Co Co	mplete mplete Stage
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point II ENTRY POINT (3) Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT	ter System F Sampling ID 4 3 2	Point Sampling Description DISTRIBUT ENTRY POI	### A/1/26 - 1 Monitorin	6/30/26 ng Period 12/31/24 12/31/25 12/31/26 Point State A A	Invent Tota Colifor	t ory I Lead (rm Copp	and per Tier As	Complia Co Co	mplete mplete Stage
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point II ENTRY POINT (3) Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT 20883 WELL Name Ms. Sibylle M. Rogalla Mailing Address Line One	ter System F Sampling I ID 4 3 2	Point Sampling Description DISTRIBUT ENTRY POI WELL Contact Info	### A/1/26 - 1 Monitorin	6/30/26 ng Period 12/31/24 12/31/25 12/31/26 Point Statu A A A	Invent Tota Colifor Y	t ory I Lead (rm Copp	and per Tier As	Complia Co Co Co Co Co bestos	stage WQP 2 DBPR
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point II ENTRY POINT (3) Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT 20883 WELL Name Ms. Sibylle M. Rogalla Mailing Address Line One 83 Crystal Lake Rd	ter System F Sampling I ID 4 3 2	Point Sampling Description DISTRIBUT ENTRY POI WELL Contact Info Organization Ellington Dep	### A/1/26 - 1/1/24 - 1/1/25 - 1/1/26 -	6/30/26 ng Period 12/31/24 12/31/26 Point State A A A	Inventor Total Colifornia Rule Y	tory I Lead orm Coppe Rule	and per Tier As	Complia Co Co Co Co Co bestos	stage WQP 2 DBPR
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point II ENTRY POINT (3) Water System Water System Facility Facility ID 00600 DISTRIBUTION SYSTEM 00700 ENTRY POINT 20883 WELL Name Ms. Sibylle M. Rogalla Mailing Address Line One	ter System F Sampling ID 4 3 2 Mailing Ad	Point Sampling Description DISTRIBUT ENTRY POI WELL Contact Info Organization Ellington Dep	### A/1/26 - 1 Monitorin	6/30/26 ng Period 12/31/25 12/31/26 Point State A A A Phone	Invent Tota Colifor Y	tory I Lead orm Coppe Rule	and per Tier As	Complii Co Co Co bestos b Title	stage WQP 2 DBPR

	domicette	at Depa	i cilicile	or r abiic	Hearth			, water	DCC.	CIOII	
	Wa	ter Qua	lity Mon	nitoring a	nd Con	nplia	ance S	Schedul	le		
PWS ID	PWS Name					Classi	fication	Population	Owner	Туре	Primary Source
T0480104	ELLINGTON FUE	L DEPOT, INC				1	NC	140	Р)	GW
ocal Address (w	here applicable)			Service	Residen	itial Co	ommerci	al Industri	al Co	mbine	d Agricultural
CRYSTAL LAKE I	ROAD			Connection	IS					2	
owns Served: El	LINGTON				·			·	·		·
Name				Organization					Jo	ob Title	!
VIs. Julianna Rog	galla			Ellington Fuel (Depot, Inc.			Owner/M	lanager		
Mailing Address	Line One		Mailing Addr	ress Line Two				City		State	Zip Code
Crystal Lake Dr							Ellingto	n		CT	06029
Business Phone	e Extension	Fax	M	obile Phone	Emergency	/ Phone	e Email A	ddress			
860-871-6039							info@e	llingtondep	ot.com		
	T	_									

Connecticut Department of Public Health Drinking Water Section

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

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End of schedule

	Connecticut Departmen	t of Public H	lealth	Dı	rinking	g W	ater	Se	ection	
	Water Quality Mo	nitoring an	d Con	npl	iance :	Sch	edul	e		
PWS ID	PWS Name	<u> </u>		_	sification	1			ner Type Pr	imary Source
CT0480114	ELLINGTON RIDGE COUNTRY CLUB				NC		25		P	GW
Local Address	(where applicable)	Service	Residen	tial	Commerc	ial I	ndustria	al	Combined	Agricultural
56 ABBOTT RO		Connections			1					
Towns Served:	ELLINGTON		I					1		
	Mo	nitoring Requ	iireme	nts						
Water Systen	n Facility: DISTRIBUTION SYSTEM (W									
Total Colifor	m (3100)							1 ro	outine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitori	ng P	eriod (Collec	tion Per	riod	Compli	ance Status
Select fro	m Inventory of Active Sampling Points		7/1/25 -	7/3:	1/25				Co	mplete
			8/1/25 -	8/3	1/25				Co	mplete
			9/1/25 -	9/30	0/25				Co	mplete
			10/1/25 -	10/	31/25				Co	mplete
			11/1/25 -	11/	30/25					
			4/1/26 -	4/30	0/26					
			5/1/26 -	5/3:	1/26					
			6/1/26 -	6/30	0/26					
Total Colifor	m (3100)							3 r	repeat (RP)	per period
Sampling	Point (Sampling Point ID)		Monitori	ng P	eriod (Collec	tion Pei	riod	Compli	ance Status
Select fro	m Inventory of Active Sampling Points		6/13/25	- 6/2	0/25				Co	mplete
			8/19/25	- 8/2	5/25				Co	mplete
-	ameters (PPS)							1 ro	= =	per month
	Point (Sampling Point ID)		Monitori	ng P	eriod (Collec	tion Per	riod	Compli	ance Status
Select fro	m Inventory of Active Sampling Points		7/1/25 -							mplete
			8/1/25 -	8/3	1/25				Co	mplete
			9/1/25 -							mplete
			10/1/25 -						Co	mplete
			11/1/25 -			11/	1-11/15	5		
			4/1/26 -							
			5/1/26 -							
			6/1/26 -	6/30	0/26					
Water Systen	n Facility: ENTRY POINT (WSF ID: 00	700)								
Nitrate (104	-									oer quarter
	Point (Sampling Point ID)		Monitori			Collec	tion Pei	riod		ance Status
ENTRY PC	DINT (3)		4/1/25 -		-					mplete
			7/1/25 -							mplete
			10/1/25 -			10/	1-11/30)	Co	mplete
			4/1/26 -	6/3	0/26					
Nitrite (104	•						=			T) per year
	Point (Sampling Point ID)		Monitori			Collec	tion Per	iod		ance Status
ENTRY PC	JINT (3)		1/1/24 -		-					mplete
			1/1/25 -						Co	mplete
	- 10, same frage		1/1/26 -	12/3	1/26					
•	n Facility: WELL (WSF ID: 20884)									
E. Coli (3014	1) Reint (Compline Reint ID)			_			11	trig	gered (TG)	per period

Monitoring Period

Collection Period

Sampling Point (Sampling Point ID)

Compliance Status

Connecticut Dep	artment of	Public H	lealth	Drir	king	g W	ater S	ection	
_	ality Monit					_			
PWS ID PWS Name		011118 0111		_				wner Type P	rimary Source
CT0480114 ELLINGTON RIDGE COUNTR	RY CLUB			N			25	Р	GW
Local Address (where applicable)		Service	Resident	ial Co	mmerc	ial Ir	ndustrial	Combined	Agricultural
56 ABBOTT ROAD		Connections			1				_
Towns Served: ELLINGTON			I						
	Monito	oring Requ	iiremei	nts					
Water System Facility: WELL (WSF ID:	20884)								
E. Coli (3014)							1 tri	ggered (TG)	per period
Sampling Point (Sampling Point ID)			Monitorii	ng Peri	od C	Collect	ion Perio	d Compli	ance Status
WELL (2)			6/12/25 -	6/20/2	25			Со	mplete
			8/18/25 -	8/25/2	25			Со	mplete
Water 9	System Facili	ity and Sar	npling	Poin	t Inve	ento	ry		
Water						otal	Lead an	d	
System Water System Facility	Sampling Point		nt			iform			Stage
Facility ID	ID	Description		Sta	tus F	Rule	Rule Tie	er Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	A	١.	Υ			
	DOWNSTREAM	WITHIN 5 SER	VICE CON	<i> </i>	١.				
	UPSTREAM	WITHIN 5 SER	VICE CON	<i> </i>	١				
00700 ENTRY POINT	3	ENTRY POINT		A	١				
20884 WELL	2	WELL		P	١				
	Con	tact Inforr	nation						
Name	Or	ganization						Job Title	
Mr. Thomas J. Trenholm	EII	ington Ridge C	ountry Cl	ub		Sup	erintend	ent	
Mailing Address Line One	Mailing Address	Line Two				C	ty	State	Zip Code

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

Extension

Please note the following:

56 Abbott Road

Business Phone

860-872-4052

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

Mobile Phone

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.

Ellington

Emergency Phone Email Address

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

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

End of schedule

06074

CT

joey.trenholm@ellingtonridge.org

	Connecticut Dej Water Qu	partment of uality Monit					_			ction	
PWS ID	PWS Name				Clas	sification	Popu	lation	Own	er Type Pr	imary Source
CT0480144	ROLLING MEADOWS COU	NTRY CLUB				NC	2	25		Р	GW
Local Address	(where applicable)		Service	Resident	tial	Commerc	cial In	dustri	al	Combined	Agricultural
76 SADDS MIL	L ROAD		Connections			1					
Towns Served:	ELLINGTON										
		Monito	oring Requ	ireme	nts						
Water Syster	n Facility: DISTRIBUTION										
Total Colifor	m (3100) Point (Sampling Point ID)			Monitorii	na D	eriod	Collect				per quarter ance Status
	m Inventory of Active Sampl	ing Points		4/1/25 -			Conecti	ion Per	iou		nplete
Select II O	in inventory of Active Sampi	ing Foints		7/1/25 -							nplete
				1/1/25 - 10/1/25 -		-				COI	Tiplete
			-	1/1/26 -							
				4/1/26 -							
Physical Para	ameters (PPS)							1	rou	tine (RT) բ	er quarter
Sampling	Point (Sampling Point ID)			Monitorii	ng P	eriod	Collect	ion Pei	riod	Compli	ance Status
Select fro	m Inventory of Active Sampl	ing Points		4/1/25 -	6/30	0/25				Cor	mplete
				7/1/25 -	9/30	0/25				Cor	mplete
				10/1/25 -	12/3	31/25					
				1/1/26 -	3/32	1/26					
				4/1/26 -	6/30	0/26					
Water Syster	n Facility: ENTRY POINT	(WSF ID: 00700)									
Nitrate (104	10)							1	rou	tine (RT) բ	er quarter
	Point (Sampling Point ID)			Monitorii	ng P	eriod	Collect	ion Pei	riod	Compli	ance Status
ENTRY PC	DINT (3)			4/1/25 -							mplete
				7/1/25 -						Cor	mplete
				10/1/25 -							
				1/1/26 -							
				4/1/26 -	6/30	0/26					
Nitrite (104	•									-	T) per year
	Point (Sampling Point ID)			Monitorii			Collect	ion Pei	riod		ance Status
ENTRY PO	DINT (3)			1/1/24 - 1							nplete
				1/1/25 - 1						Cor	nplete
				1/1/26 - 1							
		Other Co	ompliance	Sched	ule	!S					
Compliance Sc	hedule Activity			E	Due I	Date		Achie	ved L	Date	
RESPOND TO S	SANITARY SURVEY			5	5/1/2	2019					
	Water	System Facili	ity and Sar	npling	Ро	int Inv	ento	ry			
Water	Ann Cristania Frantita	Constitute D. C. C.	Commercial Design	-4			Total	Lead			
-	ter System Facility	Sampling Point ID	Sampling Poli Description	π			oliform Rule	Copp		Achestos	Stage WQP 2 DBPR
Facility ID 00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION	I CVCTEN4	-	<u>Status</u> A	Y	Rule	Her	ASNESIUS	WUR ZUDPK
OUDOU DIS	INIDUTION STATEM	DOWNSTREAM			ı		T				
		UPSTREAM	WITHIN 5 SER			A A					
00700 EN	TRY POINT	3	ENTRY POINT	VICE CON	1	A					
20887 WE	LL	2	WELL			A					

Schedule Generation Date: 12/12/2025 Page 11

				05 11:			7 .				
(Connectic	ut Depa	rtment (of Public	Health	ı Drii	ıking	g Water	Sect	tion	
	Wa	ter Qua	lity Mon	itoring a	nd Con	nplia	nce S	Schedul	le		
PWS ID P	WS Name					Classif	ication	Population	Owner	Type F	Primary Source
CT0480144 F	OLLING MEAD	OWS COUNT	RY CLUB			N	С	25	Р		GW
Local Address (wh	ere applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Co	mbined	d Agricultural
76 SADDS MILL RO	DAD			Connectio	ns		1				
Towns Served: ELI	INGTON										
			Co	ntact Info	rmation	1					
Name				Organization					Jo	b Title	
Rolling Meadows	LLC										
Mailing Address L	ne One		Mailing Addr	ess Line Two				City	,	State	Zip Code
Rolling Meadows	Country Club		76 Sadds Mill	Road			Ellingto	n		СТ	06029
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email A	ddress			
860-870-5328											
Contact Role(s):	Legal Contact, (Owner									
Name				Organization					Jo	b Title	
Mr. Gregory J Gal	e			Rolling Meado	ows Country	/ Club		Owner			
Mailing Address L	ne One		Mailing Addre	ess Line Two				City	!	State	Zip Code
P.O.Box 485 Elling	ton CT 06029						Ellingto	n		CT	06029
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email A	Address			
860-870-5328					860-841	-5300	gregga	le1960@gm	ail.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.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Co		•	rtment of				_			ection	
		ter Quai	ity Monit	coring a	na Con						
	'S Name							-	Ow	ner Type	Primary Sou
	RANCH, INC. (WELL #1 - KIT	CHEN)			N	С	25		Р	GW
Local Address (wher	e applicable)			Service	Residen	tial Co	mmercial	Indust	rial	Combine	d Agricultu
130 SANDY BEACH R	ROAD			Connection	ns		1				
Towns Served: ELLIN	IGTON										
			Monit	oring Red	quireme	nts					
Water System Fac	ility: DISTR	IBUTION SY	STEM (WSF I	D: 00600)							
Total Coliform (3	100)								1 rc	utine (R	T) per mon
Sampling Point	t (Sampling Po	oint ID)			Monitori	ng Peri	od Col	llection P	eriod	Comp	liance Statu
Select from Inv	entory of Acti	ve Sampling	Points		7/1/25 -	7/31/2	5			C	omplete
					8/1/25 -	8/31/2	5			C	omplete
					6/1/26 -	6/30/2	6				
Physical Paramet	ers (PPS)								1 ro	utine (R	「) per mon
Sampling Point	t (Sampling Po	oint ID)			Monitori	ng Peri	od Col	llection P	eriod	Comp	liance Statu
DISTRIBUTION	SYSTEM (4)				7/1/25 -	7/31/2	5			C	omplete
					8/1/25 -	8/31/2	5			C	omplete
					6/1/26 -	6/30/2	6				
Water System Fac	ility: ENTRY	POINT (W	SF ID: 00700)								
Nitrate And Nitrit	te (NOX)								1	routine	RT) per ye
Sampling Point	t (Sampling Po	oint ID)			Monitori	ng Peri	od Col	llection P	eriod	Comp	liance Statu
ENTRY POINT (3	3)				1/1/24 -	12/31/2	24			C	omplete
					1/1/25 -	12/31/2	25			C	omplete
					1/1/26 -	12/31/2	26				
		Water Sy	stem Facil	ity and S	ampling	Poin	t Inven	tory			
Water							Tot		d and		
	stem Facility	S	ampling Point					orm Co _l	•		Sta
Facility ID			ID	Description			tus Ru		e Tier	Asbesto	WQP 2 DI
00600 DISTRIBU	TION SYSTEM		4	DISTRIBUTI	ON SYSTEM	A	Y /				
		[DOWNSTREAM	WITHIN 5 S	ERVICE CON	1 /	A				
			UPSTREAM	WITHIN 5 S	ERVICE CON	1 /	4				
00700 ENTRY PO	DINT		3	ENTRY POI	NT	A	4				
20888 WELL			2	WELL		A	4				
			Con	tact Info	rmation						
Name				rganization						Job Title	
Ms. Laura Chandra				Riding Camp	LLC			Owner			
Mailing Address Line	e One		Mailing Address					City		State	Zip Code
130 Sandy Beach Rd							Ellington			СТ	06029
Business Phone	Extension	Fax	Mobi	ile Phone	Emergency	Phone					
860-872-4742								jridingcar	np.co	m	
Contact Role(s): Ov	vner		1						-		

	Connectic	ut Depa	nument	or Public	леани	וועו	nkmg	vvater	Section	ı	
	Wa	ter Qua	lity Mon	itoring a	and Cor	nplia	ince S	Schedul	le		
PWS ID	PWS Name					Classif	fication	Population	Owner Type	Primary	Source
CT0480154	SJ RANCH, INC. (WELL #1 - KI	TCHEN)			N	NC .	25	Р	GV	N
Local Address (w	here applicable)			Service	Reside	ntial Co	ommercia	al Industri	ial Combin	ed Agric	cultural
130 SANDY BEAC	CH ROAD		Connectio	ons		1					
Towns Served: E	LLINGTON							,	,		
Name				Organization					Job Tit	e	
Ms. Kelsey Tuttl	е			Sj Riding Cam	np LLC			Associate	Director		
Mailing Address	Line One		Mailing Addr	ess Line Two				City	State	Zip C	ode
130 Sandy Beach	n Rd						Ellingto	n	СТ	060	129
Business Phon	e Extension	Fax	Mo	obile Phone	Emergenc	y Phone	Email A	ddress			
860-872-4742	2						kelsey@	sjridingcar	np.com		
Contact Polo(s):	Administrativo	Contact Los	al Contact		•						

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

End of schedule

	Connectic	•					_		ection	
		er Qualit	ty Monit	oring a	ina Con					
PWS ID	PWS Name									Primary Source
CT0480164	SJ RANCH, INC. (\	WELL #2 - OVE	RLOOK)			NC		25	Р	GW
	(where applicable)			Service	Residen	tial Con	nmercial I	ndustrial	Combine	d Agricultura
130 SANDY BE				Connectio	ns		1			
Towns Served:	ELLINGTON									
Mator Syston	n Facility: DISTRI	DUTION CVC			quireme	nts				
-	n Facility: DISTRI	BUTION 313	IEIVI (VVSFII	D: 00600)				1		r\
Total Colifor	• •	int ID)			Monitori	na Borio	d Callac		·-	Γ) per month
	Point (Sampling Po		into		Monitori			tion Period		liance Status
Select Iro	m Inventory of Activ	ve sampling Po	oirits		7/1/25 -					Complete
					8/1/25 -					Complete
	. (222)				6/1/26 -	6/30/26			/	
-	ameters (PPS)								=	Γ) per month
	Point (Sampling Po	oint ID)			Monitori			tion Period		liance Status
DISTRIBU	TION SYSTEM (4)				7/1/25 -					Complete
					8/1/25 -				C	Complete
					6/1/26 -	6/30/26				
Water Systen	n Facility: ENTRY	POINT (WS	F ID: 00700)							
	Nitrite (NOX)									(RT) per year
Sampling	Point (Sampling Po	oint ID)			Monitori	ng Perio	d Collec	tion Period	Comp	liance Status
ENTRY PC	DINT (3)				1/1/24 -	12/31/24	1		C	Complete
					1/1/25 -	12/31/25	5		C	Complete
					1/1/26 -	12/31/26	5			
	,	Water Sys	tem Facili	ity and S	ampling	Point	Invento	ry		
Water		-					Total	Lead and		
System Wa	ter System Facility	Sa	mpling Point	Sampling I	Point		Coliform			Stage
Facility ID			ID	Description	n	Stati	us Rule	Rule Tier	Asbesto	s WQP 2 DBPI
00600 DIS	TRIBUTION SYSTEM		4	DISTRIBUT	ION SYSTEM	Α	Υ			
		DO	OWNSTREAM	WITHIN 5	SERVICE CON	I A				
			UPSTREAM	WITHIN 5	SERVICE CON	N A				
00700 ENT	TRY POINT		3	ENTRY POI	NT	Α				
20889 WE	LL		2	WELL		Α				
			Con	tact Info	ormation	١				
Name			Oı	rganization					Job Title	
Ms. Laura Cha	ndra		Sj	Riding Cam	p LLC		Ov	vner		
Mailing Addres	ss Line One	M	ailing Address	s Line Two				City	State	Zip Code
130 Sandy Bea	ich Rd					E	Ellington		СТ	06029
Business Pho	one Extension	Fax	Mobi	le Phone	Emergency	Phone I	Email Addre	ess		
860-872-47	42						aura@sjrid	ingcamp.co	m	
Contact Role(s): Owner									

'	Gommeetic	ut Depa	i tiliciit oi	I ublic.	iicaitii	וווע	uxing	vvatti		CIOII	
	Wa	ter Qua	lity Monite	oring ar	nd Con	nplia	nce S	chedul	le		
PWS ID	PWS Name					Classif	ication	Population	Owner	r Type	Primary Source
CT0480164	SJ RANCH, INC. (WELL #2 - O	/ERLOOK)			N	IC	25	P)	GW
ocal Address (w	here applicable)	Service	Residen	ntial Commer		al Industri	ial Combin		ed Agricultural		
130 SANDY BEAC	H ROAD			Connections	S		1				
Γowns Served: El	LINGTON				·	·		·			·
Name			Org	ganization					Jo	ob Title	9
VIs. Kelsey Tuttle	:		Sj F	Riding Camp	LLC			Associate	Directo	or	
Mailing Address I	ine One		Mailing Address	Line Two				City		State	Zip Code
130 Sandy Beach	Rd						Ellingto	n		CT	06029
Business Phone	Extension	Fax	Mobil	e Phone	Emergency	Phone	Email A	ddress			
860-872-4742							kelsey@	sjridingcan	np.com	1	
S D ()	A -l!!	C44 1	-1.6								

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

End of schedule

	Connecticut Departmen	nt of Public H	ealth I	Orinking	y Water S	ection
	Water Quality Mo	onitoring and	d Comp	oliance S	Schedule	
PWS ID	PWS Name	<u> </u>				wner Type Primary Source
CT0480174	SJ RANCH, INC. (WELL #3 - RANCH HOL	JSE)		NC	25	P GW
Local Address	(where applicable)	Service	Residentia	al Commerci	al Industrial	Combined Agricultural
130 SANDY BE		Connections		1		
Towns Served:	ELLINGTON					
	M	onitoring Requ	iremen	ts		
Water Systen	n Facility: DISTRIBUTION SYSTEM (\					
Total Colifor	m (3100)					1 routine (RT) per year
Sampling	Point (Sampling Point ID)	ı	Monitoring	Period C	ollection Perio	d Compliance Status
Select fro	m Inventory of Active Sampling Points	:	1/1/24 - 12	2/31/24		Complete
			1/1/25 - 12	2/31/25		Complete
		:	1/1/26 - 12	2/31/26		
Physical Para	ameters (PPS)					1 routine (RT) per year
Sampling	Point (Sampling Point ID)		Monitoring	Period C	ollection Perio	d Compliance Status
DISTRIBU	TION SYSTEM (4)		1/1/24 - 12	2/31/24		Complete
			1/1/25 - 12	· · ·		Complete
			1/1/26 - 12	/31/26		
Water Syster	n Facility: ENTRY POINT (WSF ID: 00	0700)				
Nitrate And	Nitrite (NOX)					1 routine (RT) per year
Sampling	Point (Sampling Point ID)		Monitoring	Period C	ollection Perio	d Compliance Status
ENTRY PC	DINT (3)		1/1/24 - 12	2/31/24		Complete
			1/1/25 - 12	2/31/25		Complete
			1/1/26 - 12	/31/26		
Water Syster	n Facility: WELL (WSF ID: 20890)					
E. Coli (3014	1)					1 routine (RT) per year
Sampling	Point (Sampling Point ID)		Monitoring	Period C	ollection Perio	d Compliance Status
WELL (2)			1/1/24 - 12			
			1/1/25 - 12	2/31/25		Complete
			1/1/26 - 12	/31/26		
	Oth	er Compliance	Schedu	les		
Compliance So	hedule Activity		Du	e Date	Achieve	d Date
CROSS CONNE	CTION SURVEY REPORT		3/:	1/2018		
CROSS CONNE	CTION SURVEY REPORT		3/:	1/2019		
CROSS CONNE	CTION SURVEY REPORT		3/:	1/2020		
CROSS CONNE	CTION SURVEY REPORT		3/:	1/2021		
CROSS CONNE	CTION SURVEY REPORT		3/:	1/2022		
	CTION SURVEY REPORT			1/2023		
CROSS CONNE	CTION SURVEY REPORT		3/:	1/2024		
CROSS CONNE	CTION SURVEY REPORT			1/2025		
CROSS CONNE	CTION SURVEY REPORT		3/:	1/2026		
	Public	Notification R	equiren	nents		
		Compliance	Notice	Public N	<u>otification</u>	PN Certification
Violation/Situ	ation	Period	Tier	Required	Performed	Due to DPH Received

3

2/10/2026

2/20/2026

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Schedule Generation Date: 12/12/2025

1/1/24 - 12/31/24

E. Coli M&R Violation

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source				
CT0480174	SJ RANCH, INC. (WELL #3 - RANCH HOUSE)				NC	25	Р	GW				
Local Address (v	vhere applicable)	Service	Residen	itial	Commercia	al Industri	al Combin	ed Agricultural				
130 SANDY BEA	CH ROAD			1								

Water System Facility and Sampling Point Inventory

Connecticut Department of Public Health Drinking Water Section

						Total	Lead and			
stem Facility					C	-				Stage
		ID	Description	n St	atus	Rule	Rule Tier	Asbestos	WQP	2 DBP
TION SYSTEM		4	DISTRIBUTI	ION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 S	SERVICE CON	Α					
		UPSTREAM	WITHIN 5 S	SERVICE CON	Α					
DINT		3	ENTRY POI	NT	Α					
		2	WELL		Α					
		Con	itact Info	ormation						
		Or	rganization					Job Title		
		Sj	Riding Cam	p LLC		Ow	ner			
e One		Mailing Address	s Line Two			Ci	ty	State	Zip C	Code
					Elling	gton		СТ	060)29
Extension	Fax	Mobi	le Phone	Emergency Phone	e Emai	l Addres	SS			
					laura	@sjridi	ngcamp.coi	m		
vner										
		Or	rganization					Job Title		
		Sj	Riding Cam	p LLC		Ass	ociate Dire	ctor		
e One		Mailing Address	s Line Two			Ci	ty	State	Zip C	Code
					Elling	gton		СТ	060)29
Extension	Fax	Mobi	le Phone	Emergency Phone	e Emai	l Addres	SS			
					1 1					
	DINT e One Extension vner	DINT e One Extension Fax vner	TION SYSTEM 4 DOWNSTREAM UPSTREAM OINT 3 Con Sj e One Mailing Address Extension Fax Mobi vner On Sj e One Mailing Address	TION SYSTEM 4 DISTRIBUT DOWNSTREAM WITHIN 5 S UPSTREAM WITHIN 5 S	TION SYSTEM 4 DISTRIBUTION SYSTEM DOWNSTREAM WITHIN 5 SERVICE CON UPSTREAM WITHIN 5 SERVICE CON UPSTREAM WITHIN 5 SERVICE CON OINT 3 ENTRY POINT 2 WELL Contact Information Organization Sj Riding Camp LLC e One Mailing Address Line Two were Organization Sj Riding Camp LLC Extension Fax Mobile Phone Emergency Phone wore Organization Sj Riding Camp LLC Mailing Address Line Two Mailing Address Line Two	Stem Facility Sampling Point Sampling Point ID Description Status TION SYSTEM 4 DISTRIBUTION SYSTEM A DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A OINT 3 ENTRY POINT A 2 WELL A Contact Information Organization Sj Riding Camp LLC One Mailing Address Line Two Elling Extension Fax Mobile Phone Emergency Phone Emai wher Organization Sj Riding Camp LLC E One Mailing Address Line Two Elling Extension Fax Mobile Phone Emergency Phone Emai Extension Fax Mobile Phone Emergency Phone Emai	Sampling Point Description Status Rule TION SYSTEM 4 DISTRIBUTION SYSTEM A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A OINT 3 ENTRY POINT A Contact Information Organization Sj Riding Camp LLC Owe One Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone Email Address In Two Organization Sj Riding Camp LLC Owe Cone Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone Email Address In Two Extension Sj Riding Camp LLC Organization Sj Riding Camp LLC Organization Sj Riding Camp LLC Assort Extension Fax Mobile Phone Emergency Phone Email Address Energency Phone Energency Phone Email Address Energency Phone	Sampling Point Sampling Point Status Rule Tier TION SYSTEM	Sampling Point Sampling Point Description Status Rule Rule Tier Asbestos	Sampling Point ID Description Status Rule Rule Tier Asbestos WQP TION SYSTEM 4 DISTRIBUTION SYSTEM A Y DOWNSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A UPSTREAM WITHIN 5 SERVICE CON A DINT 3 ENTRY POINT A 2 WELL A Contact Information Organization Sj Riding Camp LLC Owner E One Mailing Address Line Two City State Zip C Extension Fax Mobile Phone Emergency Phone Email Address For a Signification Sj Riding Camp LLC Organization Sj Riding Camp LLC Emergency Phone Email Address Sj Riding Camp LLC Extension Fax Mobile Phone Emergency Phone Email Address Sj Riding Camp LLC Sj Riding Camp LLC Sj Riding Camp LLC Sj Riding Camp LLC Extension Fax Mobile Phone Emergency Phone Email Address Emergency Phone Email Address Emergency Phone Email Address

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

Towns Served: ELLINGTON

- 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

End of schedule

	Connecticut I	•						ection	
	Water	Quality Moni	toring ar	nd Compl	ianc	e Sch	edule		
PWS ID	PWS Name							ner Type P	rimary Source
CT0480234	LUANN'S BAKERY AND) CAFE			NC		60	P	GW
Local Address (where applicable)		Service	Residential	Comm	nercial I	ndustrial	Combined	Agricultural
238 SOMERS R			Connections		1				0
Towns Served:									
		Monit	oring Pog	uirements					
Water System	n Facility: DISTRIBUT			unements					
Total Colifor	m (3100)						1 roi	utine (RT)	per quarter
	Point (Sampling Point II	D)		Monitoring P	eriod	Collect	tion Period		iance Status
	m Inventory of Active Sa	-		4/1/25 - 6/30					mplete
				7/1/25 - 9/30					mplete
				10/1/25 - 12/3					mpiete
				1/1/26 - 3/3:					
				4/1/26 - 6/30					
Physical Para	meters (PPS)						1 ro	utine (RT)	per quarter
Sampling	Point (Sampling Point II	D)		Monitoring P	eriod	Collect	tion Period	Compl	iance Status
Select from	m Inventory of Active Sa	mpling Points		4/1/25 - 6/30	0/25			Co	mplete
				7/1/25 - 9/30	0/25			Co	mplete
				10/1/25 - 12/3	31/25				
				1/1/26 - 3/3:	1/26				
				4/1/26 - 6/30	0/26				
Water System	Facility: ENTRY POI	NT (WSF ID: 00700)						
-	Nitrite (NOX)						1	routine (I	RT) per year
	Point (Sampling Point II	D)		Monitoring P	eriod	Collect	ion Period		iance Status
ENTRY PO		,		1/1/24 - 12/3					mplete
	(-)			1/1/25 - 12/3					mplete
				1/1/26 - 12/3					
	\A/a-	ter System Faci	litv and Sa			nvento	ry		
	vva	cei bystein i aci		pg . o					
Water	vva	ter bystem ruci				Total	Lead and		
System Wat	ter System Facility	Sampling Point	t Sampling Po			Total Coliform			Stage
		-		oint	Status	Coliform	Copper	Asbestos	Stage WQP 2 DBPR
System Wat Facility ID		Sampling Point	t Sampling Po	oint	Status A	Coliform	Copper	Asbestos	_
System Wat Facility ID	ter System Facility	Sampling Point	t Sampling Po Description DISTRIBUTIO	oint DN		Coliform Rule	Copper	Asbestos	_
System Wat Facility ID	ter System Facility	Sampling Point ID 4	t Sampling Po Description DISTRIBUTIO	oint DN	Α	Coliform Rule Y	Copper	Asbestos	_
System Wat Facility ID 00600 DIST	ter System Facility	Sampling Point ID 4 DOWNSTREAM	t Sampling Po Description DISTRIBUTIO	oint DN AM WITHIN 5 AM WITHIN 5	A A	Coliform Rule Y	Copper	Asbestos	_
System Wat Facility ID 00600 DIST	TRIBUTION SYSTEM	Sampling Point ID 4 DOWNSTREAM UPSTREAM	t Sampling Po Description DISTRIBUTION DOWNSTREA	oint DN AM WITHIN 5 AM WITHIN 5	A A A	Coliform Rule Y	Copper	Asbestos	_
System Wate Facility ID 00600 DIST 00700 ENT	TRIBUTION SYSTEM	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2	t Sampling Po Description DISTRIBUTIO 1 DOWNSTREA DOWNSTREA ENTRY POIN	oint ON AM WITHIN 5 AM WITHIN 5 T	A A A	Coliform Rule Y	Copper	Asbestos	_
System Wate Facility ID 00600 DIST 00700 ENT	TRIBUTION SYSTEM	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2	t Sampling Po Description DISTRIBUTION DOWNSTREA DOWNSTREA ENTRY POINT WELL	oint ON AM WITHIN 5 AM WITHIN 5 T	A A A	Coliform Rule Y	Copper	Asbestos Job Title	_
System Wate Facility ID 00600 DIST 00700 ENT 60431 WEL	TRIBUTION SYSTEM RY POINT LL 1	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2	t Sampling Po Description DISTRIBUTION DOWNSTREADOWNSTREAENTRY POINT WELL ntact Infor	oint ON AM WITHIN 5 AM WITHIN 5 T	A A A	Coliform Rule Y	Copper		_
System Wate Facility ID 00600 DIST 00700 ENT 60431 WEL	TRIBUTION SYSTEM RY POINT L 1 Hoffman	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2	t Sampling Po Description DISTRIBUTION DOWNSTREA DOWNSTREA ENTRY POINT WELL ntact Infor Organization uann's Bakery	oint ON AM WITHIN 5 AM WITHIN 5 T	A A A	Coliform Rule Y Y	Copper		_
System Wate Facility ID 00600 DIST 00700 ENT 60431 WEL Name Mr. Michael H.	TRIBUTION SYSTEM RY POINT LL 1 Hoffman s Line One	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2 COI	t Sampling Po Description DISTRIBUTION DOWNSTREA DOWNSTREA ENTRY POINT WELL ntact Infor Organization uann's Bakery	oint ON AM WITHIN 5 AM WITHIN 5 T	A A A A	Coliform Rule Y Y	Copper Rule Tier	Job Title	WQP 2 DBPR
System Wate Facility ID 00600 DIST 00700 ENT 60431 WEL Name Mr. Michael H. Mailing Addres	TRIBUTION SYSTEM RY POINT L 1 Hoffman s Line One oad	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2 COI	t Sampling Po Description DISTRIBUTION DOWNSTREA DOWNSTREA ENTRY POIN' WELL ntact Infor Organization uann's Bakery ss Line Two	oint ON AM WITHIN 5 AM WITHIN 5 T	A A A A	Y Y	Copper Rule Tier	Job Title State	WQP 2 DBPR
System Wate Facility ID 00600 DIST 00700 ENT 60431 WEL Name Mr. Michael H. Mailing Addres 111 Hoffman R	RY POINT L 1 Hoffman s Line One oad one Extension	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2 COI	t Sampling Po Description DISTRIBUTION DOWNSTREA DOWNSTREA ENTRY POIN' WELL ntact Infor Organization uann's Bakery ss Line Two	oint ON AM WITHIN 5 AM WITHIN 5 T Tmation And Cafe	A A A A EIli	Y Y Y	Copper Rule Tier	Job Title State CT	WQP 2 DBPR
System Wate Facility ID 00600 DIST 00700 ENT 60431 WEL Name Mr. Michael H. Mailing Address 111 Hoffman R Business Pho 860-559-641	RY POINT L 1 Hoffman s Line One oad one Extension	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2 COI Mailing Addres Fax Mob	t Sampling Po Description DISTRIBUTION DOWNSTREA DOWNSTREA ENTRY POIN' WELL ntact Infor Organization uann's Bakery ss Line Two	oint ON AM WITHIN 5 AM WITHIN 5 T T And Cafe Emergency Pho	A A A A EIli	Y Y Y	Copper Rule Tier	Job Title State CT	WQP 2 DBPR
System Wate Facility ID 00600 DIST 00700 ENT 60431 WEL Name Mr. Michael H. Mailing Address 111 Hoffman R Business Pho 860-559-641	RY POINT L 1 Hoffman s Line One oad one Extension	Sampling Point ID 4 DOWNSTREAM UPSTREAM 3 2 COI Mailing Addres Fax Mob	t Sampling Po Description DISTRIBUTION DOWNSTREA DOWNSTREA ENTRY POIN' WELL ntact Infor Organization uann's Bakery ss Line Two	oint ON AM WITHIN 5 AM WITHIN 5 T TMATION And Cafe Emergency Pho	A A A A EIli	Y Y Y	Copper Rule Tier	Job Title State CT	WQP 2 DBPR

	Connectic	ut Depa	rtment	of Public	Health	Dri	nkıng	g Water	Sec	tion		
	Wa	ter Qua	lity Mon	nitoring a	nd Con	nplia	ance S	Schedu	le			
PWS ID	PWS Name					Classi	fication	Population	Owne	r Type	Primary S	ource
T0480234	LUANN'S BAKER	Y AND CAFE				1	NC	60	F)	GW	
ocal Address (w	here applicable)			Service	Residen	ntial Co	ommerci	al Industri	al Co	ombine	ed Agricu	ltural
38 SOMERS ROA	AD.			Connection	ıs		1					
owns Served: El	LINGTON							,				
Name				Organization					J	ob Title	9	
И. L. Hoffman Ll	.C											
Mailing Address	Line One		Mailing Addr	ress Line Two				City		State	Zip Cod	de
11 Hoffman Roa	ad						Ellingto	on		CT	06029	9
Business Phone	e Extension	Fax	Mo	obile Phone	Emergency	/ Phone	e Email A	Address				
860-559-6414					860-872-	-8073	mhoffr	man07@sbc	global.ı	net		
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.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Dep	artment	of Public H	lealth	Drinki	ng Wa	ater S	ection	
			nitoring an			_			
PWS ID	PWS Name	arrey 1101			<u> </u>			wner Type Pr	imary Source
CT0481034	BACKROADS SMOKIN' BBC)			NC	2		Р	GW
	ss (where applicable)		Service	Resident			dustrial	Combined	Agricultural
	BEACH ROAD		Connections	resident	1		aastriai	Combined	7.8110011011
	ed: ELLINGTON								
		Mor	nitoring Requ	iiremer	nts				
Water Syst	em Facility: DISTRIBUTION	SYSTEM (WS	SF ID: 00600)						
Total Colif	form (3100)						1 r	outine (RT) p	er quarter
Sampli	ing Point (Sampling Point ID)			Monitorin	g Period	Collecti	on Perio	d Complic	ance Status
Select	from Inventory of Active Sampli	ng Points		4/1/25 -	6/30/25			Cor	mplete
				7/1/25 - 9	9/30/25				
			:	10/1/25 -	12/31/25			Cor	mplete
				1/1/26 - 3	3/31/26				
				4/1/26 -	6/30/26				
Physical P	arameters (PPS)						1 r	outine (RT) բ	er quarter
Sampli	ing Point (Sampling Point ID)			Monitorin	g Period	d Complic	ance Status		
Select	from Inventory of Active Sampli	ng Points		4/1/25 -	6/30/25			Cor	mplete
				7/1/25 - 9	9/30/25				
			:	10/1/25 -	12/31/25			Cor	mplete
				1/1/26 - 3	3/31/26				
				4/1/26 -	6/30/26				
Water Syst	em Facility: ENTRY POINT	(WSF ID: 007	00)						
Nitrate Ar	nd Nitrite (NOX)							1 routine (R	T) per year
Sampli	ing Point (Sampling Point ID)			Monitorin	g Period	Collecti	on Perio	d Complic	ance Status
ENTRY	POINT (3)			1/1/24 - 1	.2/31/24			Cor	mplete
				1/1/25 - 1	.2/31/25			Cor	mplete
				1/1/26 - 1	.2/31/26				
		Public N	Notification R	equire	ments				
			Compliance	Notice	<u>Publi</u>	<u>ic Notifica</u>	<u>tion</u>	PN Cert	<u>ification</u>
Violation/S			Period	Tier	Requir		formed	Due to DPH	Received
	rm M&R Violation		7/1/23 - 9/30/23	3	6/3/20			6/13/2025	
Physical Par	ameters M&R Violation		7/1/23 - 9/30/23	3	6/3/20			6/13/2025	
	Water	System Fa	cility and Sar	npling	Point In				
Water	Mator Sustam Easility	Camplina Do	oint Sampling Poi	n#		Total	Lead an		Charac
System V Facility ID	Nater System Facility	Sumpling Po ID	Description	π		Coliform Rule	Copper	er Asbestos	Stage WOP 2 DRPR
	DISTRIBUTION SYSTEM	4	DISTRIBUTION	I CVCTENA	Status A	Nuic	nuie II	,, /13003103	Q. Z DUFN
00000 L	NOTITION STOTEIN		AM WITHIN 5 SER		A				
		UPSTREAM			A				
00700 E	ENTRY POINT	3	ENTRY POINT	VICE CON	A				
	WELL #1	2	WELL #1		A				
02107 V	V LLL Π Ι	۷	VV LLL #1		^				

62169 TREATMENT PLANT62173 PRESSURE TANK

Schedule Generation Date: 12/12/2025 Page 21

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C	Connectic	ut Depa	rtment	of Publi	c Hea	alth	Drir	iking	, Water	Section	1	
	Wa	ter Qua	lity Moi	nitoring	and (Com	plia	nce S	Schedul	le		
PWS ID P	WS Name					(Classifi	cation	Population	Owner Type	Pri	mary Source
CT0481034 B	ACKROADS SM	OKIN' BBQ					N	С	25	Р		GW
Local Address (wh	ere applicable)			Service	Re	esident	ial Co	mmerci	al Industri	al Combin	ed	Agricultural
292 SANDY BEACH	ROAD			Connecti	ons			1				
Towns Served: ELL	INGTON											
			C	ontact Inf	orma	ation						
Name				Organization)					Job Tit	le	
Mr. Doug Miller												
Mailing Address Li	ne One		Mailing Add	ress Line Two				City		State		Zip Code
291 Sandy Beach F	Road							Ellingto	n	СТ		06029
Business Phone	Extension	Fax	N	lobile Phone	Emer	rgency l	Phone	Email A	ddress			
860-871-6137								miller_	douglas@sk	cglabal.net		
Contact Role(s):	Owner											
Name				Organization	1					Job Tit	le	
Mr. Blaine Kinney				Backroads S	mokin' E	Bbq						
Mailing Address Li	ne One		Mailing Add	ress Line Two					City	State		Zip Code
272 Peter Green R						Tolland		СТ		06084		
Business Phone	Extension	Fax	N	lobile Phone	Emer	rgency l	Phone	Email A	ddress			

Contact Role(s): Administrative Contact

Please note the following:

860-539-5386

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

bdc1127@aol.com