|                      | Connecticut Depar                | rtment      | of Public F          | [ealth         | Dı    | rinking                      | water                     | Sec   | ction                       |                              |
|----------------------|----------------------------------|-------------|----------------------|----------------|-------|------------------------------|---------------------------|-------|-----------------------------|------------------------------|
|                      | Water Qual                       |             |                      |                |       |                              |                           |       | CCIOII                      |                              |
| PWS ID               | PWS Name                         | ity Moi     | intornig an          | u Con          | _     |                              |                           |       | er Type Di                  | rimary Source                |
| CT0530044            | GIDDINGS RECREATION CONC         | ESSION ST   | ΔND                  |                | Cias  | NC                           | 25                        | OWIN  | L Type Fi                   | GW                           |
|                      | (where applicable)               | 2231011 311 | Service              | Residen        | tial  | Commerci                     |                           | al (  | Combined                    | Agricultural                 |
| ROUTE 207            | (Where applicable)               |             | Connections          | residen        | ciai  | 1                            | iai iiiaastiii            |       | - Combined                  | 7 Igiricartarar              |
| Towns Served:        | FRANKLIN                         |             |                      |                |       |                              |                           |       |                             |                              |
|                      |                                  | Mor         | nitoring Requ        | iireme         | nts   |                              |                           |       |                             |                              |
| Water Systen         | n Facility: DISTRIBUTION SY      |             |                      |                | 1103  | <u>'</u>                     |                           |       |                             |                              |
| <b>Total Colifor</b> | m (3100)                         |             |                      |                |       |                              |                           | 1 rou | ıtine (RT)                  | per month                    |
| Sampling             | Point (Sampling Point ID)        |             |                      | Monitori       | ing P | Period C                     | Collection Per            | riod  | Compli                      | ance Status                  |
| Select fro           | m Inventory of Active Sampling I | Points      |                      | 7/1/25 -       | 7/3   | 1/25                         |                           |       | Со                          | mplete                       |
|                      |                                  |             |                      | 8/1/25 -       | 8/3   | 1/25                         |                           |       | Со                          | mplete                       |
|                      |                                  |             |                      | 9/1/25 -       | 9/3   | 0/25                         |                           |       | Со                          | mplete                       |
|                      |                                  |             |                      | 4/1/26 -       | 4/3   | 0/26                         |                           |       |                             |                              |
|                      |                                  |             |                      | 5/1/26 -       | 5/3   | 1/26                         |                           |       |                             |                              |
|                      |                                  |             |                      | 6/1/26 -       | 6/3   | 0/26                         |                           |       |                             |                              |
| <b>Physical Para</b> | ameters (PPS)                    |             |                      |                |       |                              |                           | 1 rou | ıtine (RT)                  | per month                    |
| Sampling             | Point (Sampling Point ID)        |             |                      | Monitori       | ing P | Period C                     | Collection Per            | riod  | Compli                      | ance Status                  |
| Select fro           | m Inventory of Active Sampling I | Points      |                      | 7/1/25 -       | 7/3   | 1/25                         |                           |       |                             | mplete                       |
|                      |                                  |             |                      | 8/1/25 -       | 8/3   | 1/25                         |                           |       | Со                          | mplete                       |
|                      |                                  |             |                      | 9/1/25 -       |       |                              |                           |       | Со                          | mplete                       |
|                      |                                  |             |                      | 4/1/26 -       |       |                              |                           |       |                             |                              |
|                      |                                  |             |                      | 5/1/26 -       | 5/3   | 1/26                         |                           |       |                             |                              |
|                      |                                  |             |                      | 6/1/26 -       | 6/3   | 0/26                         |                           |       |                             |                              |
| Water Systen         | n Facility: ENTRY POINT (W       | SF ID: 007  | 00)                  |                |       |                              |                           |       |                             |                              |
|                      | Nitrite (NOX)                    |             |                      |                |       |                              |                           | 1 r   | outine (R                   | T) per year                  |
|                      | Point (Sampling Point ID)        |             |                      | Monitori       |       |                              | Collection Per            | riod  |                             | ance Status                  |
| ENTRY PC             | DINT (3)                         |             |                      | 1/1/24 -       |       |                              |                           |       |                             | mplete                       |
|                      |                                  |             |                      | 1/1/25 -       |       |                              |                           |       | Со                          | mplete                       |
|                      |                                  |             |                      | 1/1/26 -       | 12/3  | 31/26                        |                           |       |                             |                              |
| •                    | n Facility: WELL (WSF ID: 20     | )912)       |                      |                |       |                              |                           |       |                             |                              |
| E. Coli (3014        | •                                |             |                      |                |       |                              |                           |       |                             | per month                    |
|                      | Point (Sampling Point ID)        |             |                      | Monitori       |       |                              | Collection Per            | riod  |                             | ance Status                  |
| WELL (2)             |                                  |             |                      | 7/1/25 -       |       |                              |                           |       |                             | mplete                       |
|                      |                                  |             |                      | 8/1/25 -       |       |                              |                           |       |                             | mplete                       |
|                      |                                  |             |                      | 9/1/25 -       |       |                              |                           |       | Co                          | mplete                       |
|                      |                                  |             |                      | 4/1/26 -       |       |                              |                           |       |                             |                              |
|                      |                                  |             |                      | 5/1/26 -       |       |                              |                           |       |                             |                              |
|                      |                                  | D l. l A    | latification D       | 6/1/26 -       |       |                              |                           |       |                             |                              |
|                      |                                  | Public      | Notification R       | _              |       |                              | 1 - 4:6: ··               |       | D11 2                       | :6:A:                        |
| Violation/Situ       | ation                            |             | Compliance<br>Period | Notice<br>Tier |       | Public N<br>Required         | lotification<br>Performed | ۳ ۲۰  | <u>PN Cert</u><br>ue to DPH | <u>ification</u><br>Received |
|                      | L COLIFORM RULE (RTCR) TT Vio    | lation      | 4/2/24 - 6/10/24     | 2              |       | <i>Requirea</i><br>7/10/2024 | Performe                  |       | /20/2024                    | neceivea                     |
| LEVISED TOTA         | · , ,                            |             |                      |                |       |                              |                           | 7/    | 20, 2024                    |                              |
|                      | water sy                         | stelli Fa   | cility and Sar       | uhiing         | 70    |                              | •                         |       |                             |                              |
| Water System Wa      | ter System Facility S            | amnlina Pa  | oint Sampling Poi    | nt             |       |                              | otal Lead<br>iform Copp   |       |                             | Stage                        |
| Facility ID          | to. System ruemry 5              | ID          | Description          |                |       |                              |                           |       | Asbestos                    | WQP 2 DBPR                   |
| 1 1 15, 12           |                                  |             | • • • • • •          |                |       | Status <sup>r</sup>          |                           |       |                             | -,                           |

| Water Quality Monitoring and Compliance Schedule                    |                      |         |         |       |          |             |            |                 |  |  |  |
|---|----------------------|---------|---------|-------|----------|-------------|------------|-----------------|--|--|--|
| PWS ID PWS Name Classification Population Owner Type Primary Source |                      |         |         |       |          |             |            |                 |  |  |  |
| CT0530044   |                      | NC      | 25      | L     | GW       |             |            |                 |  |  |  |
| Local Address   | (where applicable)   | Service | Residen | itial | Commerci | al Industri | al Combine | ed Agricultural |  |  |  |
| ROUTE 207   | OUTE 207 Connections |         |         |       |          |             |            |                 |  |  |  |
| Towns Sarved  | wns Sarvad: ERANKLIN |         |         |       |          |             |            |                 |  |  |  |

**Water System Facility and Sampling Point Inventory** 

Connecticut Department of Public Health Drinking Water Section

| Water                 |                 |     |                |              |                |       | Total      | Lead and    |           |            |
|-----------------------|-----------------|-----|----------------|--------------|----------------|-------|------------|-------------|-----------|------------|
| System Water S        | System Facility | 2   | Sampling Point |              |                | (     | Coliform   | Copper      |           | Stage      |
| Facility ID           |                 |     | ID             | Description  | n Si           | atus  | Rule       | Rule Tier   | Asbestos  | WQP 2 DBPR |
| 00600 DISTRIB         | SUTION SYSTEM   | 1   | 4              | DISTRIBUT    | ION SYSTEM     | Α     | Υ          |             |           |            |
|                       |                 |     | DOWNSTREAM     | 1 WITHIN 5 S | SERVICE CON    | Α     |            |             |           |            |
|                       |                 |     | UPSTREAM       | WITHIN 5 S   | SERVICE CON    | Α     |            |             |           |            |
| 00700 ENTRY I         | POINT           |     | 3              | ENTRY POI    | NT             | Α     |            |             |           |            |
| 20912 WELL            |                 |     | 2              | WELL         |                | Α     |            |             |           |            |
|                       |                 |     | Cor            | ntact Info   | ormation       |       |            |             |           |            |
| Name                  |                 |     | O              | rganization  |                |       |            |             | Job Title |            |
| Franklin              |                 |     |                |              |                |       |            |             |           |            |
| Mailing Address Li    | ne One          |     | Mailing Addres | ss Line Two  |                |       | Ci         | ity         | State     | Zip Code   |
|                       |                 |     |                |              |                |       |            |             |           |            |
| <b>Business Phone</b> | Extension       | Fax | Mob            | ile Phone    | Emergency Phon | e Ema | ail Addres | SS          |           |            |
|                       |                 |     |                |              |                |       |            |             |           |            |
| Contact Role(s): C    | Owner           |     |                |              |                |       |            |             |           |            |
| Name                  |                 |     | 0              | )rganization |                |       |            |             | Job Title |            |
| Mr. Alden Miner       |                 |     | T              | own of Franl | klin           |       | Firs       | t Selectmar | า         |            |
| Mailing Address Li    | ne One          |     | Mailing Addres | ss Line Two  |                |       | Ci         | ty          | State     | Zip Code   |
| 7 Meetinghouse H      | ill Road        |     |                |              |                | Fran  | nklin      |             | СТ        | 06254      |
| Business Phone        | Extension       | Fax | Mob            | ile Phone    | Emergency Phon | e Ema | ail Addres | SS          |           |            |
| 860-642-8602          |                 |     | 860-           | 886-3114     | 860-642-7352   | first | selectma   | n@franklir  | ict.gov   |            |

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

# Please note the following:

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

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

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

|                      | Connecticut Department o                    | f Public F  | Iealth    | Dı     | rinkin      | g V   | Vater     | Se   | ection     |               |
|----------------------|---|-------------|-----------|--------|-------------|-------|-----------|------|------------|---------------|
|                      | Water Quality Moni                          | toring an   | d Con     | npl    | iance       | Scl   | hedul     | e    |            |               |
| PWS ID               | PWS Name                                    |             |           | Clas   | ssification | Por   | oulation  | Owi  | ner Type P | rimary Source |
| CT0530064            | FRANKLIN WILDLIFE MANAGEMENT AREA           |             |           |        | NC          |       | 25        |      | S          | GW            |
| Local Address        | (where applicable)                          | Service     | Residen   | itial  | Commerc     | cial  | Industria | al   | Combined   | Agricultural  |
| ROUTE 32             |   | Connections | 1         |        |             |       |           |      |            |               |
| Towns Served:        | FRANKLIN                                    | ·           |           |        |             | ·     |           | ·    |            |               |
|                      | Monit                                       | toring Requ | ıireme    | nts    |             |       |           |      |            |               |
| Water Syster         | n Facility: <b>DISTRIBUTION SYSTEM (WSF</b> | ID: 00600)  |           |        |             |       |           |      |            |               |
| <b>Total Colifor</b> | m (3100)                                    |             |           |        |             |       |           | 1 ro | utine (RT) | per month     |
| Sampling             | Point (Sampling Point ID)                   |             | Monitor   | ing P  | eriod (     | Colle | ction 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 -  |        |             |       |           |      |            | mplete        |
|                      |   |             | 9/1/25 -  |        |             |       |           |      |            | mplete        |
|                      |   |             | 10/1/25 - | - 10/3 | 31/25       |       |           |      | Со         | mplete        |
|                      |   |             | 11/1/25 - |        |             |       |           |      |            |               |
|                      |   |             | 12/1/25 - |        |             |       |           |      |            |               |
|                      |   |             | 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 -  |        |             |       |           |      |            |               |
|                      |   |             | 6/1/26 -  | - 6/3  | 0/26        |       |           |      |            |               |
| <b>Total Colifor</b> |   |             |           |        |             |       |           | 3 r  | •          | per period    |
|                      | Point (Sampling Point ID)                   |             | Monitor   |        |             | Colle | ction Per | riod |            | ance Status   |
|                      | m Inventory of Active Sampling Points       |             | 8/28/25   | - 9/2  | 2/25        |       |           |      |            | mplete        |
| _                    | ameters (PPS)                               |             |           |        |             |       |           |      |            | per month     |
|                      | Point (Sampling Point ID)                   |             | Monitor   |        |             | Colle | ction Per | riod | Compli     | ance Status   |
| Select fro           | m Inventory of Active Sampling Points       |             | 7/1/25 -  |        |             |       |           |      |            | mplete        |
|                      |   |             | 8/1/25 -  |        | -           |       |           |      |            | mplete        |
|                      |   |             | 9/1/25 -  |        |             |       |           |      |            | mplete        |
|                      |   |             | 10/1/25 - |        | •           |       |           |      | Со         | mplete        |
|                      |   |             | 11/1/25 - |        |             |       |           |      |            |               |
|                      |   |             | 12/1/25 - |        |             |       |           |      |            |               |
|                      |   |             | 1/1/26 -  |        |             |       |           |      |            |               |
|                      |   |             | 2/1/26 -  |        |             |       |           |      |            |               |
|                      |   |             | 3/1/26 -  |        |             |       |           |      |            |               |
|                      |   |             | 4/1/26 -  |        |             |       |           |      |            |               |
|                      |   |             | 5/1/26 -  |        |             |       |           |      |            |               |
|                      | - 11  |             | 6/1/26 -  | - 6/30 | 0/26        |       |           |      |            |               |
|                      | n Facility: ENTRY POINT (WSF ID: 00700      |             |           |        |             |       |           |      |            |               |
|                      | Nitrite (NOX)                               |             |           |        |             |       |           |      | · · ·      | RT) per year  |
|                      | Point (Sampling Point ID)                   |             | Monitor   |        |             | Colle | ction Per | riod |            | ance Status   |
| WELL (2)             |   |             | 1/1/24 -  | 12/3   | 31/24       |       |           |      | Со         | mplete        |

1/1/25 - 12/31/25

1/1/26 - 12/31/26

Water System Facility: WELL (WSF ID: 22777)

Complete

|             | C                 | annoctic       | ıt Dono    | rtmonto       | f Dublic      | Ugalth     | Dwin     | alzina  | 11/0     | ton      | Soc    | ation     |              |
|-------------|-------------------|----------------|------------|---------------|---------------|------------|----------|---------|----------|----------|--------|-----------|--------------|
|             | C                 | onnecticu      | •          |               |               |            |          | _       |          |          |        | HOII      |              |
|             |                   | Wat            | er Qual    | lity Moni     | toring a      | nd Con     | nplia    | nce S   | sche     | dule     | 9      |           |              |
| PWS ID      | PW                | /S Name        |            |               |               |            | Classif  | ication | Popula   | ation (  | Owne   | r Type P  | rimary Sourc |
| CT053006    | 4 FR              | ANKLIN WILDL   | IFE MANAG  | EMENT AREA    |               |            | N        | IC      | 25       | ;        |        | S         | GW           |
| Local Addr  | ress (whei        | re applicable) |            |               | Service       | Residen    | tial Co  | mmerci  | al Ind   | lustria  | I C    | Combined  | Agricultura  |
| ROUTE 32    |                   |                |            |               | Connection    | ns 1       |          |         |          |          |        |           |              |
| Towns Ser   | ved: FRAI         | NKLIN          |            |               |               |            |          |         |          |          |        |           |              |
|             |                   |                |            | Monit         | toring Red    | quireme    | nts      |         |          |          |        |           |              |
| Water Sys   | stem Fac          | cility: WELL   | (WSF ID: 2 | 2777)         |               |            |          |         |          |          |        |           |              |
| E. Coli (3  | 3014)             |                |            |               |               |            |          |         |          | 1 t      | rigge  | ered (TG  | ) per period |
| Samp        | oling Poin        | t (Sampling Po | int ID)    |               |               | Monitor    | ing Peri | od Co   | ollectio | n Peri   | iod    | Compli    | iance Status |
| WELL        | _ (2)             |                |            |               |               | 8/27/25    | - 9/2/2  | 25      |          |          |        |           |              |
|             |                   | ,              | Water Sy   | stem Faci     | lity and S    | ampling    | Poin     | t Inve  | ntory    | <b>y</b> |        |           |              |
| Water       |                   |                |            |               |               |            |          | To      | tal I    | Lead a   | ınd    |           |              |
| System      | Water Sy          | stem Facility  |            | Sampling Poin | t Sampling P  | Point      |          | Coli    | form     | Сорр     | er     |           | Stage        |
| Facility ID | )                 |                |            | ID            | Description   | 1          | Sto      | itus R  | ule      | Rule T   | Tier A | Asbestos  | WQP 2 DBP    |
| 00600       | DISTRIBU          | JTION SYSTEM   |            | 101           | KITCHEN SI    | NK 1       |          | А       | Υ        |          |        |           |              |
|             |                   |                |            | 102           | KITCHEN SI    | NK 2       |          | А       | Υ        |          |        |           |              |
|             |                   |                |            | 103           | BATHROOM      | И1         |          | A       | Υ        |          |        |           |              |
|             |                   |                |            | 104           | BATHROOM      | <b>Л</b> 2 |          | A       | Υ        |          |        |           |              |
|             |                   |                |            | 4             | DISTRIBUTI    | ON SYSTEM  | ۱ ،      | А       | Υ        |          |        |           |              |
|             |                   |                |            | DOWNSTREAM    | 1 WITHIN 5 S  | SERVICE CO | N .      | A       |          |          |        |           |              |
|             |                   |                |            | UPSTREAM      | WITHIN 5 S    | SERVICE CO | ۱ ،      | A       |          |          |        |           |              |
| 00700       | ENTRY P           | TNIC           |            | 3             | ENTRY POII    | NT         |          | A       |          |          |        |           |              |
| 22777       | WELL              |                |            | 2             | WELL          |            |          | А       |          |          |        |           |              |
|             |                   |                |            | Co            | ntact Info    | rmation    | 1        |         |          |          |        |           |              |
| Name        |                   |                |            | C             | Organization  |            |          |         |          |          | J      | Job Title |              |
| Mr. David   | Cooley            |                |            |               | Deep-Enginee  | ring Unit  |          |         | Supv     | Civil E  | ngine  | eer       |              |
| Mailing Ad  | ddress Lin        | e One          |            | Mailing Addre | ss Line Two   |            |          |         | City     | y        |        | State     | Zip Code     |
| 163 Great   | Hill Road         |                |            |               |               |            |          | Portlan | d        |          |        | CT        | 06480        |
| Business    | s Phone           | Extension      | Fax        | Mok           | oile Phone    | Emergency  | / Phone  | Email A | ddress   | ;        |        |           |              |
| 860-342     | 2-2215            |                | 860-344-2  | 2560 860-     | -205-7552     | 860-424-   | -3333    | david.c | ooley@   | ct.go    | v      |           |              |
| Contact Ro  | ole(s): <b>Le</b> | gal Contact, O | wner       |               |               |            |          |         |          |          |        |           |              |
| Name        |                   |                |            | C             | Organization  |            |          |         |          |          | J      | Job Title |              |
| Ms. Andre   | ea M. Lan         | е              |            | S             | tate of CT De | ер         |          |         |          |          |        |           |              |
| Mailing Ad  | ddress Lin        | e One          |            | Mailing Addre | ss Line Two   |            |          |         | City     | /        |        | State     | Zip Code     |
| 163 Great   | Hill Road         |                |            |               |               |            |          | Portlan | d        |          |        | CT        | 06480        |

Contact Role(s): Administrative Contact

Extension

## Please note the following:

**Business Phone** 

860-977-9739

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.

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

Emergency Phone Email Address

andrea.lane@ct.gov

860-424-3333

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

|                      | Connecticut De            | epartmer       | nt of Public      | Health      | D     | rinking    | g Water :          | Section      |                   |
|----------------------|---------------------------|----------------|-------------------|-------------|-------|------------|--------------------|--------------|-------------------|
|                      | Water Q                   | uality M       | onitoring an      | id Con      | npl   | liance S   | Schedule           | 9            |                   |
| PWS ID               | PWS Name                  |                |                   |             | _     |            |                    |              | rimary Source     |
| CT0530074            | 7-ELEVEN #32517           |                |                   |             |       | NC         | 25                 | Р            | GW                |
| Local Address (      | where applicable)         |                | Service           | Residen     | itial | Commerci   | al Industrial      | Combined     | Agricultural      |
| 15 ROUTE 32          |                           |                | Connections       | ;           |       | 1          |                    |              |                   |
| Towns Served:        | FRANKLIN                  |                |                   |             |       |            |                    |              |                   |
|                      |                           | М              | onitoring Req     | uireme      | nts   |            |                    |              |                   |
| Water System         | n Facility: DISTRIBUTIO   |                |                   |             |       |            |                    |              |                   |
| <b>Total Colifor</b> | m (3100)                  |                |                   |             |       |            | 1                  | routine (RT) | per quarter       |
| Sampling             | Point (Sampling Point ID) |                |                   | Monitori    | ing P | Period C   | ollection Peri     | od Compl     | iance Status      |
| Select from          | m Inventory of Active Sam | pling Points   |                   | 4/1/25 -    | - 6/3 | 0/25       |                    | Co           | mplete            |
|                      |                           |                |                   | 7/1/25 -    | - 9/3 | 0/25       |                    | Co           | mplete            |
|                      |                           |                |                   | 10/1/25 -   | - 12/ | 31/25      |                    | Co           | mplete            |
|                      |                           |                |                   | 1/1/26 -    | - 3/3 | 1/26       |                    |              |                   |
|                      |                           |                |                   | 4/1/26 -    | - 6/3 | 0/26       |                    |              |                   |
| <b>Physical Para</b> | meters (PPS)              |                |                   |             |       |            | 1                  | routine (RT) | per quarter       |
| -                    | Point (Sampling Point ID) |                |                   | Monitori    | ing P | Period C   | ollection Peri     |              | iance Status      |
| Select from          | m Inventory of Active Sam | pling Points   |                   | 4/1/25 -    | - 6/3 | 0/25       |                    | Co           | mplete            |
|                      |                           |                |                   | 7/1/25 -    | - 9/3 | 0/25       |                    | Co           | mplete            |
|                      |                           |                |                   | 10/1/25 -   | - 12/ | 31/25      |                    | Co           | mplete            |
|                      |                           |                |                   | 1/1/26 -    | - 3/3 | 1/26       |                    |              |                   |
|                      |                           |                |                   | 4/1/26 -    | - 6/3 | 0/26       |                    |              |                   |
| Water System         | Facility: ENTRY POIN      | T (WSF ID: 00  | 0700)             |             |       |            |                    |              |                   |
| Nitrate And I        | Nitrite (NOX)             |                |                   |             |       |            |                    | 1 routine (I | RT) per year      |
| Sampling             | Point (Sampling Point ID) |                |                   | Monitori    | ing P | Period C   | ollection Peri     | =            | iance Status      |
| ENTRY PO             | INT (3)                   |                |                   | 1/1/24 -    | 12/3  | 31/24      |                    | Co           | mplete            |
|                      |                           |                |                   | 1/1/25 -    | 12/3  | 31/25      |                    | Co           | mplete            |
|                      |                           |                |                   | 1/1/26 -    | 12/3  | 31/26      |                    |              |                   |
|                      | Monthly Wate              | er System      | Facility (WSF)    | Level N     | Mor   | nitoring   | Requiren           | nents        |                   |
| Water System         | Facility: ENTRY POINT     | (WSFID: 00     | 700)              |             |       |            |                    |              |                   |
| Analyte              | Monitoring R              | Requirement (S | Summary Type)     | Ope         | ratir | ng Limit   |                    | Samples R    | eq/Month          |
| рН                   | Entry Point p             | H Monitoring   | (PHRD)            | Min         | imur  | m: 7 PH    |                    | 4            | 1                 |
| Start Date:          | 4/1/2013                  |                | Compli            | ance Histo  | ory:  | On         | erating Limit      | Monito       | ring              |
|                      |                           |                | Monito            | ring Perio  | d     | _          | mpliance Stat      |              | ince Status:      |
|                      |                           |                | 7/1/202           | 25 - 7/31/2 | 2025  | ;          |                    |              |                   |
|                      |                           |                | 8/1/202           | 25 - 8/31/2 | 2025  | ;          |                    |              |                   |
|                      |                           |                | 9/1/202           | 25 - 9/30/2 | 2025  | ;          |                    |              |                   |
|                      |                           |                | 10/1/20           | 025 - 10/3  | 1/20  | )25        |                    |              |                   |
|                      |                           |                | 11/1/20           | 025 - 11/3  | 0/20  | )25        |                    |              |                   |
|                      |                           | Public         | : Notification    | Require     | eme   | ents       |                    |              |                   |
|                      |                           |                | Compliance        | Notice      |       |            | <u>otification</u> | PN Cer       | <u>tification</u> |
| Violation/Situa      | ation                     |                | Period            | Tier        |       | Required   | Performed          |              |                   |
| pH M&R Violat        | ion                       |                | 9/1/15 - 9/30/15  | 3           | 1     | 12/17/2016 |                    | 12/27/2016   |                   |
|                      | Wate                      | r System I     | Facility and Sa   | mpling      | Po    | int Inve   | ntorv              |              |                   |
| Water                |                           | ,              |                   | 10          |       |            | otal Lead a        | end          |                   |
|                      | ter System Facility       | Sampling       | Point Sampling Po | int         |       |            | iform Coppe        |              | Stage             |
| Facility ID          | •                         | ID             | Description       |             |       |            |                    |              | WQP 2 DBPR        |
|                      |                           |                |                   |             |       |            |                    |              |                   |

|               | Water Quality Monitoring and Compliance Schedule |         |         |                |              |            |                 |  |  |  |  |
|---------------|--|---------|---------|----------------|--------------|------------|-----------------|--|--|--|--|
| PWS ID        | PWS Name   |         |         | Classification | Population   | Owner Type | Primary Source  |  |  |  |  |
| CT0530074     | 7-ELEVEN #32517                                  |         |         | NC             | 25           | Р          | GW              |  |  |  |  |
| Local Address | (where applicable)                               | Service | Resider | ntial Commerc  | ial Industri | al Combin  | ed Agricultural |  |  |  |  |
| 15 ROUTE 32   |  |         | 1       |                |              |            |                 |  |  |  |  |

Connecticut Department of Public Health Drinking Water Section

Towns Served: FRANKLIN

|                                | Water System Facility and Sampling Point Inventory |                      |                            |        |                           |                                 |          |     |                 |  |  |  |  |
|--------------------------------|--|----------------------|----------------------------|--------|---------------------------|---------------------------------|----------|-----|-----------------|--|--|--|--|
| Water<br>System<br>Facility ID | Water System Facility                              | Sampling Point<br>ID | Sampling Point Description | Status | Total<br>Coliform<br>Rule | Lead and<br>Copper<br>Rule Tier | Asbestos | WQP | Stage<br>2 DBPR |  |  |  |  |
| 00600                          | DISTRIBUTION SYSTEM                                | 4                    | DISTRIBUTION SYSTEM        | Α      | Υ                         |                                 |          |     |                 |  |  |  |  |
|                                |  | DOWNSTREAM           | WITHIN 5 SERVICE CON       | Α      |                           |                                 |          |     |                 |  |  |  |  |
|                                |  | UPSTREAM             | WITHIN 5 SERVICE CON       | Α      |                           |                                 |          |     |                 |  |  |  |  |
| 00700                          | ENTRY POINT  | 3                    | ENTRY POINT                | Α      |                           |                                 |          |     |                 |  |  |  |  |
| 23008                          | WELL #1  | 2                    | WELL #1                    | Α      |                           |                                 |          |     |                 |  |  |  |  |
| 58244                          | TREATMENT PLANT                                    |                      |                            |        |                           |                                 |          |     |                 |  |  |  |  |

|                     |             |     | C            | ontact Info   | ormation        |          |              |            |          |
|---------------------|-------------|-----|--------------|---------------|-----------------|----------|--------------|------------|----------|
| Name                |             |     |              | Organization  |                 |          |              | Job Title  | 9        |
| Mr. Richard Mihall  | ovitz       |     |              | 7-Eleven Inc. |                 |          | Ne Facilitie | s Mgr      |          |
| Mailing Address Lin | e One       |     | Mailing Addı | ress Line Two |                 |          | City         | State      | Zip Code |
| 2711 Easton Road    |             |     |              |               |                 | Willow 0 | Grove        | PA         | 19090    |
| Business Phone      | Extension   | Fax | M            | obile Phone   | Emergency Phone | Email Ad | ldress       |            |          |
| 732-809-5015        |             |     |              |               |                 | rich.mih | alkovitz@7-  | 11.com     |          |
| Contact Role(s): Le | gal Contact |     | ,            |               |                 |          |              |            |          |
| Name                |             |     |              | Organization  |                 |          |              | Job Title  | 5        |
| Mr. Chris Bement    |             |     |              | 7- Eleven # 3 | 2517            |          | Head of Ma   | aintenance |          |
| Mailing Address Lin | e One       |     | Mailing Addı | ress Line Two |                 |          | City         | State      | Zip Code |
| 15 Route 32         |             |     |              |               |                 | Franklin |              | СТ         | 06254    |

**Emergency Phone Email Address** 

Contact Role(s): Administrative Contact

Extension

#### Please note the following:

**Business Phone** 

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.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

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

End of schedule

chrisbement@fmfacilitymaintenance.com

|             | С          | onnectic<br>Wa          | ut Depa<br>ter Qua |             |       |             |            |       |            | _       |         |                | ection       |   |
|-------------|------------|-------------------------|--------------------|-------------|-------|-------------|------------|-------|------------|---------|---------|----------------|--------------|---|
| PWS ID      | P۱         | VS Name                 |                    |             |       |             |            | Cla   | ssificatio | n Pop   | oulatio | n Ow           | ner Type P   | rimary Source                           |
| CT053011    | 4 GI       | DDINGS REC.             | PARK PAVILIO       | ON          |       |             |            |       | NC         |         | 25      |                | L            | GW                                      |
| Local Add   | ress (whe  | ere applicable)         |                    |             |       | Service     | Residen    | itial | Comme      | rcial   | Indust  | trial          | Combined     | Agricultural                            |
|             |            | ROUTE 207)              |                    |             |       | Connection  | S          |       | 1          |         |         |                |              |   |
| Towns Ser   | ved: FRA   | NKLIN                   |                    |             |       |             |            |       |            |         |         |                |              |   |
|             |            |                         |                    | Mo          | nito  | oring Rec   | quireme    | nts   | 5          |         |         |                |              |   |
| Water Sy    | stem Fa    | cility: DISTR           | IBUTION SY         | YSTEM (W    | SF II | D: 00600)   |            |       |            |         |         |                |              |   |
| Total Co    | _          | 3100)<br>nt (Sampling P | oint ID)           |             |       |             | Monitor    | ina I | Period     | Colle   | ction I | 1 ro<br>Period | <del>-</del> | ) per month                             |
|             |            | ventory of Act          |                    | Points      |       |             | 7/1/25     |       |            |         |         |                |              | mplete                                  |
|             |            |                         |                    |             |       |             | 8/1/25     |       |            |         |         |                |              | mplete                                  |
|             |            |                         |                    |             |       |             | 9/1/25     |       |            |         |         |                |              | mplete                                  |
|             |            |                         |                    |             |       |             | 10/1/25    |       |            |         |         |                |              | mplete                                  |
|             |            |                         |                    |             |       |             | 4/1/26     |       |            |         |         |                |              | , |
|             |            |                         |                    |             |       |             | 5/1/26     |       |            |         |         |                |              |   |
|             |            |                         |                    |             |       |             | 6/1/26     |       | -          |         |         |                |              |   |
| Physical    | Parame     | ters (PPS)              |                    |             |       |             |            |       |            |         |         | 1 ro           | utine (RT    | ) per month                             |
| -           |            | nt (Sampling P          | oint ID)           |             |       |             | Monitor    | ing F | Period     | Colle   | ction F | Period         | =            | iance Status                            |
| Selec       | t from In  | ventory of Act          | ive 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 | 30/25      |         |         |                | Co           | mplete                                  |
|             |            |                         |                    |             |       |             | 10/1/25 -  | - 10/ | /31/25     |         |         |                | Co           | mplete                                  |
|             |            |                         |                    |             |       |             | 4/1/26 -   | - 4/3 | 30/26      |         |         |                |              |   |
|             |            |                         |                    |             |       |             | 5/1/26 -   | - 5/3 | 31/26      |         |         |                |              |   |
|             |            |                         |                    |             |       |             | 6/1/26     | - 6/3 | 80/26      |         |         |                |              |   |
| Water Sy    | stem Fa    | cility: ENTR            | Y POINT (W         | /SF ID: 007 | (00)  |             |            |       |            |         |         |                |              |   |
| Nitrate A   | And Nitr   | ite (NOX)               |                    |             |       |             |            |       |            |         |         | 1              | routine (    | RT) per year                            |
| Samp        | oling Poir | nt (Sampling P          | oint ID)           |             |       |             | Monitor    | ing F | Period     | Colle   | ction F | Period         | Compl        | iance Status                            |
| ENTR        | RY POINT   | (3)                     |                    |             |       |             | 1/1/24 -   | 12/3  | 31/24      |         |         |                | Co           | omplete                                 |
|             |            |                         |                    |             |       |             | 1/1/25 -   | 12/3  | 31/25      |         |         |                | Co           | mplete                                  |
|             |            |                         |                    |             |       |             | 1/1/26 -   | 12/3  | 31/26      |         |         |                |              |   |
|             |            |                         | Water Sy           | ystem Fa    | cili  | ity and Sa  | ampling    | Po    | int Inv    | vent    | ory     |                |              |   |
| Water       |            |                         |                    |             |       | -           |            |       |            | Total   |         | ıd and         |              |   |
| System      | Water S    | ystem Facility          |                    | Sampling Po | oint  | Sampling Po | oint       |       | C          | olifori | n Co    | pper           |              | Stage                                   |
| Facility ID | )          |                         |                    | ID          |       | Description |            |       | Status     | Rule    | Ru      | le Tier        | Asbestos     | WQP 2 DBPR                              |
| 00600       | DISTRIB    | UTION SYSTEM            | 1                  | 4           |       | DISTRIBUTIO | ON SYSTEM  | 1     | Α          | Υ       |         |                |              |   |
|             |            |                         |                    | DOWNSTRE    | AM    | WITHIN 5 SE | ERVICE COI | V     | Α          |         |         |                |              |   |
|             |            |                         |                    | UPSTREA     | M     | WITHIN 5 SE | ERVICE COI | V     | Α          |         |         |                |              |   |
| 00700       | ENTRY F    | POINT                   |                    | 3           |       | ENTRY POIN  | JT         |       | Α          |         |         |                |              |   |
| 47861       | WELL #1    | <u> </u>                |                    | 2           |       | WELL #1     |            |       | Α          |         |         |                |              |   |
|             |            |                         |                    | (           | Con   | tact Info   | rmation    | 1     |            |         |         |                |              |   |
| Name        |            |                         |                    |             | Or    | ganization  |            |       |            |         |         |                | Job Title    |   |
| Franklin    |            |                         |                    |             |       |             |            |       |            |         |         |                |              |   |
| Mailing Ad  | ddress Lir | ne One                  |                    | Mailing Add | dress | Line Two    |            |       |            |         | City    |                | State        | Zip Code                                |
| Busines     | s Phone    | Extension               | Fax                | N           | /lobi | le Phone    | Emergency  | / Pho | one Ema    | il Addr | ess     |                |              |   |

| C                  | Connecticut Department of Public Health Drinking Water Section |              |              |               |           |       |            |             |             |                 |  |  |  |
|--------------------|--|--------------|--------------|---------------|-----------|-------|------------|-------------|-------------|-----------------|--|--|--|
|                    | Wat  | ter Qua      | lity Mon     | itoring a     | nd Con    | npl   | iance S    | Schedul     | e           |                 |  |  |  |
| PWS ID P           | WS Name  |              |              |               |           | Clas  | sification | Population  | Owner Type  | Primary Source  |  |  |  |
| CT0530114 G        | IDDINGS REC. F   | PARK PAVILI  | ON           |               |           |       | NC         | 25          | L           | GW              |  |  |  |
| Local Address (wh  | ere applicable)  |              |              | Service       | Resider   | ntial | Commerci   | al Industri | al Combine  | ed Agricultural |  |  |  |
| 190 POND ROAD (    | ROUTE 207)   |              |              | Connectio     | ns        |       | 1          |             |             |                 |  |  |  |
| Towns Served: FRA  | ANKLIN   |              |              |               |           | ·     |            |             |             |                 |  |  |  |
| Contact Role(s):   | Owner  |              |              |               |           |       |            |             |             |                 |  |  |  |
| Name               |  |              |              | Organization  |           |       |            |             | Job Title   | е               |  |  |  |
| Mr. Alden Miner    |  |              |              | Town of Frank | klin      |       |            | First Selec | tman        |                 |  |  |  |
| Mailing Address Li | ne One   |              | Mailing Addr | ess Line Two  |           |       |            | City        | State       | Zip Code        |  |  |  |
| 7 Meetinghouse H   | ill Road   |              |              |               |           |       | Frankli    | n           | СТ          | 06254           |  |  |  |
| Business Phone     | Extension  | Fax          | Mo           | bile Phone    | Emergency | y Pho | ne Email A | Address     |             |                 |  |  |  |
| 860-642-8602       |  |              | 860          | 0-886-3114    | 860-642   | -7352 | firstsel   | ectman@fra  | nklinct.gov |                 |  |  |  |
| Contact Role(s):   | Administrative (   | Contact, Leg | al Contact   |               |           |       |            |             |             |                 |  |  |  |

# Please note the following:

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

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

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

End of schedule

|             |                                 | Department of         |                  |                        |           |          |          |        | ction      |          |          |
|-------------|---------------------------------|-----------------------|------------------|------------------------|-----------|----------|----------|--------|------------|----------|----------|
|             | Water                           | <b>Quality Monit</b>  | oring and C      | omp                    | lianc     | ce Sch   | ıedu     | le     |            |          |          |
| PWS ID      | PWS Name                        |                       |                  | Cla                    | ssificati | ion Pop  | oulation | Own    | er Type P  | rimary   | Source   |
| CT053023    | 4 FRANKLIN MUNICIPAI            | L COMPLEX             |                  |                        | NC        |          | 40       |        | L          | G۷       | V        |
| Local Addr  | ress (where applicable)         |                       |                  | idential               | Comm      | nercial  | Industr  | ial    | Combined   | Agric    | cultural |
| 5 TYLER DI  | RIVE                            |                       | Connections      |                        | 4         | 1        |          |        |            |          |          |
| Towns Ser   | ved: FRANKLIN                   |                       |                  |                        |           |          |          |        |            |          |          |
|             |                                 | Monito                | oring Require    | ments                  | S         |          |          |        |            |          |          |
| Water Sy:   | stem Facility: <b>DISTRIBUT</b> | ION SYSTEM (WSF II    | D: 00600)        |                        |           |          |          |        |            |          |          |
| Total Col   | liform (3100)                   |                       |                  |                        |           |          |          | 1 rou  | tine (RT)  | per qu   | uarter   |
| Samp        | oling Point (Sampling Point II  | D)                    | Mon              | itoring l              | Period    | Colle    | ction Pe | eriod  | Compli     | ance S   | tatus    |
| Selec       | t from Inventory of Active Sa   | mpling Points         | 4/1,             | /25 - 6/3              | 30/25     |          |          |        | Сс         | mplete   | 5        |
|             |                                 |                       | 7/1,             | /25 - 9/3              | 30/25     |          |          |        | Co         | mplete   | 3        |
|             |                                 |                       |                  | /25 - 12/              |           |          |          |        |            |          |          |
|             |                                 |                       |                  | /26 - 3/3              |           |          |          |        |            |          |          |
|             |                                 |                       | 4/1,             | /26 - 6/3              | 30/26     |          |          |        |            |          |          |
| -           | Parameters (PPS)                |                       |                  |                        |           |          |          |        | tine (RT)  |          |          |
| -           | pling Point (Sampling Point II  | •                     |                  | itoring l              |           | Colle    | ction Pe | eriod  | Compli     |          |          |
| Selec       | t from Inventory of Active Sa   | mpling Points         |                  | /25 - 6/3              |           |          |          |        |            | mplete   |          |
|             |                                 |                       |                  | /25 - 9/3<br>/25 - 12  |           |          |          |        | Co         | mplete   | ž        |
|             |                                 |                       |                  | /25 - 12/<br>/26 - 2/2 |           |          |          |        |            |          |          |
|             |                                 |                       |                  | /26 - 3/3<br>/26 - 6/3 |           |          |          |        |            |          |          |
| Water Sv    | stem Facility: ENTRY POI        | NT (WSF ID: 00700)    | 7/ 1/            | 20 - 0/3               | 00/20     |          |          |        |            |          |          |
|             | And Nitrite (NOX)               | 111 (1131 121 007 007 |                  |                        |           |          |          | 1      | routine (F | RT) nei  | r vear   |
|             | oling Point (Sampling Point II  | D)                    | Mon              | itoring l              | Period    | Colle    | ction Pe |        | Compli     |          | -        |
|             | Y POINT (3)                     | -,                    |                  | 24 - 12/               |           |          |          |        |            | mplete   |          |
|             | - (-)                           |                       |                  | 25 - 12/3              |           |          |          |        |            | mplete   |          |
|             |                                 |                       |                  | 26 - 12/:              |           |          |          |        |            | <u> </u> |          |
|             |                                 | Other Co              | ompliance Scl    | hedul                  | es        |          |          |        |            |          |          |
| Compliand   | ce Schedule Activity            |                       | •                |                        | Date      |          | Achie    | eved L | Date       |          |          |
|             | TO SANITARY SURVEY              |                       |                  | 7/17                   | /2021     |          |          |        |            |          |          |
|             | Wa                              | ter System Facili     | tv and Sampl     | ing Po                 | oint Ir   | nvento   | orv      |        |            |          |          |
| Water       |                                 |                       | cy and camp.     |                        |           | Total    | -        | l and  |            |          |          |
| System      | Water System Facility           | Sampling Point        | Sampling Point   |                        |           | Coliforn |          |        |            |          | Stage    |
| Facility ID | )                               | ID                    | Description      |                        | Status    | Rule     | Rule     | Tier   | Asbestos   | WQP .    | 2 DBPR   |
| 00600       | DISTRIBUTION SYSTEM             | 4                     | DISTRIBUTION     |                        | Α         |          |          |        |            |          |          |
|             |                                 | DOWNSTREAM            | WITHIN 5 SERVICE | CON                    | Α         |          |          |        |            |          |          |
|             |                                 | UPSTREAM              | WITHIN 5 SERVICE | CON                    | Α         |          |          |        |            |          |          |
| 00700       | ENTRY POINT                     | 3                     | ENTRY POINT      |                        | Α         |          |          |        |            |          |          |
| 52285       | WELL 1                          | 2                     | WELL 1           |                        | Α         |          |          |        |            |          |          |
| 52289       | ATMOSPHERIC TANK                |                       |                  |                        |           |          |          |        |            |          |          |
| 62201       | IRON REMOVAL/SOFTENER           |                       |                  |                        |           |          |          |        |            |          |          |
|             |                                 | Con                   | tact Informat    | ion                    |           |          |          |        |            |          |          |
| Name        |                                 | Or                    | ganization       |                        |           |          |          |        | Job Title  |          |          |
| Franklin    |                                 |                       |                  |                        |           |          |          |        |            |          |          |
| Mailing Ac  | dress Line One                  | Mailing Address       | Line Two         |                        |           |          | City     |        | State      | Zip C    | ode      |
|             |                                 |                       |                  |                        |           |          |          |        |            |          |          |

| (                 | Connectic       | ut Depa      | rtment       | of  | Public      | Heal   | th   | Dr   | inkin      | g    | Water       | Se   | ection     |      |            |
|-------------------|-----------------|--------------|--------------|-----|-------------|--------|------|------|------------|------|-------------|------|------------|------|------------|
|                   | Wa              | ter Qua      | lity Mon     | it  | oring a     | nd Co  | m    | pl   | iance      | So   | chedul      | e    |            |      |            |
| PWS ID F          | WS Name         |              |              |     |             |        |      | Clas | sification | Р    | opulation   | Ow   | ner Type I | rima | ry Source  |
| CT0530234 F       | RANKLIN MUN     | ICIPAL COMI  | PLEX         |     |             |        |      |      | NC         |      | 40          |      | L          | (    | 3W         |
| Local Address (wh | ere applicable) |              |              |     | Service     | Resid  | lent | tial | Commerc    | cial | Industri    | al   | Combined   | d Ag | ricultural |
| 5 TYLER DRIVE     |                 |              |              |     | Connection  | ns     |      |      | 4          |      |             |      |            |      |            |
| Towns Served: FR  | ANKLIN          |              |              |     |             |        |      |      |            |      |             |      |            |      |            |
| Business Phone    | Extension       | Fax          | Mo           | bil | e Phone     | Emerge | псу  | Pho  | ne Email   | Ad   | dress       |      |            |      |            |
|                   |                 |              |              |     |             |        |      |      |            |      |             |      |            |      |            |
| Contact Role(s):  | Owner           |              | ·            |     |             |        |      |      | ·          |      |             |      |            |      |            |
| Name              |                 |              |              | Org | ganization  |        |      |      |            |      |             |      | Job Title  |      |            |
| Mr. Alden Miner   |                 |              |              | Τον | wn of Frank | lin    |      |      |            |      | First Selec | tma  | ın         |      |            |
| Mailing Address L | ine One         |              | Mailing Addr | ess | Line Two    |        |      |      |            |      | City        |      | State      | Zip  | Code       |
| 7 Meetinghouse H  | Iill Road       |              |              |     |             |        |      |      | Frank      | lin  |             |      | СТ         | 06   | 5254       |
| Business Phone    | Extension       | Fax          | Мо           | bil | e Phone     | Emerge | псу  | Pho  | ne Email   | Ad   | dress       |      |            |      |            |
| 860-642-8602      |                 |              | 860          | 0-8 | 86-3114     | 860-6  | 42-  | 7352 | firstse    | lec  | tman@fra    | nkli | nct.gov    |      |            |
| Contact Role(s):  | Administrative  | Contact, Leg | al Contact   |     | ,           |        |      |      | •          |      |             |      |            |      |            |

#### Please note the following:

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

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

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

|                      | Connecticut Department                |              |           |        |            | _        |            |             | ection       |                |
|----------------------|---------------------------------------|--------------|-----------|--------|------------|----------|------------|-------------|--------------|----------------|
|                      | Water Quality Mon                     | itoring an   | d Con     | npli   | iance      | Sc       | hedul      | e           |              |                |
| PWS ID               | PWS Name                              |              |           | Clas   | sification | Po       | pulation   | Ow          | ner Type P   | rimary Source  |
| CT0530274            | DW TRANSPORT & LEASING, INC.          |              |           |        | NC         |          | 38         |             | Р            | GW             |
| Local Address        | (where applicable)                    | Service      | Residen   | tial   | Commer     | cial     | Industria  | al          | Combined     | l Agricultural |
| 140 ROUTE 32         |                                       | Connections  |           |        | 1          |          |            |             |              |                |
| Towns Served:        | FRANKLIN                              |              |           |        |            |          |            |             |              |                |
|                      | Mon                                   | itoring Requ | ıireme    | nts    |            |          |            |             |              |                |
| Water Syster         | n Facility: DISTRIBUTION SYSTEM (WSF  | F ID: 00600) |           |        |            |          |            |             |              |                |
| <b>Total Colifor</b> | m (3100)                              |              |           |        |            |          | 1          | ro          | utine (RT)   | per quarter    |
| Sampling             | Point (Sampling Point ID)             |              | Monitori  | ing Po | eriod      | Colle    | ection Per | riod        | Compl        | iance Status   |
| Select fro           | m Inventory of Active Sampling Points |              | 4/1/25 -  | 6/30   | )/25       |          |            |             |              |                |
|                      |                                       |              | 7/1/25 -  | 9/30   | 0/25       |          |            |             |              |                |
| <b>Total Colifor</b> | m (3100)                              |              |           |        |            |          | ;          | 1 rc        | outine (RT   | ) per month    |
| Sampling             | Point (Sampling Point ID)             |              | Monitori  | ing Pe | eriod      | Colle    | ection Per | riod        | Compl        | iance Status   |
| Select fro           | m Inventory of Active Sampling Points |              | 10/1/25 - | 10/3   | 31/25      |          |            |             | Co           | omplete        |
|                      |                                       |              | 11/1/25 - | 11/3   | 30/25      |          |            |             | Co           | omplete        |
|                      |                                       |              | 12/1/25 - | 12/3   | 31/25      |          |            |             |              |                |
|                      |                                       |              | 1/1/26 -  | 1/31   | L/26       |          |            |             |              |                |
|                      |                                       |              | 2/1/26 -  | 2/28   | 3/26       |          |            |             |              |                |
|                      |                                       |              | 3/1/26 -  | 3/31   | L/26       |          |            |             |              |                |
|                      |                                       |              | 4/1/26 -  | 4/30   | 0/26       |          |            |             |              |                |
|                      |                                       |              | 5/1/26 -  | 5/31   | L/26       |          |            |             |              |                |
|                      |                                       |              | 6/1/26 -  | 6/30   | 0/26       |          |            |             |              |                |
| -                    | ameters (PPS)                         |              |           |        |            |          |            |             |              | per quarter    |
|                      | Point (Sampling Point ID)             |              | Monitori  |        |            | Colle    | ection Per | riod        | Compl        | iance Status   |
| Select fro           | m Inventory of Active Sampling Points |              | 4/1/25 -  |        |            |          |            |             |              |                |
|                      |                                       |              | 7/1/25 -  | 9/30   | 0/25       |          |            |             |              | _              |
| -                    | ameters (PPS)                         |              |           | _      |            |          |            |             | <del>-</del> | ) per month    |
|                      | Point (Sampling Point ID)             |              | Monitori  |        |            | Colle    | ection Per | riod        |              | iance Status   |
| Select fro           | m Inventory of Active Sampling Points |              | 10/1/25 - |        |            |          |            |             |              | omplete        |
|                      |                                       |              | 11/1/25 - |        | •          |          |            |             | Co           | omplete        |
|                      |                                       |              | 12/1/25 - |        |            |          |            |             |              |                |
|                      |                                       |              | 1/1/26 -  |        | -          |          |            |             |              |                |
|                      |                                       |              | 2/1/26 -  |        |            |          |            |             |              |                |
|                      |                                       |              | 3/1/26 -  |        |            |          |            |             |              |                |
|                      |                                       |              | 4/1/26 -  |        |            |          |            |             |              |                |
|                      |                                       |              | 5/1/26 -  |        |            |          |            |             |              |                |
|                      |                                       | <b>6</b> \   | 6/1/26 -  | 6/30   | 0/26       |          |            |             |              |                |
| •                    | n Facility: ENTRY POINT (WSF ID: 0070 | 0)           |           |        |            |          |            |             |              |                |
|                      | Nitrite (NOX)                         |              | 0.0 - 1:  |        |            | <i>.</i> |            |             | <del>-</del> | RT) per year   |
|                      | Point (Sampling Point ID)             |              | Monitori  |        |            | Colle    | ection Per | 10 <b>a</b> |              | iance Status   |
| ENTRY PC             | וווון (3)                             |              | 1/1/24 -  |        |            |          |            |             | Co           | omplete        |
|                      |                                       |              | 1/1/25 -  |        |            |          |            |             |              |                |
|                      | 04                                    | Compliance   | 1/1/26 -  |        |            |          |            |             |              |                |
|                      |                                       | Compliance   |           |        |            |          |            |             |              |                |
| Compliance Sc        | hedule Activity                       |              |           | Due L  | Date       |          | Achie      | ved         | Date         |                |

3/9/2023

RESPOND TO SANITARY SURVEY

|               | Water Quality Monitoring and Compliance Schedule |         |         |             |            |             |                |                 |  |  |  |  |
|---------------|--|---------|---------|-------------|------------|-------------|----------------|-----------------|--|--|--|--|
| PWS ID        | PWS Name   |         | Cla     | ssification | Population | Owner Type  | Primary Source |                 |  |  |  |  |
| СТ0530274     | DW TRANSPORT & LEASING, INC.                     |         |         |             | NC         | 38          | Р              | GW              |  |  |  |  |
| Local Address | (where applicable)                               | Service | Resider | ntial       | Commerci   | al Industri | al Combine     | ed Agricultural |  |  |  |  |
| 140 POLITE 22 |  |         |         | 1           |            |             |                |                 |  |  |  |  |

Connecticut Department of Public Health Drinking Water Section

Towns Served: FRANKLIN

| Public Notification Requirements  |                    |        |           |                    |            |                 |  |  |  |  |  |  |
|-----------------------------------|--------------------|--------|-----------|--------------------|------------|-----------------|--|--|--|--|--|--|
|                                   | Compliance         | Notice | Public No | <u>otification</u> | PN Certij  | <u>fication</u> |  |  |  |  |  |  |
| Violation/Situation               | Period             | Tier   | Required  | Performed          | Due to DPH | Received        |  |  |  |  |  |  |
| Physical Parameters M&R Violation | 10/1/24 - 12/31/24 | 3      | 2/19/2026 |                    | 3/1/2026   |                 |  |  |  |  |  |  |
| Total Coliform M&R Violation      | 10/1/24 - 12/31/24 | 3      | 2/19/2026 |                    | 3/1/2026   |                 |  |  |  |  |  |  |
| Total Coliform M&R Violation      | 4/1/25 - 6/30/25   | 3      | 10/9/2026 |                    | 10/19/2026 |                 |  |  |  |  |  |  |
| Physical Parameters M&R Violation | 4/1/25 - 6/30/25   | 3      | 10/9/2026 |                    | 10/19/2026 |                 |  |  |  |  |  |  |
| Total Coliform M&R Violation      | 1/1/25 - 3/31/25   | 3      | 10/9/2026 |                    | 10/19/2026 |                 |  |  |  |  |  |  |
| Physical Parameters M&R Violation | 1/1/25 - 3/31/25   | 3      | 10/9/2026 |                    | 10/19/2026 |                 |  |  |  |  |  |  |

|                                | Water System Facility and Sampling Point Inventory |                      |                            |        |                           |  |          |     |                 |  |  |  |  |
|--------------------------------|--|----------------------|----------------------------|--------|---------------------------|--|----------|-----|-----------------|--|--|--|--|
| Water<br>System<br>Facility IL | Water System Facility                              | Sampling Point<br>ID | Sampling Point Description | Status | Total<br>Coliform<br>Rule |  | Asbestos | WQP | Stage<br>2 DBPR |  |  |  |  |
| 00600                          | DISTRIBUTION SYSTEM                                | 2                    | DISTRIBUTION SYSTEM        | Α      | Υ                         |  |          |     |                 |  |  |  |  |
|                                |  | 4                    | DOWNSTAIRS KITCHEN S       | Α      | Υ                         |  |          |     |                 |  |  |  |  |
|                                |  | DOWNSTREAM           | WITHIN 5 SERVICE CON       | Α      |                           |  |          |     |                 |  |  |  |  |
|                                |  | UPSTREAM             | WITHIN 5 SERVICE CON       | Α      |                           |  |          |     |                 |  |  |  |  |
| 00700                          | ENTRY POINT  | 3                    | ENTRY POINT                | Α      |                           |  |          |     |                 |  |  |  |  |
| 57939                          | WELL 1   | 2                    | WELL 1                     | Α      |                           |  |          |     |                 |  |  |  |  |

|                     |               |           |         | Contact Inf      | ormation        |          |            |           |          |
|---------------------|---------------|-----------|---------|------------------|-----------------|----------|------------|-----------|----------|
| Name                |               |           |         | Organization     | 1               |          |            | Job Title |          |
| Mr. Lenny Rochesto  | er            |           |         | Dw Holding,      | LLC.            |          | Operations | Manager   |          |
| Mailing Address Lin | e One         |           | Mailing | Address Line Two |                 |          | City       | State     | Zip Code |
| 140 Route 32        |               |           |         |                  |                 | North Fr | anklin     | СТ        | 06254    |
| Business Phone      | Extension     | Fax       |         | Mobile Phone     | Emergency Phone | Email Ac | ldress     |           |          |
| 860-848-1692        |               | 860-848-2 | 2669    |                  |                 | lennyr@  | dwtranspor | t.com     |          |
| Contact Role(s): A  | dministrative | Contact   |         |                  |                 |          |            |           |          |
| Name                |               |           |         | Organization     | 1               |          |            | Job Title |          |
| Mr. David Wadding   | ton           |           |         |                  |                 |          | Owner      |           |          |
| Mailing Address Lin | e One         |           | Mailing | Address Line Two |                 |          | City       | State     | Zip Code |
| 140 Route 32        |               |           |         |                  |                 | North Fr | anklin     | СТ        | 06254    |
| Business Phone      | Extension     | Fax       |         | Mobile Phone     | Emergency Phone | Email Ad | ldress     |           |          |
| 860-848-1692        |               |           |         |                  |                 | davidsr@ | dwtranspo  | rt.com    |          |

Contact Role(s): Legal Contact, Owner

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

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

|                    | Connecticut Dep                         | artment of      | f Public H              | lealth                      | Drink              | ing W             | ater S             | ection       |               |
|--------------------|---|-----------------|-------------------------|-----------------------------|--------------------|-------------------|--------------------|--------------|---------------|
|                    | Water Qu                                | ality Monit     | oring an                | d Com                       | pliand             | e Sch             | edule              |              |               |
| PWS ID             | PWS Name                                |                 |                         |                             |                    |                   |                    | vner Type P  | rimary Source |
| CT0530304          | THAMES VALLEY ACADEMY                   | Y OF GYMNASTICS | 5                       |                             | NC                 | :                 | 37                 | Р            | GW            |
| Local Addre        | ss (where applicable)                   |                 | Service                 | Resident                    | ial Comm           | nercial li        | ndustrial          | Combined     | Agricultural  |
| 22 LEBANOI         | N ROAD - ROUTE 87                       |                 | Connections             |                             |                    |                   |                    | 2            |               |
| Towns Serve        | ed: FRANKLIN                            |                 |                         |                             |                    |                   |                    |              |               |
|                    |   | Monit           | oring Requ              | uiremer                     | nts                |                   |                    |              |               |
| Water Syst         | em Facility: DISTRIBUTION               | SYSTEM (WSF I   | D: 00600)               |                             |                    |                   |                    |              |               |
| <b>Total Colif</b> | form (3100)                             |                 |                         |                             |                    |                   | 1 rc               | outine (RT)  | per quarter   |
| Sampli             | ing Point (Sampling Point ID)           |                 |                         | Monitorin                   | g Period           | Collect           | tion Period        | d Compli     | ance Status   |
| Select             | from Inventory of Active Sampli         | ng Points       |                         | 4/1/25 - 6                  | 6/30/25            |                   |                    | Со           | mplete        |
|                    |   |                 |                         | 7/1/25 - 9                  | 9/30/25            |                   |                    | Со           | mplete        |
|                    |   |                 |                         | 10/1/25 - 3                 |                    |                   |                    |              |               |
|                    |   |                 |                         | 1/1/26 - 3                  |                    |                   |                    |              |               |
|                    |   |                 |                         | 4/1/26 - 6                  | 6/30/26            |                   |                    |              |               |
| -                  | arameters (PPS)                         |                 |                         |                             |                    |                   |                    |              | per quarter   |
|                    | ing Point (Sampling Point ID)           |                 |                         | Monitorin                   |                    | Collect           | tion Period        |              | ance Status   |
| Select             | from Inventory of Active Sampli         | ng Points       |                         | 4/1/25 - 6                  |                    |                   |                    |              | mplete        |
|                    |   |                 |                         | 7/1/25 - 9                  |                    |                   |                    | Со           | mplete        |
|                    |   |                 |                         | 10/1/25 - :                 |                    |                   |                    |              |               |
|                    |   |                 |                         | 1/1/26 - 3                  |                    |                   |                    |              |               |
|                    |   |                 |                         | 4/1/26 - 6                  | 6/30/26            |                   |                    |              |               |
|                    | em Facility: ENTRY POINT                | (WSF ID: 00700) |                         |                             |                    |                   |                    |              |               |
| Nitrate (1         | •                                       |                 |                         |                             |                    |                   |                    |              | per quarter   |
|                    | ing Point (Sampling Point ID)           |                 |                         | Monitorin                   |                    | Collect           | tion Period        |              | ance Status   |
| ENTRY              | POINT (3)                               |                 |                         | 4/1/25 - 6                  |                    |                   |                    |              | mplete        |
|                    |   |                 |                         | 7/1/25 - 9                  |                    |                   |                    | Со           | mplete        |
|                    |   |                 |                         | 10/1/25 - :                 |                    |                   |                    |              |               |
|                    |   |                 |                         | 1/1/26 - 3                  |                    |                   |                    |              |               |
|                    |   |                 |                         | 4/1/26 - 6                  | 6/30/26            |                   |                    |              | •             |
| Nitrite (10        |   |                 |                         |                             |                    |                   |                    | •            | RT) per year  |
| -                  | ing Point (Sampling Point ID)           |                 |                         | Monitorin                   |                    | Collect           | tion Period        |              | ance Status   |
| ENTRY              | POINT (3)                               |                 |                         | 1/1/25 - 1                  |                    |                   |                    | Со           | mplete        |
|                    | Latte to (NOV)                          |                 |                         | 1/1/26 - 1                  | .2/31/26           |                   |                    | /=           |               |
|                    | nd Nitrite (NOX)                        |                 |                         | 0.000 it a viva             | a Daviad           | Callag            |                    | <del>-</del> | RT) per year  |
|                    | ing Point (Sampling Point ID) POINT (3) |                 |                         | <i>Monitorin</i> 1/1/24 - 3 | _                  |                   | tion Period        |              | mplete        |
| LININI             | . ,                                     | System Fasil    | ity and Say             |                             |                    |                   | 1-3/31             |              | implete       |
| 147 :              | water                                   | System Facil    | ity and Sai             | inhiing                     | Point II           |                   | •                  | -1           |               |
| Water<br>System V  | Nater System Facility                   | Sampling Point  | Samplina Poi            | nt                          |                    | Total<br>Coliform | Lead and<br>Copper |              | Stage         |
| Facility ID        | rate. System radinty                    | ID              | Description Description |                             | Status             | Rule              |                    |              | WQP 2 DBPR    |
|                    | WELL 1                                  | 2               | WELL 1                  |                             | <u>Status</u><br>A |                   |                    |              | ,             |
|                    | DISTRIBUTION SYSTEM                     | 4               | DISTRIBUTION            | N SYSTEM                    | A                  |                   |                    |              |               |
|                    | · · · · · · · · · · · · · · ·           | DOWNSTREAM      |                         |                             | A                  |                   |                    |              |               |
|                    |   | UPSTREAM        | WITHIN 5 SER            |                             | Α                  |                   |                    |              |               |
|                    |   | •               |                         |                             |                    |                   |                    |              |               |

**ENTRY POINT** 

Α

3

00700 ENTRY POINT

Schedule Generation Date: 12/12/2025 Page 13

| (                           | Connectic      | *         | rtment o         |               |           |          | _         |             |           |                |  |  |
|-----------------------------|----------------|-----------|------------------|---------------|-----------|----------|-----------|-------------|-----------|----------------|--|--|
| PWS ID F                    | WS Name        | ter Qua   | iity Moiii       | itoring a     | nu Con    |          |           |             |           | Primary Source |  |  |
|                             | HAMES VALLEY   | ΔCΔDFMY ( | OF GYMNASTI      | rs            |           |          | NC        | 37          | P         | GW             |  |  |
| Local Address (wh           |                | ACABLIIII | JI G111111475111 | Service       | Resider   |          | ommerci   |             | · ·       |                |  |  |
| 22 LEBANON ROA              |                |           |                  | Connection    |           | . c. c.i | <u> </u>  |             | 2         | 7.8            |  |  |
| Towns Served: FR            |                |           |                  |               |           |          |           |             |           |                |  |  |
|                             |                |           | Co               | ntact Info    | rmation   | 1        |           |             |           |                |  |  |
| Name Organization Job Title |                |           |                  |               |           |          |           |             |           |                |  |  |
| Mr. Joseph Cirrito          | )              |           |                  |               |           |          |           | Owner       |           |                |  |  |
| Mailing Address L           | ine One        |           | Mailing Addre    | ess Line Two  |           |          |           | City        | State     | Zip Code       |  |  |
| 35 Stanton Road             |                |           |                  |               |           |          | Gilman    |             | СТ        | 06336          |  |  |
| Business Phone              | Extension      | Fax       | Mol              | bile Phone    | Emergency | / Phon   | e Email A | ddress      |           |                |  |  |
| 860-625-2942                |                | 860-204-0 | 0373             |               |           |          | cirritor  | nechanical@ | gmail.com |                |  |  |
| Contact Role(s):            | Administrative | Contact   | ,                | ,             |           |          |           |             |           |                |  |  |
| Name                        |                |           | (                | Organization  |           |          |           |             | Job Titl  | е              |  |  |
| Mr. Giuseppe Vei            | zino           |           |                  | Thames Valley | Academy ( | of Gym   | na        | Owner       |           |                |  |  |
| Mailing Address L           | ine One        |           | Mailing Addre    | ess Line Two  |           |          |           | City        | State     | Zip Code       |  |  |
| 22 B Lebanon Rd             |                |           |                  |               |           |          | North I   | ranklin     | СТ        | 06254          |  |  |
| Business Phone              | Extension      | Fax       | Mol              | bile Phone    | Emergency | / Phon   | e Email A | ddress      |           |                |  |  |

Contact Role(s): Legal Contact, Owner

### Please note the following:

203-528-5580

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

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

giuseppev.tvag@gmail.com

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

End of schedule

Schedule Generation Date: 12/12/2025 Page 14

|                             | Connecticut Depa                | rtment of      | Public H               | [ealth]     | Drinkir   | ισ W:                       | ater S    | ectio         | n         |             |
|-----------------------------|---------------------------------|----------------|------------------------|-------------|-----------|-----------------------------|-----------|---------------|-----------|-------------|
|                             | Water Qua                       |                |                        |             |           | _                           |           | cctio         | 11        |             |
| DIAIC ID                    |                                 | iity Moiiitt   | n mg am                |             | <u> </u>  |                             |           | T             | a Dui     |             |
| PWS ID                      | PWS Name                        |                |                        | (           |           | n Popu                      |           | wner Typ<br>P | e Pri     | mary Source |
| CT0530314                   | FRANKLIN MOBIL                  |                | Comico                 | Docidonti   | NC        |                             |           | -             | 200       | GW          |
|                             | (where applicable)              |                | Service<br>Connections | Residenti   | al Comme  | rciai in                    | dustrial  | Combi         | nea       | Agricultura |
| 62 ROUTE 32<br>Towns Served | . FD ANIZI IN                   |                | Connections            |             |           |                             |           | 1             |           |             |
| rowns served                | FRANKLIN                        | 200            |                        | .•          | •-        |                             |           |               |           |             |
|                             |                                 |                | ring Requ              | ııremen     | ts        |                             |           |               |           |             |
| •                           | m Facility: DISTRIBUTION SY     | STEM (WSF ID   | : 00600)               |             |           |                             |           |               | <b></b> \ |             |
| Total Colifo                |                                 |                |                        |             |           |                             |           |               |           | per month   |
|                             | g Point (Sampling Point ID)     |                |                        | Monitoring  |           | Collecti                    | on Period | d Co          |           | nce Status  |
| Select fro                  | om Inventory of Active Sampling | Points         |                        | 7/1/25 - 7  |           |                             |           |               |           | nplete      |
|                             |                                 |                |                        | 8/1/25 - 8  |           |                             |           |               |           | nplete      |
|                             |                                 |                |                        | 9/1/25 - 9  |           |                             |           |               |           | nplete      |
|                             |                                 |                |                        | 10/1/25 - 1 |           |                             |           |               |           | nplete      |
|                             |                                 |                |                        | 11/1/25 - 1 |           |                             |           |               | Con       | nplete      |
|                             |                                 |                |                        | 12/1/25 - 1 |           |                             |           |               |           |             |
|                             |                                 |                |                        | 1/1/26 - 1  |           |                             |           |               |           |             |
|                             |                                 |                |                        | 2/1/26 - 2  |           |                             |           |               |           |             |
|                             |                                 |                |                        | 3/1/26 - 3  |           |                             |           |               |           |             |
|                             |                                 |                |                        | 4/1/26 - 4  |           |                             |           |               |           |             |
|                             |                                 |                |                        | 5/1/26 - 5  |           |                             |           |               |           |             |
|                             |                                 |                |                        | 6/1/26 - 6  | 30/26     |                             |           |               |           |             |
| -                           | rameters (PPS)                  |                |                        |             |           | - " -                       |           |               |           | per month   |
|                             | g Point (Sampling Point ID)     |                |                        | Monitoring  | _         | Collecti                    | on Period | d Co          |           | nce Status  |
| Select fro                  | om Inventory of Active Sampling | Points         |                        | 7/1/25 - 7  |           |                             |           |               |           | nplete      |
|                             |                                 |                |                        | 8/1/25 - 8  | •         |                             |           |               |           | nplete      |
|                             |                                 |                |                        | 9/1/25 - 9  |           |                             |           |               |           | nplete      |
|                             |                                 |                |                        | 10/1/25 - 1 |           |                             |           |               |           | nplete      |
|                             |                                 |                |                        | 11/1/25 - 1 |           |                             |           |               | Con       | nplete      |
|                             |                                 |                |                        | 12/1/25 - 1 |           |                             |           |               |           |             |
|                             |                                 |                |                        | 1/1/26 - 1  | · ·       |                             |           |               |           |             |
|                             |                                 |                |                        | 2/1/26 - 2  |           |                             |           |               |           |             |
|                             |                                 |                |                        | 3/1/26 - 3  |           |                             |           |               |           |             |
|                             |                                 |                |                        | 4/1/26 - 4  |           |                             |           |               |           |             |
|                             |                                 |                |                        | 5/1/26 - 5  |           |                             |           |               |           |             |
|                             |                                 |                |                        | 6/1/26 - 6  | /30/26    |                             |           |               |           |             |
| Water Syster                | m Facility: ENTRY POINT (W      | /SF ID: 00700) |                        |             |           |                             |           |               |           |             |
|                             | Nitrite (NOX)                   |                |                        |             |           |                             |           |               | -         | Γ) per year |
|                             | g Point (Sampling Point ID)     |                |                        | Monitoring  |           | Collecti                    | on Perio  | d Co          |           | nce Status  |
| ENTRY P                     | OINT (3)                        |                |                        | 1/1/24 - 1  |           |                             |           |               |           | nplete      |
|                             |                                 |                |                        | 1/1/25 - 12 |           |                             |           |               | Con       | nplete      |
|                             |                                 |                |                        | 1/1/26 - 1  | 2/31/26   |                             |           |               |           |             |
|                             |                                 |                |                        |             |           |                             |           |               |           |             |
|                             | Water Sy                        | stem Facilit   | y and Sar              | npling F    | Point Inv | entor                       | У         |               |           |             |
| Water                       |                                 | stem Facilit   | •                      |             |           | rentor<br>Total<br>Joliform | Lead and  | d             |           |             |

**DISTRIBUTION SYSTEM** 

Rule

**Status** 

Α

Rule Tier Asbestos WQP 2 DBPR

Schedule Generation Date: 12/12/2025 Page 15

**Description** 

ID

4

Facility ID

00600 DISTRIBUTION SYSTEM

|               | Water Quality Monitoring and Compliance Schedule |             |         |               |            |            |                |                 |  |  |  |  |  |
|---------------|--|-------------|---------|---------------|------------|------------|----------------|-----------------|--|--|--|--|--|
| PWS ID        | PWS Name   |             | Cla     | ssification I | Population | Owner Type | Primary Source |                 |  |  |  |  |  |
| CT0530314     | FRANKLIN MOBIL                                   |             |         | NC            | 25         | Р          | GW             |                 |  |  |  |  |  |
| Local Address | (where applicable)                               | Service     | Resider | ntial         | Commercia  | Industri   | al Combine     | ed Agricultural |  |  |  |  |  |
| 62 ROUTE 32   |  | Connections |         |               |            |            | 1              |                 |  |  |  |  |  |
| Towns Served: | FRANKLIN   |             |         |               |            |            |                |                 |  |  |  |  |  |

Connecticut Department of Public Health Drinking Water Section

|                                |            |                | Water Sy      | stem Facili          | ity and S     | Sampling Poi    | nt Ir  | vento                     | ry          |            |                     |
|--------------------------------|------------|----------------|---------------|----------------------|---------------|-----------------|--------|---------------------------|-------------|------------|---------------------|
| Water<br>System<br>Facility ID | -          | stem Facility  | \$            | Sampling Point<br>ID | Sampling I    | -               | Status | Total<br>Coliform<br>Rule |             | Asbestos   | Stage<br>WQP 2 DBPR |
|                                |            |                |               | DOWNSTREAM           | WITHIN 5      | SERVICE CON     | Α      |                           |             |            |                     |
|                                |            |                |               | UPSTREAM             | WITHIN 5      | SERVICE CON     | Α      |                           |             |            |                     |
| 00700                          | ENTRY PO   | DINT           |               | 3                    | ENTRY POI     | NT              | Α      |                           |             |            |                     |
| 58689                          | WELL 1     |                |               | 2                    | WELL 1        |                 | Α      |                           |             |            |                     |
|                                |            |                |               | Con                  | tact Info     | ormation        |        |                           |             |            |                     |
| Name                           |            |                |               | Oı                   | rganization   |                 |        |                           |             | Job Title  |                     |
| Mr. David                      | B. Driscol | I              |               | Le                   | emilts Petro  | oleum, Inc.     |        | Pre                       | esident And | Ceo        |                     |
| Mailing Ad                     | dress Line | e One          |               | Mailing Address      | s Line Two    |                 |        | C                         | City        | State      | Zip Code            |
| Two Jerich                     | o Plaza    |                |               | Suite 110            |               |                 | Jer    | icho                      |             | NY         | 11753               |
| Business                       | Phone      | Extension      | Fax           | Mobi                 | ile Phone     | Emergency Pho   | ne Em  | ail Addre                 | ess         |            |                     |
| 516-338                        | 3-6000     |                |               |                      |               |                 |        |                           |             |            |                     |
| Contact Ro                     | ole(s): Le | gal Contact, O | wner          |                      |               |                 |        |                           |             |            |                     |
| Name                           |            |                |               | Or                   | rganization   |                 |        |                           |             | Job Title  |                     |
| Mr. Matth                      | ew Rivers  | }              |               | Co                   | co, LLC   Sar | n'S Food Stores |        | Ac                        | count Mana  | ger        |                     |
| Mailing Ad                     | dress Line | e One          |               | Mailing Address      | s Line Two    |                 |        | C                         | City        | State      | Zip Code            |
| 2138 Silas                     | Deane Hig  | ghway          |               |                      |               |                 | Roo    | cky Hill                  |             | СТ         | 06067               |
| Business                       | Phone      | Extension      | Fax           | Mobi                 | ile Phone     | Emergency Pho   | ne Em  | ail Addre                 | ess         |            |                     |
| 860-955                        | 5-9074     | 145            |               |                      |               |                 | Ma     | itthewR@                  | gSamsFoods  | Stores.com |                     |
| Contact Ro                     | ole(s): Ad | ministrative ( | Contact, Lega | al Contact, Owr      | ner           |                 |        |                           |             |            |                     |

#### Please note the following:

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

|                   | Сс         |                | ut Departme        |             |             |              |        | `           | _              |         |       | ction        |           |       |
|-------------------|------------|----------------|--------------------|-------------|-------------|--------------|--------|-------------|----------------|---------|-------|--------------|-----------|-------|
|                   |            | Wat            | ter Quality N      | <b>Ioni</b> | toring a    | ind Con      | ipli   | ance        | Sch            | edul    | le    |              |           |       |
| PWS ID            | PW         | S Name         |                    |             |             |              | Classi | ification   | Popu           | ılation | Owr   | ner Type P   | rimary Sc | ource |
| CT0530334         | 260        | ROUTE 32       |                    |             |             |              |        | NC          | 3              | 35      |       | Р            | GW        |       |
| Local Addre       | ess (wher  | e applicable)  |                    |             | Service     | Residen      | tial C | commerc     | ial II         | ndustri | al    | Combined     | Agricul   | tural |
| 260 ROUTE         | 32         |                |                    |             | Connectio   | ns           |        | 1           |                |         |       |              | _         |       |
| Towns Serv        | ed: FRAN   | IKLIN          |                    |             |             | l            |        |             |                |         |       |              | I         |       |
|                   |            |                | ı                  | Monit       | oring Re    | quireme      | nts    |             |                |         |       |              |           |       |
| Water Sys         | stem Faci  | lity: DISTR    | BUTION SYSTEM      | (WSF I      | D: 00600)   |              |        |             |                |         |       |              |           |       |
| <b>Total Coli</b> | iform (3   | 100)           |                    |             |             |              |        |             |                | 1       | l rou | tine (RT)    | per qua   | rter  |
| Sampl             | ling Point | (Sampling Po   | oint ID)           |             |             | Monitori     | ng Pei | riod (      | Collect        | tion Pe | riod  | Compl        | iance Sta | tus   |
| Select            | from Inv   | entory of Acti | ve Sampling Points |             |             | 4/1/25 -     | 6/30/  | <b>′</b> 25 |                |         |       | Co           | mplete    |       |
|                   |            |                |                    |             |             | 7/1/25 -     | 9/30/  | <b>′</b> 25 |                |         |       | Co           | mplete    |       |
|                   |            |                |                    |             |             | 10/1/25 -    | 12/31  | 1/25        |                |         |       | Co           | mplete    |       |
|                   |            |                |                    |             |             | 1/1/26 -     | 3/31/  | <b>2</b> 6  |                |         |       |              |           |       |
|                   |            |                |                    |             |             | 4/1/26 -     | 6/30/  | <b>′</b> 26 |                |         |       |              |           |       |
| Physical F        | Paramet    | ers (PPS)      |                    |             |             |              |        |             |                | 1       | l rou | tine (RT)    | per qua   | rter  |
| Sampl             | ling Point | (Sampling Po   | oint ID)           |             |             | Monitori     | ng Pei | riod (      | Collect        | tion Pe | riod  | Compl        | iance Sta | tus   |
| Select            | from Inv   | entory of Acti | ve Sampling Points |             |             | 4/1/25 -     | 6/30/  | ′25         |                |         |       | Co           | mplete    |       |
|                   |            |                |                    |             |             | 7/1/25 -     | 9/30/  | <b>′</b> 25 |                |         |       | Co           | mplete    |       |
|                   |            |                |                    |             |             | 10/1/25 -    | 12/31  | 1/25        |                |         |       | Co           | mplete    |       |
|                   |            |                |                    |             |             | 1/1/26 -     | 3/31/  | <b>′</b> 26 |                |         |       |              |           |       |
|                   |            |                |                    |             |             | 4/1/26 -     |        |             |                |         |       |              |           |       |
| Water Sys         | stem Faci  | lity: ENTRY    | POINT (WSF ID:     | 00700       |             |              |        |             |                |         |       |              |           |       |
| Nitrate A         |            | •              | •                  | •           |             |              |        |             |                |         | 1     | routine (I   | RT) ner v | /ear  |
|                   |            | (Sampling Po   | oint ID)           |             |             | Monitori     | na Pei | riod (      | Collect        | tion Pe |       | <del>-</del> | iance Sta |       |
|                   | Y POINT (3 | <u> </u>       | ,                  |             |             | 1/1/24 -     |        |             |                |         |       |              | mplete    |       |
|                   |            | · <b>/</b>     |                    |             |             | 1/1/25 -     |        |             |                |         |       |              | mplete    |       |
|                   |            |                |                    |             |             | 1/1/26 -     |        |             |                |         |       |              |           |       |
|                   |            |                | Water System       | Facil       | ity and S   |              |        |             | ento           | rv      |       |              |           |       |
| Water             |            |                | mater bystem       | ı ı acıı    | ity ana s   | .ар <u>В</u> | . 0    |             | otal           | Lead    | and   |              |           |       |
|                   | Water Sv   | stem Facility  | Samplin            | na Point    | Sampling I  | Point        |        |             | οται<br>liform |         |       |              | St        | tage  |
| Facility ID       | ,          | ,              |                    | D           | Description |              | Ct     |             | njon<br>Rule   |         |       | Asbestos     |           | _     |
|                   | DISTRIBU   | TION SYSTEM    |                    | 4           | •           | ION SYSTEM   |        | A           |                |         |       |              | -         |       |
|                   |            |                |                    |             |             | SERVICE CON  |        | Α           |                |         |       |              |           |       |
|                   |            |                |                    | REAM        |             | SERVICE CON  |        | Α           |                |         |       |              |           |       |
| 00700             | ENTRY PO   | DINT           |                    | 3           | ENTRY POI   |              | -      | Α           |                |         |       |              |           |       |
|                   | WELL 1     |                |                    | 2           | WELL 1      |              |        | A           |                |         |       |              |           |       |
| 33.420            |            |                |                    |             |             | vocation.    |        | •           |                |         |       |              |           |       |
|                   |            |                |                    |             |             | ormation     |        |             |                |         |       | : :          |           |       |
| Name              | 10: : :    |                |                    | 0           | rganization |              |        |             |                |         |       | Job Title    |           |       |
| Mr. Samue         |            |                | L                  |             |             |              |        |             |                |         |       | G( -         | <b></b>   |       |
| Mailing Add       |            | One            | Mailing            | Addres      | s Line Two  |              |        |             |                | ity     |       | State        | Zip Cod   |       |
| 275 Route         |            | _              | _                  |             |             |              |        | North       |                |         |       | СТ           | 06254     | ŀ     |
| Business          |            | Extension      | Fax                | Mob         | ile Phone   | Emergency    | Phon   | e Email     | Addre          | SS      |       |              |           |       |
| 860-642           | 2-4200     |                | 860-642-7900       |             |             |              |        |             |                |         |       |              |           |       |

Schedule Generation Date: 12/12/2025

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

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

|                                  |              | _ |         |             |              | _ A            |            |                 |                       |
|----------------------------------|--------------|---|---------|-------------|--------------|----------------|------------|-----------------|-----------------------|
| PWS ID                           | PWS Name     |   |         |             |              | Classification | Population | Owner Type      | <b>Primary Source</b> |
| CT0530334                        | 260 ROUTE 32 |   |         |             |              | NC             | 35         | Р               | GW                    |
| Local Address (where applicable) |              |   | Service | Residen     | tial Commerc | ial Industri   | al Combine | ed Agricultural |                       |
| 260 ROUTE 32                     |              |   |         | Connections |              | 1              |            |                 |                       |
|                                  |              |   |         |             |              |                |            |                 |                       |

Towns Served: FRANKLIN

#### Please note the following:

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

End of schedule

| Co                       | onnectic       | ut Depa     | rtmer      | nt of | f Public    | Health    | Dri    | inking     | Wate      | r Se   | ection     |               |
|--------------------------|----------------|-------------|------------|-------|-------------|-----------|--------|------------|-----------|--------|------------|---------------|
|                          |                | ter Qua     |            |       |             |           |        | _          |           |        |            |               |
| PWS ID PW                | /S Name        |             |            |       |             |           | _      |            |           |        | ner Type P | rimary Source |
| CT0530344 AR             | ROWHEAD AG     | CRES, LLC.  |            |       |             |           |        | NC         | 63        |        | Р          | GW            |
| Local Address (whe       | re applicable) |             |            |       | Service     | Residen   | tial C | Commercial | Industi   | rial   | Combined   | Agricultural  |
| 519 POND ROAD            |                |             |            |       | Connection  | ns        |        |            |           |        |            | 1             |
| Towns Served: FRAI       | NKLIN          |             |            |       |             |           |        |            |           | '      |            |               |
|                          |                |             | M          | onit  | oring Red   | quireme   | nts    |            |           |        |            |               |
| Water System Fac         | cility: DISTR  | IBUTION SY  | STEM (     | WSF I | D: 00600)   |           |        |            |           |        |            |               |
| Total Coliform (3        | 3100)          |             |            |       |             |           |        |            |           | 1 ro   |            | per quarter   |
| Sampling Poin            | t (Sampling P  | oint ID)    |            |       |             | Monitori  | ing Pe | riod Col   | lection P | eriod  | Compli     | ance Status   |
| Select from Inv          | entory of Act  | ve Sampling | Points     |       |             | 4/1/25 -  | 6/30/  | /25        |           |        | Со         | mplete        |
|                          |                |             |            |       |             | 7/1/25 -  | 9/30/  | /25        |           |        | Со         | mplete        |
|                          |                |             |            |       |             | 10/1/25 - | 12/31  | 1/25       |           |        |            |               |
|                          |                |             |            |       |             | 1/1/26 -  | 3/31/  | /26        |           |        |            |               |
|                          |                |             |            |       |             | 4/1/26 -  | 6/30/  | /26        |           |        |            |               |
| <b>Physical Paramet</b>  | ters (PPS)     |             |            |       |             |           |        |            |           | 1 ro   | utine (RT) | per quarter   |
| Sampling Poin            |                |             |            |       |             | Monitori  |        |            | lection P | eriod  |            | ance Status   |
| Select from Inv          | entory of Act  | ve Sampling | Points     |       |             | 4/1/25 -  | 6/30/  | /25        |           |        | Со         | mplete        |
|                          |                |             |            |       |             | 7/1/25 -  |        |            |           |        | Со         | mplete        |
|                          |                |             |            |       |             | 10/1/25 - |        |            |           |        |            |               |
|                          |                |             |            |       |             | 1/1/26 -  | 3/31/  | /26        |           |        |            |               |
|                          |                |             |            |       |             | 4/1/26 -  | 6/30/  | /26        |           |        |            |               |
| Water System Fac         | cility: ENTR   | POINT (W    | /SF ID: 00 | 0700) |             |           |        |            |           |        |            |               |
| <b>Nitrate And Nitri</b> | te (NOX)       |             |            |       |             |           |        |            |           | 1      | routine (F | RT) per year  |
| Sampling Poin            | t (Sampling P  | oint ID)    |            |       |             | Monitori  | ing Pe | riod Col   | lection P | eriod  | Compli     | ance Status   |
| ENTRY POINT (            | 3)             |             |            |       |             | 1/1/24 -  | 12/31  | /24        |           |        | Со         | mplete        |
|                          |                |             |            |       |             | 1/1/25 -  | 12/31  | /25        |           |        | Со         | mplete        |
|                          |                |             |            |       |             | 1/1/26 -  | 12/31  | /26        |           |        |            |               |
|                          |                | Water Sy    | ystem I    | Facil | ity and S   | ampling   | Poi    | nt Inven   | tory      |        |            |               |
| Water                    |                |             |            |       |             |           |        | Tot        | al Lead   | d and  | '          |               |
| -                        | stem Facility  |             |            | Point | Sampling P  |           |        | Colife     |           | per    |            | Stage         |
| Facility ID              |                |             | ID         |       | Description | )         | St     | tatus Ru   | le Rul    | e Tier | Asbestos   | WQP 2 DBPR    |
| 00600 DISTRIBU           | JTION SYSTEM   |             | 4          |       | DISTRIBUTI  |           |        | Α          |           |        |            |               |
|                          |                |             |            |       | WITHIN 5 S  |           |        | Α          |           |        |            |               |
|                          |                |             | UPSTRE     | AM    | WITHIN 5 S  |           | V      | Α          |           |        |            |               |
| 00700 ENTRY P            | OINT           |             | 3          |       | ENTRY POI   | VT        |        | Α          |           |        |            |               |
| 59835 WELL 1             |                |             | 2          |       | WELL 1      |           |        | Α          |           |        |            |               |
|                          |                |             |            | Con   | tact Info   | rmation   | 1      |            |           |        |            |               |
| Name                     |                |             |            | O     | rganization |           |        |            |           |        | Job Title  |               |
| Ms. Stori Beckwith       |                |             |            | Ar    | rowhead Ac  | res LLC   |        |            |           |        |            |               |
| Mailing Address Lin      | e One          |             | Mailing A  | ddres | s Line Two  |           |        |            | City      |        | State      | Zip Code      |
| 700 Route 32             |                |             |            |       |             |           |        | North Fr   | anklin    |        | СТ         | 06254         |
| Business Phone           | Extension      | Fax         |            | Mobi  | ile Phone   | Emergency | / Phon | e Email Ad | dress     |        |            |               |
| 860-213-0163             |                |             |            |       |             | 860-933-  | 9311   | arrowhe    | adacresll | c@gn   | nail.com   |               |

Schedule Generation Date: 12/12/2025

Contact Role(s): Administrative Contact, Legal Contact

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

|                                  |                  |      |  | 0           |         | 1              |              |            |                 |
|----------------------------------|------------------|------|--|-------------|---------|----------------|--------------|------------|-----------------|
| PWS ID                           | PWS Name         |      |  |             |         | Classification | Population   | Owner Type | Primary Source  |
| CT0530344                        | ARROWHEAD ACRES, | LLC. |  |             |         | NC             | 63           | Р          | GW              |
| Local Address (where applicable) |                  |      |  | Service     | Residen | ntial Commerc  | ial Industri | al Combine | ed Agricultural |
| 519 POND ROA                     | ۷D               |      |  | Connections |         |                |              |            | 1               |
|                                  |                  |      |  |             |         |                |              |            |                 |

Towns Served: FRANKLIN

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

End of schedule

|                       | Co          | nnectic       | ut Dena         | rtment of        | Public       | Health       | Dr     | rinkii | nσ W   | 'atar          | So   | ction          |            |         |
|-----------------------|-------------|---------------|-----------------|------------------|--------------|--------------|--------|--------|--|----------------|------|----------------|------------|---------|
|                       | CC          |               | •               | lity Monit       |              |              |        |        | _  |                |      | Ction          |            |         |
| PWS ID                | DVA         | 'S Name       | ter Qua         | iity Moiiit      | or mg a      | iiu Coii     | _      |        |  |                |      | ner Type P     | rimanı     | Source  |
| CT053035              |             | YERS CRAZY    |                 | EAMEDY           |              |              | Clas   | NC     |  | 25             | Owi  | P P            | GW         |         |
|                       |             | e applicable) | HOLLOW CK       | CAIVIERT         | Service      | Resident     | tial   | Comme  |  | 25<br>ndustri: | al   | Combined       |            | ultural |
|                       |             |               |                 |                  | Connection   |              | lidi   |        | er Ciai I  | Huustri        | aı   | Combined       | Agrici     | ılturai |
| 888 ROUT<br>Towns Ser |             |               |                 |                  | Commedia     | .5           |        | 1      |  |                |      |                |            |         |
| TOWNS SEI             | rveu: FRAI  | NKLIN         |                 | Monit            | oring Rec    | nuireme      | ntc    |        |  |                |      |                |            |         |
| Water Sv              | stem Fac    | ility: DISTR  | IRLITION SY     | STEM (WSF II     |              | quii eiiiei  | 1113   | 1      |  |                |      |                |            |         |
| •                     | liform (3   | •             | ibo nor 3       | 1312141 (4431 11 | D. 00000j    |              |        |        |  | 1              | roi  | ıtine (RT)     | ner au     | arter   |
|                       | -           | t (Sampling P | oint ID)        |                  |              | Monitori     | na P   | Period | Collec   | tion Pe        |      |                | ance St    |         |
|                       | _           | entory of Act |                 | Points           |              | 7/1/25 -     |        |        | 001100   |                | 100  | - Сотра        | <u> </u>   | 0.00    |
| 50,00                 |             |               | 5 5411119111118 | . 5              |              | 10/1/25 -    |        |        |  |                |      | Out            | of Servi   | ce      |
|                       |             |               |                 |                  |              | 4/1/26 -     |        |        |  |                |      | Juli           | C. CC. VII |         |
| Physical              | Paramet     | ers (PPS)     |                 |                  |              | 1, 1, 20     | 0,00   | 0,20   |  | 1              | roi  | ıtine (RT)     | ner au     | arter   |
| -                     |             | t (Sampling P | oint ID)        |                  |              | Monitori     | Period | Collec | 1 routine (RT) per qu  Collection Period Compliance St |                |      |                |            |         |
|                       | _           | entory of Act |                 | Points           |              | 25 - 9/30/25 |        |        | conceilon i criou                                      |                |      |                |            |         |
|                       |             | ,             |                 |                  | 10/1/25 - 1  |              |        |        | 10/1-10/1  |                |      | Out of Service |            |         |
|                       |             |               |                 |                  |              | 4/1/26 -     |        |        |  |                | -    |                |            |         |
| Water Sv              | stem Fac    | ilitv: ENTR   | Y POINT (W      | /SF ID: 00700)   |              | -, -,        | ,,,,,  | -,     |  |                |      |                |            |         |
|                       | And Nitri   |               | •               | <b>,</b>         |              |              |        |        |  |                | 1    | routine (F     | RT) per    | vear    |
|                       |             | t (Sampling P | oint ID)        |                  |              | Monitori     | ng P   | Period | Collec   | tion Pe        |      | -              | ance St    | -       |
|                       | RY POINT (  |               | •               |                  |              | 1/1/25 - :   |        |        | 4/   | 1-10/1         |      | •              |            |         |
|                       | •           | •             |                 |                  |              | 1/1/26 - :   |        |        |  | 1-10/1         |      |                |            |         |
|                       |             |               | Water S         | ystem Facili     | ity and Sa   | ampling      | Po     | int In | vento  | ry             |      |                |            |         |
| Water                 |             |               |                 |                  | -            |              |        |        | Total  | Lead           | and  |                |            |         |
| System                | Water Sy    | stem Facility |                 | Sampling Point   |              |              |        | (      | Coliform   | Сор            | per  |                |            | Stage   |
| Facility ID           | )           |               |                 | ID               | Description  |              |        | Status | Rule   | Rule           | Tier | Asbestos       | WQP 2      | ! DBPR  |
| 00600                 | DISTRIBU    | TION SYSTEM   |                 | 4                | DISTRIBUTION |              |        | Α      | Υ  |                |      |                |            |         |
|                       |             |               |                 | DOWNSTREAM       | WITHIN 5 S   | ERVICE CON   | I      | Α      | Υ  |                |      |                |            |         |
|                       |             |               |                 | UPSTREAM         | WITHIN 5 S   | ERVICE CON   | I      | Α      | Υ  |                |      |                |            |         |
| 00700                 | ENTRY PO    | DINT          |                 | 3                | ENTRY POIN   | NT           |        | Α      |  |                |      |                |            |         |
| 63022                 | WELL 1      |               |                 | 2                | WELL 1       |              |        | Α      |  |                |      |                |            |         |
| 63026                 | TREATM      | NT PLANT      |                 |                  |              |              |        |        |  |                |      |                |            |         |
|                       |             |               |                 | Con              | tact Info    | rmation      |        |        |  |                |      |                |            |         |
| Name                  |             |               |                 | Or               | ganization   |              |        |        |  |                |      | Job Title      |            |         |
| Ms. Elizab            | eth Meye    | r             |                 |                  |              |              |        |        |  |                |      |                |            |         |
| Mailing Ad            | ddress Line | e One         |                 | Mailing Address  | Line Two     |              |        |        | C  | ity            |      | State          | Zip Co     | de      |
| 30 Hyde P             | ark Road    |               |                 |                  |              |              |        | N. F   | ranklin  |                |      | СТ             | 0625       | 4       |
| Busines               | s Phone     | Extension     | Fax             | Mobi             | le Phone     | Emergency    | Pho    | ne Ema | il Addre   | ess .          |      |                |            |         |

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

## Please note the following:

860-710-1941

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

Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

860-710-3229

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

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

End of schedule

meyerscrazyhollowcreamery@gmail.com

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

| Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule   |                   |  |  |  |  |  |  |  |  |  |  |
|---|-------------------|--|--|--|--|--|--|--|--|--|--|
|   |                   |  |  |  |  |  |  |  |  |  |  |
| PWS ID PWS Name Classification Population Owner Type Pri  |                   |  |  |  |  |  |  |  |  |  |  |
| CT0530374 J & P PROPERTIES NC 50 P  | GW                |  |  |  |  |  |  |  |  |  |  |
| Local Address (where applicable)  Service Residential Commercial Industrial Combined  Connections   | Agricultural      |  |  |  |  |  |  |  |  |  |  |
| 892 ROUTE 32 Connections 1  Towns Served: FRANKLIN  |                   |  |  |  |  |  |  |  |  |  |  |
|   |                   |  |  |  |  |  |  |  |  |  |  |
| Monitoring Requirements  Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)   |                   |  |  |  |  |  |  |  |  |  |  |
| Total Coliform (3100) 1 routine (RT) p  | er quarter        |  |  |  |  |  |  |  |  |  |  |
| · · ·   | nce Status        |  |  |  |  |  |  |  |  |  |  |
|   | nplete            |  |  |  |  |  |  |  |  |  |  |
|   | nplete            |  |  |  |  |  |  |  |  |  |  |
|   | nplete            |  |  |  |  |  |  |  |  |  |  |
| 1/1/26 - 3/31/26  |                   |  |  |  |  |  |  |  |  |  |  |
| 4/1/26 - 6/30/26  |                   |  |  |  |  |  |  |  |  |  |  |
| Physical Parameters (PPS) 1 routine (RT) p  | er quarter        |  |  |  |  |  |  |  |  |  |  |
| •   | nce Status        |  |  |  |  |  |  |  |  |  |  |
|   | nplete            |  |  |  |  |  |  |  |  |  |  |
| 7/1/25 - 9/30/25 Cor  | nplete            |  |  |  |  |  |  |  |  |  |  |
| 10/1/25 - 12/31/25 Cor  | nplete            |  |  |  |  |  |  |  |  |  |  |
| 1/1/26 - 3/31/26  |                   |  |  |  |  |  |  |  |  |  |  |
| 4/1/26 - 6/30/26  |                   |  |  |  |  |  |  |  |  |  |  |
| Water System Facility: ENTRY POINT (WSF ID: 00700)  |                   |  |  |  |  |  |  |  |  |  |  |
| Nitrate And Nitrite (NOX) 1 routine (R  | T) per vear       |  |  |  |  |  |  |  |  |  |  |
| ·   | nce Status        |  |  |  |  |  |  |  |  |  |  |
|   | nplete            |  |  |  |  |  |  |  |  |  |  |
| 1/1/26 - 12/31/26   | •                 |  |  |  |  |  |  |  |  |  |  |
| Water System Facility and Sampling Point Inventory  |                   |  |  |  |  |  |  |  |  |  |  |
| Water Total Lead and  |                   |  |  |  |  |  |  |  |  |  |  |
| System Water System Facility Sampling Point Sampling Point Coliform Copper  | Stage             |  |  |  |  |  |  |  |  |  |  |
| Facility ID ID Description Status Rule Rule Tier Asbestos   | NQP 2 DBPR        |  |  |  |  |  |  |  |  |  |  |
| 00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A   |                   |  |  |  |  |  |  |  |  |  |  |
|   |                   |  |  |  |  |  |  |  |  |  |  |
| DOWNSTREAM WITHIN 5 SERVICE CON A   |                   |  |  |  |  |  |  |  |  |  |  |
| UPSTREAM WITHIN 5 SERVICE CON A   |                   |  |  |  |  |  |  |  |  |  |  |
| UPSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT A   |                   |  |  |  |  |  |  |  |  |  |  |
| UPSTREAM WITHIN 5 SERVICE CON A   |                   |  |  |  |  |  |  |  |  |  |  |
| UPSTREAM WITHIN 5 SERVICE CON A 00700 ENTRY POINT 3 ENTRY POINT A   |                   |  |  |  |  |  |  |  |  |  |  |
| UPSTREAM         WITHIN 5 SERVICE CON         A           00700         ENTRY POINT         3         ENTRY POINT         A           63206         WELL 1         2         WELL 1         A   |                   |  |  |  |  |  |  |  |  |  |  |
| UPSTREAM WITHIN 5 SERVICE CON A  00700 ENTRY POINT 3 ENTRY POINT A  63206 WELL 1 2 WELL 1 A  Contact Information  |                   |  |  |  |  |  |  |  |  |  |  |
| UPSTREAM         WITHIN 5 SERVICE CON         A           00700         ENTRY POINT         3         ENTRY POINT         A           63206         WELL 1         2         WELL 1         A           Contact Information           Name         Organization         Job Title | Zip Code          |  |  |  |  |  |  |  |  |  |  |
| UPSTREAM WITHIN 5 SERVICE CON A  00700 ENTRY POINT 3 ENTRY POINT A  63206 WELL 1 2 WELL 1 A  Contact Information  Name Organization Job Title  Mr. Joseph Ameer J & P Properties Manager  | Zip Code<br>06254 |  |  |  |  |  |  |  |  |  |  |
| UPSTREAM WITHIN 5 SERVICE CON A  00700 ENTRY POINT 3 ENTRY POINT A  63206 WELL 1 2 WELL 1 A  Contact Information  Name Organization Job Title  Mr. Joseph Ameer J & P Properties Manager  Mailing Address Line One Mailing Address Line Two City State                            |                   |  |  |  |  |  |  |  |  |  |  |

Schedule Generation Date: 12/12/2025

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

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

| PWS ID           | PWS Name         |         |              | Classification | Population | Owner Type      | Primary Source |
|------------------|------------------|---------|--------------|----------------|------------|-----------------|----------------|
| CT0530374        | J & P PROPERTIES |         |              | NC             | 50         | Р               | GW             |
| Local Address (w | Service          | Residen | tial Commerc | ial Industri   | al Combine | ed Agricultural |                |
| 892 ROUTE 32     | Connections      |         |              |                | 1          |                 |                |

Towns Served: FRANKLIN

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End of schedule