00700 ENTRY P 20048 WELL Name Mr. John Riesen Mailing Address Lin 945 Srorrs Rd Business Phone 860-429-6043 Contact Role(s): Address In	Extension	Fax Contact, Leg	Mailing Addre	Organization 1St Baptist Chess Line Two bile Phone		hone	Stors/ Ma Email Add		State CT	Zip Code 06268
Name Mr. John Riesen Mailing Address Lin 945 Srorrs Rd Business Phone		Fax	Mailing Addre	Organization 1St Baptist Ch ess Line Two	nurch	hone	Stors/ Ma Email Add	City ansfield dress	Trustees State CT	
20048 WELL Name Mr. John Riesen Mailing Address Lin 945 Srorrs Rd		Fax	Mailing Addre	Organization 1St Baptist Ch ess Line Two	nurch		Stors/ Ma	City ansfield	Trustees State	
20048 WELL Name Mr. John Riesen Mailing Address Lin	e One			Organization 1St Baptist Ch				City	Trustees State	
20048 WELL Name Mr. John Riesen	e One			Organization 1St Baptist Ch			•		Trustees	Zip Code
20048 WELL				Organization				Chairman of		
20048 WELL					ormation				Job Title	
			Co	ntact Info	ormation					
			2	WELL		Α				
	OINT		3	ENTRY POI	NT	Α				
			UPSTREAM		SERVICE CON	Α				
			DOWNSTREAL			A				
00600 DISTRIBU	JTION SYSTEM		4		ION SYSTEM	A				
Facility ID			ID	Description		Stat		e Rule Tie	er Asbestos	WQP 2 DBPR
	ystem Facility		Sampling Poir				Colifo	rm Copper	•	Stage
Water				•	1 0		Tota	•	d	
		Water Sv	stem Fac	ility and S	Sampling F	Point	Invent	tory		
					1/1/26 - 12					
					1/1/25 - 12					omplete
ENTRY POINT (<u> </u>				1/1/24 - 1					omplete
Sampling Poin	• •	oint ID)			Monitoring	g Perio	d Coll	ection Perio	-	liance Status
Nitrate And Nitri	ite (NOX)								1 routine (RT) per year
Water System Fac	cility: ENTRY	POINT (W	/SF ID: 00700	0)						
	<u> </u>				4/1/26 - 6	/30/26	5			
					1/1/26 - 3	/31/26	5			
					10/1/25 - 1	.2/31/2	25			
					7/1/25 - 9	/30/25	5		С	omplete
Select from Inv	ventory of Acti	ve Sampling	Points		4/1/25 - 6	/30/25	5		С	omplete
Sampling Poin		oint ID)			Monitoring	g Perio	d Coll	ection Perio		liance Status
Physical Paramet	ters (PPS)							1 rc	outine (RT)	per quarter
					4/1/26 - 6					
					1/1/26 - 3					
					10/1/25 - 1					opiece
Scient Holli III	citory of Acti	TE Sumpling	. 511165		7/1/25 - 9					omplete
Select from Inv			Points		<i>Monitoring</i> 4/1/25 - 6			Cetion Peno		omplete
Total Coliform (3 Sampling Poin	=	oint ID)			Manitaria	a Douis	ما دماا	1 rd ection Perio		per quarter
Water System Fac	•	IBUTION SY	SIEM (WSF	· ID: 00600)					(>=)	
)A/.1	. III DICED	IDLITION C			quiremen	ts				
Towns Served. IVIAI	VOI ILLD		N/10:05	itarina Da	a	4.0				
945 STORRS ROAD Towns Served: MAN	NSEIEI D			connectio	ns 1					
Local Address (whe	re applicable)			Service Connectio	Residenti	al Cor	mmercial	Industrial	Combined	d Agricultural
	T BAPTIST CHU	JRCH		Camilaa	Desident	NO	_	25	P	GW
	VS Name	ID CIT			(Primary Source
PWS ID PW		ter Qua	nty Mon	itoring a	ind Com					
PWS ID PW	Ma	ton Oural					0		cction	
	onnectic	at Depa)				VVAIEL		

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule													
	Wa	ter Qual	lity Mon	ito	oring a	nd Co	n	nplia	ance S	Schedul	le		
PWS ID	PWS Name							Classi	ification	Population	Owne	er Type	Primary Source
CT0781172	LST BAPTIST CHU	JRCH							NC	25		Р	GW
Local Address (wh	nere applicable)				Service	Resid	den	tial C	ommerci	al Industri	al C	Combine	d Agricultural
945 STORRS ROAI	ס				Connection	าร	1						
Towns Served: M	ANSFIELD												
Name				Org	ganization							Job Title	
Spring Hill Baptis	t Church												
Mailing Address L	ine One		Mailing Addr	ess	Line Two					City		State	Zip Code
945 Storrs Rd									Mansfield CT			06268	
Business Phone	Extension	Fax	Mo	bild	e Phone	Emerge	ncy	Phon	e Email A	Address			
Contact Role(s):	Owner												
Name				Org	ganization							Job Title	<u> </u>
The First Babtist	Church of Mans	field											
Mailing Address L	ine One		Mailing Addr	ess	Line Two					City		State	Zip Code
945 Storrs Rd									Mansfi	eld		CT	06268
Business Phone	Extension	Fax	Mo	bild	e Phone	Emerge	ncy	Phon	e Email A	Address			
Contact Role(s):	Owner												

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End of schedule

	Сс		*		of Public itoring a							ction				
PWS ID	PW	'S Name					Classi	ficatio	n Popu	ılation	Owr	ner Type P	rimary Source			
CT078001	4 SPF	RING HILL INN					1	NC	9	97		Р	GW			
Local Addı	ress (wher	e applicable)			Service	Residen	tial Co	omme	rcial lı	ndustri	al	Combined	Agricultural			
957 STORF	RS ROAD				Connection	ns		1								
Towns Ser	ved: MAN	ISFIELD			<u> </u>	'										
				Mon	itoring Red	guireme	nts									
Water Sy	stem Fac	ility: DISTRI	BUTION SY													
Total Co	liform (3	100)								1	l rou	itine (RT)	per quarter			
Samp	oling Poin	t (Sampling Po	oint ID)			Monitori	ng Per	riod	Collect	ion Pe	riod	Compli	ance Status			
Selec	t from Inv	entory of Acti	ve Sampling	Points		4/1/25 -	6/30/	25				Со	mplete			
						7/1/25 -	9/30/	25				Co	mplete			
						10/1/25 -	12/31	./25				Co	mplete			
						1/1/26 -	3/31/	26								
						4/1/26 -	6/30/	26								
Physical	Paramet	ers (PPS)								1	l rou	itine (RT)	per quarter			
Samp	oling Point	t (Sampling Po	oint ID)			Monitori	ng Per	riod	Collect	ion Pe	riod	Compli	ance Status			
DISTE	RIBUTION	SYSTEM (4)				4/1/25 -	6/30/	25				Co	mplete			
					7/1/25 -	9/30/	25				Co	mplete				
						10/1/25 -	12/31	./25				Co	mplete			
						1/1/26 -	3/31/	26								
						4/1/26 -	6/30/	26								
Water Sy	stem Fac	ility: ENTRY	POINT (W	/SF ID: 0070	0)											
Nitrate A	And Nitri	te (NOX)									1	routine (F	RT) per year			
Samp	oling Poin	t (Sampling Po	oint ID)			Monitori	ng Per	riod	Collect	ion Pe	riod	Compli	ance Status			
ENTR	Y POINT (3)				1/1/24 -	12/31/	/24				Со	mplete			
						1/1/25 -	12/31/	/25				Со	mplete			
						1/1/26 -	12/31/	/26								
				Other	Complian	ce Sched	lules									
Complian	ce Schedu	le Activity				ı	Due Do	ate		Achie	ved	Date				
CROSS CO	NNECTION	N EXEMPTION				;	3/1/20	129								
			Water Sy	ystem Fac	ility and S	ampling	Poin	nt Inv	vento							
Water									Total	Lead						
System	_	stem Facility		Sampling Poil ID	nt Sampling F Description				Coliform			Ashastas	Stage WQP 2 DBPR			
Facility ID		TIONI CVCTENA			•			<u>atus</u>	Rule	Kule	Her	ASDESIOS	WQP 2 DBPK			
00600	DISTRIBU	TION SYSTEM		4		ON SYSTEM		A	Υ							
				UPSTREAM	M WITHIN 5 S			A								
00700	FAITDV D	NAT.		ERVICE CON		A										
00700	ENTRY PO	INIC	ENTRY POII	VI		A										
21335	WELL #1			2	WELL			A								
48718	WELL #2		WELL #2			Α										
	ontact Info	rmation														
Name					Organization							Job Title				
Mr. Bhara			Kathmandu Re	ealty LLC												
Mailing Ad		e One		ess Line Two					Zip Code							
957 Storrs		Т								CT	06268					
Business	s Phone	Extension	Fax	Mo	bile Phone	Emergency	Phone	e Ema	il Addre	SS						

	Comiccuc	at Department of	I ublic I	Carti	עו.	1 111111111	5 Water	occuon	
	Wa	ter Quality Monito	d Con	np	liance S	Schedul	le		
PWS ID	PWS ID PWS Name							Owner Type	Primary Source
CT0780014			NC	97	Р	GW			
Local Address (v	where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
957 STORRS RO	AD		Connections			1			
Towns Served:	MANSFIELD								
860-771-842	27				neupar	ne_bharat@	yahoo.com		
Contact Role(s)	: Administrative	Contact, Legal Contact, Own							

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End of schedule

Connecticut Depa Water Qua		f Public Health coring and Con				ction	
PWS ID PWS Name			_			ner Type Prim	nary Source
CT0780064 CAMP HOLIDAY HILL			NC	13	32	Р	GW
Local Address (where applicable)		Service Resider	ntial Comm	ercial In	dustrial	Combined A	Agricultural
41 CHAFFEEVILLE ROAD		Connections	3	}			
Towns Served: MANSFIELD					<u> </u>		
	Monit	oring Requireme	ents				
Water System Facility: DISTRIBUTION S	SYSTEM (WSF I	D: 00600)					
Total Coliform (3100)					1 rou	tine (RT) pe	r quarter
Sampling Point (Sampling Point ID)		Monitor	ing Period	Collecti	on Period	Complian	ce Status
Select from Inventory of Active Samplin	g Points	4/1/25	- 6/30/25			Comp	olete
		7/1/25	- 9/30/25			Comp	olete
		10/1/25	- 12/31/25				
		1/1/26	- 3/31/26				
		4/1/26	- 6/30/26				
Physical Parameters (PPS)					1 rou	tine (RT) pe	r quarter
Sampling Point (Sampling Point ID)		Monitor	ing Period	Collecti	on Period	Complian	ce Status
Select from Inventory of Active Samplin	g Points	4/1/25	- 6/30/25			Comp	olete
		7/1/25	- 9/30/25			Comp	olete
		10/1/25	- 12/31/25				
		1/1/26	- 3/31/26				
		4/1/26	- 6/30/26				
Water System Facility: ENTRY POINT W	ELL #5 (WSF ID	D: 00700)					
Nitrate And Nitrite (NOX)					1	routine (RT)	per year
Sampling Point (Sampling Point ID)		Monitor	ing Period	Collecti	on Period	Complian	ce Status
ENTRY POINT (3)		1/1/24 -	12/31/24			Comp	olete
		1/1/25 -	12/31/25				
		1/1/26 -	12/31/26				
Water System Facility: ENTRY POINT W	ELL #6 (WSF IC	D: 00701)					
Nitrate And Nitrite (NOX)					1	routine (RT)	per year
Sampling Point (Sampling Point ID)		Monitor	ing Period	Collecti	on Period	Complian	ce Status
ENTRY POINT (3)		1/1/24 -	12/31/24			Comp	olete
		1/1/25 -	12/31/25			Comp	olete
		1/1/26 -	12/31/26				
	Other C	ompliance Sched	dules				
Compliance Schedule Activity			Due Date		Achieved I	Date	
CROSS CONNECTION SURVEY REPORT			3/1/2025				
Water S	System Facil	ity and Sampling	Point Ir	ventor	У		
Water	-			Total	Lead and		
System Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stage
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos W	QP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	1 A	Υ			
	DOWNSTREAM	WITHIN 5 SERVICE CO	N A				
	UPSTREAM	WITHIN 5 SERVICE CO	N A				
00700 ENTRY POINT WELL #5	3	ENTRY POINT	Α				
00701 ENTRY POINT WELL #6	3	ENTRY POINT	Α				
21340 WELL #5	2	WELL	Α				
I.							

	Water Quality Mo	iance S	Schedul	le				
PWS ID	PWS Name		Clas	ssification	Population	Owner Type	Primary Source	
СТ0780064	CAMP HOLIDAY HILL				NC	132	Р	GW
Local Address (v	where applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
41 CHAFFEEVILI	LE ROAD	Connections			3			

Towns Served: MANSFIELD

	,	Water Sy	stem Fac	ility and S	Sampling Poi	int I	nven	tor	У					
Water System Water System Facility Facility ID Sampling Point Sampling Point ID Description Status Rule Tier Asbestos WQP 2 DBPR Status Contact Information														
			Co	ntact Inf	ormation									
Name				Organization						Job Title				
Mr. Dudley Hamlin Holiday Recreation Center, Inc Director														
Mailing Address Line One Mailing Address Line Two City State Zip Code														
41 Chaffeeville Road	t					М	ansfield	t		СТ	06250			
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Pho	ne Er	nail Add	dres	S					
860-423-1375		860-456-2	444		860-423-1227	DI	JDLEY.H	HAN	1LIN@SNE	Γ.NET				
Contact Role(s): A	dministrative (Contact	·											
Name				Organization						Job Title				
Ms. Gwen Duff				Holiday Recr	eation Center, Inc			Owr	ner					
Mailing Address Lin	e One		Mailing Addre	ess Line Two				Cit	ty	State	Zip Code			
41 Chaffeeville Road	b					М	ansfield	t		СТ	06250			
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Pho	ne Er	nail Add	dres	S					
860-423-1375		860-456-2	444											
Contact Role(s): Le	gal Contact, O	wner												

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End of schedule

	Connectic	•									ection	
	Wa	ter Qua	lity M	onit	coring a	nd Con	nplia	nce So	chedi	ule		
PWS ID	PWS Name						Classif	ication P	opulatio	n Ow	ner Type P	rimary Source
СТ0780104	FIRST CHURCH C	F CHRIST IN	MANSFIE	LD			N	С	25		Р	GW
Local Address (w	here applicable)				Service	Residen	tial Co	mmercial	Indust	trial	Combined	Agricultural
549 STORRS ROA	,D				Connectio	ns		1				
Towns Served: N	1ANSFIELD						,			,		
					oring Re	quireme	nts					
Water System I	•	IBUTION SY	YSTEM (\	WSF I	D: 00600)							
Total Coliform	•	4 - 451										per quarter
	oint (Sampling P					Monitori			lection I	Period		iance Status
Select from	Inventory of Act	ive Sampling	Points			4/1/25 -						mplete
						7/1/25 -					Co	mplete
						10/1/25 -						
						1/1/26 -						
						4/1/26 -						
Physical Paran	• •										= =	per quarter
	oint (Sampling P					Monitori			lection I	Period		iance Status
Select from	Inventory of Act	ive Sampling	Points			4/1/25 -						mplete
						7/1/25 -		Cc	mplete			
						10/1/25 -	12/31/	25				
						1/1/26 -	3/31/2	6				
						4/1/26 -	6/30/2	6				
Water System I	acility: ENTR	Y POINT - W	VELL 1A	(WSF	ID: 00701)							
Nitrate And Ni	trite (NOX)									1	routine (f	RT) per year
Sampling Po	oint (Sampling P	oint ID)				Monitori	ng Peri	od Col	lection F	Period	Compl	iance Status
EP - WELL 1	A (3)					1/1/24 -	12/31/2	24			Co	mplete
						1/1/25 -	12/31/2	25			Cc	mplete
						1/1/26 -	12/31/2	26				
		Water S	ystem I	Facil	ity and S	ampling	Poin	t Inven	tory			
Water			•		•			Tota		nd and		
	r System Facility		Sampling	Point	Sampling H	Point		Colifo		pper		Stage
Facility ID			ID		Description	n	Sta	itus Rul	le Ru	le Tier	Asbestos	WQP 2 DBPR
00600 DISTR	IBUTION SYSTEM]	4		DISTRIBUT	ION SYSTEM	l A	Α Υ				
			DOWNST	REAM	WITHIN 5 9	SERVICE CON	N A	4				
			UPSTRE	AM	WITHIN 5 9	SERVICE CON	N A	4				
00701 ENTR	Y POINT - WELL 1	Α	3		EP - WELL	1A	A	4				
54900 WELL	1A		2		WELL 1A		A	4				
				Con	ntact Info	rmation	1					
Name					rganization						Job Title	
Mr. John D. Little	2				rst Church o	f Christ						
Mailing Address	Line One		Mailing A	ddres	s Line Two				City		State	Zip Code
P. O. Box 36					Committee)			Mansfiel			СТ	06250
Business Phone	e Extension	Fax			ile Phone	Emergency	Phone	Email Ad	dress			
860-423-9008						860-305-	-2245					
	T	1				l .		1				

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0780104	FIRST CHURCH OF CHRIST IN MANSFIELD			NC	25	Р	GW
Local Address (v	here applicable)	Service	Residen	ntial Commerc	al Industri	al Combine	ed Agricultural
549 STORRS ROAD		Connections		1			
				·	·		· · · · · · · · · · · · · · · · · · ·

Towns Served: MANSFIELD

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	Connecticut Dep						,	_			ection	
	Water Qu	ality Mo	onit	oring an	d Con	npl	liance	Sc	hedul	le		
PWS ID	PWS Name					Cla	ssification	Ро	pulation	Ow	ner Type P	rimary Source
CT0780134	COYOTE FLACO						NC		25		Р	GW
Local Address (v	where applicable)			Service	Residen	tial	Commerc	cial	Industri	al	Combined	Agricultural
50 HIGGINS HIG	GHWAY (ROUTE 31)			Connections			1					
Towns Served: I	MANSFIELD											
		M	onit	oring Requ	uireme	nts	•					
Water System	Facility: DISTRIBUTION	SYSTEM (\	WSF II	D: 00600)								
Total Coliforn	n (3100)								1	l ro	utine (RT)	per quarter
Sampling I	Point (Sampling Point ID)				Monitori	ing F	Period (Colle	ction Pe	riod	Compl	iance Status
Select from	n Inventory of Active Sampli	ng 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					
					1/1/26 -	3/3	1/26					
					4/1/26 -	6/3	0/26					
Physical Para											= =	per quarter
	Point (Sampling Point ID)		Monitoring Period Collection Period Compliance									
Select fron	n Inventory of Active Sampli		4/1/25 -							mplete		
			7/1/25 -						Co	mplete		
					10/1/25 -							
					1/1/26 -							
					4/1/26 -	6/3	0/26					
Water System	Facility: ENTRY POINT	(WSF ID: 00	0700)									
Nitrate And N	•									1	-	RT) per year
	Point (Sampling Point ID)				Monitori			Colle	ection Pe	riod		iance Status
ENTRY POI	NT (3)				1/1/24 -							mplete
					1/1/25 -						Сс	mplete
					1/1/26 -	12/3	31/26					
		Oth	er C	ompliance	Sched	lule	es					
Compliance Sch	nedule Activity					Due	Date		Achie	ved	Date	
RESPOND TO SA	ANITARY SURVEY				8	3/11,	/2021					
		Public	Not	ification F	Require	eme	ents					
			C	ompliance	Notice	!	<u>Public I</u>	<u>Votif</u>	<u>ication</u>		PN Cer	<u>tification</u>
Violation/Situa				Period	Tier		Required		Performe		Due to DPH	Received
Total Coliform N				/04 - 6/30/04	2		11/6/2004				11/16/2004	
<u> </u>	eters M&R Violation			/04 - 6/30/04	3		11/6/2004				11/16/2004	
Total Coliform N				/04 - 9/30/04	2		2/10/2005				2/20/2005	
	eters M&R Violation			/04 - 9/30/04	3		1/11/2006				1/21/2006	
Total Coliform N	MCL Violation		7/1/	/06 - 9/30/06	2		10/7/2006	5		1	10/17/2006	
	Water	System F	acili	ity and Sai	mpling	Po	int Inv	ent	ory			
Water	C	c !:		<i>c</i> "				otal				-
-	er System Facility	Sampling ID	Point	Sampling Poil Description	nt			lifor			Achastas	Stage WQP 2 DBPR
Facility ID	DIDLITION CVCTCN4				U CVCTE* A		Jiuius	Rule	киіе	ııer	ASDESTOS	WUR ZUBPH
00600 DIST	RIBUTION SYSTEM	4 DOM/NSTI		DISTRIBUTION			A	Υ				
		WITHIN 5 SEF			Α							
00700 5175	DV DOINT	UPSTRE	AIVI	WITHIN 5 SEF		N	Α					
00700 ENTF	RY POINT	3		ENTRY POINT			Α					

Conne	ecticut	Depar	tme	nt o	of Pu	ıblio	с Не	ealth	ı Dı	rinl	king	g W	la ¹	ter	Se	ctio	n	
	Water	Quali	ty M	Ioni	tori	ng a	and	Con	npl	ian	ice	Sch	ie	dul	le			

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0780134	COYOTE FLACO				NC	25	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
50 HIGGINS HIG	GHWAY (ROUTE 31)	Connections			1			

Towns Served: MANSFIELD

Wat	er System Facili	ity and Samplin	g Point In	vento	ry			
Water System Water System Facility	Sampling Point	Sampling Point			Lead and Copper			Stage
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	2 DBPR
21346 WELL	2	WELL	Α					

21346 WELL			2	WELL	A	١			
				Contact In	formation				
Name				Organizatio	n			Job Title	
Mr. William Cabrer	a			Coyote Flac	0				
Mailing Address Lin	e One		Mailing	Address Line Two)		City	State	Zip Code
50 Higgins Highway						Mansfiel	d	СТ	06250
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress	·	
860-423-4414									
				_	·	*			

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

Please note the following:

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

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

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

End of schedule

Connecticut Dej Water Qu	•	t of Public H				_			ection	
PWS ID PWS Name				_				_	ner Type Pri	imary Source
CT0780164 CUMBERLAND FARMS					NC		33		P	GW
Local Address (where applicable)		Service	Residen	tial	Commerc	cial	Industri	ial	Combined	Agricultural
1660 STORRS ROAD(OR 643 MIDDLE TURN	PIKE)	Connections			1					
Towns Served: MANSFIELD			I		1					
	Mo	nitoring Requ	iireme	nts	;					
Water System Facility: DISTRIBUTION										
Total Coliform (3100) Sampling Point (Sampling Point ID)			Monitori	ina F	Period (Colle	ection Pe		utine (RT) p	er quarter Ince Status
Select from Inventory of Active Sampl	ing Points		4/1/25 -			come	ection re	Tiou		nplete
Select from inventory of Active Sample	ing rollits		7/1/25 -		-					nplete
			7/1/25 10/1/25 -							nplete
		<u> </u>	1/1/26 -							Приссе
			4/1/26 -							
Physical Parameters (PPS)							1	1 ro	utine (RT) p	er quarter
Sampling Point (Sampling Point ID)			Monitori			Colle	ection Pe	riod		ınce Status
Select from Inventory of Active Sampl	ing Points		4/1/25 -						Cor	nplete
			7/1/25 -	9/3	0/25				Cor	nplete
		:	10/1/25 -						Cor	nplete
			1/1/26 -							
			4/1/26 -	6/3	0/26					
Water System Facility: ENTRY POINT	(WSF ID: 00	700)								
Nitrate And Nitrite (NOX)									routine (R	
Sampling Point (Sampling Point ID)			Monitori			Colle	ection Pe	rioa		ince Status
ENTRY POINT (3)			1/1/24 -							nplete
			1/1/25 -						Cor	nplete
			1/1/26 -	12/3	31/26					
	Oth	er Compliance	Sched	lule	es					
Compliance Schedule Activity				Due	Date		Achie	eved	Date	
RESPOND TO SANITARY SURVEY			ϵ	5/27	/2014					
CROSS CONNECTION SURVEY REPORT				3/1/	2015					
RESPOND TO SANITARY SURVEY			1	0/27	//2018					
RESPOND TO SANITARY SURVEY			1	0/27	//2018					
CROSS CONNECTION SURVEY REPORT				3/1/	2019					
CROSS CONNECTION SURVEY REPORT				3/1/	2020					
CROSS CONNECTION SURVEY REPORT				3/1/	2021					
CROSS CONNECTION SURVEY REPORT				3/1/	2022					
CROSS CONNECTION SURVEY REPORT				3/1/	2023					
CROSS CONNECTION SURVEY REPORT				3/1/	2024					
CROSS CONNECTION SURVEY REPORT					2025					
CROSS CONNECTION SURVEY REPORT				3/1/	2026					
	Public	Notification R	<u> </u>							
Ministra /Situation		Compliance	Notice	?	Public I				PN Certi	
Violation/Situation Total Californ MS B Violation		Period	Tier		Required		Performe	d	Due to DPH	Received
Total Coliform M&R Violation		1/1/13 - 3/31/13	2		7/24/2013				8/3/2013	
Physical Parameters M&R Violation		1/1/13 - 3/31/13	3		6/24/2014	+			7/4/2014	

	Water Quality Monitoring and Compliance Schedule									
PWS ID	NS ID PWS Name Classification Population Owner Type Primary Source									
CT0780164	CT0780164 CUMBERLAND FARMS					33	Р	GW		
Local Address (v	vhere applicable)	Service	Residen	ential Commerc		al Industri	al Combine	ed Agricultural		
1660 STORRS RO	Connections			1						

Towns Served: MANSFIELD

Public Notification Requirements										
	Compliance	Notice	Public No	<u>tification</u>	PN Certi	<u>fication</u>				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Total Coliform M&R Violation	11/1/17 - 11/30/17	3	3/19/2019		3/29/2019					
Physical Parameters M&R Violation	7/1/24 - 9/30/24	3	11/21/2025		12/1/2025					
Total Coliform M&R Violation	7/1/24 - 9/30/24	3	11/21/2025		12/1/2025					

	W	ater System Facili	ity and Sampling P	oint Ir	nvento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 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					
21349	WELL	2	WELL	Α					

Name				Organizatio	on		Job Title			
Mr. Alfred Rondan	0			Harwinton	Drilling & Eng Co.	Owner	Owner			
Mailing Address Lin	e One		Mailing	Address Line Tw	0	City	State	Zip Code		
376 Birge Park Road	t		P.O. Box	(152		Harwinton	СТ	06791		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
800-724-1584	00-724-1584 860-485-9142 860-309-4924 860-309-4924 FREDHARDRILL@SBCGLOBAL.NE					CGLOBAL.NET	-			
Contact Role(s): A	dministrative (Contact								
Name				Organizatio	on		Job Title			
Ms. Elise J. Farringt	on			Cumberlar	nd Farms/Eg America	Environme	ental P.M.			
Mailing Address Lin	e One		Mailing	Address Line Tw	0	City	State	Zip Code		
165 Flanders Road						Westborough	MA	01581		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
508-270-3113						elise.farrington@eg	-america com	1		

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut De	partment of	f Public H	ealth D	rink	ing W	ater Se	ection	
Water Q	uality Monit	coring and	d Comp	olianc	e Sch	edule		
PWS ID PWS Name	_		Cl	assificat	ion Popu	ulation Ow	ner Type P	rimary Source
CT0780174 STIX N STONES MARKETE	PLACE			NC		72	Р	GW
Local Address (where applicable)		Service	Residentia	I Comm	nercial I	ndustrial	Combined	Agricultural
1029 STORRS ROAD		Connections		1				
Towns Served: MANSFIELD								
	Monite	oring Requ	irement	:S				
Water System Facility: DISTRIBUTION	N SYSTEM (WSF I	D: 00600)						
Total Coliform (3100)						1 rou	ıtine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitoring	Period	Collec	tion Period	Compli	ance Status
Select from Inventory of Active Samp	ling Points		4/1/25 - 6/	30/25			Со	mplete
			7/1/25 - 9/	30/25			Со	mplete
		-	10/1/25 - 12	2/31/25				
			1/1/26 - 3/	31/26				
			4/1/26 - 6/	30/26				
Physical Parameters (PPS)								per quarter
Sampling Point (Sampling Point ID)			Monitoring		Collec	tion Period		ance Status
DISTRIBUTION SYSTEM (4)			4/1/25 - 6/					mplete
			7/1/25 - 9/				Со	mplete
			10/1/25 - 12					
			1/1/26 - 3/					
			4/1/26 - 6/	30/26				
Water System Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate And Nitrite (NOX)							·=	RT) per year
Sampling Point (Sampling Point ID)			Monitoring		Collect	tion Period		ance Status
ENTRY POINT (3)			1/1/24 - 12					mplete
			1/1/25 - 12,				Со	mplete
	_		1/1/26 - 12,					
	Other C	ompliance	Schedu	les				
Compliance Schedule Activity			Du	e Date		Achieved	Date	
RESPOND TO SANITARY SURVEY			8/3	1/2017				
CROSS CONNECTION SURVEY REPORT			3/1	L/2022				
CROSS CONNECTION SURVEY REPORT				L/2023				
CROSS CONNECTION SURVEY REPORT				L/2024				
CROSS CONNECTION SURVEY REPORT				L/2025				
CROSS CONNECTION SURVEY REPORT			3/1	1/2026				
Water	r System Facili	ity and Sar	npling P	oint Ir	rvento	ry		
Water					Total	Lead and		
System Water System Facility	Sampling Point		nt		Coliform			Stage
Facility ID	ID	Description		Status	Rule	Rule Tier		WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	01	REALTOR BAT	Н	A	Y		Y	
	02	CAFE BATH 1		A	Y		Y	
	03	CAFE BATH 2		A	Y		Y	
	04	3 BAY SINK		A	Y		Y	
	05 06	HAND SINK	Iν	A	Y		Y	
	06 07	GIFT SHOP SIN		A A	Y Y		Y Y	
	07	WI WILLIAM I	VIICIILIN	~	1		1	

Page 13

	Water Quality Mo	nitoring an	d Con	npliance	Schedul	le		
PWS ID	PWS ID PWS Name Classification Population Owner Type Primary Sou							
СТ0780174	CT0780174 STIX N STONES MARKETPLACE					Р	GW	
Local Address	(where applicable)	Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural	
1029 STORRS	Connections		1					

Towns Served: MANSFIELD

Wate	er System Facili	ity and Sampling P	oint Ir	iventoi	ry			
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
	08	APARTMENT BATH	Α	Υ		Υ		
	4	DISTRIBUTION SYSTEM	Α	Υ				
	DOWNSTREAM	DISTRIBUTION SYSTEM	Α					
	UPSTREAM	DISTRIBUTION SYSTEM	Α	Υ				
00700 ENTRY POINT	3	ENTRY POINT	Α					
21350 WELL	2	WELL	Α					

	Contact Information											
Name				Organization				Job Title				
Mr. Michael McDonald Spring Hill Cafe LLC												
Mailing Address Line		Mailing Address Line Two				City	State	Zip Code				
1029 Storrs Road						Storrs		СТ	06268			
Business Phone Extension Fax				Mobile Phone	Emergency Phone	Email Ad	il Address					
860-878-8597						stixnston	tixnstonesct@yahoo.com					

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

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section										
	Water Qualit	ty Mo	nitoring an								
PWS ID	PWS Name			C	lassification	Population	Owner Type F	rimary Source			
CT0780204	LUCKY STRIKE LANES, INC.				NC	25	Р	GW			
	where applicable)		Service	Residentia	l Commer	cial Industr	ial Combined	Agricultural			
185 STAFFORD I			Connections		1						
Towns Served: I	MANSFIELD										
		Mo	nitoring Requ	iirement	ts						
Water System	Facility: DISTRIBUTION SYST	TEM (V	/SF ID: 00600)								
Total Coliforn						;	1 routine (RT)				
	Point (Sampling Point ID)			Monitoring		Collection Pe		iance Status			
Select from	n Inventory of Active Sampling Po	oints		4/1/25 - 6/30/25 Complete							
				7/1/25 - 9/			Co	mplete			
				10/1/25 - 12							
				1/1/26 - 3/							
				4/1/26 - 6/	/30/26						
Physical Para							1 routine (RT)				
	Point (Sampling Point ID)			Monitoring		Collection Pe		iance Status			
Select from	n Inventory of Active Sampling Po	oints		4/1/25 - 6/				mplete			
				7/1/25 - 9/			Co	mplete			
				10/1/25 - 12/31/25							
				1/1/26 - 3/31/26 4/1/26 - 6/30/26							
	E III ENERVI DOINE INVO	- 10 00		4/1/26 - 6/	/30/26						
-	Facility: ENTRY POINT (WS	F ID: 00	700)				4 /				
Nitrate And Nitrite (NOX) 1 routine (RT) per year											
	Point (Sampling Point ID)			Monitoring		Collection Pe		iance Status			
ENTRY POI	N1 (3)			1/1/24 - 12				omplete			
				1/1/25 - 12 1/1/26 - 12			C	mplete			
		0.1			· ·						
		Oth	er Compliance	Schedu	les						
	edule Activity										
Compliance Schedule Activity					e Date	Achie	eved Date				
	TION/CORRECTIVE ACTION PLAN	I		4/3	0/2013	Achie	eved Date				
		I		4/3		Achie	eved Date				
	TION/CORRECTIVE ACTION PLAN		Notification R	4/3 12/	0/2013	Achie	eved Date				
	TION/CORRECTIVE ACTION PLAN		Notification R	4/3 12/	0/2013 /3/2021 nents	Achie		tification_			
	TION/CORRECTIVE ACTION PLAN ANITARY SURVEY		Compliance Period	4/3 12/ Requirem	0/2013 (3/2021 nents Public (Notification I Performe	PN Cer	-			
RESPOND TO SA	TION/CORRECTIVE ACTION PLAN ANITARY SURVEY		Compliance Period 1/1/20 - 12/31/20	4/3 12/ Requirem	0/2013 /3/2021 nents <i>Public</i>	Notification I Performe	PN Cer	-			
RESPOND TO SA	TION/CORRECTIVE ACTION PLAN ANITARY SURVEY F tion rite M&R Violation		Compliance Period	4/3 12/ Requirem Notice Tier	0/2013 (3/2021 nents Public (Notification I Performe	PN Cer	-			
RESPOND TO SA Violation/Situa Nitrate And Nitr	TION/CORRECTIVE ACTION PLAN ANITARY SURVEY tion rite M&R Violation M&R Violation	Public	Compliance Period 1/1/20 - 12/31/20	4/3 12/ Requirem Notice Tier 3 3	0/2013 (3/2021 nents Public (Required 3/31/202 7/2/2022	Notification I Performe 2	PN Cer ed Due to DPH 4/10/2022	-			
RESPOND TO SA Violation/Situa Nitrate And Nitr	TION/CORRECTIVE ACTION PLAN ANITARY SURVEY tion rite M&R Violation M&R Violation	Public	Compliance Period 1/1/20 - 12/31/20 4/1/21 - 4/30/21	4/3 12/ Requirem Notice Tier 3 3	0/2013 (3/2021 nents Public (Required 3/31/202 7/2/2022	Notification I Performe 2	PN Cer d Due to DPH 4/10/2022 7/12/2022	-			
Violation/Situal Nitrate And Nitr Total Coliform N Water System Water	TION/CORRECTIVE ACTION PLAN ANITARY SURVEY tion rite M&R Violation M&R Violation Water Sys	Public tem F	Compliance Period 1/1/20 - 12/31/20 4/1/21 - 4/30/21 acility and Sar Point Sampling Point	4/3 12/ Requirem Notice Tier 3 3	0/2013 (3/2021 nents Public (Required 3/31/202 7/2/2022 coint Inv	Notification Performe centory Total Lead	PN Cer ed Due to DPH 4/10/2022 7/12/2022 and per	Received			
Violation/Situate Nitrate And Nitr Total Coliform N Water System Water Facility ID	TION/CORRECTIVE ACTION PLAN ANITARY SURVEY Fition rite M&R Violation M&R Violation Water Sys er System Facility San	Public tem F	Compliance Period 1/1/20 - 12/31/20 4/1/21 - 4/30/21 acility and Sar Point Sampling Point Description	4/3 12/ Requirem Notice Tier 3 3 mpling P	0/2013 (3/2021 nents Public (Required 3/31/202 7/2/2022 coint Inv	Notification Performe contact Pentory Total Lead Coliform Cop Rule Rule	PN Cer ed Due to DPH 4/10/2022 7/12/2022	Received			
Violation/Situate Nitrate And Nitr Total Coliform N Water System Water Facility ID	TION/CORRECTIVE ACTION PLAN ANITARY SURVEY tion rite M&R Violation M&R Violation Water Sys er System Facility San	tem F	Compliance Period 1/1/20 - 12/31/20 4/1/21 - 4/30/21 acility and Sar Point Sampling Point Description DISTRIBUTION	4/3 12/ Requirem Notice Tier 3 3 mpling P	O/2013 O/2021 Pents Public (Required 3/31/202) 7/2/2022 Oint Inv Constants A	Notification Performe centory Total Lead	PN Cer ed Due to DPH 4/10/2022 7/12/2022 and per	Received			
Violation/Situate Nitrate And Nitr Total Coliform N Water System Water Facility ID	TION/CORRECTIVE ACTION PLAN ANITARY SURVEY Fition rite M&R Violation W&R Violation Water Sys er System Facility RIBUTION SYSTEM DO	tem F	Compliance Period 1/1/20 - 12/31/20 4/1/21 - 4/30/21 acility and Sar Point Sampling Point Description DISTRIBUTION EAM WITHIN 5 SER	4/3 12/ Requirem Notice Tier 3 3 mpling P nt N SYSTEM	0/2013 3/2021 nents Public Required 3/31/202 7/2/2022 coint Inv Co	Notification Performe contact Pentory Total Lead Coliform Cop Rule Rule	PN Cer ed Due to DPH 4/10/2022 7/12/2022 and per	Received			
Violation/Situate Nitrate And Nitr Total Coliform N Water System Water Facility ID 00600 DISTI	TION/CORRECTIVE ACTION PLAN ANITARY SURVEY tion rite M&R Violation Water Sys er System Facility RIBUTION SYSTEM DO	tem F mpling I ID 4 DWNSTR	Compliance Period 1/1/20 - 12/31/20 4/1/21 - 4/30/21 acility and Sar Point Sampling Point Description DISTRIBUTION EAM WITHIN 5 SER	4/3 12/ Requirem Notice Tier 3 3 mpling P nt N SYSTEM	O/2013 O/2021 Pents Public Required 3/31/202 7/2/2022 Oint Inv Co Status A A A	Notification Performe contact Pentory Total Lead Coliform Cop Rule Rule	PN Cer ed Due to DPH 4/10/2022 7/12/2022 and per	Received			
Violation/Situal Nitrate And Nitr Total Coliform N Water System Water Facility ID 00600 DIST	TION/CORRECTIVE ACTION PLAN ANITARY SURVEY Fition rite M&R Violation M&R Violation Water Sys er System Facility Sal RIBUTION SYSTEM DO RY POINT	Tem F ID 4 DWNSTR UPSTREA	Compliance Period 1/1/20 - 12/31/20 4/1/21 - 4/30/21 acility and Sar Point Sampling Point Description DISTRIBUTION EAM WITHIN 5 SER MWITHIN 5 SER ENTRY POINT	4/3 12/ Requirem Notice Tier 3 3 mpling P nt N SYSTEM	0/2013 3/2021 nents Public Required 3/31/202 7/2/2022 coint Inv Co	Notification Performe contact Pentory Total Lead Coliform Cop Rule Rule	PN Cer ed Due to DPH 4/10/2022 7/12/2022 and per	Received			
Violation/Situate Nitrate And Nitr Total Coliform N Water System Water Facility ID 00600 DISTI 00700 ENTE	TION/CORRECTIVE ACTION PLAN ANITARY SURVEY Fition rite M&R Violation M&R Violation Water Sys er System Facility Sal RIBUTION SYSTEM DO RY POINT	tem F mpling I ID 4 DWNSTR	Compliance Period 1/1/20 - 12/31/20 4/1/21 - 4/30/21 acility and Sar Point Sampling Point Description DISTRIBUTION EAM WITHIN 5 SER	4/3 12/ Requirem Notice Tier 3 3 mpling P nt N SYSTEM	O/2013 O/2021 Pents Public Required 3/31/202 7/2/2022 Oint Inv Co Status A A A	Notification Performe contact Pentory Total Lead Coliform Cop Rule Rule	PN Cer ed Due to DPH 4/10/2022 7/12/2022 and per	Received			

	Water Quality Monit	oring an	d Con	npl	liance S	Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0780204	CT0780204 LUCKY STRIKE LANES, INC.				NC	25	Р	GW
Local Address (where applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
185 STAFFORD ROAD		Connections			1			

Water System Facility and Sampling Point Inventory

Connecticut Department of Public Health Drinking Water Section

Towns Served: MANSFIELD

Facility ID	ystem Facility RE STORAGE	:	Sampling Poir ID	nt Sampling Descriptio	n n	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPF
31221 1112331	12 3 7 3 1 1 1 1 2 2		Co	ntact Info	ormation					
Name				Organization Job Title					Job Title	
Mr. Jessie L. Dunna	л. Jessie L. Dunnack			Lucky Strike L	Lanes Inc Sec. & Treasurer					
			Mailing Addre	ess Line Two				ty	State	Zip Code
127 Stafford Rd						Ma	nsfield Ce	enter	СТ	06250
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Pho	ne Em	ail Addre	SS		
860-423-8510										
Contact Role(s): O	wner									
Name				Organization	Organization			Job Title		
Mr. Robert A. Dunr	nack, Sr.			Lucky Strike I	Lanes Inc		Ow	ner		
Mailing Address Lin	e One		Mailing Addre	ess Line Two			Ci	ty	State	Zip Code
127 Stafford Rd						Ma	nsfield Ce	enter	CT	06250
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Pho	ne Em	ail Addre	SS		
203-423-8510						lucl	kystrikela	nesct@gma	ail.com	
Contact Role(s): A	dministrative Co	ntact, Leg	al Contact							

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

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End of schedule

	Connecticut	Departme	ent of	f Public	Health	Drink	king	Water	Secti	on		
	Wate	r Quality N	/Ionit	toring a	nd Con	nplian	ce So	chedul	e			
PWS ID	PWS Name			0 -						vpe P	rimary Source	
CT0780234		IN				NC		25	Р	71	GW	
	ess (where applicable)			Service	Residen	tial Com	mercial	Industria	al Com	bined	Agricultural	
228 STAFFC				Connection			1				- Breaker	
	red: MANSFIELD											
		r	Monit	oring Re	quireme	nts						
Water Sys	tem Facility: DISTRIBU				•							
Total Coli	form (3100)				1 routine (RT) per quarte							
Sampl	ing Point (Sampling Poin	t ID)			Monitori	ng Period	Col	lection Per	riod (Compli	ance Status	
Select	from Inventory of Active	Sampling Points			4/1/25 -	6/30/25				Co	mplete	
					7/1/25 -	9/30/25				Co	mplete	
					10/1/25 -	12/31/25						
					1/1/26 -	3/31/26						
					4/1/26 -	6/30/26						
Physical P	Parameters (PPS)							1	routine	(RT)	per quarter	
Sampl	ing Point (Sampling Poin	t ID)			Monitori	ng Period	Col	lection Per	riod (Compli	ance Status	
Select	from Inventory of Active	Sampling Points			4/1/25 -	6/30/25		Complete				
					7/1/25 -	9/30/25				Со	mplete	
					10/1/25 -	12/31/25						
					1/1/26 -	3/31/26						
					4/1/26 -	6/30/26						
Water Sys	tem Facility: ENTRY P	OINT (WSF ID:	00700)									
Nitrate A	nd Nitrite (NOX)								1 rout	tine (F	RT) per year	
	ling Point (Sampling Poin	t ID)			Monitori	ng Period	Col	lection Per		-	ance Status	
	POINT (3)	•				12/31/24	_				mplete	
	. ,				1/1/25 - 12/31/25					Complete		
						12/31/26					· ·	
	W	ater System	Facil	ity and S			nven	torv				
Water							Tot	=	and			
	Water System Facility	Samplir	na Point	Sampling F	Point		Colife				Stage	
Facility ID	,		D	Description		Statu				estos	WQP 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	4	DISTRIBUTI	ON SYSTEM		Y					
		DOWNS	STREAM	WITHIN 5 S	SERVICE CON	I A						
		UPST	REAM	WITHIN 5 S	SERVICE CON	I A						
00700 I	ENTRY POINT		3	ENTRY POI		Α						
	WELL		2	WELL		Α						
	HYDROPNEUMATIC TANK											
			Com	ntact Info	rmatica							
Name					rmation				lob	Title		
Name Mr. Michae	al P. Junadan			rganization	o In Thaats	a Inc		Dracidant	JOD	Title		
	el R. Jungden	Mailina			d Drive In Theatre Inc President					7in Codo		
	dress Line One	iviailing	Adares	ss Line Two	City State Zip Code Mansfield Center CT 06250							
228 Staffor		E	N 4 - 1 -	il - Dl-	F				(CT	06250	
Business		Fax	Mob	ile Phone	Emergency				EL D.D.D.	/FIA: 0:	20.4	
860-456	-25/8				860-428-	6346 M	IICHAEL	_@MANSFI	ELDDRIV	EIN.CC	JIVI	

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	Primary Source
CT0780234	MANSFIELD DRIVE-IN				NC	25	Р	GW
Local Address (v	vhere applicable)		Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural
228 STAFFORD F	ROAD		Connections		1			
			•					· · · · · · · · · · · · · · · · · · ·

Towns Served: MANSFIELD

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

	Cor	nnectic	ut Depa	rtmer	nt of	f Public	: Heal	lth D)rin	king	Wa	ter	Sec	ction	
		Wat	ter Qua	litv M	onit	oring a	ind C	omr	liar	nce So	che	dule	و		
PWS ID	PWS	Name	Contract of the contract of th			8								er Type P	rimary Sourc
CT078024		STORRS RD							NC		25			P	GW
Local Add	ress (where					Service	Resi	dentia		nmercial	1	lustrial	l C	Combined	Agricultura
466 STORI						Connectio				1					0
Towns Ser	rved: MANSI	FIELD													
				M	onit	oring Re	auira	mant	·c						
Matax Cu	otom Fooili	tu. DICTO	IDLITION C				quirei	пеп	.3						
		•	IBUTION SY	ISTEIVI (WSF II	ט: טטטטטן								· (DT)	
	liform (31	-	nint (D)				0.4		Davia	d C-1	II4:-				per quarte
	pling Point (Deinte				itoring			iectio	n Peri	oa		ance Status
Selec	t from inver	itory of Acti	ve Sampling	Points				25 - 6/							mplete
								25 - 9/						Co	mplete
								25 - 12							
								26 - 3/							
Dhusiaal	Davamata	(DDC)					4/1/	26 - 6/	30/20)		1		: (DT)	
-	Parameter		oint ID)				Mon	itoring	Dorio	d Col	lloctio	n Peri			per quarte ance Status
			ve Sampling	Points				25 - 6/			iectio	III PEII	ou		mplete
Jeiec	t iroin iriver	itory or Acti	ve sampling	FOIITES				25 - 0/ 25 - 9/							mplete
								25 - 37 25 - 12							Прісс
								26 - 3/							
								26 - 6/							
Water Sv	stem Facili	tv: FNTR\	POINT (W	/SE ID: 00	77001		7, 1,	20 0/	30,20	<u> </u>					
-	And Nitrite	•		301 151 01	<i>37</i>								1 r	outing (E	RT) per year
	pling Point (oint ID)				Moni	itoring	Perio	d Col	lectio	n Peri		-	ance Status
	RY POINT (3)		J 12)				_	24 - 12,							mplete
	(0)							25 - 12,							mplete
								26 - 12,							
				Oth	or C	omplian									
6 l'	61.11			Oth	iei C	Ullipliali	ice sci						4.5		
	ce Schedule								e Date			Achiev	еа D	ate	
	TO SANITAR								7/201						
RESPOND	TO SANITAR								2/2022						
			Water Sy	ystem I	Facili	ity and S	Sampli	ing P	oint	Inven	tory	/			
Water										Tot		Lead a			
System	=	tem Facility	•	Sampling ID	Point	Sampling I Description				Colife		Coppe		Achastas	Stage WQP 2 DBP
Facility ID		IONI CVCTEN	1			•		T	Stat			Kule I	ier i	ASDESIUS	WQP Z DBP
00600	DISTRIBUTI	ION SYSTEM		4 DOWNST	DEANA	DISTRIBUT WITHIN 5 S			A						
				UPSTRE		WITHIN 5			Α						
00700	ENTRY POI	NIT		3	.AIVI	ENTRY POI		CON	A A						
		INI		2			INI								
21356	WELL					WELL			A						
						tact Info	ormati	ion							
Name						rganization								Job Title	
	t S. Blaggen						Indian Restaurant Owner								
	ddress Line (One		Mailing A	ddress	s Line Two					City	/		State	Zip Code
	Swamp Rd									Storrs				СТ	06268
Busines	s Phone	Extension	Fax		Mobi	le Phone	Emerge	ency Ph	none	Email Ad	dress				

	Commeetic	at Department of	I ubiic i	icaitii	עו.	1 111171111	5 Water	occuon	
	Wa	ter Quality Monit	oring an	d Con	np	liance S	Schedul	le	
PWS ID	PWS Name				Cla	ssification	Population	Owner Type I	Primary Source
CT0780244	4 466 STORRS RD					NC	25	Р	GW
Local Address	Local Address (where applicable) Service			Residen	itial Commerc		al Industri	al Combined	d Agricultural
466 STORRS RO	DAD		Connections			1			
Towns Served:	MANSFIELD								
860-429-73	860-429-7383 ranjitsblaggen@gmail.com								
Contact Role(s	Contact Role(s): Administrative Contact, Legal Contact, Owner								

Please note the following:

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

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

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

End of schedule

	Department of P Quality Monitor			_		ection	
	Quality Monitor	ing anu				T 0	
PWS ID PWS Name	DUCHANAN CENTER		Cla		Population Ov		
CT0780274 MANSFIELD LIBRARY		ervice Re	scidontial	NC	217	Combined	Agricultural
Local Address (where applicable) 54 WARRENVILLE ROAD		onnections	esidential	Commerci 1	al Industrial	Combined	Agricultural
Towns Served: MANSFIELD		71111000110113		1			
TOWNS Served. IVIANSFILLD	N.A :	Domin					
Water System Facility: DISTRIBUT		ing Require	ements)			
Total Coliform (3100)	(, , , , , , , , , , , , , , , , , , , ,			1 1	routine (RT)	per month
Sampling Point (Sampling Point I	D)	Mo	nitoring F	Period C	ollection Perio		ince Status
Select from Inventory of Active Sa			1/25 - 7/3				mplete
·			1/25 - 8/3				mplete
			1/25 - 9/3				nplete
		10/	1/25 - 10/	31/25		Cor	mplete
		11/	1/25 - 11/	30/25		Cor	mplete
		12/	1/25 - 12/	31/25			
		1/	1/26 - 1/3	1/26			
		2/	1/26 - 2/2	8/26			
			1/26 - 3/3				
			1/26 - 4/3				
			1/26 - 5/3				
		6/	1/26 - 6/3	0/26		()	
Physical Parameters (PPS)	n)	0.4		namia d		routine (RT)	-
Sampling Point (Sampling Point I Select from Inventory of Active Sa			nitoring F		ollection Perio	-	nnce Status
Select from inventory of Active Sa	inipinig Ponits		1/25 - 7/3 1/25 - 8/3				nplete nplete
			1/25 - 6/3 1/25 - 9/3				nplete
		2/	1/23-3/3	0/23		COI	HDICLC
		10/	1/25 - 10/	21/25			
			1/25 - 10/ 1/25 - 11/			Cor	nplete
		11/	1/25 - 11/	30/25		Cor	
		11/ 12/	1/25 - 11/ 1/25 - 12/	30/25 31/25		Cor	nplete
		11/ 12/ 1/	1/25 - 11/	30/25 31/25 1/26		Cor	nplete
		11/ 12/ 1/ 2/	1/25 - 11/ 1/25 - 12/ 1/26 - 1/3	30/25 31/25 1/26 8/26		Cor	nplete
		11/ 12/ 1/ 2/ 3/	1/25 - 11/ 1/25 - 12/ 1/26 - 1/3 1/26 - 2/2	30/25 31/25 1/26 8/26 1/26		Cor	nplete
		11/ 12/ 1/ 2/ 3/ 4/	1/25 - 11/ 1/25 - 12/ 1/26 - 1/3 1/26 - 2/2 1/26 - 3/3	30/25 31/25 1/26 8/26 1/26 0/26		Cor	nplete
		11/ 12/ 1/ 2/ 3/ 4/ 5/	1/25 - 11/ 1/25 - 12/ 1/26 - 1/3 1/26 - 2/2 1/26 - 3/3 1/26 - 4/3	30/25 31/25 1/26 8/26 1/26 0/26 1/26		Cor	nplete
Water System Facility: ENTRY PO I	INT (WSF ID: 00700)	11/ 12/ 1/ 2/ 3/ 4/ 5/	1/25 - 11/ 1/25 - 12/ 1/26 - 1/3 1/26 - 2/2 1/26 - 3/3 1/26 - 4/3 1/26 - 5/3	30/25 31/25 1/26 8/26 1/26 0/26 1/26		Cor	nplete
Water System Facility: ENTRY PO	INT (WSF ID: 00700)	11/ 12/ 1/ 2/ 3/ 4/ 5/	1/25 - 11/ 1/25 - 12/ 1/26 - 1/3 1/26 - 2/2 1/26 - 3/3 1/26 - 4/3 1/26 - 5/3	30/25 31/25 1/26 8/26 1/26 0/26 1/26		Cor	mplete mplete
	,	11/ 12/ 1/ 2/ 3/ 4/ 5/ 6/	1/25 - 11/ 1/25 - 12/ 1/26 - 1/3 1/26 - 2/2 1/26 - 3/3 1/26 - 4/3 1/26 - 5/3	30/25 31/25 1/26 8/26 1/26 0/26 1/26 0/26	ollection Perio	Cor	mplete mplete
Nitrate And Nitrite (NOX)	,	11/ 12/ 1/ 2/ 3/ 4/ 5/ 6/	1/25 - 11/ 1/25 - 12/ 1/26 - 1/3 1/26 - 2/2 1/26 - 3/3 1/26 - 4/3 1/26 - 5/3 1/26 - 6/3	30/25 31/25 1/26 8/26 1/26 0/26 1/26 0/26 0/26		Cor Cor 1 routine (R Complia	mplete mplete T) per year ance Status mplete
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point I	,	11/ 12/ 1/ 2/ 3/ 4/ 5/ 6/ Mo 1/1 1/1	1/25 - 11/ 1/25 - 12/ 1/26 - 1/3 1/26 - 2/2 1/26 - 3/3 1/26 - 4/3 1/26 - 6/3 1/26 - 6/3	30/25 31/25 1/26 8/26 1/26 0/26 1/26 0/26 2eriod Company Compa		Cor Cor 1 routine (R Complia	mplete mplete T) per year ance Status
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point I	D)	11/ 12/ 1/ 2/ 3/ 4/ 5/ 6/ Ma 1/1 1/1	1/25 - 11/ 1/25 - 12/ 1/26 - 1/3 1/26 - 2/2 1/26 - 3/3 1/26 - 4/3 1/26 - 5/3 1/26 - 6/3 mitoring F 1/24 - 12/3 1/25 - 12/3	30/25 31/25 1/26 8/26 1/26 0/26 1/26 0/26 2eriod Co 31/24 31/25 31/26		Cor Cor 1 routine (R Complia	mplete mplete T) per year ance Status mplete
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point I	,	11/ 12/ 1/ 2/ 3/ 4/ 5/ 6/ Ma 1/1 1/1	1/25 - 11/ 1/25 - 12/ 1/26 - 1/3 1/26 - 2/2 1/26 - 3/3 1/26 - 4/3 1/26 - 5/3 1/26 - 6/3 mitoring F 1/24 - 12/3 1/25 - 12/3	30/25 31/25 1/26 8/26 1/26 0/26 1/26 0/26 2eriod Co 31/24 31/25 31/26		Cor Cor 1 routine (R Complia	mplete mplete T) per year mnce Status mplete

3/1/2026

Schedule Generation Date: 12/12/2025 Page 21

CROSS CONNECTION SURVEY REPORT

	Water Quality Monit	oring an	d Con	npliance	Schedu	le	
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0780274	CT0780274 MANSFIELD LIBRARY BUCHANAN CENTER				217	L	GW
Local Address	(where applicable)	Service	Resider	ntial Commerc	cial Industr	ial Combin	ed Agricultural
54 WARRENVI	LLE ROAD	Connections		1			

Towns Served: MANSFIELD

rowns se	Towns Served: MANSFIELD								
	Wat	er System Facil	ity and Sampling P	oint Ir	nvento	ry			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		St	tage
Facility II	D	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		MNSFLDLIB01	BREAK ROOM SINK	Α	Υ				
		MNSFLDLIB02	MENS ROOM SINK	Α	Υ				
MNSFLDLIB		MNSFLDLIB03	WOMENS ROOM SINK	Α	Υ				
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21358	WELL	2	WELL	Α					
		Cor	tact Information						
Name		0	rganization			Job Title			
Mr. Bill J.	Trietch	To	own of Mansfield		Dep	outy Dir. Fa	cility		
Mailing A	ddress Line One	Mailing Addres	s Line Two		Ci	ty	State	Zip Cod	de
4 South E	agleville Road	Mansfield CT 062		06268	3				

ontact Role(s):	Administrative Contact
-----------------	-------------------------------

Extension

Name	Name					Job Title			
Ms. Maria Capriola				Town of Man	sfield		Interim Town Manager		
Mailing Address Line One Mailing Addre				dress Line Two			City	State	Zip Code
Audrey P. Beck Mur	nicipal Building	3	4 South Eaչ	gleville Road		Mansfiel	d	CT	06268
Business Phone	Extension	Fax	N	Mobile Phone	Emergency Phone	Email Address			
860-429-3336						TownMr	gr@mansfieldct	.org	

Emergency Phone Email Address

TrietchWJ@mansfieldct.org

860-234-1854

Mobile Phone

Contact Role(s): Legal Contact

Please note the following:

Business Phone

860-429-3322

- 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.

Fax

860-487-4443

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

	Co	onnectic Wa	ut Depa ter Qual										ection	
PWS ID	DVA	/S Name	tci Quai	iity ivi	Omi	ornig a	nu Con	_	ssification				oor Typo D	rimary Source
CT078033		UR HOUSE						Cla	NC	ווק וונ	25	OW	P P	GW
		re applicable)				Service	Resider	tial	Comme	orcial	Industri	al	Combined	
847 STAFF						Connection		itiai	1	erciai	muustii	aı	Combined	Agricultural
	rved: MAN								1					
TOWIIS SEI	I Ved. IVIAI	ISI ILLD		D 4	!*.	! D	•							
Water Sy	stem Fac	ility: DISTR	IBUTION SY			oring Red D: 00600)	quireme	ents	5					
Total Co	liform (3	3100)									1	l rou	utine (RT)	per quarter
Sam	pling Poin	t (Sampling P	oint ID)				Monitor	ing l	Period	Colle	ction Pe	riod	Compli	ance Status
Selec	ct from Inv	entory of Acti	ive Sampling	Points			4/1/25	- 6/3	30/25				Сс	mplete
							7/1/25	- 9/3	30/25				Co	mplete
							10/1/25	- 12/	/31/25					
							1/1/26	- 3/3	31/26					
							4/1/26	- 6/3	30/26					
Physical	Paramet	ers (PPS)									1	L rou	ıtine (RT)	per quarter
Sam	pling Poin	t (Sampling P	oint ID)				Monitor	ing l	Period	Colle	ction Pe	riod	Compli	ance Status
Selec	ct from Inv	entory of Acti	ive Sampling	Points			4/1/25	- 6/3	30/25				Co	mplete
							7/1/25	- 9/3	30/25				Co	mplete
							10/1/25	- 12/	/31/25					
							1/1/26	- 3/3	31/26					
							4/1/26	- 6/3	30/26					
Water Sy	stem Fac	ility: ENTR	Y POINT (W	/SF ID: 0	0700)									
Nitrate A	And Nitri	te (NOX)										1	routine (F	RT) per year
Sam	pling Poin	t (Sampling P	oint ID)				Monitor			Colle	ction Pe	riod	Compli	ance Status
ENTF	RY POINT (3)					1/1/24 -	12/	31/24				Co	mplete
							1/1/25 -	12/	31/25				Co	mplete
							1/1/26 -	12/	31/26					
				Oth	er C	omplian	ce Sched	luk	es					
		le Activity							Date		Achie	eved	Date	
SAMPLING	G SITE PLA	N							5/2021					
RESPOND	TO SANIT	ARY SURVEY					2	2/10	/2022					
Water			Water Sy	/stem l	Facili	ity and S	ampling	Po	oint In	vent		and		
System	Water Su	stem Facility	9	Samplina	Point	Sampling F	Point			rotai Colifori				Stage
Facility IE	_	•		. ID		Description			Status	Rule			Asbestos	WQP 2 DBPR
00600	DISTRIBL	JTION SYSTEM	1	4		DISTRIBUTI	ON SYSTEM	1	A	Υ				
				DOWNST	REAM	WITHIN 5 S	ERVICE COI	N	Α					
				UPSTRE	AM	WITHIN 5 S	ERVICE COI	N	Α					
00700	ENTRY P	TNIC		3		ENTRY POII	NT		Α					
21364	WELL			2		WELL			Α					
					Con	tact Info	rmation	1						
Name					Or	ganization							Job Title	
Ms. Kerry	John					cile John Tru	ust			С	o-Truste	e		
Mailing A		e One		Mailing A	ddress	s Line Two					City		State	Zip Code
855 Staffo									Stor	rs			СТ	06268
Busines	s Phone	Extension	Fax		Mobi	le Phone	Emergency	/ Ph	one Ema	ail Addı	ress			

	domicette	at Department of	I abite I	Carci	ישו	311111111	, water	Decelor	L
	Wa	ter Quality Monito	oring an	d Con	np	liance S	Schedul	le	
PWS ID	PWS Name				Cla	ssification	Population	Owner Type	Primary Source
CT0780334	POUR HOUSE	HOUSENC25PGW							
Local Address (v	where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural
847 STAFFORD	ROAD		Connections	1		1			
Towns Served: I	MANSFIELD								
860-429-262	2	860-93	33-2821			kerryjo	hn@charte	r.net	
Contact Role(s):	Contact Role(s): Administrative Contact, Legal Contact, Owner								

Please note the following:

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

End of schedule

	Co		ut Departme					_				ction	
		Wat	ter Quality N	/lonit	toring a	ind Com	iplia	ince S	sch	edul	le		
PWS ID	PW	'S Name					Classif	fication	Popu	lation	Own	ner Type P	rimary Soui
CT078035	4 TH	OMPSONS GE	NERAL STORE				N	NC	2	25		Р	GW
Local Addr	ress (wher	e applicable)			Service	Residen	tial Co	ommerci	al In	ndustri	al	Combined	Agricultu
54 MIDDLI	E TURNPIK	Œ			Connectio	ns		1					
Towns Ser	ved: MAN	ISFIELD											
						quireme	nts						
•		•	IBUTION SYSTEM	(WSF I	D: 00600)					_		()	
	liform (3	•					_						per quarte
		t (Sampling Po				Monitori			ollect	ion Pe	riod		iance Statu
Selec	t from Inv	entory of Acti	ve Sampling Points			4/1/25 -							mplete
													mplete
					10/1/25 - 12/31/25 Complete								
						1/1/26 - 3/31/26							
						4/1/26 - 6/30/26							
Physical	Paramet	ers (PPS)								1	l rou	tine (RT)	per quarte
Samp	oling Point	t (Sampling Po	oint ID)			Monitori	ng Peri	iod C	ollect	ion Pe	riod	Compl	iance Statu
Selec	t from Inv	entory of Acti	ve Sampling Points			4/1/25 -	6/30/2	25				Co	mplete
						7/1/25 -	9/30/2	25				Cc	mplete
						10/1/25 -	12/31,	/25				Сс	mplete
						1/1/26 -	3/31/2	26					
						4/1/26 -							
Water Sv	stem Fac	ility: FNTRY	POINT (WSF ID:	00700))	-7-7	-,, -						
Nitrate A		•	(,							1	routine (l	RT) per yea
		t (Sampling Po	nint ID)			Monitori	na Dori	ind C	ollect	ion Pe			iance Statu
	Y POINT (<u> </u>				1/1/24 -			Onecc	1011 1 61	1104		mplete
LIVIIV	TI FOINT (.	3)				1/1/24 -							mplete
												CC	ilibiete
						1/1/26 -							
			Water System	Facil	ity and S	ampling	Poin	t Inve	nto	ry			
Water								To	otal	Lead	and		
System	-	stem Facility	•	-	Sampling H				iform	Cop			Stag
Facility ID)		I	D	Description			atus R	lule	Rule	Tier	Asbestos	WQP 2 DB
00600	DISTRIBU	TION SYSTEM	4	1	DISTRIBUT	ION SYSTEM		A	Υ				
			DOWNS	STREAM	WITHIN 5 S	SERVICE CON	Ι.	Α					
			UPST	REAM	WITHIN 5 9	SERVICE CON	l .	Α					
00700	ENTRY PO	DINT		3	ENTRY POI	NT		A					
60711	WELL 1			2	WELL 1			Α					
				Con	ntact Info	ormation							
Name				0	rganization							Job Title	
Mr. Georg	ge M. Thoi	mpson III		G	. Merritt Tho	ompson & Sc	ns		Pre	sident			
Mailing Ac			Mailing	Addres	s Line Two				Ci	ty		State	Zip Code
54 Middle								Mansfi				СТ	06251
Business		Extension	Fax	Moh	ile Phone	Emergency	Phone						
					idsons.com								
		EXTENSION	860-429-9378	IVIOD	iie riiolle						gmth	ompsonar	dsons.com

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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				Classificat	ion I	Population	Owner Type	Primary Source
СТ0780354	THOMPSONS GENERAL ST	ORE			NC		25	Р	GW
Local Address (v	here applicable)		Service	Resider	itial Comn	nercia	l Industri	al Combine	ed Agricultural
54 MIDDLE TUR	NPIKE		Connections		:	1			
					· ·				· · · · · · · · · · · · · · · · · · ·

Towns Served: MANSFIELD

Please note the following:

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

End of schedule

	Connecticut Dep								
	Water Qu	iality Monit	oring and	d Com	plianc	e Sch	edule		
PWS ID	PWS Name			(Classificati	on Popu	lation O	wner Type	Primary Source
СТ0780384	2103 STORRS ROAD				NC		25	Р	GW
Local Address	(where applicable)		Service	Resident	ial Comm	ercial Ir	ndustrial	Combine	ed Agricultural
2103 STORRS F			Connections		1				
Towns Served:	MANSFIELD								
			oring Requ	iremer	nts				
	n Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)						
Total Colifor	• •					- " -		=) per quarter
	Point (Sampling Point ID)			Monitorin		Collect	ion Perio		oliance Status
Select fro	m Inventory of Active Sampl	ing Points		4/1/25 - 6					Complete
				7/1/25 - 9					Complete
			-	10/1/25 - 1				(Complete
				1/1/26 - 3					
	(DDC)			4/1/26 - 6	0/30/26			/p.	•
•	ameters (PPS) Point (Sampling Point ID)			Manitarin	a Dovind	Callast		-) per quarter pliance Status
	m Inventory of Active Sampli	ing Doints		Monitorin 4/1/25 - 6		Collect	ion Perio		Complete
Select II 0	in inventory of Active Sample	ing Points		7/1/25 - 9					Complete
				10/1/25 - 1					Complete
			-	1/1/26 - 3					complete
				4/1/26 - 6					
Water Systen	n Facility: ENTRY POINT	(WSF ID: 00700)		4/1/20	3/30/20				
-	Nitrite (NOX)	(110: 12: 00700)						1 routine	(RT) per year
	Point (Sampling Point ID)			Monitorin	a Period	Collect	ion Perio		oliance Status
ENTRY PC				1/1/24 - 1					Complete
	(0)			_, _, _ · _ 1/1/25 - 1					Complete
				 1/1/26 - 1					•
Water Systen	n Facility: WELL (WSF ID	: 21368)		, .					
E. Coli (3014		•					1 r	outine (R1) per quarter
-	Point (Sampling Point ID)			Monitorin	g Period	Collect	ion Perio	=	oliance Status
WELL (2)	, , ,			4/1/25 - 6					Complete
. ,				7/1/25 - 9					Complete
			-	10/1/25 - 1	12/31/25			(Complete
				1/1/26 - 3					•
				4/1/26 - 6	5/30/26				
	Water	System Facili	ity and Sar	npling	Point In	vento	ry		
Water						Total	Lead ar	nd	
•	ter System Facility	Sampling Point		nt		Coliform			Stage
Facility ID		ID	Description		Status	Rule	Rule Ti	er Asbesto	s WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION		A	Υ			
		DOWNSTREAM			A				
		UPSTREAM	WITHIN 5 SER	VICE CON	Α .				
	RY POINT	3	ENTRY POINT		A				
21368 WE	<u>LL</u>	2	WELL		Α				

57200 TREATMENT PLANT

Connecticut Department of Public Health Drinking Water Section									
Water Quality Monitoring and Con	npliance S	Schedul	e						
PWS Name	Classification	Population	Owner Type	Primary 5					

CD 1.11 - 11 - 1/1. D - 1.1 1 - - 147-4 -

										-
СТ0780384	2103 STORRS ROAD				NC	25		Р		GW
Local Address (v	where applicable)	Service	Residen	ntial	Commercia	l Industri	al	Combine	ed A	Agricultural
2103 STORRS RO	DAD	Connections			1					

Towns Served: MANSFIELD

PWS ID

			(Contact Inf	ormation				
Name				Organization				Job Title	
Mr. Iyad Jamal				Mansfield Re	Owner				
Mailing Address Lin	e One		Mailing Add	Mailing Address Line Two			City	State	Zip Code
2241 Route 6						Brewster NY 10			
Business Phone	Extension	Fax	N	Nobile Phone	Emergency Phone	Email Ad	dress		
845-302-2183						ijamal82	@gmail.com		

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

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End of schedule

Source

Connecticut Depa Water Qua				U		ection	
PWS ID PWS Name			Cla	ssification	Population Owi	ner Type Pi	imary Source
CT0780434 MANSFIELD MARKETPLACE				NC	25	Р	GW
Local Address (where applicable)		Service	Residential	Commercia	l Industrial	Combined	Agricultural
228 STAFFORD ROAD		Connectio	ns	1			
Towns Served: MANSFIELD							
Makes Contage Facility DISTRIBUTION C			quirements	5			
Water System Facility: DISTRIBUTION ST	rsieivi (WSF	ID: 00600)			4	tine (DT)	
Total Coliform (3100)			Monitoring	Daviad Ca			per quarter
Sampling Point (Sampling Point ID)	Daints		Monitoring		llection Period		ance Status
Select from Inventory of Active Sampling	Points		4/1/25 - 6/3				mplete
			7/1/25 - 9/3			Co	mplete
			10/1/25 - 12/				
			1/1/26 - 3/3				
			4/1/26 - 6/3	30/26		(5-1)	
Physical Parameters (PPS)							per quarter
Sampling Point (Sampling Point ID)	.		Monitoring I		llection Period		ance Status
Select from Inventory of Active Sampling	Points		4/1/25 - 6/3				mplete
			7/1/25 - 9/3			Со	mplete
			10/1/25 - 12/				
			1/1/26 - 3/3				
			4/1/26 - 6/3	30/26			
Water System Facility: ENTRY POINT (V	VSF ID: 00700	0)					
Nitrate And Nitrite (NOX)					1	routine (F	T) per year
Sampling Point (Sampling Point ID)			Monitoring I	Period Co	llection Period	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 S	ystem Faci	ility and S	Sampling Po	int Invei	ntory		
Water		-		To	tal Lead and		
System Water System Facility	Sampling Poin	t Sampling I	Point	Colif	orm Copper		Stage
Facility ID	ID	Description	n	Status Ru	ıle Rule Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUT	ION SYSTEM	Α `	(
	DOWNSTREAM	M WITHIN 5	SERVICE CON	Α			
	UPSTREAM	WITHIN 5	SERVICE CON	Α			
00700 ENTRY POINT		WITHIN 5 S		A A			
00700 ENTRY POINT 22951 WELL #1	UPSTREAM						
	UPSTREAM 3 2	ENTRY POI	NT	Α			
22951 WELL#1	UPSTREAM 3 2	ENTRY POI WELL ntact Info	NT	Α		loh Title	
22951 WELL #1 Name	UPSTREAM 3 2 Co	ENTRY POI WELL ntact Info Organization	ormation	A A	President	Job Title	
22951 WELL #1 Name Mr. Michael R. Jungden	UPSTREAM 3 2 Co	ENTRY POI WELL ntact Info Organization Mansfield Dri	NT	A A	President City		7in Code
Name Mr. Michael R. Jungden Mailing Address Line One	UPSTREAM 3 2 Co	ENTRY POI WELL ntact Info Organization Mansfield Dri	ormation	A A	City	State	Zip Code 06250
22951 WELL #1 Name Mr. Michael R. Jungden	UPSTREAM 3 2 Co Mailing Addre	ENTRY POI WELL ntact Info Organization Mansfield Dri	ormation	A A	City Id Center		Zip Code 06250

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

	•				_ I			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
СТ0780434	MANSFIELD MARKETPLA	ACE			NC	25	Р	GW
Local Address (w	here applicable)		Service	Resider	itial Comme	cial Industri	al Combine	ed Agricultural
228 STAFFORD R	OAD		Connections		1			

Towns Served: MANSFIELD

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End of schedule

			a= 11:					_	_		
	Connecticut D	epartment	of Public	Health	Dri	nkin	ıg W	/ater	Se	ction	
	Water	Quality Mor	nitoring a	nd Con	nplia	ance	Sch	nedul	e		
PWS ID	PWS Name		<u> </u>				_			er Type F	rimary Sour
CT0780464	603 MIDDLE TURNPIKE	E - MANSFIELD				NC	-1-	25		P	GW
	where applicable)		Service	Residen		ommer	cial	Industri	al (Combined	_
	JRNPIKE (ROUTE 44)		Connectio			3					0
Towns Served:	<u> </u>										
		Mon	itoring Po	auiromo	ntc						
Water System	n Facility: DISTRIBUTI		itoring Re F ID: 00600)	quireine	1115						
Total Colifor	m (3100)							1	. rou	tine (RT)	per quarte
Sampling	Point (Sampling Point ID	o)		Monitori	ng Peri	iod	Collec	ction Pe			iance Status
Select from	m Inventory of Active Sar	mpling Points		4/1/25 -	6/30/2	25				Co	mplete
				7/1/25 -	9/30/2	25				Co	mplete
				10/1/25 -	12/31,	/25					
				1/1/26 -	3/31/2	26					
				4/1/26 -	6/30/2	26					
Physical Para	ameters (PPS)							1	. rou	tine (RT)	per quarte
-	Point (Sampling Point IE	o)		Monitori	ng Peri	iod	Collec	ction Pe	riod	Compl	iance Status
Select from	m Inventory of Active Sar	mpling Points		4/1/25 -	6/30/2	25				Co	mplete
				7/1/25 -	9/30/2	25				Co	mplete
				10/1/25 -	12/31,	/25					
				1/1/26 -	3/31/2	26					
				4/1/26 -	6/30/2	26					
Water System	n Facility: ENTRY POI	NT (WSF ID: 0070	00)								
Nitrate And	Nitrite (NOX)								1 r	outine (RT) per yea
	Point (Sampling Point ID	o)		Monitori	ng Peri	iod	Collec	ction Pe		_	iance Status
ENTRY PO	INT (3)			1/1/24 -	12/31/	′24			-	Co	mplete
				1/1/25 -	12/31/	′25					
				1/1/26 -	12/31/	′26					
	Wat	ter System Fa	cility and S	ampling	Poin	t Inv	ento	ory			
Water							Total	Lead			
	ter System Facility		int Sampling I				oliforn				Stag
Facility ID		ID	Description			utus	Rule	Rule	Tier	Asbestos	WQP 2 DBI
00600 DIST	TRIBUTION SYSTEM	4		ION SYSTEM		A	Υ				
			AM WITHIN 5			A					
		UPSTREAN		SERVICE CON		Α .					
	RY POINT	3	ENTRY POI	NI		A					
	LL #1	2	WELL #1			Α					
57196 TRE	ATMENT PLANT										
		C	ontact Info	ormation	1						
Name			Organization							Job Title	
S&P Properties	s, LLC										
Mailing Addres	ss Line One	Mailing Add	ress Line Two					City		State	Zip Code
P. O. Box 85		_				Ando				СТ	06232
Business Pho	one Extension	Fax M	obile Phone	Emergency	Phone	e Email	l Addr	ess			
860-546-873	39					info@	sand	pproper	ties.c	om	
Contact Role(s)): Owner	1		1							
	l .										

	Commette	ut Dcpa	ii tiiitiit	or r ubiic	ricaru	ווועו	manng	vvacci	Section	L
	Wat	ter Qua	lity Mor	nitoring a	and Cor	nplia	ince S	Schedul	le	
PWS ID	PWS Name					Classif	fication	Population	Owner Type	Primary Sour
СТ0780464	603 MIDDLE TUR	NPIKE - MA	NSFIELD			N	NC .	25	Р	GW
Local Address (w	here applicable)			Service	Resider	ntial Co	ommercia	al Industri	al Combin	ed Agricultui
603 MIDDLE TUR	NPIKE (ROUTE 44	L)		Connectio	ons		3			
Towns Served: N	1ANSFIELD			,	,			'	'	1
Name				Organization					Job Titl	е
Mr. Daniel J. Sau	ınders			S&P Propertion	es, LLC			Manager		
Mailing Address	Line One		Mailing Add	ress Line Two				City	State	Zip Code
P.O. Box 85							Andove	er	СТ	06232
Business Phone	e Extension	Fax	М	obile Phone	Emergenc	y Phone	Email A	ddress		
860-377-1362							dansau	n@sbcglob	al.net	
C++ D-1-/-)	0 -1	^								

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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End of schedule

	Co	onnectic	•									ection	
D) 4 (C 1)			ter Qua	nity N	ionit	oring a	na com	_					
PWS ID		/S Name								-	on Ow	ner Type P	rimary Source
CT0780554		ENTENNIAL F	PARK					N(-	25		L	GW
		e applicable)				Service Connection	Resident	ial Coi	mmercial	Indus	trial	Combined	Agricultural
230 CLOVER						Connection	15		1				
Towns Serve	ed: MAN	ISFIELD											
Water Syst	tem Fac	ility: DISTR	IBUTION S			oring Red D: 00600)	quireme	nts					
Total Colif		•			(110. 1	2.00000,					1 ro	utine (RT)	per quarter
		t (Sampling P	oint ID)				Monitorii	na Perio	nd Col	lection			iance Status
		entory of Act		Points			4/1/25 -	_		icciion i	CITOU		mplete
Sciecci	1101111111	critory or rice	ive samping	51011113			7/1/25 -						mplete
							10/1/25 -						mplete
							4/1/26 -						mpiete
Physical P)aramat	ors (DDC)					7/1/20-	J, JU, Z	<u> </u>		1 10	utino (DT)	per quarter
-		ers (PPS) t (Sampling P	oint ID)				Monitorii	na Perio	nd Col	lection			iance Status
		entory of Act		Points			4/1/25 -	_		iection i	renou		mplete
Sciect	110111111	cittory of Act	ive Sampling	5 1 011163			7/1/25 -						mplete
							10/1/25 -	-		10/1-10	/21		mplete
							4/1/26 -			10/1-10	/ 51		mpiete
Mater Syst	tem Fac	ility: ENTR	V DOINT (NSE ID:	በበ7በበነ		7/ 1/ 20	0,30,2	<u> </u>				
•		,	i ronvi (v	W31 1D.	007007						1	voutino /I	DT\ non voor
Nitrate Ar		te (NOX) t (Sampling P	oint ID)				Monitorii	na Dorie	nd Col	lection		-	RT) per year iance Status
	POINT (טווונ וטן				1/1/24 - 3			4/1-10/			omplete
LIVIIVI	101111	J)					1/1/25 - 1			4/1-10/			mplete
							1/1/26 - 1			4/1-10/			mpiete
				O+	hor C	omplian		· ·		- 7,1 10,	<u> </u>		
c ":	6 1 1			O.	ilei C	omplian						<u> </u>	
Compliance			ODT					Due Dat	_	Aci	hieved	Date	
CROSS CON	NECTION	N SURVEY REP						3/1/202					
			Water S	ystem	Facili	ity and S	ampling	Point	Inven	tory			
Water									Tot		ad and	1	_
	Water Sy	stem Facility		Samplin	_	Sampling P Description			Colife tus Ru		opper	Achastas	Stage WQP 2 DBPR
Facility ID	DICTRIRI	ITIONI CVCTEN	Λ			-	ON SYSTEM	Sta	tus		ile Hei	ASDESIOS	WQP 2 DBPK
00600	אואוכוכ	ITION SYSTEM	Ί	DICEN				P					
				BICEN		MENS ROO		Δ					
				BICEN		WOMENS F		Δ					
				BICEN		PUMP ROO		Δ					
						WITHIN 5 S							
00700 5	TNITOV D	DINIT		UPSTI			ERVICE CON						
	ENTRY PO	ו אווכ			3	ENTRY POIN	N I	Р					
47904 V	WELL #1			2	2	WELL#1		P	,				
					Con	tact Info	rmation						
Name						rganization						Job Title	
Mr. Bill J. Tr	rietch			1	To	own of Mans	field			Deputy	Dir. Fa	cility	
Mailing Add	dress Line	e One		Mailing	Address	s Line Two				City		State	Zip Code
4 South Eag		oad	T						Mansfiel			CT	06268
Business F	Phone	Extension	Fax		Mobi	le Phone	Emergency	Phone	Email Ad	dress			

	Connecticut Department of Public Health Drinking Water Section												
	Wa	ter Qua	lity M	oni	itoring a	nd	Com	plia	nce S	chedul	le		
PWS ID	PWS Name						(Classif	ication	Population	Owr	ner Type	Primary Source
CT0780554	BICENTENNIAL F	PARK						N	С	25		L	GW
Local Address (wl	nere applicable)				Service	Re	esidenti	al Co	mmercia	al Industri	al	Combine	d Agricultural
230 CLOVER MILL ROAD Connections 1													
Towns Served: MANSFIELD													
860-429-3322		860-487-	4443			860	0-234-1	854	Trietch\	NJ@mansfi	eldct	t.org	
Contact Role(s):	Administrative	Contact, Ow	ner										
Name				(Organization							Job Title	
Ms. Maria Caprio	ola				Town of Mans	sfield				Interim To	own I	Manager	
Mailing Address I	ine One		Mailing A	Addre	ess Line Two					City		State	Zip Code
Audrey P. Beck M	Iunicipal Building	g	4 South I	Eagle	ville Road				Mansfie	eld		CT	06268
Business Phone	Extension	Fax		Mol	bile Phone	Emer	rgency F	Phone	Email A	ddress			
860-429-3336									TownM	ngr@mans	fieldo	ct.org	
Contact Role(s):	Legal Contact												

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End of schedule

	Connecticut De	nartment of	F Public Health	Drinki	nσ Wa	iter Se	ction	
			oring and Com		_		Ction	
PWS ID	PWS Name	uality Mollit		<u> </u>			ner Type Prir	mary Source
CT078702				NC	25		L	GW
	ress (where applicable)		Service Resident					Agricultural
PARK ROA			Connections	1		austriai	Combined	Agricultural
	ved: MANSFIELD							
		Monito	oring Requiremer	nts				
Water Sys	stem Facility: DISTRIBUTIO			165				
-	liform (3100)		,			1 rou	tine (RT) po	er quarter
Samp	oling Point (Sampling Point ID)		Monitorin	ng Period	Collection	on Period	Complia	nce Status
Selec	t from Inventory of Active Samp	oling Points	4/1/25 -	6/30/25			Com	plete
			7/1/25 - 9	9/30/25			Com	plete
			10/1/25 -	12/31/25			Com	plete
			1/1/26 - 3	3/31/26				
			4/1/26 -	6/30/26				
Physical	Parameters (PPS)					1 rou	tine (RT) po	er quarter
Samp	oling Point (Sampling Point ID)		Monitorin	ng Period	Collection	on Period	Complia	nce Status
Selec	t from Inventory of Active Samp	oling Points	4/1/25 -	6/30/25			Com	plete
			7/1/25 - :	9/30/25			Com	plete
			10/1/25 -	12/31/25			Com	plete
			1/1/26 - :	3/31/26				
			4/1/26 -	6/30/26				
Water Sys	stem Facility: ENTRY POINT	(WSF ID: 00700)						
Nitrate A	And Nitrite (NOX)					1	routine (RT) per year
Samp	oling Point (Sampling Point ID)		Monitorin	ng Period	Collection	on Period	Complia	nce Status
ENTR	Y POINT (3)		1/1/24 - 1	12/31/24			Com	plete
			1/1/25 - 1	2/31/25			Com	plete
			1/1/26 - 1	12/31/26				
		Other C	1/1/26 - 1 ompliance Sched					
Compliand	ce Schedule Activity	Other C	ompliance Sched			Achieved I	Date	
	ce Schedule Activity NNECTION SURVEY REPORT	Other C	ompliance Sched	ules		Achieved I	Date	
	NNECTION SURVEY REPORT		ompliance Sched	ules Oue Date /1/2030			Date	
	NNECTION SURVEY REPORT		ompliance Sched	ules Oue Date /1/2030	ventor		Date	
CROSS CO	NNECTION SURVEY REPORT	r System Facili	ompliance Sched	ules Due Date 1/1/2030 Point In	ventor	у	Date	Stage
CROSS CO	NNECTION SURVEY REPORT Water Water System Facility	r System Facili	ompliance Sched	ules Due Date 1/1/2030 Point In	ventor	Y Lead and Copper	Date Asbestos W	_
CROSS CO	NNECTION SURVEY REPORT Water Water System Facility	r System Facili	ompliance Sched	ules Due Date /1/2030 Point In	ventor Total Coliform	Y Lead and Copper		_
CROSS CO	NNECTION SURVEY REPORT Wate Water System Facility	r System Facili Sampling Point ID 4	ompliance Sched ity and Sampling Sampling Point Description	ules Due Date /1/2030 Point In Status A	ventor Total Coliform Rule	Y Lead and Copper		_
CROSS CO	NNECTION SURVEY REPORT Wate Water System Facility	r System Facili Sampling Point ID 4	ity and Sampling Sampling Point Description DISTRIBUTION	ules Due Date /1/2030 Point In Status A	ventor Total Coliform Rule	y Lead and Copper		_
CROSS CO	NNECTION SURVEY REPORT Wate Water System Facility	r System Facili Sampling Point ID 4 DOWNSTREAM	ity and Sampling Sampling Point Description DISTRIBUTION WITHIN 5 SERVICE CON	ules Due Date /1/2030 Point In Status A A	Ventor Total Coliform Rule	y Lead and Copper		_
CROSS CO	NNECTION SURVEY REPORT Wate Water System Facility	r System Facili Sampling Point ID 4 DOWNSTREAM LION001	ompliance Sched 3 ity and Sampling Sampling Point Description DISTRIBUTION WITHIN 5 SERVICE CON TRANSFER STN BTHRM	ules Due Date 1/1/2030 Point In Status A A A	Ventor Total Coliform Rule Y	y Lead and Copper		_
CROSS CO	NNECTION SURVEY REPORT Wate Water System Facility	Sampling Point ID 4 DOWNSTREAM LION001 LION002	ity and Sampling Sampling Point Description DISTRIBUTION WITHIN 5 SERVICE CON TRANSFER STN BTHRM KITCHEN PAN SINK	ules Due Date /1/2030 Point In Status A A A A	Ventor Total Coliform Rule Y Y	y Lead and Copper		_
CROSS CO	NNECTION SURVEY REPORT Wate Water System Facility	Sampling Point ID 4 DOWNSTREAM LION001 LION002 LION003	ity and Sampling Sampling Point Description DISTRIBUTION WITHIN 5 SERVICE CON TRANSFER STN BTHRM KITCHEN PAN SINK KITCHEN HAND SINK	ules Due Date /1/2030 Point In Status A A A A A	Total Coliform Rule Y Y Y Y Y	y Lead and Copper		_
CROSS CO	NNECTION SURVEY REPORT Wate Water System Facility	Sampling Point ID 4 DOWNSTREAM LION001 LION002 LION003 LION004	ompliance Sched ity and Sampling Sampling Point Description DISTRIBUTION WITHIN 5 SERVICE CON TRANSFER STN BTHRM KITCHEN PAN SINK KITCHEN HAND SINK CLOSET SINK	ules Due Date Duly 1/2030 Point In Status A A A A A A A	Ventor Total Coliform Rule Y Y Y Y Y	y Lead and Copper		_
CROSS CO	NNECTION SURVEY REPORT Wate Water System Facility	Sampling Point ID 4 DOWNSTREAM LION001 LION002 LION003 LION004 LION005	ity and Sampling Sampling Point Description DISTRIBUTION WITHIN 5 SERVICE CON TRANSFER STN BTHRM KITCHEN PAN SINK KITCHEN HAND SINK CLOSET SINK BATHROOM 1 SINK	viles Due Date /1/2030 Point In Status A A A A A A A A	Ventor Total Coliform Rule Y Y Y Y Y	y Lead and Copper		_

Α

WELL

2

48865

WELL

	Connectic Wat	•	ertment o				U			ction			
PWS ID	PWS Name								1	er Type	Primary Source		
CT0787024	LIONS PARK						NC	25		L	GW		
Local Address (w	here applicable)			Service	Resider	ntial C	ommercia	l Industri	ial (Combine	d Agricultural		
PARK ROAD				Connection	S		1						
Towns Served: N	owns Served: MANSFIELD												
	Contact Information												
Name													
Mr. Bill J. Trietch	1		-	Town of Mans	ansfield Deputy Dir. Facility								
Mailing Address	Line One		Mailing Addre	Address Line Two				City			Zip Code		
4 South Eagleville	e Road						Mansfie	Mansfield			06268		
Business Phone	e Extension	Fax	Mo	bile Phone	Emergenc	y Phon	e Email A	ddress					
860-429-3322		860-487-	4443		860-234	-1854	Trietch	NJ@mansfi	ieldct.	org			
Contact Role(s):	Administrative (Contact	·	·									
Name	ome Organization Job Title												
Ms. Maria Caprio	ola		-	Town of Mansfield		Interim Town N		own N	/lanager				
Mailing Address	Line One		Mailing Addre	Address Line Two			City		State	Zip Code			
Audrey P. Beck N	/Junicipal Building	<u> </u>	4 South Eagle				Mansfield			СТ	06268		

Contact Role(s): Legal Contact

Extension

Please note the following:

Business Phone

860-429-3336

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

TownMngr@mansfieldct.org

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

End of schedule

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	Connecticut Dep							ection	
	Water Qu	ality M	onitoring and	d Comp	oliance	e Sch	redule		
PWS ID	PWS Name			CI	lassificatio	n Pop	ulation O	wner Type Pr	imary Source
СТ0787084	MOUNTAIN DAIRY CREAM	1ERY			NC		28	Р	GW
Local Addre	ss (where applicable)		Service	Residentia	I Comme	ercial	Industrial	Combined	Agricultural
483 BROWN	IS ROAD		Connections		1				
Towns Serve	ed: MANSFIELD								
		M	onitoring Requ	irement	ts				
Water Syst	em Facility: DISTRIBUTION	SYSTEM (WSF ID: 00600)						
Total Colif	orm (3100)						1 r	outine (RT)	per quarter
Sampli	ng Point (Sampling Point ID)			Monitoring	Period	Collec	tion Perio	d Compli	ance Status
Select f	from Inventory of Active Sampli	ng Points		4/1/25 - 6/	/30/25			Out o	of Service
				7/1/25 - 9/	/30/25			Out	of Service
				10/1/25 - 12	2/31/25				
				1/1/26 - 3/	/31/26				
				4/1/26 - 6/	/30/26				
-	arameters (PPS)							outine (RT)	
	ng Point (Sampling Point ID)			Monitoring		Collec	tion Perio	•	ance Status
Select f	from Inventory of Active Sampli	ng Points		4/1/25 - 6/	-				of Service
				7/1/25 - 9/				Out	of Service
			-	10/1/25 - 12					
				1/1/26 - 3/					
	- 11:	<i></i>		4/1/26 - 6/	30/26				
•	em Facility: ENTRY POINT	(WSF ID: 00	0700)						
	nd Nitrite (NOX)					- "		1 routine (R	
	ing Point (Sampling Point ID)		_	Monitoring		Collec	tion Perio		ance Status
ENTRY	POINT (3)			1/1/24 - 12				Co	mplete
				1/1/25 - 12					
		5 11:		1/1/26 - 12					
		Public	Notification R						
Violation/Si	ituation		Compliance Period	Notice Tier		Notifi			<u>ification</u>
_	rm M&R Violation		7/1/24 - 9/30/24	3	Require 11/25/20		erformed	Due to DPH	Received
	ameters M&R Violation		7/1/24 - 9/30/24	3	12/2/20			12/5/2025 12/12/2025	
	rm M&R Violation		4/1/24 - 6/30/24	3	12/2/20			12/12/2025	
	ameters M&R Violation		4/1/24 - 6/30/24	3	12/2/20			12/12/2025	
i ilysicai i ai		Custom					. 143. 7	12/12/2023	
Morten	water	System	Facility and Sar	iipiilig P	OIIIL III				
Water System V	Vater System Facility	Samplina	Point Sampling Poi	nt		Total Coliforn	Lead an n Coppei		Stage
Facility ID	Tutor bystem rusiney	ID	Description		Status	Rule			WQP 2 DBPR
	DISTRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	A				·
	NTRY POINT	3	ENTRY POINT		A				
	VELL 1	2	WELL 1		A				
			Contact Inform	nation					
Namo				nation				lob Title	
Name)roto		Organization	<u> </u>		n 4	2025:2	Job Title	
Mr. John J P		Mailiaa	Jdt Enterprises Li				anaging M		7in Codo
46 Sols Poin	ress Line One	ivialling A	ddress Line Two		Clina		City	State	Zip Code
40 2018 POIN	ı NUdü				Clin	LUII		СТ	06413

	Connecticut Department of Public Health Drinking Water Section											
	Wa	ter Qua	lity Mon	itoring	an	d Con	nplia	ince S	Schedul	e		
PWS ID	PWS Name						Classif	ication	Population	Owner	r Type	Primary Source
CT0787084 I	MOUNTAIN DAI	RY CREAMER	RY				N	IC	28	Р)	GW
Local Address (wh	nere applicable)			Service		Residen	tial Co	ommerci	al Industria	al Co	ombine	d Agricultural
483 BROWNS ROA	AD			Connect	tions			1				
Towns Served: M	-											
Business Phone	Extension	Fax	Mo	bile Phone	Eı	mergency	Phone					
203-623-3796								johnpr	ete57@gma	il.com		
Contact Role(s):	tact Role(s): Administrative Contact											
Name				Organizatio	on					Jo	ob Title	!
Ms. Staycey Stea	rns											
Mailing Address L	ine One		Mailing Addr	ess Line Tw	0				City		State	Zip Code
46 Sols Point Roa	d			Clinton					CT	06413		
Business Phone	Extension	Fax	Mo	bile Phone	Eı	mergency	Phone	Email A	Address			
Contact Role(s):	Legal Contact											
Name				Organizatio	on					Jo	ob Title	!
Jdt Enterprises LL	.C											
Mailing Address L	ine One		Mailing Addre	ess Line Tw	0				City		State	Zip Code
Business Phone	Extension	Fax	Mo	bile Phone	Eı	mergency	Phone	Email A	Address			
203-623-3796								johnpr	ete57@gma	il.com		
Contact Role(s):	Owner											

Please note the following:

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

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

End of schedule

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	Connecticut De	•					_			ction		
	Water Q	Juality Monit	oring and	d Con	ıpl	liance	Sch	edul	e			
PWS ID	PWS Name				Cla	ssificatio	n Pop	ulation	Own	er Type	Primary	Source
СТ0787094	LENARD HALL					NC		25		L	GW	V
Local Address (v	where applicable)		Service	Residen	tial	Comme	rcial I	ndustria	al (Combine	d Agric	cultural
			Connections			1						
Towns Served:	MANSFIELD											
		Monito	oring Requ	ireme	nts	•						
Water System	Facility: DISTRIBUTIO	N (WSF ID: 00600))									
Total Coliforn	n (3100)							1	rou	tine (RT) per qu	ıarter
Sampling	Point (Sampling Point ID)			Monitori	ng F	Period	Collec	tion Per	riod	Comp	oliance S	tatus
Select fron	n Inventory of Active Sam	pling Points		4/1/25 -	6/3	0/25				Complete		
				7/1/25 -	9/3	0/25				Complete		
				.0/1/25 -	12/	31/25					Complete	
				1/1/26 -	3/3	1/26						
				4/1/26 -	6/3	0/26						
Physical Para	meters (PPS)							1	rou	tine (RT) per qu	ıarter
Sampling	Point (Sampling Point ID)			Monitori	ng F	Period	Collec	ion Period Compliance Status				tatus
DISTRIBUT	TON (4)			4/1/25 -	6/3	0/25				(Complete	9
				7/1/25 -	9/3	0/25				(Complete	5
			-	.0/1/25 -	12/	31/25				(Complete	5
				1/1/26 -	3/3	1/26						
				4/1/26 -	6/3	0/26						
Water System	Facility: ENTRY POIN	T (WSF ID: 00700)										
Nitrate And N	Nitrite (NOX)								1 r	outine	(RT) per	r year
Sampling	Point (Sampling Point ID)			Monitori	ng F	Period	Collec	tion Per		1 routine (RT) per ye d Compliance State		
ENTRY POI	NT (3)			1/1/24 -	12/3	31/24			-	(Complete	9
				1/1/25 -	12/3	31/25				(Complete	9
				1/1/26 -	12/3	31/26						
		Other Co	ompliance	Sched	lule	es						
Compliance Sch	nedule Activity				Due	Date		Achie	ved D	Date		
CROSS CONNEC	TION SURVEY REPORT				3/1/	2030						
	Wate	er System Facili	ity and Sar	npling	Ро	int Inv	ento	ry				
Water							Total	Lead (and			
•	er System Facility	Sampling Point		nt		C	oliform					Stage
Facility ID		ID	Description			Status	Rule	Rule	Tier	Asbesto	s WQP	2 DBPR
00600 DIST	RIBUTION	4	DISTRIBUTION			Α	Υ					
		DOWNSTREAM	5 SERVICE CO	NNECTIO	N	Α	Υ					
		LENARD01	KITCHEN SINK			Α	Υ					
		LENARD02	MENS ROOM	SINK		Α	Υ					
		LENARD03	WOMENS RO	OM SINK		Α	Υ					
		LENARD04	MAINT ROOM			Α	Υ					
		UPSTREAM	5 SERVICE CO	RVICE CONNECTION A								

ENTRY POINT

WELL 1

Α

Α

3

2

00700 ENTRY POINT

61625 WELL 1

	Connectic	ut Depa	rtme	ent o	f Public	Health	Dri	nking '	Water S	ection		
	Wa	ter Qua	lity M	/loni	toring a	nd Con	nplia	ance So	chedule			
PWS ID	PWS Name						Class	ification Po	opulation Ov	vner Type	Primary So	ource
СТ0787094	ENARD HALL							NC	25	L	GW	
Local Address (w	nere applicable)				Service	Residen	ntial C	ommercial	Industrial	Combine	ed Agricul	tural
					Connection	ns		1				
Towns Served: M	owns Served: MANSFIELD											
	Contact Information											
Name				0	rganization					Job Titl	е	
Mr. Curt Vincent	е			P	arks And Rec	reation			Director			
Mailing Address I	ine One		Mailing	Addres	ss Line Two				City		Zip Cod	le
Town of Mansfie	d		10 Sout	h Eagle	ville Rd			Mansfield	d-Storrs	СТ	06268	}
Business Phone	Extension	Fax		Mob	ile Phone	Emergency	/ Phon	e Email Ad	dress			
860-429-3015	6109	860-429-9	9773					Vincente	CA@MANSFII	ELDCT.OR	G	
Contact Role(s):	Legal Contact, (Owner										
Name	ame Organization Job Title											
Mr. Jay O'keefe				P	arks And Rec	reation-Ma	nsfield	I				
Mailing Address I	ine One	Addres	dress Line Two			City	State	Zip Cod	le			
10 South Eaglevil	outh Eagleville Road Mansfield-Storrs CT 06268											

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.

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

okeefejm@mansfieldct.org

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

End of schedule

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C		•	irtment o							
	Wa	ter Qua	lity Monit	toring a	nd Com	plia	nce So	chedule	9	
PWS ID PW	/S Name					Classif	ication Po	opulation (Owner Type F	Primary Source
CT0787124 TH	E KIRBY MILL	& WINERY				N	С	82	Р	GW
Local Address (whe	re applicable)			Service	Resident	ial Co	mmercial	Industria	Combined	d Agricultural
114 MANSFIELD HO	LLOW ROAD,	MANSFIELD		Connection	ns		1			
Towns Served: MAN	NSFIELD									
			Monit	oring Re	quiremer	nts				
Water System Fac	cility: DISTR	IBUTION (
Total Coliform (3	3100)							1	routine (RT)	per quarter
Sampling Poin	t (Sampling P	oint ID)			Monitorin	g Peri	od Col	lection Peri	od Comp	liance Status
Select from Inv	entory of Act	ive Sampling	Points		4/1/25 - (5/30/2	.5		C	omplete
					7/1/25 - 9	9/30/2	5		C	omplete
					10/1/25 - 3	12/31/	25			
					1/1/26 - 3	3/31/2	6			
					4/1/26 - 6	5/30/2	.6			
Physical Paramet	ters (PPS)							1	routine (RT)	per quarter
Sampling Poin	t (Sampling P	oint ID)			Monitorin	g Peri	od Col	lection Peri	od Comp	liance Status
Select from Inv	entory of Act	ive Sampling	Points		4/1/25 - (5/30/2	.5		C	omplete
					7/1/25 - 9	9/30/2	.5		C	omplete
					10/1/25 - 3	12/31/	25			
					1/1/26 - 3	3/31/2	6			
					4/1/26 - 6	5/30/2	.6			
Water System Fac	cility: ENTR	Y POINT (W	VSF ID: 00700)							
Nitrate And Nitri	te (NOX)								1 routine (RT) per year
Sampling Poin	t (Sampling P	oint ID)			Monitorin	g Peri	od Col	lection Peri	od Comp	liance Status
ENTRY POINT (3)				1/1/24 - 1	2/31/2	24		C	omplete
					1/1/25 - 1	2/31/2	25		C	omplete
					1/1/26 - 1	2/31/2	26			
		Water S	ystem Facil	ity and S	ampling	Poin	t Inven	tory		
Water							Tota	al Lead a	ınd	
System Water Sy	stem Facility		Sampling Point	Sampling P	Point		Colifo	rm Copp	er	Stage
Facility ID			ID	Description	1	Sta	itus Rul	e Rule 1	ier Asbestos	WQP 2 DBPR
00600 DISTRIBU	JTION		4	DISTRIBUTI	ON SYSTEM	,	4			
			DOWNSTREAM	5 SERVICE	CONNECTION	1 /	A Y			
			UPSTREAM	5 SERVICE (CONNECTION	1 /	Α Υ			
00700 ENTRY P	OINT		3	ENTRY POI	NT	,	4			
62755 WELL #1			2	WELL #1		,	4			
62759 STORAGI	E									
			Cor	ntact Info	rmation					
Name			0	rganization					Job Title	
Mr. Salvatore (Sam) Shifrin			mnj, LLC						
Mailing Address Lin			Mailing Addres					City	State	Zip Code
78 Bicktop Road			J -				Windhan		СТ	06280
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	Phone	Email Ad	dress		
860-208-8500							sjshifrin@	gmail.com	1	

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				Population	Owner Type	Primary Source
CT0787124	THE KIRBY MILL & WINERY	NC	82	Р	GW		
Local Address (where applicable)		Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
114 MANSFIELD HOLLOW ROAD, MANSFIELD		Connections		1			

Towns Served: MANSFIELD

Please note the following:

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

End of schedule

	Connecticut Dep	•				_				
	Water Qเ	iality M	onitoring an		_					
PWS ID	PWS Name	Classification Population Owner Type Primary So								
СТ0787134	LICO PROPERTIES, LLC (DA	AD'S DOUGH	S)		N	С	25	Р	GW	
Local Address	(where applicable)		Service	Resident	ial Co	mmercia	Industrial	Combine	d Agricultura	
483 STORRS R	OAD, SUITE B		Connections	5		2				
Towns Served	: MANSFIELD									
		M	onitoring Req	uiremer	nts					
Water Syster	m Facility: DISTRIBUTION	SYSTEM (WSF ID: 00600)							
Total Colifor	rm (3100)						1:	routine (RT) per quarter	
	Point (Sampling Point ID)			Monitorin	ng Perio	od Co	llection Peri	-	liance Status	
Select fro	om Inventory of Active Sampl	ing Points		4/1/25 - (6/30/2	5			Complete	
		_		7/1/25 - 9			Complete			
				10/1/25 -					Complete	
				1/1/26 - 3					L	
				4/1/26 - 0						
Physical Par	ameters (PPS)						1	routine (RT) per quarter	
Sampling	Point (Sampling Point ID)			Monitorin	ng Perio	od Co	llection Peri	od Comp	liance Status	
Select fro	m Inventory of Active Sampl	ing Points		4/1/25 - (6/30/2	5		(Complete	
				7/1/25 - 9	9/30/2	5		C	Complete	
				10/1/25 - :	12/31/	25		C	Complete	
				1/1/26 - 3	3/31/2	6				
				4/1/26 - (6/30/2	6				
Water Syster	m Facility: ENTRY POINT	(WSF ID: 00	0700)							
Nitrate And	Nitrite (NOX)							1 routine	(RT) per year	
	Point (Sampling Point ID)			Monitorin	ng Perio	od Co	llection Peri		liance Status	
ENTRY PO	DINT (3)			1/1/24 - 1	12/31/2	24				
				1/1/25 - 1				(Complete	
				1/1/26 - 1	2/31/2	26			·	
		Public	: Notification							
			Compliance	Notice	<u>P</u>	ublic No	<u>tification</u>	PN Ce	<u>rtification</u>	
Violation/Situ	ation		Period	Tier	Re	quired	Performed	Due to DP	H Received	
Total Coliform	M&R Violation		10/1/24 - 12/31/24	4 3	3/3	1/2026		4/10/2026	5	
Physical Paran	neters M&R Violation		10/1/24 - 12/31/24	4 3	3/3	1/2026		4/10/2026	5	
Nitrate And N	itrite M&R Violation		1/1/24 - 12/31/24	. 3	3/3	1/2026		4/10/2026	5	
	Water	System I	Facility and Sa	mpling	Point	Inver	ntory			
Water						Tot	al Lead a	nd		
System Wo	iter System Facility	Sampling	Point Sampling Po	int		Colif	orm Coppe	er	Stage	
Facility ID		ID	Description		Sta	tus Ru	le Rule T	ier Asbesto	s WQP 2 DBPI	
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	P	١ ١	′			
		DOWNSTREAM WITHIN 5 SERVICE CON				١ ١	′			
		UPSTRE	AM WITHIN 5 SE	RVICE CON	P	١ ١	′			
00700 EN	TRY POINT	3	ENTRY POIN	Т	P	١				
63114 WE	ILL	2	WELL		A	١				
			Contact Infor	mation						
Name			Organization					Job Title		
Mr. Anthony I	Raggi		Lico Properties,	LLC						
Mailing Addre		Mailing A	ddress Line Two				City	State	Zip Code	
5							-1		10	

	Wate	er Qual	ity Monito	oring an	d Con	npl	liance S	Schedul	le		
PWS ID	PWS ID PWS Name					Cla	lassification Populat		Owner Type	Primary S	Source
CT0787134 LICO PROPERTIES, LLC (DAD'S DOUGHS)							NC	25	Р	GW	,
Local Address (where applicable)				Service	Resider	ntial Commer		al Industri	al Combine	ed Agricultural	
483 STORRS ROAD, SUITE B			Connections			2					
Towns Served: N	1ANSFIELD										
483 Storrs Road Suite B				Mansfield Center CT						0625	,O
Business Phone	e Extension	Fax	Mobile	e Phone Emergency Phone Email Address							

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

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

End of schedule

lucas@dadsdoughs.com