

| Connecticut Department of Public Health Drinking Water Section<br>Water Quality Monitoring and Compliance Schedule |                       |                                    |                                 |                       |                            |                           |                     |                   |                |
|--|-----------------------|------------------------------------|---------------------------------|-----------------------|----------------------------|---------------------------|---------------------|-------------------|----------------|
| PWS ID   |                       | PWS Name                           |                                 |                       | Classification             |                           | Population          | Owner Type        | Primary Source |
| CT0791213  |                       | DEEP EASTERN DISTRICT HEADQUARTERS |                                 |                       | NC                         |                           | 53                  | S                 | GW             |
| Local Address (where applicable)   |                       |                                    |                                 | Service Connections   | Residential                | Commercial                | Industrial          | Combined          | Agricultural   |
| 209 HEBRON ROAD  |                       |                                    |                                 |                       | 5                          |                           |                     |                   |                |
| Towns Served: MARLBOROUGH  |                       |                                    |                                 |                       |                            |                           |                     |                   |                |
| Monitoring Requirements  |                       |                                    |                                 |                       |                            |                           |                     |                   |                |
| Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)   |                       |                                    |                                 |                       |                            |                           |                     |                   |                |
| Total Coliform (3100)  |                       |                                    |                                 |                       | 1 routine (RT) per quarter |                           |                     |                   |                |
| Sampling Point (Sampling Point ID)   |                       |                                    |                                 | Monitoring Period     |                            | Collection Period         |                     | Compliance Status |                |
| Select from Inventory of Active Sampling Points  |                       |                                    |                                 | 4/1/25 - 6/30/25      |                            |                           |                     | Complete          |                |
|  |                       |                                    |                                 | 7/1/25 - 9/30/25      |                            |                           |                     | Complete          |                |
|  |                       |                                    |                                 | 10/1/25 - 12/31/25    |                            |                           |                     | Complete          |                |
|  |                       |                                    |                                 | 1/1/26 - 3/31/26      |                            |                           |                     |                   |                |
|  |                       |                                    |                                 | 4/1/26 - 6/30/26      |                            |                           |                     |                   |                |
| Physical Parameters (PPS)  |                       |                                    |                                 |                       | 1 routine (RT) per quarter |                           |                     |                   |                |
| Sampling Point (Sampling Point ID)   |                       |                                    |                                 | Monitoring Period     |                            | Collection Period         |                     | Compliance Status |                |
| Select from Inventory of Active Sampling Points  |                       |                                    |                                 | 4/1/25 - 6/30/25      |                            |                           |                     | Complete          |                |
|  |                       |                                    |                                 | 7/1/25 - 9/30/25      |                            |                           |                     | Complete          |                |
|  |                       |                                    |                                 | 10/1/25 - 12/31/25    |                            |                           |                     | Complete          |                |
|  |                       |                                    |                                 | 1/1/26 - 3/31/26      |                            |                           |                     |                   |                |
|  |                       |                                    |                                 | 4/1/26 - 6/30/26      |                            |                           |                     |                   |                |
| Water System Facility: ENTRY POINT (WSF ID: 00700)   |                       |                                    |                                 |                       |                            |                           |                     |                   |                |
| Nitrate And Nitrite (NOX)  |                       |                                    |                                 |                       | 1 routine (RT) per year    |                           |                     |                   |                |
| Sampling Point (Sampling Point ID)   |                       |                                    |                                 | Monitoring Period     |                            | Collection Period         |                     | Compliance Status |                |
| ENTRY POINT (3)  |                       |                                    |                                 | 1/1/24 - 12/31/24     |                            |                           |                     | Complete          |                |
|  |                       |                                    |                                 | 1/1/25 - 12/31/25     |                            |                           |                     | Complete          |                |
|  |                       |                                    |                                 | 1/1/26 - 12/31/26     |                            |                           |                     |                   |                |
| Water System Facility and Sampling Point Inventory   |                       |                                    |                                 |                       |                            |                           |                     |                   |                |
| Water System Facility ID   | Water System Facility | Sampling Point ID                  | Sampling Point Description      | Status                | Total Coliform Rule        | Lead and Copper Rule Tier | Asbestos            | Stage WQP 2       | DBPR           |
| 00600  | DISTRIBUTION SYSTEM   | 101                                | MAIN OFFICE SINK                | A                     | Y                          |                           |                     |                   |                |
|  |                       | 102                                | BROWN HOUSE SINK                | A                     | Y                          |                           |                     |                   |                |
|  |                       | 103                                | SALMON SHOP KITCHEN             | A                     | Y                          |                           |                     |                   |                |
|  |                       | 104                                | SALMON SHOP BR SINK             | A                     | Y                          |                           |                     |                   |                |
|  |                       | 4                                  | DISTRIBUTION SYSTEM             | A                     | Y                          |                           |                     |                   |                |
|  |                       |                                    | DOWNSTREAM WITHIN 5 SERVICE CON | A                     |                            |                           |                     |                   |                |
|  |                       |                                    | UPSTREAM WITHIN 5 SERVICE CON   | A                     |                            |                           |                     |                   |                |
| 00700  | ENTRY POINT           | 3                                  | ENTRY POINT                     | A                     |                            |                           |                     |                   |                |
| 10760  | WELL #1               | 2                                  | WELL #1                         | A                     |                            |                           |                     |                   |                |
| Contact Information  |                       |                                    |                                 |                       |                            |                           |                     |                   |                |
| Name   |                       |                                    |                                 | Organization          |                            |                           | Job Title           |                   |                |
| Mr. David Cooley   |                       |                                    |                                 | Deep-Engineering Unit |                            |                           | Supv Civil Engineer |                   |                |
| Mailing Address Line One   |                       |                                    | Mailing Address Line Two        |                       |                            | City                      |                     | State             | Zip Code       |
| 163 Great Hill Road  |                       |                                    |                                 |                       |                            | Portland                  |                     | CT                | 06480          |
| Business Phone   |                       | Extension                          | Fax                             | Mobile Phone          | Emergency Phone            | Email Address             |                     |                   |                |
| 860-342-2215   |                       |                                    | 860-344-2560                    | 860-205-7552          | 860-424-3333               | david.cooley@ct.gov       |                     |                   |                |

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|   |   |                          |              |                 |                    |
|---|---|--------------------------|--------------|-----------------|--------------------|
| PWS ID  | PWS Name                                  | Classification           | Population   | Owner Type      | Primary Source     |
| <b>CT0791213</b>  | <b>DEEP EASTERN DISTRICT HEADQUARTERS</b> | <b>NC</b>                | <b>53</b>    | <b>S</b>        | <b>GW</b>          |
| Local Address (where applicable)  |   | Service Connections      | Residential  | Commercial      | Industrial         |
| 209 HEBRON ROAD   |   | 5                        |              |                 |                    |
| Towns Served: MARLBOROUGH   |   |                          |              |                 |                    |
| <div style="display: flex; justify-content: space-between; font-size: small;"> <span>860-977-2213</span> <span>860-977-2500</span> <span>860-263-7332</span> <span>860-424-3333</span> <span>andrea.lane@ct.gov</span> </div> |   |                          |              |                 |                    |
| Contact Role(s): <b>Legal Contact, Owner</b>  |   |                          |              |                 |                    |
| Name  |   | Organization             |              | Job Title       |                    |
| <b>Ms. Andrea M. Lane</b>   |   | State of CT Deep         |              |                 |                    |
| Mailing Address Line One  |   | Mailing Address Line Two |              | City            | State              |
| 163 Great Hill Road   |   |                          |              | Portland        | CT                 |
| Business Phone  | Extension                                 | Fax                      | Mobile Phone | Emergency Phone | Email Address      |
| 860-977-9739  |   |                          |              | 860-424-3333    | andrea.lane@ct.gov |
| Contact Role(s): <b>Administrative Contact</b>  |   |                          |              |                 |                    |

**Please note the following:**

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

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                 |                     |             | Classification | Population | Owner Type | Primary Source |
|----------------------------------|--------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0790014                        | AMERICAN LEGION POST 197 |                     |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                          | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 128 EAST HAMPTON ROAD            |                          |                     |             | 1              |            |            |                |
| Towns Served: MARLBOROUGH        |                          |                     |             |                |            |            |                |

### Monitoring Requirements

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

| Total Coliform (3100)                           |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25   |                            | Complete          |
|   | 7/1/25 - 9/30/25   |                            | Complete          |
|   | 10/1/25 - 12/31/25 |                            |                   |
|   | 1/1/26 - 3/31/26   |                            |                   |
|   | 4/1/26 - 6/30/26   |                            |                   |

| Physical Parameters (PPS)                       |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25   |                            | Complete          |
|   | 7/1/25 - 9/30/25   |                            | Complete          |
|   | 10/1/25 - 12/31/25 |                            |                   |
|   | 1/1/26 - 3/31/26   |                            |                   |
|   | 4/1/26 - 6/30/26   |                            |                   |

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

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

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 21371                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |
| 61715                    | POLY ATM STORAGE TANK |                   |                            |        |                     |                           |          |                  |
| 61733                    | POLY ATM STORAGE TANK |                   |                            |        |                     |                           |          |                  |
| 61734                    | POLY ATM STORAGE TANK |                   |                            |        |                     |                           |          |                  |

### Contact Information

|                          |           |     |                          |                 |               |             |       |          |
|--------------------------|-----------|-----|--------------------------|-----------------|---------------|-------------|-------|----------|
| Name                     |           |     | Organization             |                 |               | Job Title   |       |          |
| Mr. Bernard J. Hoyland   |           |     | American Legion Post 197 |                 |               | Commander   |       |          |
| Mailing Address Line One |           |     | Mailing Address Line Two |                 |               | City        | State | Zip Code |
| PO Box 178               |           |     |                          |                 |               | Marlborough | CT    | 06447    |
| Business Phone           | Extension | Fax | Mobile Phone             | Emergency Phone | Email Address |             |       |          |
| 860-295-7810             |           |     |                          |                 |               |             |       |          |

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

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                 |                     |             | Classification | Population | Owner Type | Primary Source |
|----------------------------------|--------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0790014                        | AMERICAN LEGION POST 197 |                     |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                          | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 128 EAST HAMPTON ROAD            |                          |                     |             | 1              |            |            |                |
| Towns Served: MARLBOROUGH        |                          |                     |             |                |            |            |                |

Towns Served: MARLBOROUGH

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

**Please note the following:**

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

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

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

***End of schedule***

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

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name           |                     |             | Classification | Population | Owner Type | Primary Source |
|----------------------------------|--------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0790044                        | J&S ENTERPRISE LLC |                     |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                    | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 394 NORTH MAIN STREET            |                    |                     |             | 1              |            |            |                |
| Towns Served: MARLBOROUGH        |                    |                     |             |                |            |            |                |

### Monitoring Requirements

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

| Total Coliform (3100)                           |                          | 1 routine (RT) per quarter |                          |
|---|--------------------------|----------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>   | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25         |                            | Complete                 |
|   | 7/1/25 - 9/30/25         |                            | Complete                 |
|   | 10/1/25 - 12/31/25       |                            | Complete                 |
|   | 1/1/26 - 3/31/26         |                            |                          |
|   | 4/1/26 - 6/30/26         |                            |                          |

| Physical Parameters (PPS)                       |                          | 1 routine (RT) per quarter |                          |
|---|--------------------------|----------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>   | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25         |                            | Complete                 |
|   | 7/1/25 - 9/30/25         |                            | Complete                 |
|   | 10/1/25 - 12/31/25       |                            | Complete                 |
|   | 1/1/26 - 3/31/26         |                            |                          |
|   | 4/1/26 - 6/30/26         |                            |                          |

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

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

### Other Compliance Schedules

| <i>Compliance Schedule Activity</i>      | <i>Due Date</i> | <i>Achieved Date</i> |
|--|-----------------|----------------------|
| RESPOND TO SANITARY SURVEY               | 1/3/2025        |                      |
| CORRECTIVE ACTION/CORRECTIVE ACTION PLAN | 4/3/2025        |                      |

### Public Notification Requirements

| <i>Violation/Situation</i>    | <i>Compliance Period</i> | <i>Notice Tier</i> | <i>Public Notification</i> |                  | <i>PN Certification</i> |                 |
|-------------------------------|--------------------------|--------------------|----------------------------|------------------|-------------------------|-----------------|
|                               |                          |                    | <i>Required</i>            | <i>Performed</i> | <i>Due to DPH</i>       | <i>Received</i> |
| GROUNDWATER RULE TT Violation | 4/4/25 -                 | 2                  | 10/12/2025                 |                  | 10/22/2025              |                 |

### Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600                           | DISTRIBUTION SYSTEM          | 4                        | DISTRIBUTION SYSTEM               | A             | Y                          |                                  |                 |                         |
|                                 |                              | DOWNSTEAM                | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
|                                 |                              | UPSTREAM                 | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
| 00700                           | ENTRY POINT                  | 3                        | ENTRY POINT                       | A             |                            |                                  |                 |                         |
| 21373                           | WELL                         | 2                        | WELL                              | A             |                            |                                  |                 |                         |

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name           |                     |             | Classification | Population | Owner Type | Primary Source |
|----------------------------------|--------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0790044                        | J&S ENTERPRISE LLC |                     |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                    | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 394 NORTH MAIN STREET            |                    |                     |             | 1              |            |            |                |
| Towns Served: MARLBOROUGH        |                    |                     |             |                |            |            |                |

### Contact Information

|   |  |           |                          |                     |              |                 |                       |       |          |
|---|--|-----------|--------------------------|---------------------|--------------|-----------------|-----------------------|-------|----------|
| Name  |  |           |                          | Organization        |              |                 | Job Title             |       |          |
| Mr. Mohammad Sohail   |  |           |                          | J&S Enterprise Inc. |              |                 | President             |       |          |
| Mailing Address Line One                                      |  |           | Mailing Address Line Two |                     |              | City            |                       | State | Zip Code |
| 1075 Newfield Street  |  |           |                          |                     |              | Middletown      |                       | CT    | 06457    |
| Business Phone  |  | Extension | Fax                      |                     | Mobile Phone | Emergency Phone | Email Address         |       |          |
| 860-883-9660  |  |           |                          |                     |              |                 | jdsgasway@hotmail.com |       |          |
| Contact Role(s): Administrative Contact, Legal Contact, Owner |  |           |                          |                     |              |                 |                       |       |          |

**Please note the following:**

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

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                    |  |             | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|-----------------------------|--|-------------|----------------|------------|------------|----------------|--------------|
| CT0790094                        | FELLOWSHIP COMMUNITY CHURCH |  |             | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                             |  | Service     | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 24 SOUTH ROAD                    |                             |  | Connections |                | 1          |            |                |              |
| Towns Served: MARLBOROUGH        |                             |  |             |                |            |            |                |              |

### Monitoring Requirements

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

**Total Coliform (3100)** **1 routine (RT) per quarter**

| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25         |                          | Complete                 |
|   | 7/1/25 - 9/30/25         |                          | Complete                 |
|   | 10/1/25 - 12/31/25       |                          | Complete                 |
|   | 1/1/26 - 3/31/26         |                          |                          |
|   | 4/1/26 - 6/30/26         |                          |                          |

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

| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25         |                          | Complete                 |
|   | 7/1/25 - 9/30/25         |                          | Complete                 |
|   | 10/1/25 - 12/31/25       |                          | Complete                 |
|   | 1/1/26 - 3/31/26         |                          |                          |
|   | 4/1/26 - 6/30/26         |                          |                          |

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

**Nitrate And Nitrite (NOX)** **1 routine (RT) per year**

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| ENTRY POINT (3)                           | 1/1/24 - 12/31/24        |                          | Complete                 |
|   | 1/1/25 - 12/31/25        |                          | Complete                 |
|   | 1/1/26 - 12/31/26        |                          |                          |

### Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600                           | DISTRIBUTION SYSTEM          | 4                        | DISTRIBUTION SYSTEM               | A             | Y                          |                                  |                 |                         |
|                                 |                              | DOWNSTREAM               | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
|                                 |                              | UPSTREAM                 | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
| 00700                           | ENTRY POINT                  | 3                        | ENTRY POINT                       | A             |                            |                                  |                 |                         |
| 21378                           | WELL                         | 2                        | WELL                              | A             |                            |                                  |                 |                         |

### Contact Information

|   |  |           |                          |                             |              |                 |                    |       |          |
|---|--|-----------|--------------------------|-----------------------------|--------------|-----------------|--------------------|-------|----------|
| Name                                    |  |           |                          | Organization                |              |                 | Job Title          |       |          |
| Pastor Daniel Earhart                   |  |           |                          | Fellowship Community Church |              |                 | Pastor             |       |          |
| Mailing Address Line One                |  |           | Mailing Address Line Two |                             |              | City            |                    | State | Zip Code |
| 24 South Rd                             |  |           |                          |                             |              | Marlborough     |                    | CT    | 06447    |
| Business Phone                          |  | Extension | Fax                      |                             | Mobile Phone | Emergency Phone | Email Address      |       |          |
| 860-295-0844                            |  |           |                          |                             |              | 860-338-6923    | fccefree@gmail.com |       |          |
| Contact Role(s): Administrative Contact |  |           |                          |                             |              |                 |                    |       |          |

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

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                    |  |                     | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|-----------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0790094                        | FELLOWSHIP COMMUNITY CHURCH |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                             |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 24 SOUTH ROAD                    |                             |  |                     |                | 1          |            |                |              |
| Towns Served: MARLBOROUGH        |                             |  |                     |                |            |            |                |              |

**Please note the following:**

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

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

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

***End of schedule***



# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                 |  |                     | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|--------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0790124                        | HARTFORD COUNTY 4-H CAMP |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                          |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 247 SOUTH ROAD                   |                          |  |                     |                | 1          |            |                |              |
| Towns Served: MARLBOROUGH        |                          |  |                     |                |            |            |                |              |

### Monitoring Requirements

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

| Total Coliform (3100)                           |                   | 1 routine (RT) per quarter |                   |
|---|-------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25  |                            | Complete          |
|   | 7/1/25 - 9/30/25  |                            | Complete          |
|   | 4/1/26 - 6/30/26  |                            |                   |

| Physical Parameters (PPS)                       |                   | 1 routine (RT) per quarter |                   |
|---|-------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25  |                            | Complete          |
|   | 7/1/25 - 9/30/25  |                            | Complete          |
|   | 4/1/26 - 6/30/26  |                            |                   |

Water System Facility: **ENTRY POINT - WELL 1 (WSF ID: 00700)**

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

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

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

### Other Compliance Schedules

| Compliance Schedule Activity   | Due Date | Achieved Date |
|--------------------------------|----------|---------------|
| CROSS CONNECTION SURVEY REPORT | 3/1/2015 |               |
| CROSS CONNECTION SURVEY REPORT | 3/1/2016 |               |
| CROSS CONNECTION SURVEY REPORT | 3/1/2017 |               |
| CROSS CONNECTION SURVEY REPORT | 3/1/2018 |               |
| CROSS CONNECTION SURVEY REPORT | 3/1/2019 |               |
| CROSS CONNECTION SURVEY REPORT | 3/1/2020 |               |
| CROSS CONNECTION SURVEY REPORT | 3/1/2021 |               |
| CROSS CONNECTION SURVEY REPORT | 3/1/2022 |               |
| CROSS CONNECTION SURVEY REPORT | 3/1/2025 |               |
| CROSS CONNECTION SURVEY REPORT | 3/1/2026 |               |

### Water System Facility and Sampling Point Inventory

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

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

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                 |                     |             | Classification | Population | Owner Type | Primary Source |
|----------------------------------|--------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0790124                        | HARTFORD COUNTY 4-H CAMP |                     |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                          | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 247 SOUTH ROAD                   |                          |                     |             | 1              |            |            |                |
| Towns Served: MARLBOROUGH        |                          |                     |             |                |            |            |                |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility   | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-------------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
|                          |                         | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                         | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT - WELL 1    | 3                 | ENTRY POINT - WELL 1       | A      |                     |                           |          |                  |
| 00701                    | ENTRY POINT - WELL 2    | 3                 | ENTRY POINT - WELL 2       | A      |                     |                           |          |                  |
| 21381                    | WELL 1 (MAIN WELL)      | 2                 | WELL                       | A      |                     |                           |          |                  |
| 55013                    | WELL 2 (AUXILIARY WELL) | 2                 | WELL 2                     | A      |                     |                           |          |                  |

### Contact Information

|                                    |                        |     |                          |                          |                       |               |  |                |            |  |  |
|------------------------------------|------------------------|-----|--------------------------|--------------------------|-----------------------|---------------|--|----------------|------------|--|--|
| Name                               |                        |     |                          | Organization             |                       |               |  | Job Title      |            |  |  |
| Mr. William Bradley                |                        |     |                          | Hartford County 4-H Camp |                       |               |  | Camp Caretaker |            |  |  |
| Mailing Address Line One           |                        |     | Mailing Address Line Two |                          |                       | City          |  | State          | Zip Code   |  |  |
| Camp Caretaker                     |                        |     | 247 South Road           |                          |                       | South Windsor |  | CT             | 06074-2410 |  |  |
| Business Phone                     | Extension              | Fax | Mobile Phone             | Emergency Phone          | Email Address         |               |  |                |            |  |  |
|                                    |                        |     |                          |                          | wbradley247@gmail.com |               |  |                |            |  |  |
| Contact Role(s):                   | Administrative Contact |     |                          |                          |                       |               |  |                |            |  |  |
| Name                               |                        |     |                          | Organization             |                       |               |  | Job Title      |            |  |  |
| Ms. Cathy Dillon-Orduz             |                        |     |                          | Hartford County 4-H Camp |                       |               |  | President      |            |  |  |
| Mailing Address Line One           |                        |     | Mailing Address Line Two |                          |                       | City          |  | State          | Zip Code   |  |  |
| Hartford County 4-H Camp President |                        |     | 428 Pleasant Valley Road |                          |                       | South Windsor |  | CT             | 06074      |  |  |
| Business Phone                     | Extension              | Fax | Mobile Phone             | Emergency Phone          | Email Address         |               |  |                |            |  |  |
|                                    |                        |     | 860-462-1534             |                          | korduz@att.net        |               |  |                |            |  |  |
| Contact Role(s):                   | Legal Contact          |     |                          |                          |                       |               |  |                |            |  |  |

**Please note the following:**

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

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |              |  |             |                |            |            |                |              |
|----------------------------------|--------------|--|-------------|----------------|------------|------------|----------------|--------------|
| PWS ID                           | PWS Name     |  |             | Classification | Population | Owner Type | Primary Source |              |
| CT0790174                        | LIBERTY BANK |  |             | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |              |  | Service     | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 26 EAST HAMPTON ROAD             |              |  | Connections |                | 1          |            |                |              |
| Towns Served: MARLBOROUGH        |              |  |             |                |            |            |                |              |

### Monitoring Requirements

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

| Total Coliform (3100)                           |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25   |                            | Complete          |
|   | 7/1/25 - 9/30/25   |                            | Complete          |
|   | 10/1/25 - 12/31/25 |                            | Complete          |
|   | 1/1/26 - 3/31/26   |                            |                   |
|   | 4/1/26 - 6/30/26   |                            |                   |

| Physical Parameters (PPS)                       |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25   |                            | Complete          |
|   | 7/1/25 - 9/30/25   |                            | Complete          |
|   | 10/1/25 - 12/31/25 |                            | Complete          |
|   | 1/1/26 - 3/31/26   |                            |                   |
|   | 4/1/26 - 6/30/26   |                            |                   |

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

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

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 21385                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |

### Contact Information

|   |  |           |                          |              |              |                 |                          |  |       |          |
|---|--|-----------|--------------------------|--------------|--------------|-----------------|--------------------------|--|-------|----------|
| Name  |  |           |                          | Organization |              |                 | Job Title                |  |       |          |
| Mr. Chris Bialek  |  |           |                          | Liberty Bank |              |                 | Project Maint.Mgr.       |  |       |          |
| Mailing Address Line One                                      |  |           | Mailing Address Line Two |              |              |                 | City                     |  | State | Zip Code |
| 245 Long Hill Rd  |  |           |                          |              |              |                 | Middletown               |  | CT    | 06457    |
| Business Phone  |  | Extension | Fax                      |              | Mobile Phone | Emergency Phone | Email Address            |  |       |          |
| 860-234-0077  |  |           |                          |              |              | 860-395-7221    | cbialek@liberty-bank.com |  |       |          |
| Contact Role(s): Administrative Contact, Legal Contact, Owner |  |           |                          |              |              |                 |                          |  |       |          |

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

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name     |                     |             | Classification | Population | Owner Type | Primary Source |
|----------------------------------|--------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0790174                        | LIBERTY BANK |                     |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |              | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 26 EAST HAMPTON ROAD             |              |                     |             | 1              |            |            |                |
| Towns Served: MARLBOROUGH        |              |                     |             |                |            |            |                |

**Please note the following:**

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

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                     |  |                     | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|------------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0790204                        | MARLBOROUGH PIZZA RESTAURANT |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                              |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 7 INDEPENDENCE DRIVE             |                              |  |                     |                | 1          |            |                |              |
| Towns Served: MARLBOROUGH        |                              |  |                     |                |            |            |                |              |

### Monitoring Requirements

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

| Total Coliform (3100)                           |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25   |                            | Complete          |
|   | 7/1/25 - 9/30/25   |                            | Complete          |
|   | 10/1/25 - 12/31/25 |                            | Complete          |
|   | 1/1/26 - 3/31/26   |                            |                   |
|   | 4/1/26 - 6/30/26   |                            |                   |

| Physical Parameters (PPS)                       |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25   |                            | Complete          |
|   | 7/1/25 - 9/30/25   |                            | Complete          |
|   | 10/1/25 - 12/31/25 |                            | Complete          |
|   | 1/1/26 - 3/31/26   |                            |                   |
|   | 4/1/26 - 6/30/26   |                            |                   |

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

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

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 11                | DISH SINK                  | A      | Y                   |                           |          |                  |
|                          |                       | 4                 | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 21388                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |
| 56843                    | TREATMENT PLANT       |                   |                            |        |                     |                           |          |                  |

### Contact Information

|                          |                      |           |                          |                              |  |                 |               |       |          |
|--------------------------|----------------------|-----------|--------------------------|------------------------------|--|-----------------|---------------|-------|----------|
| Name                     |                      |           |                          | Organization                 |  |                 | Job Title     |       |          |
| Mr. Nikolaos Aivaliotis  |                      |           |                          | Marlborough Pizza Restaurant |  |                 | Owner         |       |          |
| Mailing Address Line One |                      |           | Mailing Address Line Two |                              |  | City            |               | State | Zip Code |
| 7 Independence Dr        |                      |           |                          |                              |  | Marlborough     |               | CT    | 06447    |
| Business Phone           |                      | Extension | Fax                      | Mobile Phone                 |  | Emergency Phone | Email Address |       |          |
| 860-295-8181             |                      |           |                          |                              |  | 860-295-8970    |               |       |          |
| Contact Role(s):         | Legal Contact, Owner |           |                          |                              |  |                 |               |       |          |
|                          |                      |           |                          |                              |  |                 |               |       |          |

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|   |                                     |                          |              |                 |                           |
|---|-------------------------------------|--------------------------|--------------|-----------------|---------------------------|
| PWS ID  | PWS Name                            | Classification           | Population   | Owner Type      | Primary Source            |
| <b>CT0790204</b>  | <b>MARLBOROUGH PIZZA RESTAURANT</b> | <b>NC</b>                | <b>25</b>    | <b>P</b>        | <b>GW</b>                 |
| Local Address (where applicable)  |                                     | Service Connections      | Residential  | Commercial      | Industrial                |
| 7 INDEPENDENCE DRIVE  |                                     |                          |              | <b>1</b>        |                           |
| Towns Served: MARLBOROUGH   |                                     |                          |              |                 |                           |
| Name  |                                     | Organization             |              | Job Title       |                           |
| <b>Ms. Janice Aivaliotis</b>  |                                     | 7 Independence Dr. LLC   |              | Member          |                           |
| Mailing Address Line One  |                                     | Mailing Address Line Two |              | City            | State                     |
| 58 Laurel Ridge   |                                     |                          |              | East Hampton    | CT                        |
| Business Phone  | Extension                           | Fax                      | Mobile Phone | Emergency Phone | Email Address             |
| 860-803-1939  |                                     |                          |              |                 | msally67@aol.com          |
| Contact Role(s): <b>Legal Contact, Owner</b>  |                                     |                          |              |                 |                           |
| Name  |                                     | Organization             |              | Job Title       |                           |
| <b>Mr. Nickolas Topiutis</b>  |                                     | Nemea LLC                |              |                 |                           |
| Mailing Address Line One  |                                     | Mailing Address Line Two |              | City            | State                     |
| 219 Well Rd   |                                     |                          |              | Wethersfield    | CT                        |
| Business Phone  | Extension                           | Fax                      | Mobile Phone | Emergency Phone | Email Address             |
| 860-295-8181  |                                     |                          |              |                 | debora.garrison@yahoo.com |
| Contact Role(s): <b>Administrative Contact</b>  |                                     |                          |              |                 |                           |
| <b>Please note the following:</b>   |                                     |                          |              |                 |                           |
| <ol style="list-style-type: none"> <li>1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.</li> <li>2. If a Collection Period is specified, all water quality samples must be collected during the specified period.</li> <li>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.</li> </ol> |                                     |                          |              |                 |                           |

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |                       |                     |             |                |            |            |                |
|----------------------------------|-----------------------|---------------------|-------------|----------------|------------|------------|----------------|
| PWS ID                           | PWS Name              |                     |             | Classification | Population | Owner Type | Primary Source |
| CT0790234                        | MARLBOROUGH TOWN HALL |                     |             | NC             | 38         | L          | GW             |
| Local Address (where applicable) |                       | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 26 NORTH MAIN STREET             |                       |                     |             | 1              |            |            |                |
| Towns Served: MARLBOROUGH        |                       |                     |             |                |            |            |                |

### Monitoring Requirements

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

**Total Coliform (3100)** **1 routine (RT) per quarter**

| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25         |                          | Complete                 |
|   | 7/1/25 - 9/30/25         |                          | Complete                 |
|   | 10/1/25 - 12/31/25       |                          |                          |
|   | 1/1/26 - 3/31/26         |                          |                          |
|   | 4/1/26 - 6/30/26         |                          |                          |

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

| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25         |                          | Complete                 |
|   | 7/1/25 - 9/30/25         |                          | Complete                 |
|   | 10/1/25 - 12/31/25       |                          |                          |
|   | 1/1/26 - 3/31/26         |                          |                          |
|   | 4/1/26 - 6/30/26         |                          |                          |

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

**Nitrate And Nitrite (NOX)** **1 routine (RT) per year**

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| ENTRY POINT (3)                           | 1/1/24 - 12/31/24        |                          | Complete                 |
|   | 1/1/25 - 12/31/25        |                          | Complete                 |
|   | 1/1/26 - 12/31/26        |                          |                          |

### Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600                           | DISTRIBUTION SYSTEM          | 4                        | DISTRIBUTION SYSTEM               | A             | Y                          |                                  |                 |                         |
|                                 |                              | DOWNSTREAM               | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
|                                 |                              | UPSTREAM                 | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
| 00700                           | ENTRY POINT                  | 3                        | ENTRY POINT                       | A             |                            |                                  |                 |                         |
| 21390                           | WELL                         | 2                        | WELL                              | A             |                            |                                  |                 |                         |

### Contact Information

|   |  |           |                          |                     |              |                     |                           |       |          |
|---|--|-----------|--------------------------|---------------------|--------------|---------------------|---------------------------|-------|----------|
| Name                                    |  |           |                          | Organization        |              | Job Title           |                           |       |          |
| Mr. Peter Hughes                        |  |           |                          | Town of Marlborough |              | Plan-Dvpmt Director |                           |       |          |
| Mailing Address Line One                |  |           | Mailing Address Line Two |                     |              | City                |                           | State | Zip Code |
| 26 North Main Street                    |  |           |                          |                     |              | Marlborough         |                           | CT    | 06447    |
| Business Phone                          |  | Extension | Fax                      |                     | Mobile Phone | Emergency Phone     | Email Address             |       |          |
| 860-295-6202                            |  |           | 860-295-0317             |                     |              | 860-682-3311        | planner@marlboroughct.net |       |          |
| Contact Role(s): Administrative Contact |  |           |                          |                     |              |                     |                           |       |          |

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

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                       |                              |                          |              |                 |                                  |
|---------------------------------------|------------------------------|--------------------------|--------------|-----------------|----------------------------------|
| PWS ID                                | PWS Name                     | Classification           | Population   | Owner Type      | Primary Source                   |
| <b>CT0790234</b>                      | <b>MARLBOROUGH TOWN HALL</b> | <b>NC</b>                | <b>38</b>    | <b>L</b>        | <b>GW</b>                        |
| Local Address (where applicable)      |                              | Service Connections      | Residential  | Commercial      | Industrial                       |
| 26 NORTH MAIN STREET                  |                              |                          | 1            |                 |                                  |
| Towns Served: MARLBOROUGH             |                              |                          |              |                 |                                  |
| Name                                  |                              | Organization             |              | Job Title       |                                  |
| <b>Ms. Catherine D. Gaudinski</b>     |                              | Town of Marlborough      |              | First Selectman |                                  |
| Mailing Address Line One              |                              | Mailing Address Line Two |              | City            | State                            |
| 26 North Main Street                  |                              | P.O. Box 29              |              | Marlborough     | CT                               |
| Business Phone                        | Extension                    | Fax                      | Mobile Phone | Emergency Phone | Email Address                    |
| 860-295-6204                          |                              | 860-295-0317             |              |                 | firstselectman@marlboroughct.net |
| Contact Role(s): <b>Legal Contact</b> |                              |                          |              |                 |                                  |

**Please note the following:**

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

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

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

***End of schedule***



# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name              |  |                     | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|-----------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0790354                        | ST JOHN FISHER CHURCH |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                       |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| JONES HOLLOW ROAD                |                       |  |                     |                | 1          |            |                |              |
| Towns Served: MARLBOROUGH        |                       |  |                     |                |            |            |                |              |

### Monitoring Requirements

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

| Total Coliform (3100)                           |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25   |                            | Complete          |
|   | 7/1/25 - 9/30/25   |                            | Complete          |
|   | 10/1/25 - 12/31/25 |                            |                   |
|   | 1/1/26 - 3/31/26   |                            |                   |
|   | 4/1/26 - 6/30/26   |                            |                   |

| Physical Parameters (PPS)                       |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25   |                            | Complete          |
|   | 7/1/25 - 9/30/25   |                            | Complete          |
|   | 10/1/25 - 12/31/25 |                            |                   |
|   | 1/1/26 - 3/31/26   |                            |                   |
|   | 4/1/26 - 6/30/26   |                            |                   |

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

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

### Other Compliance Schedules

| Compliance Schedule Activity | Due Date   | Achieved Date |
|------------------------------|------------|---------------|
| RESPOND TO SANITARY SURVEY   | 10/28/2018 |               |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 21402                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |
| 55498                    | TREATMENT PLANT       |                   |                            |        |                     |                           |          |                  |

### Contact Information

|                                    |                          |     |              |                 |               |          |
|------------------------------------|--------------------------|-----|--------------|-----------------|---------------|----------|
| Name                               | Organization             |     |              | Job Title       |               |          |
| St. John Fisher Church Corporation |                          |     |              |                 |               |          |
| Mailing Address Line One           | Mailing Address Line Two |     |              | City            | State         | Zip Code |
| 24 Cheney Road                     |                          |     |              | Marlborough     | CT            | 06447    |
| Business Phone                     | Extension                | Fax | Mobile Phone | Emergency Phone | Email Address |          |

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

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|   |                              |                          |              |                      |                          |
|---|------------------------------|--------------------------|--------------|----------------------|--------------------------|
| PWS ID  | PWS Name                     | Classification           | Population   | Owner Type           | Primary Source           |
| <b>CT0790354</b>  | <b>ST JOHN FISHER CHURCH</b> | <b>NC</b>                | <b>25</b>    | <b>P</b>             | <b>GW</b>                |
| Local Address (where applicable)  |                              | Service Connections      | Residential  | Commercial           | Industrial               |
| JONES HOLLOW ROAD   |                              |                          |              | <b>1</b>             |                          |
| Towns Served: MARLBOROUGH   |                              |                          |              |                      |                          |
| 860-295-0067  |                              |                          |              |                      |                          |
| Contact Role(s): <b>Owner</b>   |                              |                          |              |                      |                          |
| Name  |                              | Organization             |              | Job Title            |                          |
| <b>Mr. Arthur J. Audet</b>  |                              | St. John Fisher Church   |              | Administrator        |                          |
| Mailing Address Line One  |                              | Mailing Address Line Two |              | City                 | State                    |
| 30 Jones Hollow Road  |                              |                          |              | Marlborough          | CT                       |
| Business Phone  | Extension                    | Fax                      | Mobile Phone | Emergency Phone      | Email Address            |
| 860-295-0001  |                              | 860-295-8682             |              | 860-295-0067         | stjohnfish@aol.com       |
| Contact Role(s): <b>Legal Contact</b>   |                              |                          |              |                      |                          |
| Name  |                              | Organization             |              | Job Title            |                          |
| <b>Ms. Heather Mancini</b>  |                              | St. John Fisher Church   |              | Bookkeeper/Secretary |                          |
| Mailing Address Line One  |                              | Mailing Address Line Two |              | City                 | State                    |
| 30 Jones Hollow Rd  |                              |                          |              | Marlborough          | CT                       |
| Business Phone  | Extension                    | Fax                      | Mobile Phone | Emergency Phone      | Email Address            |
| 860-295-0001  |                              |                          |              |                      | stjohnfisher30@yahoo.com |
| Contact Role(s): <b>Administrative Contact</b>  |                              |                          |              |                      |                          |
| <b>Please note the following:</b>   |                              |                          |              |                      |                          |
| 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.  |                              |                          |              |                      |                          |
| 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.  |                              |                          |              |                      |                          |
| 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule. |                              |                          |              |                      |                          |

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                        |  |                     | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|---------------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0790374                        | MARLBOROUGH PROFESSIONAL CENTER |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                                 |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 9-11 SO. MAIN STREET             |                                 |  |                     |                | 1          |            |                |              |
| Towns Served: MARLBOROUGH        |                                 |  |                     |                |            |            |                |              |

### Monitoring Requirements

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

| Total Coliform (3100)                           |                          | 1 routine (RT) per quarter |                          |
|---|--------------------------|----------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>   | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25         |                            | Complete                 |
|   | 7/1/25 - 9/30/25         |                            | Complete                 |
|   | 10/1/25 - 12/31/25       |                            | Complete                 |
|   | 1/1/26 - 3/31/26         |                            |                          |
|   | 4/1/26 - 6/30/26         |                            |                          |

| Physical Parameters (PPS)                       |                          | 1 routine (RT) per quarter |                          |
|---|--------------------------|----------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>   | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25         |                            | Complete                 |
|   | 7/1/25 - 9/30/25         |                            | Complete                 |
|   | 10/1/25 - 12/31/25       |                            | Complete                 |
|   | 1/1/26 - 3/31/26         |                            |                          |
|   | 4/1/26 - 6/30/26         |                            |                          |

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

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

Water System Facility: **WELL 2 (WSF ID: 21404)**

| E. Coli (3014)                            |                          | 1 routine (RT) per quarter |                          |
|---|--------------------------|----------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i>   | <i>Compliance Status</i> |
| WELL 2 (2)                                | 4/1/25 - 6/30/25         |                            | Complete                 |
|   | 7/1/25 - 9/30/25         |                            | Complete                 |
|   | 10/1/25 - 12/31/25       |                            | Complete                 |
|   | 1/1/26 - 3/31/26         |                            |                          |
|   | 4/1/26 - 6/30/26         |                            |                          |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTEAM         | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 21404                    | WELL 2                | 2                 | WELL 2                     | A      |                     |                           |          |                  |
| 57627                    | TREATMENT PLANT       |                   |                            |        |                     |                           |          |                  |
| 62483                    | ATMOSPHERIC STORAGE   |                   |                            |        |                     |                           |          |                  |

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                        |  |                     | Classification | Population | Owner Type |          | Primary Source |  |
|----------------------------------|---------------------------------|--|---------------------|----------------|------------|------------|----------|----------------|--|
| CT0790374                        | MARLBOROUGH PROFESSIONAL CENTER |  |                     | NC             | 25         | P          |          | GW             |  |
| Local Address (where applicable) |                                 |  | Service Connections | Residential    | Commercial | Industrial | Combined | Agricultural   |  |
| 9-11 SO. MAIN STREET             |                                 |  |                     |                | 1          |            |          |                |  |
| Towns Served: MARLBOROUGH        |                                 |  |                     |                |            |            |          |                |  |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 62484                    | ATMOSPHERIC STORAGE   |                   |                            |        |                     |                           |          |                  |

### Contact Information

| Name                     |  |           |                          | Organization            |              | Job Title       |                    |       |          |
|--------------------------|--|-----------|--------------------------|-------------------------|--------------|-----------------|--------------------|-------|----------|
| Mr. Michael Thibodeau    |  |           |                          | Marlborough Prof Center |              | Manager         |                    |       |          |
| Mailing Address Line One |  |           | Mailing Address Line Two |                         |              | City            |                    | State | Zip Code |
| 21 Portland Road         |  |           |                          |                         |              | Marlborough     |                    | CT    | 06447    |
| Business Phone           |  | Extension | Fax                      |                         | Mobile Phone | Emergency Phone | Email Address      |       |          |
| 860-978-1513             |  |           | 860-295-9189             |                         |              | 860-295-9189    | doug21@comcast.net |       |          |

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

**Please note the following:**

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

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                    |  |                     | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|-----------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0790454                        | MARLBOROUGH COUNTRY BARN# 1 |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                             |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 45 NORTH MAIN STREET             |                             |  |                     |                | 3          |            |                |              |
| Towns Served: MARLBOROUGH        |                             |  |                     |                |            |            |                |              |

### Monitoring Requirements

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

| Total Coliform (3100)                           |                    | 1 routine (RT) per month |                   |
|---|--------------------|--------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period        | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 7/31/25   |                          | Complete          |
|   | 8/1/25 - 8/31/25   |                          | Complete          |
|   | 9/1/25 - 9/30/25   |                          | Complete          |
|   | 10/1/25 - 10/31/25 |                          | Complete          |
|   | 11/1/25 - 11/30/25 |                          | Complete          |
|   | 12/1/25 - 12/31/25 |                          |                   |
|   | 1/1/26 - 1/31/26   |                          |                   |
|   | 2/1/26 - 2/28/26   |                          |                   |
|   | 3/1/26 - 3/31/26   |                          |                   |
|   | 4/1/26 - 4/30/26   |                          |                   |
|   | 5/1/26 - 5/31/26   |                          |                   |
|   | 6/1/26 - 6/30/26   |                          |                   |

| Physical Parameters (PPS)                       |                    | 1 routine (RT) per month |                   |
|---|--------------------|--------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period        | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 7/31/25   |                          | Complete          |
|   | 8/1/25 - 8/31/25   |                          | Complete          |
|   | 9/1/25 - 9/30/25   |                          | Complete          |
|   | 10/1/25 - 10/31/25 |                          | Complete          |
|   | 11/1/25 - 11/30/25 |                          | Complete          |
|   | 12/1/25 - 12/31/25 |                          |                   |
|   | 1/1/26 - 1/31/26   |                          |                   |
|   | 2/1/26 - 2/28/26   |                          |                   |
|   | 3/1/26 - 3/31/26   |                          |                   |
|   | 4/1/26 - 4/30/26   |                          |                   |
|   | 5/1/26 - 5/31/26   |                          |                   |
|   | 6/1/26 - 6/30/26   |                          |                   |

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

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

### Other Compliance Schedules

| Compliance Schedule Activity | Due Date  | Achieved Date |
|------------------------------|-----------|---------------|
| RESPOND TO SANITARY SURVEY   | 12/1/2024 |               |

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

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                    |  |                     | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|-----------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0790454                        | MARLBOROUGH COUNTRY BARN# 1 |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                             |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 45 NORTH MAIN STREET             |                             |  |                     |                | 3          |            |                |              |
| Towns Served: MARLBOROUGH        |                             |  |                     |                |            |            |                |              |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 21412                    | WELL #1               | 2                 | WELL #1                    | A      |                     |                           |          |                  |

### Contact Information

|                             |           |     |                          |                 |                          |            |       |          |
|-----------------------------|-----------|-----|--------------------------|-----------------|--------------------------|------------|-------|----------|
| Name                        |           |     | Organization             |                 |                          | Job Title  |       |          |
| <b>Ms. Karly Zirkenbach</b> |           |     | Country Barn Properties  |                 |                          | Owner      |       |          |
| Mailing Address Line One    |           |     | Mailing Address Line Two |                 |                          | City       | State | Zip Code |
| 91 Bull Hill Road           |           |     |                          |                 |                          | Colchester | CT    | 06415    |
| Business Phone              | Extension | Fax | Mobile Phone             | Emergency Phone | Email Address            |            |       |          |
| 860-918-2901                |           |     |                          |                 | karlyatthebarn@gmail.com |            |       |          |

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

**Please note the following:**

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

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name            |  |                     | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|---------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0798024                        | SADLER'S RESTAURANT |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                     |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 61 NORTH MAIN STREET             |                     |  |                     |                | 2          |            |                |              |
| Towns Served: MARLBOROUGH        |                     |  |                     |                |            |            |                |              |

### Monitoring Requirements

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

| Total Coliform (3100)                           |                    | 1 routine (RT) per month |                   |
|---|--------------------|--------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period        | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 7/31/25   |                          | Complete          |
|   | 8/1/25 - 8/31/25   |                          | Complete          |
|   | 9/1/25 - 9/30/25   |                          | Complete          |
|   | 10/1/25 - 10/31/25 |                          | Complete          |
|   | 11/1/25 - 11/30/25 |                          | Complete          |
|   | 12/1/25 - 12/31/25 |                          |                   |
|   | 1/1/26 - 1/31/26   |                          |                   |
|   | 2/1/26 - 2/28/26   |                          |                   |
|   | 3/1/26 - 3/31/26   |                          |                   |
|   | 4/1/26 - 4/30/26   |                          |                   |
|   | 5/1/26 - 5/31/26   |                          |                   |
|   | 6/1/26 - 6/30/26   |                          |                   |

| Physical Parameters (PPS)                       |                    | 1 routine (RT) per month |                   |
|---|--------------------|--------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period        | Compliance Status |
| Select from Inventory of Active Sampling Points | 7/1/25 - 7/31/25   |                          | Complete          |
|   | 8/1/25 - 8/31/25   |                          | Complete          |
|   | 9/1/25 - 9/30/25   |                          | Complete          |
|   | 10/1/25 - 10/31/25 |                          | Complete          |
|   | 11/1/25 - 11/30/25 |                          | Complete          |
|   | 12/1/25 - 12/31/25 |                          |                   |
|   | 1/1/26 - 1/31/26   |                          |                   |
|   | 2/1/26 - 2/28/26   |                          |                   |
|   | 3/1/26 - 3/31/26   |                          |                   |
|   | 4/1/26 - 4/30/26   |                          |                   |
|   | 5/1/26 - 5/31/26   |                          |                   |
|   | 6/1/26 - 6/30/26   |                          |                   |

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

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

### Water System Facility and Sampling Point Inventory

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

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

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name            |                     |             | Classification | Population | Owner Type | Primary Source |
|----------------------------------|---------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0798024                        | SADLER'S RESTAURANT |                     |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                     | Service Connections | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 61 NORTH MAIN STREET             |                     |                     |             | 2              |            |            |                |
| Towns Served: MARLBOROUGH        |                     |                     |             |                |            |            |                |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 56266                    | WELL #2               | 2                 | WELL #2                    | A      |                     |                           |          |                  |
| 63105                    | ATMOSPHERIC STORAGE   |                   |                            |        |                     |                           |          |                  |

### Contact Information

| Name                     |  |           |                          | Organization       |  | Job Title       |                   |       |          |
|--------------------------|--|-----------|--------------------------|--------------------|--|-----------------|-------------------|-------|----------|
| Mr. Kevin M. Haggerty    |  |           |                          | Sadlers Restaurant |  | Chef / Owner    |                   |       |          |
| Mailing Address Line One |  |           | Mailing Address Line Two |                    |  | City            |                   | State | Zip Code |
| 61 N Main St             |  |           | P. O. Box 433            |                    |  | Marlborough     |                   | CT    | 06447    |
| Business Phone           |  | Extension | Fax                      | Mobile Phone       |  | Emergency Phone | Email Address     |       |          |
| 860-295-0006             |  |           |                          |                    |  | 860-977-1364    | mrkhags@gmail.com |       |          |

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

**Please note the following:**

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

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

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

**End of schedule**



# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

|                                  |                  |  |             |                |            |            |                |              |
|----------------------------------|------------------|--|-------------|----------------|------------|------------|----------------|--------------|
| PWS ID                           | PWS Name         |  |             | Classification | Population | Owner Type | Primary Source |              |
| CT0798034                        | JESSICA'S GARDEN |  |             | NC             | 36         | P          | GW             |              |
| Local Address (where applicable) |                  |  | Service     | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 198 E HAMPTON RD                 |                  |  | Connections |                |            |            | 1              |              |
| Towns Served: MARLBOROUGH        |                  |  |             |                |            |            |                |              |

### Monitoring Requirements

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

**Total Coliform (3100)** **1 routine (RT) per quarter**

| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25         |                          | Complete                 |
|   | 7/1/25 - 9/30/25         |                          | Complete                 |
|   | 10/1/25 - 12/31/25       |                          |                          |
|   | 1/1/26 - 3/31/26         |                          |                          |
|   | 4/1/26 - 6/30/26         |                          |                          |

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

| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25         |                          | Complete                 |
|   | 7/1/25 - 9/30/25         |                          | Complete                 |
|   | 10/1/25 - 12/31/25       |                          |                          |
|   | 1/1/26 - 3/31/26         |                          |                          |
|   | 4/1/26 - 6/30/26         |                          |                          |

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

**Nitrate And Nitrite (NOX)** **1 routine (RT) per year**

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| ENTRY POINT (3)                           | 1/1/24 - 12/31/24        |                          | Complete                 |
|   | 1/1/25 - 12/31/25        |                          | Complete                 |
|   | 1/1/26 - 12/31/26        |                          |                          |

### Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600                           | DISTRIBUTION SYSTEM          | 4                        | DISTRIBUTION SYSTEM               | A             |                            |                                  |                 |                         |
|                                 |                              | DOWNSTREAM               | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
|                                 |                              | UPSTREAM                 | WITHIN 5 SERVICE CON              | A             |                            |                                  |                 |                         |
| 00700                           | ENTRY POINT                  | 3                        | ENTRY POINT                       | A             |                            |                                  |                 |                         |
| 59406                           | WELL 1                       | 2                        | WELL 1                            | A             |                            |                                  |                 |                         |
| 62070                           | TREATMENT PLANT              |                          |                                   |               |                            |                                  |                 |                         |

### Contact Information

|   |  |           |                          |                  |              |                 |                           |       |          |
|---|--|-----------|--------------------------|------------------|--------------|-----------------|---------------------------|-------|----------|
| Name  |  |           |                          | Organization     |              | Job Title       |                           |       |          |
| Ms. Jessica Carroll   |  |           |                          | Jessica's Garden |              |                 |                           |       |          |
| Mailing Address Line One                                      |  |           | Mailing Address Line Two |                  |              | City            |                           | State | Zip Code |
| 198 E. Hampton Rd   |  |           |                          |                  |              | Marlborough     |                           | CT    | 06447    |
| Business Phone  |  | Extension | Fax                      |                  | Mobile Phone | Emergency Phone | Email Address             |       |          |
| 860-295-1685  |  |           |                          |                  |              | 860-604-3332    | jessica@jessicagarden.net |       |          |
| Contact Role(s): Administrative Contact, Legal Contact, Owner |  |           |                          |                  |              |                 |                           |       |          |

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

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name         |  |                     | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0798034                        | JESSICA'S GARDEN |  |                     | NC             | 36         | P          | GW             |              |
| Local Address (where applicable) |                  |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 198 E HAMPTON RD                 |                  |  |                     |                |            |            | 1              |              |
| Towns Served: MARLBOROUGH        |                  |  |                     |                |            |            |                |              |

**Please note the following:**

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

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                |  |                     | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|-------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0798054                        | THE FARM AT CARTER HILL |  |                     | NC             | 31         | P          | GW             |              |
| Local Address (where applicable) |                         |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 86 EAST HAMPTON RD               |                         |  |                     |                |            |            | 1              |              |
| Towns Served: MARLBOROUGH        |                         |  |                     |                |            |            |                |              |

### Monitoring Requirements

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

| Total Coliform (3100)                           |                          | 1 routine (RT) per quarter |                          |
|---|--------------------------|----------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>   | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25         |                            | Complete                 |
|   | 7/1/25 - 9/30/25         |                            | Complete                 |
|   | 10/1/25 - 12/31/25       |                            | Complete                 |
|   | 1/1/26 - 3/31/26         |                            |                          |
|   | 4/1/26 - 6/30/26         |                            |                          |

| Physical Parameters (PPS)                       |                          | 1 routine (RT) per quarter |                          |
|---|--------------------------|----------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>   | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25         |                            | Complete                 |
|   | 7/1/25 - 9/30/25         |                            | Complete                 |
|   | 10/1/25 - 12/31/25       |                            | Complete                 |
|   | 1/1/26 - 3/31/26         |                            |                          |
|   | 4/1/26 - 6/30/26         |                            |                          |

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

| Nitrate (1040)                            |                          | 1 routine (RT) per quarter |                          |
|---|--------------------------|----------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i>   | <i>Compliance Status</i> |
| ENTRY POINT (3)                           | 4/1/25 - 6/30/25         |                            | Complete                 |
|   | 7/1/25 - 9/30/25         |                            | Complete                 |
|   | 10/1/25 - 12/31/25       |                            | Complete                 |
|   | 1/1/26 - 3/31/26         |                            |                          |
|   | 4/1/26 - 6/30/26         |                            |                          |

| Nitrite (1041)                            |                          | 1 routine (RT) per year  |                          |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3)                           | 1/1/24 - 12/31/24        |                          | Complete                 |
|   | 1/1/25 - 12/31/25        |                          | Complete                 |
|   | 1/1/26 - 12/31/26        |                          |                          |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 60015                    | WELL 1                | 2                 | WELL 1                     | A      |                     |                           |          |                  |

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                |  |                     | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|-------------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0798054                        | THE FARM AT CARTER HILL |  |                     | NC             | 31         | P          | GW             |              |
| Local Address (where applicable) |                         |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 86 EAST HAMPTON RD               |                         |  |                     |                |            |            | 1              |              |
| Towns Served: MARLBOROUGH        |                         |  |                     |                |            |            |                |              |

### Contact Information

| Name  |  |           |                          | Organization |                 |                            | Job Title |       |          |
|---|--|-----------|--------------------------|--------------|-----------------|----------------------------|-----------|-------|----------|
| Ms. Hazel Luchatz   |  |           |                          |              |                 |                            |           |       |          |
| Mailing Address Line One                                      |  |           | Mailing Address Line Two |              |                 | City                       |           | State | Zip Code |
| 78 East Hampton Road  |  |           |                          |              |                 | Marlborough                |           | CT    | 06447    |
| Business Phone  |  | Extension | Fax                      | Mobile Phone | Emergency Phone | Email Address              |           |       |          |
| 860-906-7866  |  |           |                          |              | 860-906-7866    | mitschsplace@sbcglobal.net |           |       |          |
| Contact Role(s): Administrative Contact, Legal Contact, Owner |  |           |                          |              |                 |                            |           |       |          |

**Please note the following:**

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

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name            |  |                     | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|---------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0798064                        | BESTWAY FOOD & FUEL |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                     |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 4 PORTLAND RD, MARLBOROUGH       |                     |  |                     |                | 1          |            |                |              |
| Towns Served: MARLBOROUGH        |                     |  |                     |                |            |            |                |              |

### Monitoring Requirements

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

| Total Coliform (3100)                           |                          | 1 routine (RT) per quarter |                          |
|---|--------------------------|----------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>   | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25         |                            | Complete                 |
|   | 7/1/25 - 9/30/25         |                            | Complete                 |
|   | 10/1/25 - 12/31/25       |                            | Complete                 |
|   | 1/1/26 - 3/31/26         |                            |                          |
|   | 4/1/26 - 6/30/26         |                            |                          |

| Physical Parameters (PPS)                       |                          | 1 routine (RT) per quarter |                          |
|---|--------------------------|----------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i>       | <i>Monitoring Period</i> | <i>Collection Period</i>   | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25         |                            | Complete                 |
|   | 7/1/25 - 9/30/25         |                            | Complete                 |
|   | 10/1/25 - 12/31/25       |                            | Complete                 |
|   | 1/1/26 - 3/31/26         |                            |                          |
|   | 4/1/26 - 6/30/26         |                            |                          |

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

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

### Public Notification Requirements

| <i>Violation/Situation</i>        | <i>Compliance Period</i> | <i>Notice Tier</i> | <i>Public Notification</i> |                  | <i>PN Certification</i> |                 |
|-----------------------------------|--------------------------|--------------------|----------------------------|------------------|-------------------------|-----------------|
|                                   |                          |                    | <i>Required</i>            | <i>Performed</i> | <i>Due to DPH</i>       | <i>Received</i> |
| Physical Parameters M&R Violation | 7/1/21 - 9/30/21         | 3                  | 11/9/2022                  |                  | 11/19/2022              |                 |
| Total Coliform M&R Violation      | 7/1/21 - 9/30/21         | 3                  | 12/1/2022                  |                  | 12/11/2022              |                 |
| Total Coliform M&R Violation      | 1/1/22 - 3/31/22         | 3                  | 5/12/2023                  |                  | 5/22/2023               |                 |
| Total Coliform M&R Violation      | 10/1/21 - 12/31/21       | 3                  | 5/12/2023                  |                  | 5/22/2023               |                 |
| Physical Parameters M&R Violation | 10/1/21 - 12/31/21       | 3                  | 5/12/2023                  |                  | 5/22/2023               |                 |
| Physical Parameters M&R Violation | 1/1/22 - 3/31/22         | 3                  | 5/12/2023                  |                  | 5/22/2023               |                 |

### Water System Facility and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600                           | DISTRIBUTION SYSTEM          | 4                        | DISTRIBUTION SYSTEM               | A             |                            |                                  |                 |                         |
| 00700                           | ENTRY POINT                  | 3                        | ENTRY POINT                       | A             |                            |                                  |                 |                         |
| 62229                           | MAIN WELL                    | 2                        | MAIN WELL                         | A             |                            |                                  |                 |                         |
| 62231                           | BLADDER TANK                 |                          |                                   |               |                            |                                  |                 |                         |

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name            |  |                     | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|---------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0798064                        | BESTWAY FOOD & FUEL |  |                     | NC             | 25         | P          | GW             |              |
| Local Address (where applicable) |                     |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 4 PORTLAND RD, MARLBOROUGH       |                     |  |                     |                | 1          |            |                |              |
| Towns Served: MARLBOROUGH        |                     |  |                     |                |            |            |                |              |

### Contact Information

| Name  |  |           |                          | Organization |              |                 | Job Title            |       |          |
|---|--|-----------|--------------------------|--------------|--------------|-----------------|----------------------|-------|----------|
| Mr. Ahmed Choudhry  |  |           |                          | Jannat LLC   |              |                 | Owner                |       |          |
| Mailing Address Line One                                      |  |           | Mailing Address Line Two |              |              | City            |                      | State | Zip Code |
| 24 Islieb Road  |  |           |                          |              |              | Marlborough     |                      | CT    | 06447    |
| Business Phone  |  | Extension | Fax                      |              | Mobile Phone | Emergency Phone | Email Address        |       |          |
| 860-608-9636  |  |           |                          |              |              |                 | bestway411@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.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

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

**End of schedule**

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name        |  |                     | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|-----------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0798074                        | DONUT TWIST LLC |  |                     | NC             | 29         | P          | GW             |              |
| Local Address (where applicable) |                 |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 27 NORTH MAIN ST                 |                 |  |                     |                |            |            | 1              |              |
| Towns Served: MARLBOROUGH        |                 |  |                     |                |            |            |                |              |

### Monitoring Requirements

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

| Total Coliform (3100)                           |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25   |                            | Out of Service    |
|   | 7/1/25 - 9/30/25   |                            | Complete          |
|   | 10/1/25 - 12/31/25 |                            |                   |
|   | 1/1/26 - 3/31/26   |                            |                   |
|   | 4/1/26 - 6/30/26   |                            |                   |

| Physical Parameters (PPS)                       |                    | 1 routine (RT) per quarter |                   |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID)              | Monitoring Period  | Collection Period          | Compliance Status |
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25   |                            | Out of Service    |
|   | 7/1/25 - 9/30/25   |                            | Complete          |
|   | 10/1/25 - 12/31/25 |                            |                   |
|   | 1/1/26 - 3/31/26   |                            |                   |
|   | 4/1/26 - 6/30/26   |                            |                   |

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

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

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | DISTRIBUTION SYSTEM        | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTEAM         | WITHIN 5 SERVICE CON       | A      | Y                   |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      | Y                   |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 62982                    | WELL                  | 2                 | WELL                       | A      |                     |                           |          |                  |
| 62984                    | TREATMENT PLANT       |                   |                            |        |                     |                           |          |                  |

### Contact Information

|  |  |           |                          |              |  |                 |                     |       |          |
|--|--|-----------|--------------------------|--------------|--|-----------------|---------------------|-------|----------|
| Name   |  |           |                          | Organization |  |                 | Job Title           |       |          |
| Mr. James Pasternak                                    |  |           |                          |              |  |                 |                     |       |          |
| Mailing Address Line One                               |  |           | Mailing Address Line Two |              |  | City            |                     | State | Zip Code |
| 122-B Jones Hollow Rd                                  |  |           |                          |              |  | Marlborough     |                     | CT    | 06447    |
| Business Phone   |  | Extension | Fax                      | Mobile Phone |  | Emergency Phone | Email Address       |       |          |
| 860-682-0654   |  |           |                          |              |  | 860-682-0654    | info@donuttwist.com |       |          |
| Contact Role(s): Administrative Contact, Legal Contact |  |           |                          |              |  |                 |                     |       |          |

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

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name        |  |                     | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|-----------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT0798074                        | DONUT TWIST LLC |  |                     | NC             | 29         | P          | GW             |              |
| Local Address (where applicable) |                 |  | Service Connections | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 27 NORTH MAIN ST                 |                 |  |                     |                |            |            | 1              |              |
| Towns Served: MARLBOROUGH        |                 |  |                     |                |            |            |                |              |

**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**