Connecticut Depa	rtment of	F Public F	lealth	Dr	inkir	ıσ W	'ater	Se	ction	
Water Qual						_			CCIOII	
PWS ID PWS Name	ity Monit	ornig an	u Con						or Type	Primary Source
CT0820461 ROVERS LODGE				Class	NC		25	OWI	I	GW
Local Address (where applicable)		Service	Residen	tial (Comme		ndustri	al	Combine	
227 BAILEYVILLE ROAD		Connections	1	ciai (1	reiai i		-		a /igirearearar
Towns Served: MIDDLEFIELD			_							
	Monit	oring Requ	iireme	nts						
Water System Facility: DISTRIBUTION SY										
Total Coliform (3100)							1	rou	tine (RT) per quarter
Sampling Point (Sampling Point ID)			Monitori	ing Pe	riod	Collect	tion Pe	riod	Comp	liance Status
Select from Inventory of Active Sampling	Points		4/1/25 -	6/30	/25				C	Complete
			7/1/25 -	9/30	/25				C	Complete
			10/1/25 -	12/3	1/25				C	Complete
			1/1/26 -	3/31	/26					
			4/1/26 -	6/30	/26					
Physical Parameters (PPS)							1	l rou	tine (RT) per quarter
Sampling Point (Sampling Point ID)			Monitori	ing Pe	riod	Collect	tion Pe	riod	Comp	liance Status
Select from Inventory of Active Sampling	Points		4/1/25 -	6/30	/25				C	Complete
			7/1/25 -	9/30	/25				C	Complete
			10/1/25 -						C	Complete
			1/1/26 -							
			4/1/26 -	6/30	/26					
Water System Facility: ENTRY POINT - W	ELL 3 (WSF II	D: 00700)								
Nitrate And Nitrite (NOX)								1	routine	(RT) per year
Sampling Point (Sampling Point ID)			Monitori			Collect	tion Pe	riod	Comp	liance Status
EP - WELL 3 (3)			1/1/24 -							Complete
			1/1/25 -	-	-				C	Complete
			1/1/26 -	12/31	L/26					
Water System Facility: WELL 3 (WSF ID:	57705)									
E. Coli (3014)									-) per quarter
Sampling Point (Sampling Point ID)			Monitori			Collect	tion Pe	riod		liance Status
WELL 3 (2)			4/1/25 -							Complete
			7/1/25 -							Complete
			10/1/25 -							Complete
			1/1/26 -							
	011		4/1/26 -							
	Otner C	ompliance								
Compliance Schedule Activity				Due D			Achie	ved L	Date	
CROSS CONNECTION EXEMPTION				3/1/2						
CROSS CONNECTION SURVEY REPORT				3/1/2						
CROSS CONNECTION SURVEY REPORT				3/1/2						
CROSS CONNECTION SURVEY REPORT				3/1/2						
Water Sy	stem Facil	ity and Sar	npling	Poi	nt Inv	ento/	ry			
Water	amanlina Daist	Campalina D-!			_	Total	Lead			6.
System Water System Facility S Facility ID	ampling Point ID	Sampling Poil Description	πt			oliform Rule			Ashesto	Stage s WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM		<u>tatus</u> A	Y	nuie	1161	שאבאנט	S VVQF Z DDFK
DISTRIBUTION STSTEIN	4	וטוו טטואו כוס	4 DIDIEIVI	ı	^	1				

C	onnectic	ut Depa	rtment of	Public	Health	D	rinking	g Wa	ater	Sect	ion	
	Wa	ter Qual	lity Monit	oring a	nd Con	npl	liance	Sche	edule	9		
PWS ID P\	NS Name			0		-					Type P	rimary Source
CT0820461 RO	OVERS LODGE						NC	2	5	L		GW
Local Address (whe	ere applicable)			Service	Residen	ntial	Commerc	ial In	dustria	Cor	mbined	Agricultural
227 BAILEYVILLE RO	DAD			Connection	1		1					
Towns Served: MID	DLEFIELD				·			·		·		
		Water Sy	stem Facili	ity and Sa	ampling	Po	int Inve	ento	у			
Water							T	otal	Lead a	nd		
- /	System Facility		Sampling Point				Col	iform	Сорр	er		Stage
Facility ID			ID	Description	1		Status F	Rule	Rule T	ier As	bestos	WQP 2 DBPR
			DOWNSTREAM	WITHIN 5 S	ERVICE COI	N	Α					
			UPSTREAM	WITHIN 5 S	ERVICE COI	N	Α					
00700 ENTRY F	POINT - WELL 3		3	EP - WELL 3			Α					
36402 TREATM	IENT PLANT											
57705 WELL 3			2	WELL 3			Α					
			Con	tact Info	rmation	1						
Name			Or	ganization						Jol	b Title	
Mr. Sam E. Babcoc	:k		Р8	&L Partners				Ow	ner			
Mailing Address Lir	ne One		Mailing Address	s Line Two				Ci	ty	S	State	Zip Code
226 Bailyville Rd			PO Box 353				Middle	efield			СТ	06455
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	/ Pho	one Email	Addres	SS			
860-349-6322												
Contact Role(s): A	dministrative	Contact, Leg	al Contact, Own	ner								
Name			Or	ganization						Jo	b Title	
Ms. Gail Notturno								Ow	ner			
Mailing Address Lir	ne One		Mailing Address	s Line Two				Ci	ty	S	State	Zip Code
130 Way Rd							Middle	efield			СТ	06455
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	/ Pho	one Email	Addres	SS	,		
Contact Role(s): L	egal Contact, C	Owner										
Name				Organization				Job Title				
Ms. Eloise Yale				Rover's Lodge					tner			
Mailing Address Lir	ne One		Mailing Address	s Line Two				Ci	ty	S	State CT	Zip Code
130 Way Rd				Middle					efield			06455

Contact Role(s): Administrative Contact, Legal Contact

Extension

Please note the following:

Business Phone

860-349-6322

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

Mobile Phone

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

Fax

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

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

Emergency Phone Email Address

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

	Con		ut Depa ter Qua											ection		
PWS ID	PWS N	Name							Clas	sificatio	n Po	pulatio	n Ow	ner Type F	rimary So	ource
СТ082001	.4 CALVI	BUILDING								NC		25		Р	GW	
Local Add	ress (where a	pplicable)				Service	Resid	dent	tial	Comme	ercial	Indust	rial	Combined	Agricult	tural
480 MAIN	I STREET					Connection	ns			1						
Towns Sei	rved: MIDDLE	FIELD														
				N	lonit	oring Re	guiren	nei	nts							
Water Sy	stem Facilit	y: DISTR	IBUTION SY				•									
Total Co	liform (310	0)											1 ro	utine (RT)	per quai	rter
Sam	pling Point (S	ampling Po	oint ID)				Monit				Colle	ction F	Period	Comp	iance Stat	tus
Selec	ct from Invent	tory of Acti	ve Sampling	Points			4/1/2	25 -	6/30)/25				C	omplete	
							7/1/2	25 -	9/30)/25				C	omplete	
							10/1/2	25 -	12/3	31/25				C	omplete	
							1/1/2		-	-						
							4/1/2	26 -	6/30)/26						
-	Parameters	= =	oint ID)				Manie		D	- ut - d	Calla	ation f		utine (RT)	-	
_	pling Point (S			Doints			Monit		_		Colle	ction F	erioa		iance Stat	tus
Selec	ct from Invent	tory or Acti	ve sampling	POIITES			4/1/2								omplete	
							7/1/2								omplete	
							10/1/2							C	omplete	
							4/1/2			-						
Mator Cu	stem Facility	W ENTRY	/ DOINT /M	VSE ID: 0	0700\		4/1/2	20 -	0/30	7/20						
		•	POINT (V	VSF ID. U	10700)										DT\	
	And Nitrite <i>pling Point (S</i>	• •	oint ID)				Monit	· o r i r	na D	oriod	Colla	ction F		routine (kı) per y <i>iance Sta</i> l	
_	RY POINT (3)	umping Po	יווונ וטן				<i>Monit</i> 1/1/2				Cone	CLIOII P	eriou		omplete	tus
EINIF	RT POINT (5)						1/1/2								omplete	
							1/1/2							C	inplete	
				0.1	_											
				Oti	ner C	omplian	ce Sch	ed	ule	S						
	ce Schedule A	Activity							Due L			Ach	ieved	Date		
	G SITE PLAN									2025						
RESPOND	TO SANITARY	Y SURVEY						1,	/10/	2026						
			Water S	ystem	Facili	ity and S	ampli	ng	Poi	int In						
Water	Water Syste	om Eacilite		Sampling	, Doint	Sampling F	Point				Total		d and		C.	hace
System Facility ID	=	em rucinty		Sumping ID		Description					Colifor Rule		pper le Tier	Asbestos		tage DRDR
00600	DISTRIBUTIO	NI SVSTEM		4		DISTRIBUTI		EN/I		Status A	Y	nui	c men	713503103	110, 22	JUI IX
00000	DISTRIBUTIO	JIN STSTEIVI			LBE VIV	WITHIN 5 S			l	A	'					
				UPSTR		WITHIN 5 S				A						
00700	ENTRY POIN	IT		3	LAIVI	ENTRY POI		JOIN								
21441	WELL	11		2		WELL	INI			A A						
Z1441	VVLLL									A						
Norse						tact Info	rmati	on						lob Tial		
Name	T N/a!					rganization								Job Title		
Mr. John				Mailine		llvi, LLC						City		Ctoto	7in Ca-l	lo
	ddress Line O	ne		iviailing /	4aaress	s Line Two				N 4		City		State	Zip Cod	
	Broad St.	'utorsis:	F		N 4 = 1= *	lo Dhan -	Fn: :	n c: :	Dh -		iden	ros=		СТ	06450	1
Busines	s Phone E	extension	Fax		IVIODI	le Phone	Emerge	ncy	rnoi	ne Ema	ııı Addı	ress				

	Connectic	ut Depa	rtment c	of Public	Health	Drin	iking	Water	Section	on	
	Wa	ter Qua	lity Moni	itoring a	nd Con	nplia	nce S	Schedul	le		
PWS ID	PWS Name					Classifi	cation	Population	Owner Ty	pe l	Primary Source
CT0820014	CALVI BUILDING					N	С	25	Р		GW
ocal Address (w	here applicable)			Service	Residen	tial Co	mmercia	al Industri	al Com	oine	d Agricultural
480 MAIN STREE	Т			Connection	ns		1				
Γowns Served: N	1IDDLEFIELD			-				"	1		1
203-237-7559)						maier0:	1@msn.com	า		
Contact Role(s):	Legal Contact										
Name				Organization					Job	Title	
Mr. Ryan Uhlma	n			Calvi. LLC.							
Mailing Address	Line One		Mailing Addre	ess Line Two				City	Sta	ate	Zip Code
78 Ross Farms Ro	oad						Rockfal	I	С	Т	06481
Business Phone	e Extension	Fax	Mol	bile Phone	Emergency	/ Phone	Email A	ddress	·		
203-213-6449	1						ryanuhl	lman4@gm	ail.com		
Contact Role(s):	Administrative	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.

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

Connecticut De	partment of	f Public H	ealth	Drink	ing W	ater S	Section	
	uality Monit							
PWS ID PWS Name	dancy Monit	oring and	a COII					Primary Source
CT0820024 COGINCHAUG MARKET				NC	-	25	P	GW
Local Address (where applicable)		Service	Resident			ndustrial	Combine	
484 MAIN STREET		Connections			1			- Breatenan
Towns Served: MIDDLEFIELD								
	Monito	oring Requ	ireme	nts				
Water System Facility: DISTRIBUTION	N SYSTEM (WSF I	D: 00600)						
Total Coliform (3100)						1 r	outine (RT) per quarter
Sampling Point (Sampling Point ID)			Monitori	ng Period	Collec	tion Perio	od Comp	liance Status
Select from Inventory of Active Samp	ling Points		4/1/25 -	6/30/25			C	Complete
			7/1/25 -	9/30/25			C	Complete
				12/31/25			C	Complete
			1/1/26 -					
			4/1/26 -	6/30/26				-
Physical Parameters (PPS)			n <i>a</i> = ta =t.		C-11		•) per quarter
Sampling Point (Sampling Point ID)	ling Daints	ı		ng Period	Collec	tion Perio		liance Status
Select from Inventory of Active Samp	iing Points		4/1/25 - 7/1/25 -					Complete Complete
				12/31/25				Complete
			1/1/26 -					ompiete
			4/1/26 -					
Water System Facility: ENTRY POINT	(WSF ID: 00700)		, , -	, ,				
Nitrate And Nitrite (NOX)	, ,						1 routine	(RT) per year
Sampling Point (Sampling Point ID)			Monitorii	ng Period	Collec	tion Perio		liance Status
ENTRY POINT (3)			1/1/24 - :	12/31/24			-	Complete
			1/1/25 - :	12/31/25			C	Complete
			1/1/26 - :	12/31/26				
Water System Facility: WELL (WSF II	D: 21442)							
E. Coli (3014)						1 r	outine (RT) per quarter
Sampling Point (Sampling Point ID)		ı	Monitorii	ng Period	Collec	tion Perio	od Comp	liance Status
WELL (2)			4/1/25 -					Complete
			7/1/25 -					Complete
				12/31/25			C	Complete
			1/1/26 -					
			4/1/26 -					
Water	r System Facili	ity and Sar	npling	Point I	nvento	ry		
Water	Comments D. C.	Commenter D. L			Total	Lead ar		
System Water System Facility Facility ID	Sampling Point ID	Sampling Poli Description	IT	_	Coliform Rule			Stage s WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	Status A	Y	Nuie II	Ci Ashesto.	JUNE ZUDPK
CCCCC DISTRIBUTION STSTEIN	DOWNSTREAM				1			
	UPSTREAM	WITHIN 5 SER						
00700 ENTRY POINT	3	ENTRY POINT		Α				
21442 WELL	2	WELL		Α				

56678 TREATMENT PLANT - UV

	Connectic	ut Dena	rtment	of Public	r Health	Drii	nking	Water	Section	
		*					U			
		ter Qua	nty Mon	itoring a	and Con					I
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source
CT0820024	COGINCHAUG N	1ARKET				Ν	C	25	Р	GW
Local Address (w	here applicable)			Service	Residen	tial Co	mmercia	al Industri	al Combin	ed Agricultura
484 MAIN STREE	Т			Connectio	ons		1			
Towns Served: N	IIDDLEFIELD				,	,		'		
			Co	ontact Info	ormation	1				
Name				Organization					Job Titl	e
Mr. Satish Patel				Jai-Shiv-Sai, L	.LC			Managing	Member	
Mailing Address	Line One		Mailing Address Line Two					City	State	Zip Code
40 Padens Court								ford	СТ	06492
Business Phone	e Extension	Fax	Мо	1obile Phone Emergency Phon			Email A	ddress		
860-349-9985					917-523	8616				
Contact Role(s):	Administrative	Contact, Leg	al Contact							
Name				Organization					Job Titl	е
Land Manageme	nt Inc									
Mailing Address	Line One		Mailing Addr	ess Line Two				City	State	Zip Code
484 Meriden Rd			P. O. Box 31				Middlet	field	СТ	06455
Business Phone	e Extension	Fax	Mo	obile Phone	Emergency	/ Phone	Email A	ddress		
Contact Role(s):	Owner									

Please note the following:

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

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

End of schedule

Connecticut Depa Water Qua						_			ction	
PWS ID PWS Name				Clas	sification	Popu	ılation	Own	er Type Pr	imary Source
CT0820044 108 MAIN STREET					NC	2	29		Р	GW
Local Address (where applicable)		Service	Resident	tial	Commer	cial Ir	ndustri	al	Combined	Agricultural
		Connections			1					
Towns Served: MIDDLEFIELD										
	Monite	oring Requ	iireme	nts						
Water System Facility: DISTRIBUTION SY	YSTEM (WSF II	D: 00600)								
Total Coliform (3100) Sampling Point (Sampling Point ID)			Monitorii	na D	eriod	Collect				per quarter
Select from Inventory of Active Sampling	Points		4/1/25 -			Conect	ion Pe	iiou		nplete
Select from inventory of Active Sampling	FOIILS		7/1/25 -							nplete
			10/1/25 -		-					пріссе
			1/1/26 -							
			4/1/26 -							
Physical Parameters (PPS)							1	l rou	tine (RT) ¡	er quarter
Sampling Point (Sampling Point ID)			Monitorii	ng P	eriod	Collect	ion Pe	riod	Compli	ance Status
Select from Inventory of Active Sampling	Points		4/1/25 -	6/30	0/25				Coi	mplete
			7/1/25 -	9/30	0/25				Coi	mplete
			10/1/25 -							
			1/1/26 -							
			4/1/26 -	6/30	0/26					
Water System Facility: ENTRY POINT (V	VSF ID: 00700)									
Nitrate (1040)							1	l rou		er quarter
Sampling Point (Sampling Point ID)		_	Monitorii			Collect	ion Pe	riod		ance Status
ENTRY POINT (3)			4/1/25 -							mplete
			7/1/25 -						Coi	mplete
			10/1/25 -							
			1/1/26 -							
N			4/1/26 -	6/30	0/26				/5	_,
Nitrite (1041)			0.4 it i	D	auta d	Callage	ian Da		· -	T) per year
Sampling Point (Sampling Point ID) ENTRY POINT (3)			Monitori i 1/1/24 - :			Collect	ion Pe	rioa		nnce Status
ENTRY POINT (5)			1/1/24 - :							nplete nplete
			1/1/26 - :						COI	Tiplete
	Other C	ompliance								
Compliance Schodule Activity	Other C	omphance			Date		Achie	wod I	Deto.	
Compliance Schedule Activity RESPOND TO SANITARY SURVEY					2019		Acme	vea L	Jale	
	ystem Facili	itv and Sar				ento	rv			
Water	,	-,				Total	Lead	and		
	Sampling Point	Sampling Poi	nt			oliform				Stage
Facility ID	ID	Description				Rule			Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM		Α	Υ				
	DOWNSTREAM	WITHIN 5 SER	VICE CON		Α					
	UPSTREAM	WITHIN 5 SER	VICE CON	l	Α					
00700 ENTRY POINT	3	ENTRY POINT			Α					
21444 WELL 1	2	WELL			Α					

	Water Quality	Monitoring and	d Con	npl	iance S	schedul	le	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0820044	108 MAIN STREET		NC		29	Р	GW	
Local Address	(where applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
		Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: MIDDLEFIELD

			Co	ontact Inf	ormation								
Name				Organization				Job Title					
Mr. Tom Yantosh				Owner									
Mailing Address Lin	e One		Mailing Addr	ess Line Two	ess Line Two City State								
108 Main Street					СТ	06481							
Business Phone Extension Fax				obile Phone	Emergency Phone	Email Address							
860-346-8140						dotking7	@aol.com						

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

Please note the following:

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

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

End of schedule

	Co	onnectic Wat	ut Depa ter Qual								_			ection		
PWS ID	PW	/S Name						Cla	assific	cation	Pop	ulatio	n Ow	ner Type	Pri	mary Source
CT0820074	GU	IDAS DRIVE-IN	N RESTAURA	NT					NO	2		40		Р		GW
Local Addre	ess (wher	e applicable)				Service	Reside	ential	Cor	nmer	cial	Indust	rial	Combine	ed	Agricultura
484 MERID	EN ROAD)				Connection	ns			1						
Towns Serv	ed: MIDI	DLEFIELD														
				Mo	onito	oring Red	quirem	ent	S							
Water Sys	tem Fac	ility: DISTR	IBUTION SY	STEM (V	VSF II	D: 00600)										
Total Coli	-	100) t (Sampling Po	oint ID)				Monito	oring	Perio	od (Colle	ction P		=		er quarter nce Status
		entory of Acti		Points			4/1/25									plete
		,	1 0				7/1/25									nplete
							10/1/25									<u>'</u>
							1/1/26									
							4/1/26									
Physical F	aramet	ers (PPS)											1 ro	utine (R1	Г) р	er quarter
Sampl	ing Poin	t (Sampling Po	oint ID)				Monito	oring	Perio	d	Colle	ction P	eriod	Com	plia	nce Status
Select	from Inv	entory of Acti	ve Sampling	Points			4/1/25	5 - 6/3	30/25	5					Com	plete
							7/1/25							(Com	plete
							10/1/25									
							1/1/26									
							4/1/26	5 - 6/3	30/26	5						
•		ility: ENTRY	POINT (W	/SF ID: 00	700)											
Nitrate A		• •													-) per year
		t (Sampling Po	oint ID)				Monito				Colle	ction P	eriod			nce Status
ENTRY	POINT (3)					1/1/24									plete
							1/1/25								Com	plete
							1/1/26				_	_	_			
			Water Sy	stem F	acili	ity and S	amplin	g Po	oint	Inv	ento	ory				
Water											Total		d and	1		
-	Water Sy	stem Facility		Sampling I ID	Point	Sampling P Description					liforn		pper	. Ashasta	sa 1/	Stage
Facility ID	DICTRIBL	ITION SYSTEM		4		DISTRIBUTI		N /	Stat	us	Rule Y	Kui	e rier	ASDESIC)S V	VQP 2 DBP
00600	טואוצוע	THON SYSTEIN				WITHIN 5 S			A		ĭ					
				UPSTRE		WITHIN 5 S			A A							
00700	ENTRY PO	TINIT		3	- IVI	ENTRY POI		J1 V	A							
	WELL	J11 V 1		2		WELL	1 1		A							
2177/	**				Carr											
						tact Info	rmatio	n								
Name						rganization								Job Title	е	
Mr. Lou Sei		- 0		n a - : ! :		uida's Drive-	ın Restaur	rant				wner/F	resid			7:- 6 1
Mailing Add		e One		iviailing A	uaress	s Line Two				N 41: -11		City		State		Zip Code
484 Meride		Evtoncion	Fave		Mah:	le Phone	Emergen	CV DL		Middl				СТ		06455
Business 860-349		Extension	Fax 860-349-0	1257	ΙΦΟΙνι	ie riione	860-34					ess Paol.co	m			
		gal Contact, C		1231			60U-34	J-044	+3	βιιστα	iogs@	aui.co	1111			
Contact No	LC(3). LC	Bui Contact, C	, wilei													

Page 9

	Connectic	ut Depa	n une	IIL OI	Public	пеани	וועו	nkmg	vvater	Section	11	
	Wa	ter Qua	lity M	onit	oring a	nd Con	nplia	nce S	Schedul	le		
PWS ID	PWS Name						Classi	fication	Population	Owner Typ	e Pr	imary Source
CT0820074	GUIDAS DRIVE-I	N RESTAURA	NT				١	NC .	40	Р		GW
Local Address (w	here applicable)			Service	Resider	ntial Co	ommercia	al Industri	al Combi	ned	Agricultural	
484 MERIDEN RO	DAD				Connection	ns		1				
Towns Served: N	MIDDLEFIELD								,			
Name				Or	ganization					Job Ti	tle	
Ms. Lucy Malate	esta			Ne	ew Guida's R	estaurant,	Inc		Vice Presi	dent		
Mailing Address	Line One		Mailing /	Address	Line Two				City	State	ة	Zip Code
484 Meriden Ro	ad							Middle	field	СТ		06455
Business Phon	e Extension	Fax		Mobi	le Phone	Emergency	y Phone	Email A	ddress	'		
860-349-9039)	860-349-0	0257			860-349	-8219					
Contact Polo(c)	Administrativo	Contact										

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact

Please note the following:

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

	Connecticut Department	t of Public H	lealth	Drin	king	Wate	r Se	ection	
	Water Quality Mo				Ŭ				
PWS ID	PWS Name							ner Type	Primary Source
CT0820084	INDIAN SPRING GOLF COURSE			NO		25		Р	GW
	(where applicable)	Service	Resident		nmercia		rial	Combine	
123 MACK RO		Connections	2		1				8 22 22 2
Towns Served	: MIDDLEFIELD								
	Мо	nitoring Requ	iremer	nts					
Water Syster	m Facility: DISTRIBUTION SYSTEM (W	SF ID: 00600)							
Total Colifor	rm (3100)						1 rc	outine (R1) per month
Sampling	Point (Sampling Point ID)		Monitorin	ng Perio	od Co	ollection F	Period	Comp	liance Status
Select fro	om Inventory of Active Sampling Points		7/1/25 - 1	7/31/25	5			С	omplete
			8/1/25 - 8	8/31/25	5			С	omplete
			9/1/25 - 9	9/30/25	5			C	omplete
			10/1/25 - :	10/31/2	25			С	omplete
			11/1/25 - :	11/30/2	25			C	omplete
			12/1/25 - :	12/31/2	25				
			1/1/26 - :	1/31/26	5				
			2/1/26 - 2	2/28/26	5				
			3/1/26 - 3	3/31/26	5				
			4/1/26 - 4						
			5/1/26 - 5	5/31/26	5				
			6/1/26 - (6/30/26	5				
Physical Par	ameters (PPS)						1 rc	outine (R1) per month
Sampling	Point (Sampling Point ID)		Monitorin	ng Perio	od Co	ollection F	Period	Comp	liance Status
Select fro	om Inventory of Active Sampling Points		7/1/25 - 1	7/31/25	5			С	omplete
			8/1/25 - 8					С	omplete
			9/1/25 - 9					С	omplete
			10/1/25 - :						omplete
			11/1/25 - :					С	omplete
			12/1/25 - :						
			1/1/26 - :						
			2/1/26 - 3						
			3/1/26 - 3						
			4/1/26 - 4						
			5/1/26 - 5						
			6/1/26 - 0	6/30/26	5				
	m Facility: ENTRY POINT (WSF ID: 007	700)							
Nitrate (10	•							-	per quarter
	Point (Sampling Point ID)		Monitorin			ollection F	Period		liance Status
ENTRY PO	DINT (3)		4/1/25 - 0						omplete
			7/1/25 - 9						omplete
			10/1/25 - :					С	omplete
			1/1/26 - 3	3/31/26	5				

4/1/26 - 6/30/26

Monitoring Period

1/1/24 - 12/31/24

ENTRY POINT (3)

Sampling Point (Sampling Point ID)

Nitrite (1041)

1 routine (RT) per year

Compliance Status

Complete

Collection Period

	C	onnectic	ut Dena	rtment o	of Public	Health	Dr	inki	nσ M	/ater	Sp	ction	
	C			lity Moni					U			Ction	
PWS ID	D/	VV a VS Name	ter Qua	iity Moin	itoring a	nu con	-					er Tyne	Primary Source
CT082008		DIAN SPRING	GOLE COLIRS	 }F			Clas	NC	лі гор	25	OWI	P P	GW
		re applicable)	doli cooks	, <u> </u>	Service	Resider	ntial	Comme	ercial	Industri:	al	Combine	_
123 MACI		те аррпсавіс)			Connection		iciai	1	rciai	maastri	ui	COMBINE	a Agricultura
		DLEFIELD											
				Moni	toring Red	guireme	nts						
Water Sv	/stem Fa	cility: ENTR	Y POINT (W										
Nitrite		······	(1)		•						1	routine	(RT) per year
	•	nt (Sampling P	oint ID)			Monitor	ina Pe	eriod	Collec	tion Pe			liance Status
0.000	<u> </u>		,			1/1/25 -							Complete
						1/1/26 -	-	-					. ,
				Other (Complian			-					
Complian	ce Schedi	ule Activity					Due L			Achie	ved L	Date	
-		N SURVEY REP	PORT				3/1/2	2031					
			Water Sv	stem Faci	ility and S				vento	ory			
Water						. 1. 0			Total	Lead	and		
System	Water S	ystem Facility		Sampling Poin	t Sampling P	Point			Coliforn				Stage
Facility IL	D			ID	Description	1	5	Status	Rule	Rule	Tier	Asbesto	s WQP 2 DBPI
00600	DISTRIB	UTION SYSTEM	1	4	DISTRIBUTI	ON SYSTEM	1	Α	Υ				
				DOWNSTREAM	√ WITHIN 5 S	ERVICE COI	N	Α					
				UPSTREAM	WITHIN 5 S	ERVICE CO	N	Α					
00700	ENTRY P	OINT		3	ENTRY POI	NT		Α					
57088	WELL 1			2	WELL 1			Α					
				Со	ntact Info	rmation	1						
Name				(Organization							Job Title	
Ms. Jen H	luddlesto	n		I	ndian Spring	Golf Course	<u> </u>		М	anager			
Mailing A	ddress Lir	ne One		Mailing Addre	ess Line Two				(City		State	Zip Code
132 Mack	Road							Mid	dlefield			СТ	06455
Busines	s Phone	Extension	Fax	Mo	bile Phone	Emergency	y Phoi	ne Ema	il Addr	ess			
860-34	19-8109					860-349	-9258	jen@	@indiar	springs-	golf.	com	
Contact R	Role(s): A	dministrative	Contact										
Name				(Organization							Job Title	
Indian Sp	rings Golf	Club Inc											
Mailing A	ddress Lir	ne One		Mailing Addre	ess Line Two					City		State	Zip Code
132 Mack	Rd							Mid	dlefield	l		СТ	06455
Busines	ss Phone	Extension	Fax	Мо	bile Phone	Emergency	y Phoi	ne Ema	il Addr	ess			
_			_										
Contact R	Role(s): L	egal Contact, (Owner										

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

	Co		•	rtment o					_			ection	
		Wa	ter Qua	lity Mon	itoring a	ind Con	_						
PWS ID CT0820104		S Name I COE LIBRAR	Y				Clas	ssificat NC	ion Po	pula 25		vner Type P	Primary Source GW
Local Addre	ess (where	e applicable)			Service	Residen	tial	Comm	nercial	Ind	ustrial	Combine	d Agricultural
414 MAIN S	STREET				Connectio	ns		1	L				_
Towns Serv	ed: MIDD	LEFIELD											1
				Moni	toring Re	quireme	nts						
Water Syst	tem Faci	lity: DISTR	IBUTION S	YSTEM (WSF	ID: 00600)								
Total Coli	=	· ·									1 rc	<u>-</u>	per quarter
_		(Sampling Po				Monitori			Coll	ectio	n Perio		liance Status
Select	from Inve	entory of Acti	ve Sampling	Points		4/1/25 -						С	omplete
						7/1/25 -	9/30	0/25					omplete
						10/1/25 -						C	omplete
						1/1/26 -							
						4/1/26 -	6/30	0/26					
Physical P		= =									1 rc	- · ·	per quarter
Sampl	ling Point	(Sampling Po	oint ID)			Monitori	ing P	Period	Coll	ectio	n Perio	d Comp	liance Status
Select	from Inve	entory of Acti	ve Sampling	Points		4/1/25 -	6/30	0/25				C	omplete
						7/1/25 -	9/30	0/25				C	omplete
						10/1/25 -	12/3	31/25				C	omplete
						1/1/26 -	3/3	1/26					
						4/1/26 -	6/30	0/26					
Water Syst	tem Faci	lity: ENTRY	POINT (V	VSF ID: 00700	0)								
Nitrate A	nd Nitrit	e (NOX)									;	1 routine (RT) per year
Sampl	ling Point	(Sampling P	oint ID)			Monitori	ing P	Period	Coll	ectio	n Perio	d Comp	liance Status
ENTRY	POINT (3	3)				1/1/24 -	12/3	31/24				C	omplete
						1/1/25 -	12/3	31/25				C	omplete
						1/1/26 -	12/3	31/26					
			Water S	ystem Fac	ility and S	Sampling	Ро	int Ir	nvent				
Water	Markon Co.	ataus Farailitus		Camandia a Bair	t Camanlina	Daint			Tota		Lead and		6.
System Facility ID	water sy:	stem Facility		Sampling Poir ID	Description Description				Colifo Rule		Copper		Stage S WQP 2 DBPF
_	DICTDIDI I	TION SYSTEM		4	-	ION SYSTEM		<u>Status</u> A	Y		nuic ric	ASDESTO.	WQF Z DDFT
00000 1	DISTRIBO	IION SISILIVI		DOWNSTREA				A	'				
				UPSTREAM		SERVICE CON		A					
00700 1	ENITRY DO	NINIT					V .						
00700 E	ENTRY PO	/IIN I		2	WELL	INI		A A					
21450	VVELL					a venation		A					
Namo					ntact Info	Jilliation						Job Title	
Name Coe Library	, Associat	ion			Organization							JOD TILIE	
Mailing Add	·			Mailing Addre	acc Line Two					City	,	State	Zip Code
414 Main St		One		ivialiling Addit	.53 LITTE TWU			NΛi	ddlefie		1	CT	06455
Business		Extension	Fax	Mo	bile Phone	Emergency	, Pho					Ci	00433
860-349-		EXCHISION	ιαχ	1010	SHC I HOHE	Lineigency	1 110	me EII	iaii Aut	A1 C33			
		gal Contact, C)wner										
CONTRACT NO	ic(3). Leg	sai Contact, C	/ WILCI										

(Connectic	ut Depa	irtme	nt of	Public	Health	L D	rınkıng	g Water	Section	1	
	Wa	ter Qua	lity M	Ionite	oring a	nd Con	npl	liance S	Schedul	le		
PWS ID P	WS Name						Cla	ssification	Population	Owner Type	Pri	imary Source
CT0820104 L	EVI COE LIBRAF	RY						NC	25	Р		GW
Local Address (wh	ere applicable)				Service	Residen	tial	Commerci	al Industri	al Combin	ed	Agricultural
414 MAIN STREET					Connection	ns		1				
Towns Served: MI	DDLEFIELD					·			·			
Name				Org	ganization					Job Tit	le	
Ms. Jessica Lobne	r			Lev	vi & Coe Libi	rary Associa	ation	1	Director			
Mailing Address L	ine One		Mailing	Address	Line Two				City	State		Zip Code
414 Main Street								Middle	field	СТ		06455
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	/ Pho	one Email A	Address	·		
860-349-3857	204	860-349-	2131			203-379-	723	1 levicoe	libraryJess@	gmail.com		
Contact Role(s):	Administrative	Contact										

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

ntact Role(s): Administrative Contact

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

End of schedule

(Connectic	•								ection	
	Wa	ter Qual	lity Monit	oring a	nd Com	plia	nce S	ched	dule		
PWS ID	WS Name					Classifi	cation F	opula	tion Ov	vner Type P	rimary Source
CT0820134	MIDDLEFIELD AL	OMINISTRAT	ON BLDG			N	С	25		L	GW
Local Address (wh	ere applicable)			Service	Resident	ial Co	mmercia	Indu	ustrial	Combined	Agricultural
393 JACKSON HILI	ROAD			Connection	ns		1				
Towns Served: M	IDDLEFIELD										
					quireme	nts					
Water System F	•	RIBUTION SY	STEM (WSF I	D: 00600)						(>=)	
Total Coliform	•	anter (D)			8.6 14 1	0		II4!			per quarter
	int (Sampling P		Dainto		Monitorii	_		liectioi	n Period		ance Status
Select from I	nventory of Act	ive Sampling	Points		4/1/25 -						mplete
					7/1/25 - 10/1/25 -						mplete mplete
					1/1/26 -					CC	ilipiete
					4/1/26 -						
Physical Param	eters (PPS)				,, _,	-,, -			1 ro	outine (RT)	per quarter
	int (Sampling P	oint ID)			Monitorii	ng Perio	od Co	llectio	n Period		ance Status
	nventory of Act		Points		4/1/25 -	6/30/2	5				mplete
					7/1/25 -	9/30/2	5			Co	mplete
					10/1/25 -	12/31/	25			Co	mplete
					1/1/26 -	3/31/2	6				
					4/1/26 -	6/30/2	6				
Water System F	acility: ENTR	Y POINT (W	/SF ID: 00700)								
Nitrate And Nit									1	1 routine (f	RT) per year
	int (Sampling P	oint ID)			Monitorii			llectio	n Period	d Compl	ance Status
ENTRY POIN	Γ (3)				1/1/24 - 1						mplete
					1/1/25 - 1					Co	mplete
					1/1/26 - 1						
		Water Sy	stem Facil	ity and S	ampling	Point	t Inver	ntory			
Water	Contain English		C	C			Tot		ead and		
System Water Facility ID	System Facility	•	Sampling Point ID	Description			Colife tus Ru		Copper		Stage WQP 2 DBPR
	BUTION SYSTEM	1	4	-	ON SYSTEM	Sta A	LUS		ture rie	1 ASDESTOS	WQF Z DDF K
00000 DISTRI	BOTION STSTEN		DOWNSTREAM								
			UPSTREAM		SERVICE CON						
00700 ENTRY	POINT		3	ENTRY POII		Δ					
49543 WELL 2			2	WELL 2	· · ·	Δ					
	MENT PLANT						-				
			Con	tact Info	rmation						
Name				rganization	, i i i a ci o i i					Job Title	
Middlefield			U	Barnzauon						יייייייייייייייייייייייייייייייייייייי	
Mailing Address L	ine One		Mailing Address	s Line Two				City		State	Zip Code
, , , , , , , , , , , , , , , , , , ,								City		3.0.10	p coac
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	Phone	Email Ac	dress			
					<u> </u>						
Contact Role(s):	Owner						1				

Connecticut Depa	rtment o	f Public	Health	Dri	nking	Water S	Section	
Water Qua	lity Moni	toring a	nd Con	nplia	nce So	chedule	<u> </u>	
PWS ID PWS Name				Classif	ication P	opulation C	wner Type	Primary Source
CT0820134 MIDDLEFIELD ADMINISTRAT	ON BLDG			N	IC	25	L	GW
Local Address (where applicable)		Service	Residen	itial Co	mmercial	Industrial	Combine	d Agricultural
393 JACKSON HILL ROAD		Connectio	ns		1			
Towns Served: MIDDLEFIELD		·	·				·	
Name	C	Organization					Job Title	
Mr. Edward P. Bailey	Т	own of Midd	llefield			First Selectr	nan	
Mailing Address Line One	Mailing Addre	ss Line Two				City	State	Zip Code
Land Use Office	405 Main Stre	et Suite 1			Middlefie	eld	СТ	06455
Business Phone Extension Fax	Mob	oile Phone	Emergency	/ Phone	Email Ad	dress		
860-349-7114 860-349-7	7115		860-985	-0790	ebailey@	middlefield	ct.org	
Contact Role(s): Legal Contact			,					
Name	C	Organization					Job Title	
Mr. Rob Poturnicki	Т	own of Midd	llefield			Facilities Ma	anager	
Mailing Address Line One	Mailing Addre	ss Line Two				City	State	Zip Code
393 Jackson Hill Rd					Middlefie	eld	СТ	06455
Business Phone Extension Fax	Mob	ile Phone	Emergency	/ Phone	Email Ad	dress		
860-349-7123					rpoturnio	cki@kc-educ	ation.com	
Contact Role(s): Administrative Contact	,							

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Water System W Facility ID 00600 DI 00700 EN 21453 W Name Town of Mid Mailing Addra 393 Jackson B Business Pl 860-349-7	Vater System Facility ISTRIBUTION SYSTEM VIOLET STRIBUTION SYSTEM VI	Vater Sys	Aailing Addres	t Sampling F Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POIL WELL ntact Info	Point ON SYSTEM SERVICE CON SERVICE CON	12/3 12/3 12/3 Po	31/24 31/25 31/26 31/26 31/26 31/26 31/26 31/26 31/26 31/26 31/26 31/26 31/26	Total Colifor Rule Y	Leaa m Cop Rule	eriod I and oper	Compl Co Co	RT) per year liance Status omplete Stage WQP 2 DBPF
Water System W Facility ID 00600 DI 00700 EN 21453 W Name Town of Mid Mailing Addr 393 Jackson B Business Pl	Vater System Facility ISTRIBUTION SYSTEM VIOLET STRIBUTION SYSTEM VI	Vater Sys	ampling Point ID 4 OOWNSTREAM UPSTREAM 3 2 COI	t Sampling F Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POIL WELL ntact Info	1/1/24 - 1/1/25 - 1/1/26 - ampling Point ON SYSTEM SERVICE CON SERVICE CON OTT	12/3 12/3 12/3 Po	31/24 31/25 31/26 31/26 31/26 31/26 31/26 31/26 31/26 31/26 31/26 31/26 31/26	Total Colifor Rule Y	Ory Leaa m Cop Rule	eriod I and oper	Comple Co	Stage WQP 2 DBPF
Water System W Facility ID 00600 DI 00700 EN 21453 W Name Town of Mid Mailing Addr. 393 Jackson I	V Vater System Facility ISTRIBUTION SYSTEM NTRY POINT /ELL Idlefield ress Line One Hill Road	Vater Sys	ampling Point ID 4 OOWNSTREAM UPSTREAM 3 2 COI	t Sampling F Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POIL WELL ntact Info	1/1/24 - 1/1/25 - 1/1/26 - ampling Point ON SYSTEM SERVICE CON SERVICE CON OTT	12/3 12/3 12/3 Po	31/24 31/25 31/26 31/26 31/26 31/26 31/26 31/26 31/26 31/26 31/26 31/26 31/26	Total Colifor Rule Y	Ory Leaa m Cop Rule	eriod I and oper	Comple Co	Stage WQP 2 DBPF
Water System W Facility ID 00600 DI 00700 EN 21453 W Name Town of Mid Mailing Addr	POINT (3) Vater System Facility ISTRIBUTION SYSTEM NTRY POINT ELL Idlefield ress Line One	Vater Sy	ampling Point ID 4 POWNSTREAM UPSTREAM 3 2	t Sampling F Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POIL WELL ntact Info	1/1/24 - 1/1/25 - 1/1/26 - ampling Point ON SYSTEM SERVICE CON	12/3 12/3 12/3 Po	31/24 31/25 31/26 31/26 31/26 31/26 31/26 31/26 31/26 31/26 31/26 31/26	Total Colifor Rule Y	Ory Leaa m Cop Rule	eriod I and oper	Comple Co	Stage WQP 2 DBPF
Water System W Facility ID 00600 DI 00700 EN 21453 W Name Town of Mid	V Vater System Facility ISTRIBUTION SYSTEM NTRY POINT VELL	Vater Sy	ampling Point ID 4 POWNSTREAM UPSTREAM 3 2	t Sampling F Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POIL WELL ntact Info	1/1/24 - 1/1/25 - 1/1/26 - ampling Point ON SYSTEM SERVICE CON	12/3 12/3 12/3 Po	31/24 31/25 31/26 31/26 31/26 31/26 31/26 31/26 4 A A A	ivent Total Colifor Rule	Ory Leaa m Cop Rule	eriod I and oper	Comple Co	stage WQP 2 DBPF
Water System W Facility ID 00600 DI 00700 EN 21453 W	V Vater System Facility ISTRIBUTION SYSTEM NTRY POINT VELL	Vater Sy	ampling Point ID 4 DOWNSTREAM UPSTREAM 3 2	t Sampling F Description DISTRIBUTI 1 WITHIN 5 S WITHIN 5 S ENTRY POIL WELL	1/1/24 - 1/1/25 - 1/1/26 - ampling Point ON SYSTEM SERVICE CON	12/3 12/3 12/3 Po	31/24 31/25 31/26 31/26 31/26 31/26 31/26 31/26 4 A A A	ivent Total Colifor Rule	Ory Lead m Cop	eriod I and oper	Compl	iance Status complete complete Stage
Water System W Facility ID 00600 DI 00700 EN 21453 W	POINT (3) Vater System Facility ISTRIBUTION SYSTEM	Vater Sy	ampling Point ID 4 DOWNSTREAM UPSTREAM 3 2	t Sampling F Description DISTRIBUTI 1 WITHIN 5 S WITHIN 5 S ENTRY POIL WELL	1/1/24 - 1/1/25 - 1/1/26 - ampling Point ON SYSTEM SERVICE CON	12/3 12/3 12/3 Po	31/24 31/25 31/26 31/26 31/26 31/26 31/26 31/26 4 A A A	ivent Total Colifor Rule	Ory Lead m Cop	eriod I and oper	Compl	iance Status complete complete Stage
Water System W Facility ID 00700 EN	POINT (3) Vater System Facility ISTRIBUTION SYSTEM	Vater Sy	ampling Point ID 4 DOWNSTREAM UPSTREAM 3 2	t Sampling F Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POIL	1/1/24 - 1/1/25 - 1/1/26 - ampling Point ON SYSTEM SERVICE CON	12/3 12/3 12/3 Po	31/24 31/25 31/26 31/26 31/26 31/26 31/26 31/26 4 A A A	ivent Total Colifor Rule	Ory Lead m Cop	eriod I and oper	Compl Co Co	iance Status complete complete Stage
Water System W Facility ID 00700 EN	POINT (3) Vater System Facility ISTRIBUTION SYSTEM	Vater Sy	ampling Point ID 4 POWNSTREAM UPSTREAM 3	t Sampling F Description DISTRIBUTI WITHIN 5 S WITHIN 5 S ENTRY POI	1/1/24 - 1/1/25 - 1/1/26 - ampling Point ON SYSTEM SERVICE CON	12/3 12/3 12/3 Po	31/24 31/25 31/26 31/26 31/26 31/26 31/26 31/26 4 A A A	ivent Total Colifor Rule	Ory Lead m Cop	eriod I and oper	Compl Co Co	iance Status complete complete Stage
Water System W Facility ID 00600 DI	POINT (3) Vater System Facility USTRIBUTION SYSTEM	Vater Sy	ampling Point ID 4 DOWNSTREAM UPSTREAM	t Sampling F Description DISTRIBUTI 1 WITHIN 5 S WITHIN 5 S	1/1/24 - 1/1/25 - 1/1/26 - ampling Point ON SYSTEM SERVICE CON	12/3 12/3 12/3 Po	31/24 31/25 31/26 Status A A	ivent Total Colifor Rule	Ory Lead m Cop	eriod I and oper	Compl Co Co	iance Status complete complete Stage
Samplin ENTRY P Water System W Facility ID	POINT (3) Vater System Facility	Vater Sy	ampling Point ID 4 OOWNSTREAM	t Sampling F Description DISTRIBUTI WITHIN 5 S	1/1/24 - 1/1/25 - 1/1/26 - ampling Point ON SYSTEM SERVICE CON	12/3 12/3 12/3 Po	31/24 31/25 31/26 sint In Status A	ivent Total Colifor Rule	Ory Lead m Cop	eriod I and oper	Compl Co Co	iance Status complete complete Stage
Samplin ENTRY P Water System W Facility ID	POINT (3) Vater System Facility	Vater Sy	ampling Point ID 4	t Sampling F Description	1/1/24 - 1/1/25 - 1/1/26 - ampling Point ON SYSTEM	12/3 12/3 12/3 Po	31/24 31/25 31/26 int In Status A	ivent Total Colifor Rule	Ory Lead m Cop	eriod I and oper	Compl Co Co	iance Status complete complete Stage
Samplin ENTRY P Water System W Facility ID	POINT (3) Vater System Facility	Nater Sys	ampling Point	t Sampling F Description	1/1/24 - 1/1/25 - 1/1/26 - ampling	12/3 12/3 12/3 Po	31/24 31/25 31/26 sint In	ivent Total Colifor Rule	Ory Lead m Cop	eriod I and oper	Compl Co Co	iance Status complete complete Stage
Samplin ENTRY P Water System W	ng Point (Sampling Point Point (3)	Nater Sys	ampling Point	t Sampling F	1/1/24 - 1/1/25 - 1/1/26 - ampling	12/3 12/3 12/3 Po	31/24 31/25 31/26 oint In	ivent Total Colifor	Ory Lead m Cop	eriod I and oper	Compl Co Co	iance Status complete complete Stage
Samplin ENTRY F	ng Point (Sampling Point Point (3)	Nater Sys		-	1/1/24 - 1/1/25 - 1/1/26 - ampling	12/3 12/3 12/3	31/24 31/25 31/26 oint In	vent Total	ory	eriod I and	Compl Co	iance Status omplete omplete
Samplin ENTRY P	ng Point (Sampling Point POINT (3)		stem Faci	lity and S	1/1/24 - 1/1/25 - 1/1/26 -	12/3 12/3 12/3	31/24 31/25 31/26	nvent	ory	eriod	Compl Co	iance Status omplete
Samplin	ng Point (Sampling Point POINT (3)			lia	1/1/24 - 1/1/25 - 1/1/26 -	12/3 12/3 12/3	31/24 31/25 31/26				Compl	iance Status omplete
Samplin	ng Point (Sampling Poi	int ID)			1/1/24 - 1/1/25 -	12/3 12/3	31/24 31/25	Colle	ection Pe		Compl	iance Status omplete
Samplin	ng Point (Sampling Poi	int ID)			1/1/24 -	12/3	31/24	Colle	ection Pe		Compl	iance Status omplete
Samplin	ng Point (Sampling Poi	int ID)						Colle	ction Pe		Compl	iance Status
	• •				_						_	
Nitrate And	d Nitrite (NOX)											
•	em Facility: ENTRY I	POINT (WS	SF ID: 00700)								
					4/1/26 -	6/3	0/26					
					1/1/26 -							
					10/1/25 -						Co	omplete
					7/1/25 -	9/3	0/25				Co	omplete
Select fr	rom Inventory of Active	e Sampling P	oints		4/1/25 -	6/3	0/25				Co	omplete
_	ng Point (Sampling Poi	int ID)			Monitori	ng P	Period	Colle	ction Pe			iance Status
Physical Pa	rameters (PPS)						•			1 roı	utine (RT)	per quarter
					4/1/26 -							
					1/1/26 -							
					10/1/25 -		-					omplete
Seiett II	om inventory of Active	e samping P	UIIILS		7/1/25 -							omplete
	ng Point (Sampling Point from Inventory of Active		Points		<i>Monitori</i> 4/1/25 -			Colle	ction Pe	eriod		omplete
Total Colifo	• •					_		- "				per quarter
•	em Facility: DISTRIB	BUTION SYS	STEM (WSF	ID: 00600)								
			Monit	toring Re	quireme	nts	;					
Towns Served	d: MIDDLEFIELD											
405 MAIN ST				Connection	ns		2					
Local Address	s (where applicable)			Service	Residen	tial	Comm	ercial	Industr	ial	Combined	l Agricultura
	MIDDLEFIELD CON	MUNITY CE	NTER & FIRE	HOUSE			NC		25		L	GW
CT0820144	I VV3 IVAITIC					Cla	ssificati	on Po	pulation	Owi	ner Type F	rimary Source
СТ0820144	PWS Name				nu con	ıpı	lianc	e Sc	neuu	10		
		er Quali	ity Moni	toring a	nd Con	1			hadu	le		

	Lonnectici	ut Depa	irtment	of Public	Health	ı Dri	nking	, water	Section	
	Wat	ter Qua	lity Mon	itoring a	nd Con	nplia	ance S	Schedul	le	
PWS ID	PWS Name					Classi	fication	Population	Owner Type	Primary Soul
CT0820144	MIDDLEFIELD CO	MMUNITY	CENTER & FIR	EHOUSE		١	NC	25	L	GW
Local Address (wi	nere applicable)			Service	Resider	ntial C	Commercial Indu		al Combine	ed Agricultu
405 MAIN STREET	Γ			Connection	ns		2			
Towns Served: M	IDDLEFIELD								·	·
Name				Organization					Job Titl	e
Ms. Nancy David	son			Town of Midd	lefield			Admin. As	ssistant	
Mailing Address L	ine One		Mailing Addr	ess Line Two				City	State	Zip Code
405 Main Street							Middle	field	СТ	06455
Business Phone	Extension	Fax	Mo	obile Phone	Emergency	/ Phone	e Email A	ddress	,	
860-349-7123					860-349	-7114	ndavid	son@middle	efieldct.org	
Contact Role(s):	Administrative (Contact	,	,						

ar a CD (latter Haraltila Data) than Maria a Coast

Contact Role(s): Administrative Contact

Please note the following:

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

End of schedule

	Connecticut De	•							ction	
	Water Q	uality Monit	oring an	d Con	nplian	ce Sc	hedul	e		
PWS ID	PWS Name	-			Classifica	ation Po	pulation	Owr	ner Type Pr	imary Source
CT082016	4 PECKHAM PARK				NC		25		L	GW
Local Addı	ress (where applicable)		Service	Residen	tial Com	mercial	Industri	al	Combined	Agricultural
405 MAIN	STREET		Connections			1				
Towns Ser	ved: MIDDLEFIELD									
		Monito	oring Requ	iireme	nts					
Water Sy	stem Facility: DISTRIBUTIO	N SYSTEM (WSF II	D: 00600)							
Total Co	liform (3100)							1 ro	utine (RT)	per month
Samp	oling Point (Sampling Point ID)			Monitori	ng Period	l Colle	ction Pe	riod	Compli	nce Status
Selec	t from Inventory of Active Sam	pling Points		7/1/25 -	7/31/25				Cor	mplete
				8/1/25 -	8/31/25					
				9/1/25 -	9/30/25					
				10/1/25 -	10/31/25	5				
				4/1/26 -	4/30/26					
				5/1/26 -	5/31/26					
				6/1/26 -	6/30/26					
Physical	Parameters (PPS)							1 ro	utine (RT)	per month
Samp	oling Point (Sampling Point ID)			Monitori		Colle	ction Pe	riod	Complic	ance Status
Selec	t from Inventory of Active Sam	pling Points		7/1/25 -	7/31/25				Cor	mplete
				8/1/25 -	8/31/25				Cor	mplete
					9/30/25				Cor	mplete
				10/1/25 -		5			Cor	mplete
					4/30/26					
					5/31/26					
				6/1/26 -	6/30/26					
	stem Facility: ENTRY POIN	T (WSF ID: 00700)								
	And Nitrite (NOX)								-	T) per year
	oling Point (Sampling Point ID)			Monitori			ction Pe			ance Status
ENTR	RY POINT (3)				12/31/24		/1-10/31			nplete
					12/31/25		/1-10/31		Cor	mplete
					12/31/26	4	/1-10/31	_		
		Other Co	ompliance	Sched	lules					
	ce Schedule Activity				Due Date		Achie	ved I	Date	
RESPOND	TO SANITARY SURVEY			1	.1/8/2025	5				
	Wate	er System Facili	ity and Sar	npling	Point	Invent	ory			
Water						Tota				
System	Water System Facility	Sampling Point		nt		_	m Cop			Stage
Facility ID		ID	Description		Statu		Rule	Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION			Y				
		DOWNSTREAM				.,				
		PP01	WATER FOUN		A	Y				
		PP03	KITCHEN SINK		A	Y				
		PP04	WATER FOUN		Α	Υ				
		PP05	WATER FOUN		Α .					
		UPSTREAM	WITHIN 5 SER	VICE CON	1 A					

Α

ENTRY POINT

3

00700 ENTRY POINT

	Water Quality Monit	oring an	d Con	npl	iance S	Schedul	le	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0820164	PECKHAM PARK				NC	25	L	GW
Local Address (where applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
405 MAIN STRE	ET	Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: MIDDLEFIELD

		Water Sy	stem Faci	ility and S	Sampling Poi	nt In	vento	ry		
Water System Water Sy Facility ID	stem Facility		Sampling Poin ID	nt Sampling Description	n	tatus	Total Coliform Rule		Asbestos	Stage WQP 2 DBPR
21455 WELL			2	WELL		Α				
			Co	ntact Info	ormation					
Name			(Organization					Job Title	
Mr. Robert Yamarti	no		-	Town of Mido	dlefield		Firs	st Selectmar)	
Mailing Address Line	e One		Mailing Addre	ess Line Two			С	ity	State	Zip Code
P.O. Box 179			393 Jackson H	Iill Road		Mic	ldlefield		СТ	06455
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phon	e Ema	ail Addre	!SS		
860-349-7114						ryaı	martino@	@middlefield	dct.org	
Contact Role(s): Le	gal Contact									
Name				Organization					Job Title	
Ms. Hannah Malcol	m		-	Town of Mido	dlefield		Par	rks & Rec Dir	ector	
Mailing Address Line	e One		Mailing Addre	ess Line Two			С	ity	State	Zip Code
P.O. Box 179			393 Jackson H	Iill Road		Mic	ldlefield		СТ	06455
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phon	e Ema	ail Addre	!SS		•
860-614-2362						par	krec@mi	iddlefieldct.	org	
Contact Role(s): Ad	ministrative (Contact			·			·		•

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

	Connecticut De	•	nt of Public H onitoring an			_			
PWS ID	PWS Name	ianty M	officorning aff		<u> </u>				Primary Source
CT0820204	RED FOX MARKETPLACE A	AND DANINI (SDILI		NC	ГРОР	30	P P	GW
	(where applicable)	AND PAININI (Service	Residentia		cial	Industrial	Combine	
222 MERIDEN	· · · · · · · · · · · · · · · · · · ·		Connections	Residentia	1	Ciai	illuustilai	COMBINE	d Agricultur
	MIDDLEFIELD								
TOWIIS SELVEU.	WIIDDELITEED	N/L	onitoring Rose	iromon	+ c				
Water Syster	n Facility: DISTRIBUTION		onitoring Requ	ııremen	LS				
Total Colifor	,	,	•				1 r	outine (R1) per quarte
	Point (Sampling Point ID)			Monitoring	a Period	Collec	tion Perio	=	oliance Status
	m Inventory of Active Sampl	ing Points		4/1/25 - 6					Complete
	, , , , , , , , , , , , , , , , , , , ,	0		7/1/25 - 9					Complete
				10/1/25 - 1					Complete
				1/1/26 - 3					
				4/1/26 - 6	•				
Physical Par	ameters (PPS)						1 r	outine (RT) per quarte
Sampling	Point (Sampling Point ID)			Monitoring	g Period	Collec	tion Perio	od Com _l	oliance Status
Select fro	m Inventory of Active Sampl	ing Points		4/1/25 - 6	/30/25			(Complete
				7/1/25 - 9	/30/25			(Complete
				10/1/25 - 1	2/31/25			(Complete
				1/1/26 - 3	/31/26				
				4/1/26 - 6	/30/26				
Water Syster	m Facility: ENTRY POINT	(WSF ID: 00	0700)						
	Nitrite (NOX) Point (Sampling Point ID)			Monitoring	n Period	Collec	tion Perio		(RT) per yea
ENTRY PO				1/1/24 - 12		conce	tion i circ	ou com	manice Status
LIVITATIO	5HV1 (3)			1/1/25 - 12					Complete
				1/1/26 - 12					
		Public	Notification R						
			Compliance	Notice	Public	Notifi	cation	PN Ce	ertification
Violation/Situ	ation		Period	Tier	Required		erformed	Due to DP	
Total Coliform	M&R Violation		7/1/24 - 9/30/24	3	12/2/202			12/12/202	25
Physical Paran	neters M&R Violation		7/1/24 - 9/30/24	3	12/2/202	5		12/12/202	25
Nitrate And Ni	trite M&R Violation		1/1/24 - 12/31/24	3	2/18/202	6		2/28/202	6
	Water	System F	Facility and Sai	npling F	oint Inv	ento	ry		
Water		-	-			Total	Lead a	nd	
System Wa	ter System Facility	Sampling	Point Sampling Poi	nt		oliforn			Stage
Facility ID		ID	Description		Status	Rule	Rule Ti	er Asbesto	s WQP 2 DBF
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	Α	Υ			
			REAM WITHIN 5 SER	VICE CON	Α				
		UPSTRE	AM WITHIN 5 SER	VICE CON	Α				
00700 EN	TRY POINT	3	ENTRY POINT		Α				
21459 WE	LL	2	WELL		Α				
			Contact Inform	mation					
			Organization					Job Title	9
Name			•						
Mr. Fikret Cec	unjanin					٥١	wner		

	Water Quality Mo	onitoring and	d Con	npl	iance S	Schedul	le	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0820204	RED FOX MARKETPLACE AND PANINI G	RILL			NC	30	Р	GW
Local Address (where applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
222 MERIDEN F	ROAD	Connections			1			
	. AIDD: EEIEI D							·

Connecticut Department of Public Health Drinking Water Section

Towns Served: MIDDLEFIELD

1106 Ridgewood Ro					Middletown	СТ	06457
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
203-317-7173				203-317-7173	enesc01@hotmail.com		

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

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	Сс			nrtment o lity Moni					U			ction	
PWS ID	DVA	'S Name	tei Qua	nty Mom	toring a	illu Coll	_				1	or Tuno D	rimanı Cauraa
			LIDCH				Clas	NC	on Pop	25	Owi	P P	rimary Source GW
CT0820234		COLMAN CH	UKCH		Service	Resider	tial	Comme	oroiol	25 Industri	al	Combined	
		e applicable)			Connectio		ILIdi		erciai	maustri	dI	Combined	Agricultural
170 HUBBA					connectio	113		1					
TOWIIS SELV	ved. Milbi	JLEFIELD				•							
Water Sys	stem Fac	ility: DISTR	IBUTION S	IVIONIT YSTEM (WSF	oring Re	quireme	ents						
Total Col		•								•	l rou	ıtine (RT)	per quarter
	-	t (Sampling P	oint ID)			Monitor	ing P	eriod	Collec	ction Pe			iance Status
		entory of Act		Points		4/1/25							mplete
		<u> </u>		·		7/1/25	- 9/30	0/25					mplete
						10/1/25							mplete
						1/1/26							•
						4/1/26	- 6/30	0/26					
Physical										1	l rou	itine (RT)	per quarter
Samp	ling Point	t (Sampling P	oint ID)			Monitor	ing P	Period	Collec	ction Pe	riod	Compl	iance Status
Select	t from Inv	entory of Act	ive Sampling	Points		4/1/25	- 6/30	0/25				Co	mplete
						7/1/25	- 9/30	0/25				Co	mplete
						10/1/25	- 12/3	31/25				Co	mplete
						1/1/26	- 3/3	1/26					
						4/1/26	- 6/30	0/26					
Water Sys	stem Fac	ility: ENTR	Y POINT (V	VSF ID: 00700)								
Nitrate A	nd Nitrit	te (NOX)									1	routine (I	RT) per year
Samp	oling Point	t (Sampling P	oint ID)			Monitor	ing P	Period	Collec	ction Pe	riod	Compl	iance Status
ENTR	Y POINT (3)				1/1/24 -	12/3	31/24				Cc	mplete
						1/1/25 -	12/3	31/25				Co	mplete
						1/1/26 -	12/3	31/26					
				Other 0	Complian	ce Sched	dule	es					
Complianc	e Schedu	le Activity					Due	Date		Achie	eved	Date	
SAMPLING	SITE PLA	N				8	3/29/	/2025					
			Water S	ystem Faci	lity and S	Sampling	Po	int In	vento	orv			
Water				,	,				Total	Lead	and		
	Water Sy	stem Facility		Sampling Point	t Sampling	Point			Coliforn				Stage
Facility ID				ID	Descriptio			Status	Rule			Asbestos	WQP 2 DBPR
00600	DISTRIBU	TION SYSTEM]	4	DISTRIBUT	ION SYSTEM		Α	Υ				
				DOWNSTREAM	1 WITHIN 5	SERVICE COI	N	Α					
				UPSTREAM	WITHIN 5	SERVICE COI	N	Α					
00700	ENTRY PO	DINT		3	ENTRY PO	INT		Α					
21462	WELL			2	WELL			Α					
61115	TREATME	NT PLANT											
				Coi	ntact Info	ormation	1						
Name					rganization							Job Title	
Father Ant	thony D. I	Dimarco			t. Colman Ch	nurch			Pr	iest		300 1100	
Mailing Ad	<u> </u>			Mailing Addres						City		State	Zip Code
145 Hubba								Mid	ldlefield				06455-0457
Business		Extension	Fax	Moh	ile Phone	Emergency	v Ph∩					<u>.</u>	
						5.350	,						

Connecticut Department of Public Health Drinking Water Section												
	Water Quality Monitoring and Compliance Schedule											
PWS ID P\	NS Name						Cla	ssification	Population	Owner Type	Prim	ary Source
CT0820234 ST	. COLMAN CH	URCH						NC	25	Р		GW
Local Address (whe	ere applicable)				Service	Residen	ntial	Commerci	al Industri	al Combin	ed A	gricultural
170 HUBBARD STR	70 HUBBARD STREET Connections 1											
Towns Served: MID	DDLEFIELD					,				,	·	
860-647-1725												
Contact Role(s): L	egal Contact											
Name				Org	ganization					Job Titl	е	
Reverend Jan Swid	lerski			St.	Colman Ch	urch			Pastor			
Mailing Address Lir	ne One		Mailing Ad	dress	Line Two				City	State	Zi	p Code
272 Main Street`								Durhar	n	СТ	(06422
Business Phone	Extension	Fax	n	Mobil	e Phone	Emergency	y Pho	ne Email A	Address			
860-349-3058								scndch	urches@cor	ncast.net		
Contact Role(s): A	dministrative	Contact	"		1			'				

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		Department of								ction	
	Wate	r Quality Monit	oring an	d Con	npl	iance	Sch	nedul	le		
PWS ID	PWS Name				Clas	sification	n Pop	oulation	Owr	ner Type P	rimary Source
CT082025	VICTORY TABERNA	CLE CHURCH				NC		25		Р	GW
Local Add	ress (where applicable)		Service	Residen	itial	Commer	rcial	Industri	al	Combined	Agricultural
191 MERI	DAN ROAD		Connections			1					
Towns Sei	rved: MIDDLEFIELD										
		Monito	oring Requ	ıireme	nts						
Water Sy	stem Facility: DISTRIB	UTION SYSTEM (WSF II	D: 00600)								
Total Co	liform (3100)							1	l rou	tine (RT)	per quarter
Sam	pling Point (Sampling Poin	et ID)		Monitori	ing P	eriod	Colle	ction Pe	riod	Compli	ance Status
Selec	ct from Inventory of Active	Sampling Points		4/1/25 -	- 6/30)/25				Co	mplete
				7/1/25 -	9/30)/25				Co	mplete
				10/1/25 -	- 12/3	31/25				Со	mplete
				1/1/26 -	- 3/31	L/26					
				4/1/26 -	- 6/30)/26					
-	Parameters (PPS)										per quarter
	pling Point (Sampling Poin			Monitori			Colle	ction Pe	riod		ance Status
Selec	ct from Inventory of Active	Sampling Points		4/1/25 -							mplete
				7/1/25 -							mplete
				10/1/25 -						Со	mplete
				1/1/26 -							
				4/1/26 -	- 6/30	0/26					
	stem Facility: ENTRY P	OINT (WSF ID: 00700)									
	And Nitrite (NOX)									-	RT) per year
	pling Point (Sampling Poin	et ID)	_	Monitori			Colle	ction Pe	riod		ance Status
ENTF	RY POINT (3)			1/1/24 -							mplete
				1/1/25 -						Со	mplete
				1/1/26 -							
		Other Co	ompliance	Sched	lule	S					
Complian	ce Schedule Activity			ı	Due l	Date		Achie	ved I	Date	
RESPOND	TO SANITARY SURVEY			1	L/10/	2026					
CORRECTI	IVE ACTION/CORRECTIVE A	CTION PLAN		4	1/10/	2026					
	W	ater System Facili	ity and Sar	mpling	Po	int Inv	ent	ory			
Water	Makes Cooks as Essetti	Constitution D. 1.1	Committee of P. 1	4			Total				
System Facility IL	Water System Facility	Sampling Point ID	Sampling Poil Description	rit			oliforı Rule			Achestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	101	DSR-KITCHEN	DDED CIN		<u>Status</u> A	Y	Kuie	rier	MONEO (US	VVQF Z DDPK
00000	DISTRIBUTION STSTEIN	4	DISTRIBUTION			_	Υ				
		DOWNSTREAM				A A	ī				
		UPSTREAM	WITHIN 5 SER			A					
00700	ENTRY DOINT				N .						
00700	ENTRY POINT	2	WELL			Α					
21464	WELL			matian		A					
			tact Inform	nation	1					:	
Name			ganization	·				. =		Job Title	
Mr. Peter			ctory Taberacl	e Church				astor-Pre	eside		7. 0 .
Mailing Address Line One Mailing Address Line Two City State						Zip Code					
220 Margarite Road P O Box 219						Midd	lletow	/n		СТ	06457

	Connectic	ut Depa	rtment o	f Public	Health	Drir	nking	Water	Se	ection	
	Wa	ter Qua	lity Moni	toring a	nd Con	nplia	nce S	Schedu	le		
PWS ID	PWS Name					Classifi	cation	Population	Ow	ner Type	Primary Source
CT0820254	VICTORY TABER	NACLE CHUR	RCH			N	С	25		Р	GW
Local Address (w	Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural										
191 MERIDAN RO	L91 MERIDAN ROAD Connections 1										
Towns Served: N	Towns Served: MIDDLEFIELD										
Business Phone	Business Phone Extension Fax Mobile Phone Emergency Phone Email Address										
860-704-0228											
Contact Role(s):	Legal Contact, C	Owner									
Name			C	rganization						Job Title	<u>;</u>
Mr. Randy Tapp			V	ictory Church	ı			Financial	Dire	ctor	
Mailing Address	Line One		Mailing Addres	ss Line Two				City		State	Zip Code
191 Meriden Rd			PO Box 219				Middle	field		CT	06410
Business Phone	e Extension	Fax	Mob	ile Phone	Emergency	Phone	Email A	ddress			
860-346-6771	204				203-314-	9137	randy@	ourvictory	.org		
Contact Role(s):	Administrative	Contact					•				

Please note the following:

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

				id Com	-	c		1		
PWS ID PWS Name		0004 14/511								Primary Source
	H FALLS/BATHR	OOM WELL	Convice	Posidon		NC omme		27	S	GW A Agricultur
Local Address (where applical	oie)		Service Connections	Resident 2	tiai C	omme	erciai ir	ndustrial	Combine	d Agricultura
ROUTE 157 Towns Served: MIDDLEFIELD			connections	2						
TOWIIS SELVED. WIIDDELTIELD			ouina Doa							
Water Control Facility Di	CTRIBUTION C		oring Req	uireme	nts					
Water System Facility: DI	STRIBUTION ST	STEINI (WSF II	D: 00600)						/==	
Total Coliform (3100)	D(+ (D)			0.0 14 1			6-11		-	per quarte
Sampling Point (Samplin		Deinte		Monitori			Collect	ion Perio		liance Status
Select from Inventory of	Active Sampling	Points		4/1/25 -						omplete
				7/1/25 -					C	omplete
Physical Parameters (PDS	`			4/1/26 -	0/30/	20		1.	outing (PT) per quarte
Physical Parameters (PPS Sampling Point (Sampling	=			Monitori	na Per	riod	Collect	ion Perio	• .) per quarte <i>liance Status</i>
Select from Inventory of		Points		4/1/25 -			Conce	ion i circ		omplete
- Co.coc irom inventory or	sa.ro sampinig			7/1/25 -						omplete
				4/1/26 -						p
Water System Facility: EN	TRY POINT (W	/SF ID: 00700)			-,,					
Nitrate And Nitrite (NOX)	-	•							1 routine	RT) per yea
Sampling Point (Samplir				Monitori	ng Per	riod	Collect	ion Perio		liance Status
ENTRY POINT (3)	<u> </u>			1/1/24 - :			4/:	1-9/30		omplete
			1/1/25 - 12/31/25 4/1-9/30 Comp						omplete	
				1/1/26 - :	12/31/	/26	4/:	1-9/30		
	Water Sy	ystem Facili	ity and Sa	mpling	Poin	nt In	vento	ry		
Water							Total	Lead a	nd	
System Water System Face	ility .	Sampling Point		int		(Coliform	Coppe		Stage
Facility ID		ID	Description			atus	Rule	Rule Ti	er Asbestos	WQP 2 DBF
00600 DISTRIBUTION SYS	ΓΕΜ	101	WOMEN'S BA			Α	Υ			
		102	MEN'S BATH			Α	Υ			
		4	DISTRIBUTIO			A	Υ			
		DOWNSTREAM				A				
00700 FNTDV DOMT		UPSTREAM	WITHIN 5 SE			A				
00700 ENTRY POINT		3	ENTRY POIN	T		A				
21465 WELL		2	WELL			Α				
		Con	tact Infor	mation						
Name			rganization						Job Title	
Mr. David Cooley			eep-Engineeri	ng Unit				v Civil E		
Mailing Address Line One		Mailing Address	s Line Two					ity	State	Zip Code
163 Great Hill Road	_		l DI -		DI.		land		СТ	06480
Business Phone Extension				mergency						
860-342-2215 Contact Role(s): Legal Conta	860-344-2	2560 860-2	205-7552	860-424-	3333	aavi	u.cooley	@ct.gov	•	
Contact Koleisi: I Legai Conta	ıı, Owner									

•	Jonnecuc	ut Depa	n unent or	Public	пеани	ועו	IIIKIIIE	g vvaler	Sectio.	11	
	Wa	ter Qua	lity Monit	oring a	nd Con	npl	iance S	Schedul	le		
PWS ID	PWS Name					Clas	sification	Population	Owner Typ	e Pr	rimary Source
CT0820264	WADSWORTH F	ALLS/BATHR	OOM WELL			NC		527	S		GW
Local Address (where applicable) Service						tial	Commerci	al Industri	al Combi	ned	Agricultural
ROUTE 157 Connections											
Towns Served: M	IDDLEFIELD				,						
Name			Or	ganization					Job Ti	tle	
Ms. Andrea M. La	ane		Sta	ate of CT De	ер						
Mailing Address L	ine One		Mailing Address	Line Two				City	State	e	Zip Code
163 Great Hill Roa	ad						Portlar	nd	СТ		06480
Business Phone	Extension	Fax	Mobil	e Phone	Emergency	/ Pho	ne Email A	Address			
860-977-9739					860-424-	-3333	3 andrea	.lane@ct.go	١V		
Contact Polo(c):	Administrativo	Contact	•				*				

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative 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.
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http://www.ct.gov/dph/publicdrinkingwater

	Connecticut	Department of	Public F	lealth I	Orink	ing W	ater Se	ction	
		r Quality Monit						.0011	
PWS ID	PWS Name	1 Quality Monte	oring an		<u> </u>			ner Type Pr	imary Source
CT082907		- LABOR CAMP			NC		45	P	GW
	ress (where applicable)		Service	Residentia	_		_	Combined	Agricultura
105 SOUTI			Connections	residentic		ici ciai		5	7161100110110
	ved: MIDDLEFIELD								
		Monito	oring Requ	iremen	ts				
Water Sy:	stem Facility: DISTRIBU								
-	liform (3100)	•	· ·				1 rou	utine (RT) r	er quarter
	oling Point (Sampling Poin	et ID)		Monitoring	a Period	Collect	tion Period		ance Status
_	t from Inventory of Active			4/1/25 - 6					mplete
	,			7/1/25 - 9					mplete
				10/1/25 - 1					mplete
				1/1/26 - 3					•
				4/1/26 - 6					
Physical	Parameters (PPS)			, ,	, , .		1 rou	utine (RT) r	er quarter
•	oling Point (Sampling Poin	et ID)		Monitoring	Period	Collect	tion Period		ance Status
	t from Inventory of Active			4/1/25 - 6				Cor	mplete
	·			7/1/25 - 9					mplete
				10/1/25 - 1					nplete
				1/1/26 - 3					
				4/1/26 - 6					
Water Sy:	stem Facility: ENTRY P	OINT (WSF ID: 00700)							
	And Nitrite (NOX)	,					1	routine (R	T) per year
	oling Point (Sampling Poin	et ID)		Monitoring	Period	Collect	tion Period	-	ance Status
	Y POINT (3)	,		1/1/24 - 12					mplete
				1/1/25 - 12					nplete
				1/1/26 - 12					<u> </u>
		Other Co	ompliance	· ·	· ·				
Compliand	ce Schedule Activity		J		ıe Date		Achieved	Date	
_	NNECTION SURVEY REPOR	 RT		3/	1/2025				
	NNECTION SURVEY REPOR				1/2026				
		ater System Facili	tv and Sar	•		rvento	rv		
Water		,		1 0		Total	Lead and		
System	Water System Facility	Sampling Point	Sampling Poi	nt		Coliform			Stage
Facility ID		ID	Description		Status	Rule		Asbestos	WQP 2 DBPI
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	A	Υ			
		DOWNSTREAM	WITHIN 5 SER	VICE CON	Α				
		MW001	BREAK ROOM		Α	Υ			
		MW002	MAINTENANO	CE SINK	Α				
		MW003	BLDG 1 KITCH	EN	Α	Υ			
		MW004	BLDG 3 BATH	RM SINK 1	Α	Υ			
		MW005	BLDG 3 BATH	RM SINK 2	Α	Υ			
		UPSTREAM	WITHIN 5 SER	VICE CON	Α				

ENTRY POINT

WELL A

Α

Α

3

2

00700 ENTRY POINT

WELL A

60341

	Water Quality Mo	onitoring a	nd Con	npl	iance S	Schedul	le	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0829073	LYMAN ORCHARDS - LABOR CAMP				NC	45	Р	GW
Local Address	ocal Address (where applicable) Service Resid					al Industri	al Combine	ed Agricultural

Connections

Connecticut Department of Public Health Drinking Water Section

Towns Served: MIDDLEFIELD

105 SOUTH STREET

				Contact Inf	ormation				
Name				Organization	1			Job Title	
Mr. John Lyman				Lyman Orcha	ards Country Farms		Owner		
Mailing Address Line	e One		Mailing A	ddress Line Two			City	State	Zip Code
PO Box 453						Middlefi	eld	СТ	06455
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress		
860-349-1793	6001	203-349-1	.424			JLYMAN	3@LYMANO	RCHARDS.CC	M

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

Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

Co		ut Departm									ection	
		ter Quality l	vionit	coring a	na Com	_				1		
	/S Name					Clas	ssificatio	on Pc	-	Owi		rimary Source
		LYMAN ORCHARD	S		5		NC		25		Р	GW
Local Address (when	e applicable)			Service Connection	Residen	tial	Commo		Industr	ıaı	Combined	Agricultural
700 MAIN STREET				Connection	15		1					
Towns Served: MID	DLEFIELD					_				_		
Water System Fac	ility: DISTR			oring Red	quireme	nts	<u> </u>					
Total Coliform (3	-	15011014 31312141	(1131 1	D. 00000)						1 roı	ıtina (PT)	per quarter
Sampling Poin	•	oint ID)			Monitori	na P	Period	Coll	ection Pe			ance Status
		ive Sampling Points			4/1/25 -			Com	cetionii	.1104		mplete
Sciect from fire	chickly of Acti	ive sampling i onits			7/1/25 -							mplete
					10/1/25 -							mplete
					1/1/26 -		-					Implete
					4/1/26 -							
Physical Paramet	ers (PPS)								;	1 rou	ıtine (RT)	per quarter
Sampling Poin	t (Sampling P	oint ID)			Monitori	ng P	Period	Coll	ection Pe	riod	Compli	ance Status
Select from Inv	entory of Acti	ive Sampling Points			4/1/25 -	6/3	0/25				Со	mplete
					7/1/25 -	9/3	0/25				Со	mplete
					10/1/25 -	12/	31/25				Со	mplete
					1/1/26 -	3/3	1/26					
					4/1/26 -	6/3	0/26					
Water System Fac	ility: ENTRY	POINT (WSF ID:	00700)									
Nitrate And Nitri	te (NOX)									1	routine (F	T) per year
Sampling Poin	t (Sampling P	oint ID)			Monitori			Coll	ection Pe	riod	Compli	ance Status
ENTRY POINT (3)				1/1/24 -	12/3	31/24				Со	mplete
					1/1/25 -	12/3	31/25				Со	mplete
					1/1/26 -	12/3	31/26					
		0	ther C	omplian	ce Sched	lule	es					
Compliance Schedu							Date		Achie	eved	Date	
CROSS CONNECTION	N SURVEY REP	ORT				3/1/	2028					
		Water Systen	n Facil	ity and S	ampling	Po	int In	vent				
Water	oskana Farailiku.	Comonli	u u Daint	Causalina B	a fort			Tota				6.
System Water Sy Facility ID	stem Facility		ng Point ID	Sampling P Description				Colifor Rule	-	-	Achestos	Stage WQP 2 DBPR
	ITION SYSTEM		4	•	ON SYSTEM		Status A	Nun	. Nuic	1101	ASDESTOS	WQF Z DDFK
JOGGO DISTRIBU	TION SISILIVI			WITHIN 5 S			A					
			REAM		ERVICE CON		A					
00700 ENTRY P	TINIT	0131	3	ENTRY POI		•	A					
58074 WELL #1	JIIVI		2	WELL #1	V 1		Α					
38074 WELL#1				tact Info	rmation		A					
News					illiation						Jab Title	
Name				rganization	de Courstin :	C ~ ~ ~	25	,)		Job Title	
Mr. John Lyman	- Onc	N. A. a. i.i.i.	-	man Orchar	us Country I	rdill	115	(Owner		Ctoto	7in Code
Mailing Address Line PO Box 453	e One	iviailin	g Addres	s Line Two			B 4:-	Idlat: -	City		State	Zip Code
						06455						
Business Phone	Extension	Fax	IODIVI	ne Phone	Emergency	rnc				IODO	HADDE COM	.1
860-349-1793	6001	203-349-1424					JLYİ	VIAN3	LYIVIAN	IUKC	HARDS.COM	VI

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0829074	GOLF CENTER AT LYMAN ORCHARDS			NC	25	Р	GW
Local Address (w	vhere applicable)	Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural
700 MAIN STREE	ET .	Connections		1			

Towns Served: MIDDLEFIELD

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

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

End of schedule

		ut Departme ter Quality N								ection	
PWS ID	PWS Name					Clas	ssificati	on Pop	oulation Ow	ner Type P	rimary Source
CT0820284	144 MERIDEN RI)					NC		25	Р	GW
-	where applicable)			Service	Resider	ntial	Comm	ercial	Industrial	Combined	Agricultural
144 MERIDEN F				Connectio	ns					1	
Towns Served:	MIDDLEFIELD	_				_					
Water System	Facility: DISTR	ן BUTION (WSFID		oring Re	quireme	ents					
Total Coliforn	,	10011014 (4431 10	. 00000	·					1 ro	utine (RT)	per quarter
Sampling	Point (Sampling P	oint ID)			Monitor	ring P	Period	Collec	ction Period	l Compl	iance Status
Select fror	m Inventory of Acti	ve Sampling Points			4/1/25		-			Co	mplete
					7/1/25						mplete
					10/1/25					Cc	mplete
					1/1/26 4/1/26						
Physical Para	meters (PPS)				, , -		-,		1 ro	utine (RT)	per quarter
-	Point (Sampling P	oint ID)			Monitor	ing P	eriod	Collec	ction Period	= =	iance Status
Select fror	m Inventory of Acti	ve Sampling Points			4/1/25	- 6/3	0/25			Cc	mplete
					7/1/25	- 9/3	0/25			Co	mplete
					10/1/25	- 12/	31/25			Co	mplete
					1/1/26						
					4/1/26	- 6/3	0/26				
Water System	Facility: ENTRY	POINT (WSF ID:	00700)								
	Nitrite (NOX)									-	RT) per year
	Point (Sampling Po	oint ID)			Monitor			Collec	ction Period		iance Status
ENTRY PO	INT (3)				1/1/24 -		-				mplete
					1/1/25 -					Co	mplete
				1. 1.0	1/1/26 -						
		Water System	Facil	ity and S	ampling	g Po	int In	vento	ory		
Water	han Contana Familita	Comonlin	a Daint	Communities	Daint			Total	Lead and	1	.
System Wat Facility ID	ter System Facility	•	ig Point D	Sampling I Description				Coliforn Rule		r Ashestas	Stage WQP 2 DBPR
	RIBUTION		0	BACKROOM			<u>Status</u> A	Y	naic ric	ASSESTEDS	TTQT Z DDT N
00000 5.01			1	DISTRIBUT			Α	Y			
				DISTRIBUT			Α	Y			
		UPST	REAM	DISTRIBUT	ION		Α	Υ			
00700 ENT	RY POINT	;	3	ENTRY POI	NT		Α				
60500 WEL	L #1	:	2	WELL #1			Α				
62722 ION-	-EXCHANGE TREAT	MET									
			Con	tact Info	rmation	า					
Name				rganization						Job Title	
Mr. Michael Ba	atista			ewfield Don	uts, LLC			М	anager		
Mailing Addres		Mailing		s Line Two					City	State	Zip Code
57 South Broad							Ме	riden	-	СТ	06450
Business Pho	ne Extension	Fax	Mobi	ile Phone	Emergenc	y Pho	ne Em	ail Addr	ess		
203-238-348	32 3				203-410	-976	6 mic	hael.ba	tista@batis	taco.com	
Contact Role(s)	: Administrative	Contact, Legal Cont	act, Owr	ner							

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0820284	144 MERIDEN RD			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	ntial Commerc	ial Industri	al Combine	ed Agricultural
144 MERIDEN R	OAD	Connections				1	

Towns Served: MIDDLEFIELD Please note the following:

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End of schedule

Page 34

Connecticut Dep	partment of lality Monit							
	ianty Monit	ornig am		1				rimary Source
PWS ID PWS Name CT0829094 RICH FARM ICE CREAM				NC		25	P P	GW
Local Address (where applicable)		Service	Resident			ndustrial	Combined	Agricultural
1 LORRAINE TERRACE		Connections	Resident	2		iuustiiai	Combined	Agricultural
Towns Served: MIDDLEFIELD		comiconons						
TOWNS Served. IMIDDLEFIELD			•					
Water System Facility: DISTRIBUTION		oring Requ D: 00600)	iiremer	nts				
Total Coliform (3100)						1 r	outine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitorir	ng Period	Collect	ion Perio	od Compli	ance Status
Select from Inventory of Active Sampli	ng Points		4/1/25 -	6/30/25			Со	mplete
			7/1/25 -	9/30/25				
		:	10/1/25 -	12/31/25			Со	mplete
			1/1/26 -	3/31/26				
			4/1/26 -	6/30/26				
Physical Parameters (PPS)						1 r	outine (RT)	per quarter
Sampling Point (Sampling Point ID)			Monitorir	ng Period	Collect	ion Perio	od Compli	ance Status
Select from Inventory of Active Sampli	ng Points		4/1/25 -	6/30/25			Со	mplete
			7/1/25 -	9/30/25				
			10/1/25 -	12/31/25			Со	mplete
			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 (F	RT) per year
Sampling Point (Sampling Point ID)			Monitorir	ng Period	Collect	ion Perio	od Compli	ance Status
ENTRY POINT (3)		_	1/1/24 - 1	2/31/24	_		Со	mplete
			1/1/25 - 1	2/31/25			Со	mplete
			1/1/26 - 1	2/31/26				
	Other C	ompliance	Sched	ules				
Compliance Schedule Activity				ue Date		Achieve	ed Date	
SAMPLING SITE PLAN				/6/2024		Acmere	.a Date	
SAMI LING SITE I LAN	Dublic Not	ification D						
	Public Not		•					
Violation (Situation	C	ompliance Period	Notice		<u>c Notifica</u>			rification
Violation/Situation	10/1		Tier	Requir		formed	Due to DPH	Received
Physical Parameters M&R Violation		/23 - 12/31/23	3	5/1/20			5/11/2025	
Physical Parameters M&R Violation		/23 - 9/30/23	3	5/1/20			5/11/2025	
Water	System Facili	ity and Sar	npling	Point In	vento	ry		
Water					Total	Lead a		_
System Water System Facility	Sampling Point ID	Sampling Poil Description	nt		Coliform			Stage
Facility ID		•	LCVCTC	<u>Status</u>	Rule	KUIE II	er ASDESTOS	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION		A				
	DOWNSTREAM				Y			
00700 FNITRY DOINT	UPSTREAM	WITHIN 5 SER	VICE CON		Υ			
00700 ENTRY POINT	3	ENTRY POINT		Α				

Α

WELL 1

2

62749 WELL 1

- Connecticut Debai unient of Lubiic Health Diminite Water Sect											
dominectical Department of Labric Hearth Dimming Water Sect											
Connecticut Department of Public Health Drinking Water Section											

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0829094	RICH FARM ICE CREAM				NC	25	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
1 LORRAINE TE	RRACE	Connections			2			

Towns Served: MIDDLEFIELD

Contact Information											
Name Organization Job Title											
Ms. Jill Serra	Rich Farm Ice	Cream									
Mailing Address Line One				Address Line Two	City		State	Zip Code			
1 Lorraine Terrace					Rockfall		СТ	06481			
Business Phone Extension Fax				Mobile Phone Emergency Phone Ema							
860-358-9435					203-305-6336	richfarmmiddlefield@gmail.com					

Contact Role(s): Administrative Contact, Owner

Please note the following:

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