

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

| | | | | | | | | |
|----------------------------------|------------------------|--|-------------|----------------|------------|------------|----------------|--------------|
| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source | |
| CT0830014 | COYOTE BLUE RESTAURANT | | | NC | 25 | P | GW | |
| Local Address (where applicable) | | | Service | Residential | Commercial | Industrial | Combined | Agricultural |
| 1960 SAYBROOK ROAD | | | Connections | | 1 | | | |
| Towns Served: MIDDLETOWN | | | | | | | | |

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 | 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 | 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 | | Complete |
| | 1/1/26 - 12/31/26 | | |
| | 1/1/27 - 12/31/27 | | |

Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|------------------------------|----------|---------------|
| RESPOND TO SANITARY SURVEY | 2/4/2026 | |

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 | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 21467 | WELL | 2 | WELL | A | | | | |

Contact Information

| | | | | | | | | | |
|---------------------------------------|--|-----------|--------------------------|--------------|-----------------|---------------|-----------|-------|----------|
| Name | | | | Organization | | | Job Title | | |
| Ms. Jo-Ann Pytlik | | | | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | | State | Zip Code |
| P.O. Box 421 | | | | | | Higganum | | CT | 06441 |
| Business Phone | | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-659-2711 | | | | | | | | | |
| Contact Role(s): 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 |
| CT0830014 | COYOTE BLUE RESTAURANT | NC | 25 | P | GW |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial |
| 1960 SAYBROOK ROAD | | | 1 | | |
| Towns Served: MIDDLETOWN | | | | | |
| Name | | Organization | | Job Title | |
| Mr. Drew Engelhardt | | | | | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State |
| 1960 Saybrook Road | | | | Middletown | CT |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| 860-345-2403 | | | | | |
| 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

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 | |
| CT0830024 | RON MCCUTCHEON PARK | | | NC | 25 | L | GW | |
| Local Address (where applicable) | | | Service | Residential | Commercial | Industrial | Combined | Agricultural |
| LIVINGSTON ROAD | | | Connections | | 2 | | | |
| Towns Served: MIDDLETOWN | | | | | | | | |

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 | 7/1/25 - 9/30/25 | | Complete |
| | 10/1/25 - 12/31/25 | | |
| | 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 | 7/1/25 - 9/30/25 | | Complete |
| | 10/1/25 - 12/31/25 | | |
| | 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) | 7/1/25 - 9/30/25 | | Complete |
| | 10/1/25 - 12/31/25 | | |
| | 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) | 1/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 12/31/26 | | |
| | 1/1/27 - 12/31/27 | | |

Other Compliance Schedules

| <i>Compliance Schedule Activity</i> | <i>Due Date</i> | <i>Achieved Date</i> |
|-------------------------------------|-----------------|----------------------|
| RESPOND TO SANITARY SURVEY | 2/4/2026 | |

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 | 7/1/12 - 9/30/12 | 3 | 12/31/2013 | | 1/10/2014 | |
| Physical Parameters M&R Violation | 4/1/14 - 6/30/14 | 3 | 8/21/2015 | | 8/31/2015 | |
| Total Coliform M&R Violation | 7/1/19 - 9/30/19 | 3 | 11/13/2020 | | 11/23/2020 | |
| Physical Parameters M&R Violation | 7/1/19 - 9/30/19 | 3 | 11/13/2020 | | 11/23/2020 | |
| Nitrate M&R Violation | 10/1/19 - 12/31/19 | 3 | 4/22/2021 | | 5/2/2021 | |

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 | | | | |

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 | |
| CT0830024 | RON MCCUTCHEON PARK | | | NC | 25 | L | GW | |
| Local Address (where applicable) | | | Service | Residential | Commercial | Industrial | Combined | Agricultural |
| LIVINGSTON ROAD | | | Connections | | 2 | | | |
| Towns Served: MIDDLETOWN | | | | | | | | |

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 |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 21468 | WELL | 2 | WELL | A | | | | |
| 55812 | ATMOSPHERIC TANK | | | | | | | |

Contact Information

| | | | | | | | | |
|-------------------------------|-----------|--------------|--------------------------|--------------------|------------------------|------------|-----------|----------|
| Name | | | | Organization | | | Job Title | |
| Mr. Daniel T. Drew | | | | City of Middletown | | | Mayor | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| City Hall, Municipal Building | | | 245 Dekoven Drive | | | Middletown | CT | 06457 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-638-4800 | | 860-344-3540 | | | mayor@MiddletownCT.gov | | | |

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

| | | | | | | | | |
|--------------------------|-----------|-----|--------------------------|--------------------|------------------------------|------------|--------------|----------|
| Name | | | | Organization | | | Job Title | |
| Mr. Brian Young | | | | City of Middletown | | | Parks Super. | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 719 Butternut Street | | | | | | Middletown | CT | 06457 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-638-4520 | | | | 860-250-8358 | Brian.YOung@middletownct.gov | | | |

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

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 |
| CT0830034 | ITALIAN AMERICAN CIVIC ORDER, INC | | | NC | 25 | P | GW |
| Local Address (where applicable) | | Service | Residential | Commercial | Industrial | Combined | Agricultural |
| 550 ARBUTUS ROAD | | Connections | | 1 | | | |
| Towns Served: MIDDLETOWN | | | | | | | |

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 | 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 | 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) | 1/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 12/31/26 | | |
| | 1/1/27 - 12/31/27 | | |

Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|------------------------------|------------|---------------|
| RESPOND TO SANITARY SURVEY | 11/16/2018 | |

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 | | | | |
| 21469 | WELL | 2 | WELL | A | | | | |

Contact Information

| Name | | | | Organization | | Job Title | | |
|---|-----------|-----|--------------------------|------------------------------|---------------|------------|-------|----------|
| Mr. Louis Aresco | | | | Italian American Civic Order | | President | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | City | State | Zip Code |
| 550 Arbutus Street | | | | | | Middletown | CT | 06457 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-369-3931 | | | | | | | | |
| 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 |
|----------------------------------|-----------------------------------|-------------|-------------|----------------|------------|------------|----------------|
| CT0830034 | ITALIAN AMERICAN CIVIC ORDER, INC | | | NC | 25 | P | GW |
| Local Address (where applicable) | | Service | Residential | Commercial | Industrial | Combined | Agricultural |
| 550 ARBUTUS ROAD | | Connections | | 1 | | | |
| Towns Served: MIDDLETOWN | | | | | | | |

Towns Served: MIDDLETOWN

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

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 | |
|----------------------------------|---------------------------------------|--|-------------|----------------|------------|------------|----------------|--------------|
| CT0830044 | MIDDLETOWN DOT REST AREA (I-91 NORTH) | | | NC | 25 | S | GW | |
| Local Address (where applicable) | | | Service | Residential | Commercial | Industrial | Combined | Agricultural |
| I - 91 NORTH | | | Connections | | 1 | | | |

Towns Served: MIDDLETOWN

Monitoring Requirements

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

| Total Coliform (3100) | | 1 routine (RT) per month | |
|---|--------------------------|--------------------------|--------------------------|
| <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 | 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 | | Complete |
| | 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 | | |
| | 7/1/26 - 7/31/26 | | |

| Total Coliform (3100) | | 3 repeat (RP) per period | |
|---|--------------------------|--------------------------|--------------------------|
| <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 | 11/4/25 - 11/9/25 | | Complete |

| Physical Parameters (PPS) | | 1 routine (RT) per month | |
|---|--------------------------|--------------------------|--------------------------|
| <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 | 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 | | Complete |
| | 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 | | |
| | 7/1/26 - 7/31/26 | | |

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) | 1/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 12/31/26 | | |
| | 1/1/27 - 12/31/27 | | |

Water System Facility: **WELL #1 (8-INCH) (WSF ID: 21470)**

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 | |
|----------------------------------|---------------------------------------|---------------------|----------------|------------|------------|----------------|--------------|
| CT0830044 | MIDDLETOWN DOT REST AREA (I-91 NORTH) | | NC | 25 | S | GW | |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| I - 91 NORTH | | | | 1 | | | |

Towns Served: MIDDLETOWN

Monitoring Requirements

Water System Facility: **WELL #1 (8-INCH)** (WSF ID: 21470)

| E. Coli (3014) | | 1 triggered (TG) per period | | |
|------------------------------------|-------------------|-----------------------------|-------------------|--|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status | |
| WELL (2) | 11/3/25 - 11/9/25 | | Complete | |

Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|------------------------------|----------|---------------|
| CROSS CONNECTION EXEMPTION | 3/1/2029 | |

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 | | | | |
| 21470 | WELL #1 (8-INCH) | 2 | WELL | A | | | | |
| 57903 | HYDROPNEUMATIC STORAGE | | | | | | | |
| 57904 | TRANSFER PUMPS | | | | | | | |
| ST001 | ATMOSPHERIC STORAGE - STEEL 5K | | | | | | | |

Certified Operator Information

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

Facility Classification: DISTRIBUTION SYSTEM

| Operator Name | Operator Type | Certification(s) | Certification Expiration |
|---------------|-------------------|--|--------------------------|
| GRANT, SHANE | CHIEF OPERATOR | WATER TREATMENT PLANT OPERATOR - CLASS II DISTRIBUTION SYSTEM OPERATOR - CLASS II | 9/30/2026 9/30/2026 |
| PETITTI, ANDY | ASSIGNED OPERATOR | DISTRIBUTION SYSTEM OPERATOR - CLASS I WATER TREATMENT PLANT OPERATOR - CLASS I | 6/30/2028 12/31/2028 |

Contact Information

| Name | | Organization | | Job Title | | |
|--------------------------|-----------|------------------------------|--------------|-----------------|---------------|----------|
| Mr. Joseph Giulietti | | Department of Transportation | | Commissioner | | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State | Zip Code |
| 2800 Berlin Turnpike | | | | Newington | CT | 06111 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | |
| 860-594-3000 | | | | | | |

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 |
| CT0830044 | MIDDLETOWN DOT REST AREA (I-91 NORTH) | NC | 25 | S | GW |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial |
| I - 91 NORTH | | | 1 | | |
| Towns Served: MIDDLETOWN | | | | | |
| Name | | Organization | | Job Title | |
| Mr. Jeff Tedesco | | CT Dot | | Site Main Supervisor | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State |
| 2800 Berlin Tpke | | | | Newington | CT |
| Zip Code | | | | | |
| | 06111 | | | | |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| 860-594-3000 | | | | 860-594-3000 | jeffrey.tedesco@ct.gov |
| Contact Role(s): Owner | | | | | |

Please note the following:

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

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 |
|----------------------------------|-----------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT0839054 | MINER HILLS FAMILY GOLF LLC | | | NC | 29 | L | GW |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 80 MINER HILLS DR | | | | | | 1 | |
| Towns Served: MIDDLETOWN | | | | | | | |

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 | 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 | 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) | 1/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 12/31/26 | | |
| | 1/1/27 - 12/31/27 | | |

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 | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 60094 | WELL 1 | 2 | WELL 1 | A | | | | |

Contact Information

| | | | | | | | | |
|--------------------------|-----------|--------------------------|---------------------------|-----------------|--------------------------|-----------|-------|----------|
| Name | | | Organization | | | Job Title | | |
| Mr. Michael Streckfus | | | Miner Hil Family Golf LLC | | | Manager | | |
| Mailing Address Line One | | Mailing Address Line Two | | | City | | State | Zip Code |
| 80 Miner Hills Drive | | | | | Middletown | | CT | 06457 |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-635-0051 | | 860-563-4593 | 860-402-7914 | 860-563-5320 | mikestreckfus@icloud.com | | | |

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

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.