Connecticut Dep	artmer	nt of Puk	olic F	lealth I	Orinki	ng W	ater S	Section	
Water Qua									
PWS ID PWS Name	arrey ivit	Officor III	is an					wner Type Pr	imary Source
CT1000044 NORTH CANAAN CONGREG	ΑΤΙΟΝΑΙ C	HIIRCH			NC		25	P P	GW
Local Address (where applicable)	IATIONALC	Service	`P	Residentia			ndustrial	Combined	Agricultural
172 LOWER ROAD			ections	Residentia	1	cretar 1	i i a a seriar	Combined	7 Gilcartarai
Towns Served: NORTH CANAAN									
	M	onitoring	Reau	iiremen	ts				
Water System Facility: <b>DISTRIBUTION</b>			<u> </u>						
Total Coliform (3100)							1 r	outine (RT) լ	per quarter
Sampling Point (Sampling Point ID)				Monitoring	g Period	Collec	tion Perio	d Compli	ance Status
Select from Inventory of Active Samplin	g Points			4/1/25 - 6	/30/25			Coi	mplete
				7/1/25 - 9	/30/25				
				10/1/25 - 1	2/31/25				
	-		-	1/1/26 - 3	/31/26	-			
				4/1/26 - 6	/30/26				
Physical Parameters (PPS)								outine (RT) բ	•
Sampling Point (Sampling Point ID)				Monitoring		Collec	tion Perio	-	ance Status
Select from Inventory of Active Samplir	g Points			4/1/25 - 6				Соі	mplete
				7/1/25 - 9					
				10/1/25 - 1	-				
				1/1/26 - 3					
				4/1/26 - 6	/30/26				
Water System Facility: ENTRY POINT (	WSF ID: 00	)/00)							
Nitrate And Nitrite (NOX)				Monitorin	n Donied	Callag		1 routine (R	
Sampling Point (Sampling Point ID)  ENTRY POINT (3)			_	<b>Monitoring</b> 1/1/24 - 12	_	Conec	tion Perio		mplete
ENTRY FOINT (3)				1/1/25 - 12				COI	iipiete
				1/1/26 - 12					
	Dublic	Notificat							
	Public	Notificat		•	T			504.6	• • • • •
Violation/Situation		Complia Perio		Notice Tier	<u>Publi</u> Requir	<u>c Notific</u>	<u>ατιοη</u> rformed	Due to DPH	i <u>fication</u> Received
Total Coliform M&R Violation		1/1/24 - 3/		3	6/6/20		rjormeu	6/16/2025	Keteiveu
Physical Parameters M&R Violation		1/1/24 - 3/		3	6/6/20			6/16/2025	
Total Coliform M&R Violation		7/1/23 - 9/		3	6/6/20			6/16/2025	
Physical Parameters M&R Violation		7/1/23 - 9/		3	6/6/20			6/16/2025	
Physical Parameters M&R Violation		7/1/24 - 9/		3	10/31/2			11/10/2025	
Total Coliform M&R Violation		7/1/24 - 9/	-	3	10/31/2			11/10/2025	
	System F	acility ar			_		rv		
Water	,,C.C	uome, u		b9 .		Total	Lead an	nd	
System Water System Facility	Sampling	Point Samp	ling Poi	nt		Coliform			Stage
Facility ID	ID	Descri	iption		Status	Rule			WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTR	IBUTION	SYSTEM	А	Υ			-
	DOWNST	REAM WITHI	IN 5 SER	VICE CON	Α				
	UPSTRE	AM WITHI	IN 5 SER	VICE CON	Α				
00700 ENTRY POINT	3	ENTR	Y POINT		Α				

WELL

2

21766 WELL

Schedule Generation Date: 12/12/2025 Page 1

Α

CT1000044	NORTH CANAAN CONGREGATIONAL CHURCH	NC	25	Р	GW
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
	Water Quality Monitoring and Con	npliance S	Schedul	e	
	Connecticut Department of Fublic Health	שוואוווועווו	5 Water	occuon	

Connecticut Department of Public Health Drinking Water Section

CT1000044	NORTH CANAAN CONGREGATIONAL CHURCH	1			NC	25		Р		GW
Local Address (w	here applicable)	Service	Residen	ntial	Commercia	al Industri	al	Combine	d A	gricultural
172 LOWER ROA	D	Connections			1					

Towns Served: NORTH CANAAN

Contact Information										
Name				Organization	1			Job Title	9	
Ms. Wendy Kenned	ly			North Canaa	n Cong Church		Treasurer			
Mailing Address Line	e One		Mailing Addr	ess Line Two			City	State	Zip Code	
P.O. Box 306						Canaan		СТ	06018-0306	
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Ad	dress			
860-824-7232						wacsk@d	ptonline.net			

Contact Role(s): Administrative Contact, Legal Contact

## Please note the following:

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

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

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

End of schedule

Connecticut Department of Public	Health Drinki	ng Water Se	ction
Water Quality Monitoring an	nd Compliance	e Schedule	
PWS ID PWS Name	Classification	n Population Owr	ner Type Primary Source
CT1000094 LONE OAK CAMPGROUND	NC	1,250	P GW
Local Address (where applicable) Service	Residential Comme	ercial Industrial	Combined Agricultural
360 NORFOLK ROAD Connection	S 1		
Towns Served: NORTH CANAAN			
Monitoring Rec	uirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Chlorine Residual (1012)		2 ro	utine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 7/31/25		Complete
	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
Total Coliform (3100)			utine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 7/31/25		Complete
	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25		Complete
	4/1/26 - 4/30/26 5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
Physical Parameters (PPS)	0,1,20 0,30,20	1 rou	itine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/25 - 6/30/25		Complete
, , ,	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25	10/1-10/31	Complete
	4/1/26 - 6/30/26		
Water System Facility: ENTRY POINT WELL #1 & WELL #2 (WSF IC	): 00700)		
Nitrate And Nitrite (NOX)		1	routine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT WELL #1 & WELL #2 (3)	1/1/24 - 12/31/24	4/1-10/31	Complete
	1/1/25 - 12/31/25	4/1-10/31	Complete
	1/1/26 - 12/31/26	4/1-10/31	
Water System Facility: ENTRY POINT WELL #3 (WSF ID: 00701)			
Nitrate And Nitrite (NOX)		1	routine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT WELL #3 (3)	1/1/24 - 12/31/24	4/1-10/31	Complete
	1/1/25 - 12/31/25	4/1-10/31	Complete
	1/1/26 - 12/31/26	4/1-10/31	
Water System Facility: ENTRY POINT- WELL #4 (WSF ID: 00702)			
Nitrate And Nitrite (NOX)			routine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT WELL #4 (3)	1/1/24 - 12/31/24	4/1-10/31	Complete
	1/1/25 - 12/31/25	4/1-10/31	Complete
	1/1/26 - 12/31/26	4/1-10/31	

	Connecticut Departm				_			tion	
D) 4 (C 1 D	Water Quality	Monitoring and						T 5	
PWS ID	PWS Name				on Po				imary Source
CT1000094	LONE OAK CAMPGROUND	c ·	B : 1 .	NC		1,250		Р	GW
	(where applicable)	Service Connections	Resident			Industria	II C	ombined	Agricultural
360 NORFOLK		Connections		1					
Towns Served:	NORTH CANAAN								
Mala Cala		Monitoring Requ	ıiremer	nts					
-	m Facility: WELL #1 (WSF ID: 2176	58)					1	tine (DT)	
E. Coli (3014	•		Monitorin	a Dovind	Call				per month
	Point (Sampling Point ID)		Monitorin		Con	ection Per	ioa		ance Status
WELL #1 (	(2)		7/1/25 -						mplete
			8/1/25 - 3						mplete
			9/1/25 - 9						mplete
			10/1/25 -					CO	mplete
			4/1/26 - 4						
			5/1/26						
Mater Systen	m Facility: WELL #2 (WSF ID: 2176	sa)	6/1/26 -	6/30/26					
E. Coli (3014	<u> </u>	55,					l rout	tine (RT)	per month
-	Point (Sampling Point ID)		Monitorin	na Period	Coll	lection Per			ance Status
WELL #2 (			7/1/25 -	_					mplete
	(-)		8/1/25 -						mplete
			9/1/25 - 9						mplete
			10/1/25 -						mplete
			4/1/26 -						1
			5/1/26 - 1						
			6/1/26 -						
Water Systen	n Facility: WELL #3	(WSF ID: 21770)							
E. Coli (3014	4)					1	L rout	tine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitorin	ng Period	Coll	ection Per	iod	Compli	ance Status
WELL #3 (	(2)		7/1/25 -	7/31/25				Co	mplete
			8/1/25 -	8/31/25				Co	mplete
			9/1/25 - 9	9/30/25				Co	mplete
			10/1/25 -					Co	mplete
			4/1/26 -	4/30/26					
			5/1/26 -	5/31/26					
			6/1/26 -	6/30/26					
Water Systen	m Facility: WELL #4 (WSF ID: 2177	71)							
E. Coli (3014	-								per month
	Point (Sampling Point ID)		Monitorin		Coll	lection Per	iod	Compli	ance Status
WELL #4 (	(2)		7/1/25 -						mplete
			8/1/25 - 3	8/31/25				Co	mplete
			9/1/25 -	9/30/25				Co	mplete
			10/1/25 -	10/31/25				Co	mplete
			4/1/26 -	4/30/26					
			5/1/26	5/31/26					
			6/1/26 -	6/30/26					

	Conne	ecticut Dep	artment of	f Public H	lealth l	Drink	ing W	ater S	Section	1
		•	ality Monit							
PWS ID	PWS Nam			011118 0111						Primary Source
CT1000094		K CAMPGROUND				NC		,250	Р 71	GW
Local Address (	where appli	icable)		Service	Residentia	al Comn	nercial I	ndustrial	Combin	ed Agricultural
360 NORFOLK I	ROAD	•		Connections		:	1			_
Towns Served:	NORTH CAN	NAAN			I					
	Moi	nthly Water	System Facil	ity (WSF) I	Level M	onitor	ing Red	quirem	ents	
Water System	Facility:	ENTRY POINT W	/ELL #1 & WELL	#2 (WSFID: 0	0700)					
Analyte		<b>Monitoring Req</b>	uirement (Summ	ary Type)	Opera	ting Limi	t		Samples	Req/Month
Chlorine		Entry Point Chlo	rine Residual Moi	nitoring (CHLR	) Minim	num: 0.2	MG/L			Daily
Start Date:	1/1/2006			Complia	nce Histor	y:	Operati	ing Limit	Moni	toring
				Monitor	ing Period		-	ance Stati	us: Comp	liance Status:
					5 - 7/31/20					
					5 - 8/31/20					
					5 - 9/30/20					
					25 - 10/31/					
					25 - 11/30/	2025				
Water System	n Facility:	ENTRY POINT W	ELL #3 (WSFID:	: 00701)						
Analyte		<b>Monitoring Req</b>	uirement (Summ	ary Type)	Opera	ting Limi	t		Samples	Req/Month
Chlorine		Entry Point Chlo	rine Residual Moi		-	num: 0.2	MG/L			Daily
Start Date:	1/1/2006			-	ince Histor	y:	Operati	ing Limit		toring
					ing Period		Compli	ance Stati	us: Comp	liance Status:
					5 - 7/31/20					
					5 - 8/31/20					
					5 - 9/30/20					
					25 - 10/31/					
Matax Cratan	- Facility	FAITDY DOINT A	NELL #4 (MCELE		25 - 11/30/	2025				
	i Facility:	ENTRY POINT- V							<u> </u>	D /24 11
Analyte			uirement (Summ			ting Limi				Req/Month
Chlorine	C /4 /2005	Entry Point Chio	rine Residual Moi		•	num: 0.2	•			Daily
Start Date:	6/1/2005			-	ince Histor ing Period	у.	-	ing Limit		toring diance Status:
					5 - 7/31/20	25	Complia	ance Stati	us: Comp	mance Status.
					5 - 8/31/20 5 - 8/31/20					
					5 - 9/30/20					
					25 - 10/31/					
					25 - 11/30/					
		Water	System Facil				nvento	rv		
Water		- water	y stem i den	ity and sai	יישיייקיי	Jiiicii	Total	Lead an	nd	
	ter System I	Facility	Sampling Point	Sampling Poi	nt		Coliform			Stage
Facility ID			ID	Description		Status				os WQP 2 DBPR
00600 DIST	TRIBUTION S	SYSTEM	4	DISTRIBUTION	N SYSTEM	А	Υ			
			DOWNSTREAM	WITHIN 5 SER	VICE CON	Α				
			LONEOAK 001	SITE 587		Α	Υ			
			LONEOAK 002	SITE 219		Α	Υ			
			LONEOAK 003	SITE 708		Α	Υ			
			LONEOAK 004	SITE T 1		Α	Υ			

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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1000094	LONE OAK CAMPGROUND				NC	1,250	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
360 NORFOLK R	OAD	Connections			1			

Towns Served: NORTH CANAAN

	Water S	ystem Facil	ity and Sampling P	oint Ir	vento	У			
Water System Facility ID		Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
		LONEOAK 005	SITE 587	А	Υ				
		LONEOAK 006	MAIN BATHROOM	Α	Υ				
		LONEOAK 007	SITE 200	Α	Υ				
		LONEOAK 008	LAUNDRY	Α	Υ				
		LONEOAK 009	SITE 516	Α	Υ				
		LONEOAK 010	SITE 618	Α	Υ				
		LONEOAK 011	SITE 517	Α	Υ				
		LONEOAK 012	SITE N 9	Α	Υ				
		LONEOAK 013	SITE 680	Α	Υ				
		LONEOAK 014	SITE 528	Α	Υ				
		LONEOAK 015	SITE T 6	Α	Υ				
		LONEOAK 016	SITE 001	Α	Υ				
		LONEOAK 017	SITE 635	Α	Υ				
		LONEOAK 018	SITE 49	Α	Υ				
		LONEOAK 019		Α	Υ				
		LONEOAK 020	SITE 505	Α	Υ				
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT WELL #1 & WELL #2	3	ENTRY POINT WELL #1	Α					
00701	ENTRY POINT WELL #3	3	ENTRY POINT WELL #3	Α					
00702	ENTRY POINT- WELL #4	3	ENTRY POINT WELL #4	Α					
21768	WELL #1	2	WELL #1	Α					
21769	WELL #2	2	WELL #2	Α					
21770	WELL #3	2	WELL #3	Α					
21771	WELL #4	2	WELL #4	Α					
50504	TREATMENT PLANT- WELL #4								
57280	TREATMENT PLANT- WELL #3								
57282	TREATMENT PLANT- WELL #1 & WELL #2								

NameOrganizationJob TitleMr. Kevin RichardsModern America ManagementDirector of OpsMailing Address Line OneMailing Address Line TwoCityStateZ1266 Furnace Brook ParkwaySuite 300QuincyMA	
Mailing Address Line One Mailing Address Line Two City State Z	
1266 Furnace Brook Parkway Suite 300 Quincy MA	Zip Code
	02169
Business Phone Extension Fax Mobile Phone Emergency Phone Email Address	
781-877-1086 kevin@vazzareg.com	

Contact Role(s): Administrative Contact

C	Connectic	ut Depa	rtment (	of Public	: Health	Drii	nking '	Water	Sect	ion	
	Wat	ter Qua	lity Mon	itoring a	and Con	nplia	nce So	chedul	e		
PWS ID PY	WS Name					Classif	ication P	opulation	Owner	Type P	rimary Source
CT1000094 LC	ONE OAK CAME	GROUND				N	IC	1,250	Р		GW
Local Address (who	ere applicable)			Service	Resider	ntial Co	mmercial	Industria	al Cor	nbined	Agricultural
360 NORFOLK ROA	<b>AD</b>			Connectio	ons		1				
Towns Served: NO	RTH CANAAN										
Name				Organization					Jo	b Title	
Mr. Stephen Vazza	a			Lone Oak Rv,	LLC						
Mailing Address Li	ne One		Mailing Addre	ess Line Two				City	S	tate	Zip Code
1266 Furnace Broc	ok Parkway		Suite 300				Quincy			MA	02169
Business Phone	Extension	Fax	Мо	bile Phone	one Emergency Phone Email Ad			dress			
781-877-1086							stephen(	@vazzareg	.com		
Contact Role(s): C	Owner										
Name				Organization					Jo	b Title	
Mr. Kevin Gundlad	ch			Lone Oak Car	mpground			General M	1anager		
Mailing Address Li	ne One		Mailing Addre	ess Line Two				City	S	tate	Zip Code
360 Norfolk Road							North Ca	naan		CT	06018
Business Phone	Extension	Fax	Мо	bile Phone	Emergency	/ Phone	Email Ad	dress			
860-824-7051							kgundlac	h@loneoa	kcamps	ites.cor	n
Contact Role(s): L	egal Contact										

## Please note the following:

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

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

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

End of schedule

Connecticut Dep									ction		
Water Qu	ality Monit	oring an	d Con	npli	ianc	e Scl	hedı	ıle			
PWS ID PWS Name				Class	sificatio	on Pop	pulatio	n Owi	ner Type	Primary	Source
CT1000234 FREUNDS FARM MARKET 8	& BAKERY				NC		43		Р	GV	V
Local Address (where applicable)		Service	Residen	tial	Comm	ercial	Indust	trial	Combine	d Agric	cultural
324 NORFOLK ROAD		Connections							3		
Towns Served: NORTH CANAAN											
	Monite	oring Requ	ireme	nts							
Water System Facility: <b>DISTRIBUTION</b>											
Total Coliform (3100)								1 rou	itine (RT)	per qu	uarter
Sampling Point (Sampling Point ID)			Monitori	ing Pe	eriod	Colle	ction F	Period	Comp	liance S	tatus
Select from Inventory of Active Samplin	ng Points		4/1/25 -	6/30	)/25				С	omplete	9
			7/1/25 -	9/30	/25				С	omplete	9
			10/1/25 -	12/3	1/25						
			1/1/26 -	3/31	./26						
			4/1/26 -	6/30	/26						
Physical Parameters (PPS)								1 rou	itine (RT)	per qu	uarter
Sampling Point (Sampling Point ID)			Monitori	ing Pe	eriod	Colle	ction F	Period	Comp	liance S	tatus
Select from Inventory of Active Samplin	ng Points		4/1/25 - 6/30/25						С	omplete	9
					)/25				C	omplete	9
		10/1/25 -	12/3	1/25							
			1/1/26 -	3/31	./26						
			4/1/26 -	6/30	/26						
Water System Facility: ENTRY POINT -	MARKET WELL	(WSF ID: 007	'00)								
Nitrate (1040)								1 rou	itine (RT)	per qu	uarter
Sampling Point (Sampling Point ID)			Monitori	ing Pe	eriod	Colle	ction F	Period	Comp	liance S	tatus
EP - MARKET WELL (3)			4/1/25 -	6/30	)/25				C	omplete	9
			7/1/25 -	9/30	/25				C	omplete	9
			10/1/25 -	12/3	1/25						
			1/1/26 -	3/31	./26						
			4/1/26 -	6/30	/26						
Nitrite (1041)								1	routine (	RT) pe	r year
Sampling Point (Sampling Point ID)			Monitori	ing Pe	eriod	Colle	ction F	Period	Comp	liance S	tatus
EP - MARKET WELL (3)			1/1/24 -	12/31	1/24				С	omplete	9
			1/1/25 -	12/31	1/25				С	omplete	9
			1/1/26 -	12/31	1/26						
Water System Facility: MARKET WELL		(WSF ID: 59	762)								
E. Coli (3014)			-					1 rou	ıtine (RT)	per qu	uarter
Sampling Point (Sampling Point ID)			Monitori	ing Pe	eriod	Colle	ction F		-	liance S	
MARKET WELL (2)			4/1/25 -	6/30	)/25				C	omplete	9
			7/1/25 -						С	omplete	2
			10/1/25 -							•	
			1/1/26 -								
			4/1/26 -								
Water	System Facili	ity and Sai			·	vent	orv				
	Jystem raem	ity und Jai	piiiig	. 01			•	اد درد ام			
Water System Water System Facility	Sampling Point	Samplina Poi	nt			Total Colifori		id and opper			Stage
Facility ID	ID	Description	-	c	Status	Rule			Asbestos	WQP	_

										_						
	Co	onnectic	ut Depa	ırtmen	t of	f Public	Health	ı D	rin	king	Water	S	ection			
		Wa	ter Qua	lity Mo	nit	coring a	nd Con	np	liai	ice S	chedul	le				
PWS ID	PW	/S Name						-				Т	ner Type Pr	imary Source		
CT100023	84 FR	EUNDS FARM	MARKET &	BAKERY					NC		43		P	GW		
Local Add	lress (whe	re applicable)				Service	Resider	ntial	Con	nmercial	Industri	al	Combined	Agricultural		
324 NORFOLK ROAD						Connection	ons					3				
Towns Se	rved: NOR	TH CANAAN														
			Water S	ystem F	acili	ity and Sa	ampling	Po	oint	Inven	tory					
Water										Tot	al Lead	and	1			
System	Water System Facility Sampling F				oint	oint Sampling Point					Coliform Copper Stage					
Facility IL	ס			ID		Description			Stat	us Ru	le Rule	Tie	r Asbestos	WQP 2 DBPF		
00600	DISTRIBL	JTION SYSTEM		4		DISTRIBUTION	ON SYSTEM	1	Α							
				DOWNSTR	EAM	WITHIN 5 S	ERVICE CO	N	Α							
				UPSTREA	М	WITHIN 5 S	ERVICE CO	N	Α							
00700	ENTRY P	OINT - MARKE	T WELL	3	EP - MARKET WELL				Α							
59762	MARKET	WELL		2		MARKET W	ELL		Α							
59770	TREATM	ENT PLANT														
				(	Con	tact Info	rmation	1								
Name					Oı	rganization							Job Title			
Mr. Benja	amin Freui	nd														
Mailing A	ddress Lin	e One		Mailing Ad	dres	s Line Two					City		State	Zip Code		
PO Box 63	36									East Can	aan		СТ	06024		
Busines	s Phone	Extension	Extension Fax M			1obile Phone Emergency Phone			one	Email Ad	dress					
860-82	24-0650				360-8	324-7524										
Contact R	tole(s): <b>Le</b>	gal Contact														
Name					Oı	Organization					Job Title					
Ms. There	esa Freund	d														
Mailing A	ddress Lin	e One		Mailing Ad	dres	s Line Two					City		State	Zip Code		
324 Norfo	olk Rd									North Ca	inaan		СТ	06018		
Busines	s Phone	Extension	Fax	- 1	Mobi	bbile Phone Emergency Phone										
860-82	24-0650								•	heresa.	n.freund@	gm	ail.com			
Contact R	tole(s): O	wner														
Name					Oı	rganization							Job Title			
	hew Freur			T					-							
						ress Line Two				City			State	Zip Code		
324 Norfo	olk Rd			PO Box 63	5					East Can	aan		СТ	06024		

Contact Role(s): Administrative Contact, Owner

Extension

## Please note the following:

**Business Phone** 

860-824-7524

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.

**Emergency Phone Email Address** 

matt@cowpots.com

203-982-9046

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

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

End of schedule