

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1099083	PLAINFIELD REST AREA (I-395 N&S)	NC	25	S	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
ROUTE 395 (N & S)	Connections	2			

Towns Served: PLAINFIELD

Monitoring Requirements

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

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		

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)

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: WELL (WSF ID: 20037)

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	2	GENERATED BY BATCH	A	Y			
		4	GENERIC DISTRIBUTION	A	Y			
		4N	GENERATED BY BATCH	A	Y			
		4S	GENERATED BY BATCH	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		NMP014	GENERATED BY BATCH	A	Y			
		NPM003	BOILER RM N	A			Y	
		NPM004	FOOD PREP SINK	A	Y	3		
		NPM005	FOOD WASH SINK	A	Y	3		
		NPM006	WASH SINK	A	Y	3		

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.

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CT1099083	PLAINFIELD REST AREA (I-395 N&S)	NC	25	S	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
ROUTE 395 (N & S)	2				

Towns Served: PLAINFIELD

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					Rule Tier	Y	3	Y
		NPM007	COFFEE PREP	A				
		NPM008	LADIES ROOM	A				
		NPM014	BOILER RM SOUTH	A				
		SPM009	FOOD PREP SINK	A				
		SPM010	FOOD WASH SINK	A				
		SPM011	WASH SINK	A				
		SPM012	COFFEE SINK	A				
		SPM013	LADIES ROOM	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20037	WELL	2	WELL	A				
54355	TREATMENT PLANT							
62460	TWO 400G POLY ATM TANKS							
62461	BOOSTER PUMPS							

Contact Information

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

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

Name	Organization	Job Title
Ms. Jill A. Brennan	State of Connecticut Dot	Tr. Director of Conc
Mailing Address Line One	Mailing Address Line Two	City
2800 Berlin Turnpike		State
Newington	CT	Zip Code
Business Phone	Extension	Fax
860-594-3000		
Mobile Phone		Emergency Phone
		Email Address
		Jill.Brennan@ct.gov

Contact Role(s): **Owner**

Name	Organization	Job Title
Mr. Mike Modine	Project Service LLC	Director of Operatio
Mailing Address Line One	Mailing Address Line Two	City
195 Church St. 8Th Floor		State
New Haven	CT	Zip Code
Business Phone	Extension	Fax
203-877-9900	1004	
Mobile Phone		Emergency Phone
203-314-5446		Email Address
		mike.modine@psllcct.com

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1099083	PLAINFIELD REST AREA (I-395 N&S)	NC	25	S	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
ROUTE 395 (N & S)	Connections	2			

Towns Served: PLAINFIELD

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1090104	123, 125, & 127 NORWICH ROAD	NC	45	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
123, 125, & 127 NORWICH ROAD	Connections		3		

Towns Served: PLAINFIELD

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		Complete
	4/1/26 - 6/30/26		

Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		Complete
	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		Complete
	1/1/27 - 12/31/27		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	1/7/2021	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification Required	PN Certification Due to DPH	Received
E. Coli M&R Violation	6/30/16 -	3	11/7/2017	11/17/2017	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule	Asbestos Rule Tier	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			
21901	WELL	2	WELL	A			

Contact Information

Name	Organization	Job Title
Ms. Lynne M. Quintal-Hill	Double J Realty, LLC	Member
Mailing Address Line One	Mailing Address Line Two	City
127 Norwich Road	P. O. Box 405	State Zip Code
		CT 06337

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1090104	123, 125, & 127 NORWICH ROAD	NC	45	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
123, 125, & 127 NORWICH ROAD			3		

Towns Served: PLAINFIELD

Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-886-9603		860-564-8253			lhill@quintalagency.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.
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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1090134	HANK'S DAIRY BAR	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1006 NORWICH ROAD			1		

Towns Served: PLAINFIELD

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
	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
	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	Lead and Copper Rule	Asbestos Rule Tier	Stage WQP 2	DBPR
					Stage				
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					
21904	WELL	2	WELL	A					

Contact Information

Name		Organization			Job Title			
Ms. Claudia Zurowski								
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code	
1006 Norwich Road					Plainfield		06374	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-564-2298								
Contact Role(s): Owner								
Name		Organization			Job Title			
Mr. Peter Zurowski		Hank's Dairy Bar, Inc.			Owner/President			
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code	
1006 Norwich Road					Plainfield		06374	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-564-2298				860-564-6300				
Contact Role(s): Legal Contact, Owner								

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

PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT1090134	HANK'S DAIRY BAR				NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
1006 NORWICH ROAD				1				
Towns Served: PLAINFIELD								
Name			Organization			Job Title		
Ms. Colleen Champagne			Hanks Dairy Bar			Business Owner		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code	
1006 Norwich Road					Plainfield	CT	06374	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-886-3486					hanksdairybar1@gmail.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

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End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1090154	1019 NORWICH ROAD	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined

Towns Served: PLAINFIELD

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
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		
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	9/11/25 - 9/16/25		Complete
Total Coliform (3100)	3 temporary routine (TR) 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	10/1/25 - 10/31/25		Complete
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		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

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

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: WELL (WSF ID: 21906)

E. Coli (3014)	1 triggered (TG) per period		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
WELL (2)	9/10/25 - 9/16/25		Complete

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
L1 ASSESSMENT (MULTIPLE TC+)	10/14/2025	
CROSS CONNECTION EXEMPTION	3/1/2028	

Water System Facility and Sampling Point Inventory						
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule Tier
					Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y	
		CHS5	HAND SINK	A	Y	
		DOWNSTREAM	WITHIN 5 SERVICE CON	A		
		UPSTREAM	WITHIN 5 SERVICE CON	A		

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

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CT1090154	1019 NORWICH ROAD	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
		1	1		

Towns Served: PLAINFIELD

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total	Lead and Coliform	Copper Rule	Asbestos Rule Tier	Stage WQP 2	DBPR
					Coliform	Copper Rule Tier	Asbestos	WQP 2	DBPR	
	WHITO A002	HAND SINK		A	Y					
00700	ENTRY POINT	3	ENTRY POINT	A						
21906	WELL	2	WELL	A						

Contact Information

Name	Organization	Job Title			
Cathsize LLC Dba Jacks Sports Bar					
Mailing Address Line One	Mailing Address Line Two	City State Zip Code			
1019 Norwhich Rd		Plainfield CT 06374			
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address

Contact Role(s): Owner

Name	Organization	Job Title			
Mr. Stephen M Sizer	Cathsize LLC	Manager/Member			
Mailing Address Line One	Mailing Address Line Two	City State Zip Code			
1 Cranska Road		Moosup CT 06354			
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-564-6500			860-630-0194		stevesizer9@yahoo.com

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

Please note the following:

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1090244	RIVERVIEW PIZZA RESTAURANT	NC	43	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
632 NORTH MAIN STREET (ROUTE 14)	Connections		1		

Towns Served: PLAINFIELD

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	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		Complete
	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		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/20/25 - 8/25/25		Complete
	10/4/25 - 10/9/25		Complete
	11/8/25 - 11/13/25		Complete
	12/18/25 - 12/23/25		Complete

Physical Parameters (PPS)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	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		Complete
	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		
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		Complete
	1/1/27 - 12/31/27		

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1090244	RIVERVIEW PIZZA RESTAURANT	NC	43	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
632 NORTH MAIN STREET (ROUTE 14)	Connections		1		

Towns Served: PLAINFIELD

Monitoring Requirements

Water System Facility: WELL (WSF ID: 21910)

Sampling Point (Sampling Point ID)		Monitoring Period	Collection Period	Compliance Status
WELL (2)		8/19/25 - 8/25/25		Complete
		10/3/25 - 10/9/25		Complete
		11/7/25 - 11/13/25		Complete
		12/17/25 - 12/23/25		Complete

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	8/19/2018	
L2 ASSESSMENT (MULTIPLE TC+, 2ND IN 12M)	11/10/2025	
L2 ASSESSMENT (MULTIPLE TC+, 2ND IN 12M)	12/12/2025	
L2 ASSESSMENT (MULTIPLE TC+, 2ND IN 12M)	1/20/2026	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	10/27/24 - 12/20/24	2	12/26/2024		1/5/2025	
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	12/16/24 -	2	4/17/2025		4/27/2025	
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	3/22/25 - 4/14/25	2	10/16/2025		10/26/2025	
Total Coliform M&R Violation	10/1/24 - 10/31/24	3	12/2/2025		12/12/2025	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform		Lead and Copper		Stage
				Status	Rule	Rule Tier	Asbestos	
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				
21910	WELL	2	WELL	A				

Contact Information

Name	Organization				Job Title		
Mr. Fred Stavropoulos	Riverview Restaurant				Owner		
Mailing Address Line One	Mailing Address Line Two			City	State	Zip Code	
632 North Main Street	P.O. Box 756			Moosup	CT	06354	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-564-3632		860-564-1702		860-564-1525			
Contact Role(s): Administrative Contact, Legal Contact, Owner							

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CT1090244	RIVERVIEW PIZZA RESTAURANT	NC	43	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
632 NORTH MAIN STREET (ROUTE 14)	Connections		1		

Towns Served: PLAINFIELD

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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1090314	EDI'S PLACE	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
73 WARD AVENUE			1		

Towns Served: PLAINFIELD

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	11/14/2020	
RESPOND TO SANITARY SURVEY	2/5/2026	

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	WQP 2 DBPR	Stage
					Rule	Tier	WQD	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					
22698	WELL	2	WELL	A					

Contact Information

Name	Organization				Job Title		
Mr. Panajot Aliaj	Pano LLC				Owner		
Mailing Address Line One	Mailing Address Line Two			City	State	Zip Code	
73 Ward Ave				Moosup	CT	06354	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-564-3679				203-558-0401	panoalaj@gmail.com		

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

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1090314	EDI'S PLACE	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
73 WARD AVENUE			1		

Towns Served: PLAINFIELD

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

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1090324	COUNTRY FARMS	NC	30	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
83 WARD AVENUE, MOOSUP	Connections		1		

Towns Served: PLAINFIELD

Monitoring Requirements

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

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		

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)

1 routine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: WELL (WSF ID: 22699)

1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	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		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	11/8/2025	11/7/2025
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	2/6/2026	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Status	Lead and Coliform Rule	Copper Rule Tier	Asbestos	WQP 2 DBPR Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		CF01	BATHROOM SINK	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22699	WELL	2	WELL	A				

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1090324	COUNTRY FARMS	NC	30	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
83 WARD AVENUE, MOOSUP			1		

Towns Served: PLAINFIELD

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total	Lead and Coliform	Copper	Stage
				Status	Rule	Rule Tier	
46637	TREATMENT PLANT						

Contact Information

Name	Organization	Job Title
Mr. Gaurang Gajjar		
Mailing Address Line One	Mailing Address Line Two	City
83 Ward Ave		Moosup
Business Phone	Extension	Fax
860-564-7478		
		Mobile Phone
		732-397-9942
		Emergency Phone
		Email Address
		gajjar239@gmail.com

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

Please note the following:

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

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
CT1090404	SKATE-INN, INC.	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
992 NORWICH ROAD			3		

Towns Served: PLAINFIELD

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	Total Coliform Status	Lead and Copper Rule	Asbestos Rule Tier	WQP 2 DBPR Stage
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			
22926	WELL #1	2	WELL	A			

Contact Information

Name	Organization			Job Title		
Mr. Kenneth Riley	Skate LLC			Owner		
Mailing Address Line One	Mailing Address Line Two			City	State	Zip Code
992 Norwich Rd			Plainfield		CT	06374
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-564-0141		860-564-0145	860-230-8583	860-564-6698	kenriley.hiway@outlook.com	

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
CT1090404	SKATE-INN, INC.				NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
992 NORWICH ROAD				3				
Towns Served: PLAINFIELD								
Name			Organization			Job Title		
Ms. Coleen Botello			Hi-Way LLC			Secretary/Treasurer		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code	
992 Norwich Road					Plainfield	CT	06374	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
800-524-8978					colleen@hiwaycampers.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

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

End of schedule

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1099134	20 NORWICH ROAD, LLC	NC	30	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
20 (ROUTE 12) NORWICH ROAD	Connections		1		

Towns Served: PLAINFIELD

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		12/16/2021

Water System Facility and Sampling Point Inventory							
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule Tier	Asbestos WQP 2 DBPR Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A			
		4-1	KITCHEN DISH SINK	A	Y		
		4-2	KITCHEN HAND SINK	A	Y		
		4-5	WAITRESS HAND SINK	A	Y		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		UPSTREAM	WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
52583	WELL	2	WELL	A			
60425	ATMOSPHERIC TANKS						
60427	BOOSTER PUMP						

Contact Information

Name	Organization	Job Title
Mr. Rene Comtois	Rpc Properties, LLC	Managing Member
Mailing Address Line One	Mailing Address Line Two	City State Zip Code

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1099134	20 NORWICH ROAD, LLC	NC	30	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
20 (ROUTE 12) NORWICH ROAD			1		

Towns Served: PLAINFIELD

4 Greene Lane					Thompson	CT	06277
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-779-5910			860-450-6996		nectpropertiesllc@gmail.com		

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

Please note the following:

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

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1099144	518 NORWICH ROAD - PLAINFIELD	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined

Towns Served: PLAINFIELD

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 (1040) 1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	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		

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		9/2/2023

Water System Facility and Sampling Point Inventory						
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule
					Rule Tier	Asbestos WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A		
		UPSTREAM	WITHIN 5 SERVICE CON	A		
00700	ENTRY POINT	3	ENTRY POINT	A		
54388	WELL	2	WELL	A		

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1099144	518 NORWICH ROAD - PLAINFIELD	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
			1		

Towns Served: PLAINFIELD

Contact Information

Name	Organization	Job Title
Mr. Digvijay Bansal	Leemitts Petroleum, Inc.	
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
62 Route 32		Franklin CT 06254
Business Phone	Extension	Fax
203-507-5240		
Mobile Phone	Emergency Phone	Email Address
		digvijaybansal@hotmail.com
Contact Role(s):	Administrative Contact	
Name	Organization	Job Title
Mr. Richard C. Morgan	Cco, LLC	Corporate Counsel
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
2138 Silas Deane Highway		Rocky Hill CT 06067
Business Phone	Extension	Fax
860-757-3376		860-757-3443
Mobile Phone	Emergency Phone	Email Address
		860-956-3662 RichardM@samsfoodstores.com
Contact Role(s):	Legal Contact	

Please note the following:

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

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

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1099214	137 NORWICH RD - VILLAGE COMMONS	NC	45	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
137 NORWICH ROAD	Connections		1		

Towns Served: PLAINFIELD

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		

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification Required	Public Notification Performed	PN Certification Due to DPH	PN Certification Received
Total Coliform MCL Violation	10/1/14 - 12/31/14	2	1/8/2015		1/18/2015	
Total Coliform MCL Violation	11/1/14 - 11/30/14	2	1/8/2015		1/18/2015	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	WQP 2 Stage	DBPR
00501	WELL #1	2	WELL #1	A				
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				

Contact Information

Name	Organization				Job Title		
Mr. Bruce A. Dawley	Dawley Collelo Development				Member		
Mailing Address Line One	Mailing Address Line Two			City		State	Zip Code
153 Plainfield Pike				Plainfield		CT	06374
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-564-1822				860-334-2610	bdawley@hotmail.com		

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
CT1099214	137 NORWICH RD - VILLAGE COMMONS	NC	45	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
137 NORWICH ROAD			1		

Towns Served: PLAINFIELD

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

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

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1099234	10-16 PUTNAM ROAD	NC	36	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined

Towns Served: PLAINFIELD

Monitoring Requirements

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

Total Coliform (3100)	Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points		7/1/25 - 9/30/25		
		10/1/25 - 12/31/25		Complete
		1/1/26 - 3/31/26		
		4/1/26 - 6/30/26		
Physical Parameters (PPS)	Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points		7/1/25 - 9/30/25		
		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)	Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)		1/1/25 - 12/31/25		
		1/1/26 - 12/31/26		
		1/1/27 - 12/31/27		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	11/18/2020	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification Required	PN Certification Due to DPH	Received
Physical Parameters M&R Violation	7/1/24 - 9/30/24	3	11/25/2025	12/5/2025	
Total Coliform M&R Violation	7/1/24 - 9/30/24	3	11/25/2025	12/5/2025	
Nitrate And Nitrite M&R Violation	1/1/24 - 12/31/24	3	2/11/2026	2/21/2026	
Physical Parameters M&R Violation	10/1/24 - 12/31/24	3	2/11/2026	2/21/2026	
Total Coliform M&R Violation	10/1/24 - 12/31/24	3	2/11/2026	2/21/2026	
Physical Parameters M&R Violation	1/1/25 - 3/31/25	3	10/6/2026	10/16/2026	
Total Coliform M&R Violation	1/1/25 - 3/31/25	3	10/6/2026	10/16/2026	
Physical Parameters M&R Violation	4/1/25 - 6/30/25	3	10/6/2026	10/16/2026	
Total Coliform M&R Violation	4/1/25 - 6/30/25	3	10/6/2026	10/16/2026	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Status	Lead and Copper Rule Tier	Asbestos Status	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM DOWNSTREAM WITHIN 5 SERVICE CON	A	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
CT1099234	10-16 PUTNAM ROAD	NC	36	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined Agricultural
					6

Towns Served: PLAINFIELD

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total	Lead and Coliform	Copper Rule	Asbestos Rule Tier	Stage WQP 2	DBPR
					Coliform	Copper Rule	Asbestos Rule Tier	Stage WQP 2	DBPR	
	UPSTREAM	WITHIN 5 SERVICE CON	A							
00700	ENTRY POINT	3	ENTRY POINT	A						
59739	WELL #1	2	WELL #1	A						

Contact Information

Name	Organization	Job Title			
Tmc Keywest LLC					
Mailing Address Line One	Mailing Address Line Two	City State Zip Code			
Tmc Keywest LLC	P.O Box 155	North Scituate RI 02857			
Business Phone	Extension	Fax Mobile Phone Emergency Phone Email Address			
401-490-9777		401-633-6326			tony@tmckeywest.com

Contact Role(s): Owner

Name	Organization	Job Title			
Mr. Tony Camara	Tmc Keywest LLC	Principle			
Mailing Address Line One	Mailing Address Line Two	City State Zip Code			
Tmc Keywest LLC	P.O Box 155	North Scituate RI 06374			
Business Phone	Extension	Fax Mobile Phone Emergency Phone Email Address			
401-490-9777		401-633-6326		401-545-2567	tony@tmckeywest.com

Contact Role(s): Legal Contact

Name	Organization	Job Title			
Ms. Brenda Talyor	Central Station Diner Owner				
Mailing Address Line One	Mailing Address Line Two	City State Zip Code			
10 Putnam Road		Central Village CT 06332			
Business Phone	Extension	Fax Mobile Phone Emergency Phone Email Address			
860-230-5111			860-922-3962		rbreenterprisellc@yahoo.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					

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

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1099264	FLATS BUSINESS PARK	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined

Towns Served: PLAINFIELD

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	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	WQP 2 DBPR Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A	Y		
		UPSTREAM	WITHIN 5 SERVICE CON	A	Y		
00700	ENTRY POINT	3	ENTRY POINT	A			
61512	WELL 1	2	WELL 1	A			

Contact Information

Name	Organization	Job Title
Mr. David Young		
Mailing Address Line One	Mailing Address Line Two	City
29 Old Canterbury Road		State
Business Phone	Extension	Zip Code
860-608-4696		
Contact Role(s):	Administrative Contact, Legal Contact	

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1099264	FLATS BUSINESS PARK	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined Agricultural

Towns Served: PLAINFIELD

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