	Connecticut De	partment of	f Public H	lealth	Dri	nkin	ıg Wa	ater	Se	ction	
	Water Oi	iality Monit	oring an	d Com	nnlia	ance	Sch	edule	<u>د</u>		
PWS ID	PWS Name		011110		_					er Type Pi	imary Source
CT109908		395 N&S)				NC		25		S	GW
Local Add	ress (where applicable)	· · · · · · · · · · · · · · · · · · ·	Service	Resident	tial Co	ommer	cial In	dustria	ı	Combined	Agricultural
	5 (N & S)		Connections	2							
	ved: PLAINFIELD										
		Monite	oring Requ	uiremei	nts						
Water Sy	stem Facility: DISTRIBUTION										
Total Co	liform (3100)							1	rou	tine (RT)	per quarter
Sam	oling Point (Sampling Point ID)			Monitorii	ng Per	riod	Collect	ion Peri	od	Compli	ance Status
Selec	t from Inventory of Active Sampl	ing Points		4/1/25 -	6/30/	25				Co	mplete
				7/1/25 -	9/30/	25				Co	mplete
				10/1/25 -	12/31	./25					
				1/1/26 -	3/31/	26					
				4/1/26 -	6/30/	26					
Physical	Parameters (PPS)							1	rou	tine (RT)	per quarter
-	oling Point (Sampling Point ID)			Monitorii	ng Per	riod	Collect	ion Peri			ance Status
Selec	t from Inventory of Active Sampl	ing Points		4/1/25 -	6/30/	25				Co	mplete
				7/1/25 -	9/30/	25				Со	mplete
				10/1/25 -	12/31	./25					
				1/1/26 -	3/31/	26					
				4/1/26 -	6/30/	26					
Water Sy	stem Facility: ENTRY POINT	(WSF ID: 00700)									
Nitrate A	And Nitrite (NOX)								1 1	routine (F	T) per year
	oling Point (Sampling Point ID)			Monitorii	ng Per	riod	Collect	ion Peri		-	ance Status
ENTR	Y POINT (3)		_	1/1/24 - 3	12/31/	/24				Co	mplete
				1/1/25 - 12/31/25 Complet					mplete		
				1/1/26 - 3	12/31/	/26					
Water Sy	stem Facility: WELL (WSF ID	: 20037)									
E. Coli (3014)	·						1	rou	tine (RT)	per quarter
_	oling Point (Sampling Point ID)			Monitorii	ng Per	riod	Collect	ion Peri			ance Status
WELI	_ (2)			4/1/25 -							mplete
				7/1/25 -							mplete
				10/1/25 -							<u>.</u>
				1/1/26 -							
				4/1/26 -							
	Water	System Facil	ity and Sar	mpling	Poir	nt Inv	ento	ry			
Water							Total	Lead a	nd		
System	Water System Facility	Sampling Point		nt		Co	oliform	Copp			Stage
Facility ID		ID	Description		St	atus	Rule	Rule 1	ier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	2	GENERATED E			Α	Υ				
		4	GENERIC DIST		١	Α	Υ				
		4N	GENERATED E			Α	Υ				
		4S	GENERATED E			Α	Υ				
		DOWNSTREAM			l	Α					
		NMP014		TED BY BATCH A Y							
		NPM003	BOILER RM N			Α				Υ	

PWS ID	PWS Name	ter Qua	lity Monit	toring a						ner Type D	rimary Sourc
CT1099083	PLAINFIELD REST	. VBEV (1-30a	: N&S)			N		25	JII OW	S S	GW
	vhere applicable)	ANLA (1-33)	1403)	Service	Resident		mmercial		trial	Combined	Agricultura
ROUTE 395 (N 8				Connection		iai coi	Timercial	maas	citai	Combined	Agricultura
Towns Served: I	· · · · · · · · · · · · · · · · · · ·										
TOWNS SCIVEG.		Matar Si	ıstam Easil	ity and S	ampling	Doint	lovon	tory			
Mateu		water sy	stem Facil	ity and S	ampiing	Point					
Water System Water	er System Facility		Sampling Point	Samnlina P	oint		Tota Colife		ad and opper		Stage
Facility ID	or System ruemey	•	ID	Description		Sta	0			Asbestos	WQP 2 DBP
			NPM004	FOOD PREP		A	LUJ		3		•
			NPM005	FOOD WAS		А			3		
			NPM006	WASH SINK		А	. Y		3		
			NPM007	COFFEE PRE	P	А	. Y		3		
			NPM008	LADIES ROC	M	А	. Υ		3		
			NPM014	BOILER RM	SOUTH	А	. Υ			Υ	
			SPM009	FOOD PREP	SINK	А	. Υ		3		
			SPM010	FOOD WAS	H SINK	А	. Y		3		
			SPM011	WASH SINK		А	. Y		3		
			SPM012	COFFEE SIN	K	А	. Υ		3		
			SPM013	LADIES ROC	M	А	. Υ		3		
			UPSTREAM	WITHIN 5 S	ERVICE CON	Α					
00700 ENTF	RY POINT		3	ENTRY POIN	NT	А					
20037 WEL	L		2	WELL		А	1				
54355 TREA	TMENT PLANT										
62460 TWC	400G POLY ATM	ΓANKS									
62461 BOO	STER PUMPS										
			Cor	ntact Info	rmation						
Name				rganization						Job Title	
Mr. Joseph Giu	ietti			epartment of	f Transportat	tion		Commi	ssioner		
Mailing Address			Mailing Addres	<u> </u>				City		State	Zip Code
2800 Berlin Tur			. 0				Newingt			СТ	06111
Business Pho	-	Fax	Mob	ile Phone	Emergency	Phone	_				
860-594-300					- 07						
	Legal Contact										
Name			O	rganization						Job Title	
VIs. Jill A. Breni	nan			tate of Conne	cticut Dot			Tr. Dire	ctor of		
Mailing Address			Mailing Addres					City		State	Zip Code
2800 Berlin Tur			. 0				Newingt			СТ	06111
Business Pho	-	Fax	Mob	ile Phone	Emergency	Phone					
860-594-300				-	<u> </u>		Jill.Brenr		gov		
Contact Role(s):									_		
· · · · · ·											

(Lonnectic	ut Depa	irtment of	Public	Health	D)	rinking	g Water	Section	
	Wa	ter Qua	lity Monite	oring a	nd Con	npl	liance S	Schedul	e	
PWS ID P	WS Name					Cla	ssification	Population	Owner Type	Primary Source
CT1099083 P	LAINFIELD REST	AREA (I-39	5 N&S)				NC	25	S	GW
Local Address (wh	ere applicable)			Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
ROUTE 395 (N &A	MP; S)			Connection	15 2					
Towns Served: PL	AINFIELD				·				·	
Name			Org	ganization					Job Titl	e
Mr. Mike Modine			Pro	oject Service	LLC	Director of Operatio				
Mailing Address L	ine One		Mailing Address	Line Two				City	State	Zip Code
195 Church St. 8T	h Floor						New H	aven	ven CT	
Business Phone	Extension	Fax	Mobil	e Phone	one Emergency Phone Email Address					
203-877-9900	1004		203-3	14-5446			mike.m	odine@psll	cct.com	
Contact Role(s):	Administrative	Contact								

ar a CD (blight) and by Daillian Mark a Coart

Contact Role(s): Administrative Contact

Please note the following:

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

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 Departme	ent of Public H	Health Dri	inking	g Water S	Section	
Water Quality N	Monitoring an	d Compli	ance S	Schedule		
PWS ID PWS Name	101111011119 411			Population O		rimary Source
CT1090104 123, 125, & 127 NORWICH ROAD			NC	45	P	GW
Local Address (where applicable)	Service		Commerci		Combined	Agricultural
123, 125, & 127 NORWICH ROAD	Connections	residential e	3	iai maastriai	Combined	Agriculturur
Towns Served: PLAINFIELD						
	Monitoring Bogs	iromonto				
Water System Facility: DISTRIBUTION SYSTEM	Monitoring Requ	uirements				
Total Coliform (3100)	(1101 15. 00000)			1 r	outine (RT) ¡	ner quarter
Sampling Point (Sampling Point ID)		Monitoring Pe	eriod C	Collection Perio		ance Status
Select from Inventory of Active Sampling Points		4/1/25 - 6/30/		onection remo		mplete
Sciect from inventory of Active Sampling Forits		7/1/25 - 9/30/				mplete
		10/1/25 - 3/30/	•			mplete
		1/1/26 - 3/31			CO	impiete
		4/1/26 - 6/30/	•			
Dhysical Dayans stays (DDC)		4/1/20 - 0/30/	/20	1	tina /DT\ .	
Physical Parameters (PPS) Sampling Point (Sampling Point ID)		Monitoring Pe	oriod C	ז ר Collection Perio	outine (RT) _I	ance Status
Select from Inventory of Active Sampling Points		4/1/25 - 6/30,		onection Perio		mplete
Select from inventory of Active Sampling Foilits		7/1/25 - 9/30/				mplete
						_
		10/1/25 - 12/3			CO	mplete
		1/1/26 - 3/31,				
	2222)	4/1/26 - 6/30/	/26			
Water System Facility: ENTRY POINT (WSF ID:	00700)					
Nitrate And Nitrite (NOX)					1 routine (R	
Sampling Point (Sampling Point ID)		Monitoring Pe		Collection Perio		ance Status
ENTRY POINT (3)		1/1/24 - 12/31				mplete
		1/1/25 - 12/31	-		Col	mplete
		1/1/26 - 12/31	•			
Of	ther Compliance	Schedules	S			
Compliance Schedule Activity		Due D	Date	Achieve	d Date	
RESPOND TO SANITARY SURVEY		1/7/20	021			
Publ	ic Notification F	Requireme	nts			
	Compliance	Notice	Public N	otification	PN Cert	<u>ification</u>
Violation/Situation	Period	Tier F	Required	Performed	Due to DPH	Received
E. Coli M&R Violation	6/30/16 -	3 1:	1/7/2017		11/17/2017	
Water System	Facility and Sa	mpling Poi	nt Inve	entory		
Water	-		To	otal Lead ar	nd	
System Water System Facility Samplin	ng Point Sampling Poi	int	Col	iform Coppe	r	Stage
Facility ID	D Description	S	tatus R	Rule Rule Ti	er Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4 DISTRIBUTIO	N SYSTEM	Α	Υ		
DOWN:	STREAM WITHIN 5 SEF	RVICE CON	Α			
UPST	REAM WITHIN 5 SEF	RVICE CON	Α			
00700 ENTRY POINT	3 ENTRY POINT		Α			

Α

WELL

2

Schedule Generation Date: 12/12/2025

21901 WELL

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
CT1090104	123, 125, & 127 NORWICH ROAD				NC	45	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
123, 125, &AM	P; 127 NORWICH ROAD	Connections			3			

Towns Served: PLAINFIELD

				Contact Info	ormation						
Name				Organization			Job Title				
Ms. Lynne M. Quint	tal-Hill			Double J Realty, LLC Member							
Mailing Address Line	e One		Mailing Address Line Two				City	State	Zip Code		
127 Norwich Road			P. O. B	ox 405	Central \	/illage	СТ	06337			
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address					
860-886-9603		860-564-8	64-8253 hill@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.
- B. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

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

			. D		CD 111	TT . 1.1	ъ.	1 .				
	Co	nnecticu	ut Depa	rtment of	t Public	Health	Dri	nkin	g Wa	ater S	ection	
		Wat	ter Oual	lity Monit	oring a	nd Con	aplia	ince	Sch	edule		
PWS ID	P\Λ	'S Name			8		_				wner Tyne	Primary Source
CT1090134		NK'S DAIRY BA	ΔR					NC		25	P	GW
		e applicable)	-1N		Service	Residen		ommer		ndustrial	Combine	
1006 NORW					Connection		tiai C	1	Ciai II	iuustiiai	COMBINE	Agricultura
Towns Serve												
TOWIIS SELVE	eu. FLAII	VIILLD				•						
Water Syst	tem Fac	ility: DISTRI	IBUTION SY	Wonit STEM (WSF)	oring Red D: 00600)	quireme	nts					
Total Colif		•		- , -						1 r	outine (RT) per quartei
	•	: (Sampling Po	oint ID)			Monitori	ina Per	iod	Collect	ion Perio	-	oliance Status
		entory of Activ	-	Points		4/1/25 -			Conce	1011 1 6110		Complete
Jeicet		chiory of Activ	ve Jamping	1 011103		7/1/25 -						Complete
						4/1/26 -						complete
Dhusiaal D		owe (DDC)				4/1/20-	0/30/2	20		1	ti	·\
Physical P			nint ID)			Manitan	ina Dau	in d	Callact	ion Perio	=) per quartei
		: (Sampling Po		Dainte		Monitori			Collect	ion Perio		oliance Status
Select	rom inv	entory of Activ	ve Sampling	Points		4/1/25 -						Complete
						7/1/25 -					(Complete
		_				4/1/26 -	6/30/2	26				
Water Syst	tem Fac	ility: ENTRY	POINT (W	/SF ID: 00700)								
Nitrate Ar	nd Nitrit	e (NOX)									1 routine	(RT) per yeaı
		: (Sampling Po	oint ID)			Monitori			Collect	ion Perio	d Comp	oliance Status
ENTRY	POINT (3)				1/1/24 -	12/31/	24			(Complete
						1/1/25 -	12/31/	25			(Complete
						1/1/26 -	12/31/	26				
		,	Water Sy	stem Facil	ity and S	ampling	Poin			-		
Water	Mator Cu	etom Facility		Campulina Doint	Campalina D	laint			Total	Lead an		Character
System V Facility ID	water sy	stem Facility	-	Sampling Point ID	Description				oliform Rule	Copper		Stage s WQP 2 DBP
	NCTRIBLI	TIONI SYSTEM		4	-	ON SYSTEM		atus	Υ	Kule He	: ASDESTO	3 WQF Z DDF
00000 L	טפואונוע	TION SYSTEM		•				A ^	ī			
				DOWNSTREAM				A				
00700 5	TALEDY DO	NAT.		UPSTREAM	WITHIN 5 S			A				
	NTRY PO	INIC		3	ENTRY POI	N I		A				
21904 V	WELL			2	WELL			A				
				Con	itact Info	rmation						
Name				0	rganization						Job Title	<u> </u>
Ms. Claudia	Zurows	ki										
Mailing Add	lress Line	e One		Mailing Addres	s Line Two				Ci	ity	State	Zip Code
1006 Norwi	ch Road							Plainf		•	СТ	06374
Business I		Extension	Fax	Mob	ile Phone	Emergency	/ Phone			SS		
860-564-	2298					,						
Contact Rol		vner										
	(-)	-										

	Connectic	ut Depa	rtment (of Public	: Health	n Dr	inking	Water	Sec	ction	
		*	lity Mon				U				
PWS ID	PWS Name					Class	sification F	opulation	Owne	er Type P	rimary Sourc
CT1090134	HANK'S DAIRY B	AR					NC	25		Р	GW
Local Address (w	here applicable)			Service	Resider	ntial	Commercia	Industria	al C	ombined	Agricultura
1006 NORWICH F	ROAD			Connectio	ons		1				
Towns Served: PI	AINFIELD							-			
Name				Organization						Job Title	
Mr. Peter Zurow	ski			Hank's Dairy	Bar, Inc.			Owner/Pre	esider	nt	
Mailing Address I	Line One	Mailing Addr	ess Line Two				City		State	Zip Code	
1006 Norwich Ro	ad						Plainfiel	d		СТ	06374
Business Phone	e Extension	Fax	Mo	bile Phone	Emergency	y Phoi	ne Email Ad	ddress			
860-564-2298					860-564	-6300					
Contact Role(s):	Legal Contact, C	wner									
Name				Organization						Job Title	
Ms. Colleen Char	mpagne			Hanks Dairy I	Bar			Business C)wner		
Mailing Address I	Line One		Mailing Addr	ess Line Two				City		State	Zip Code
1006 Norwich Ro	ad						Plainfiel	d		СТ	06374
Business Phone	e Extension	Fax	Mo	bile Phone	Emergency	y Phor	ne Email Ad	ddress			
860-886-3486							hanksda	irybar1@gr	mail.c	om	
Contact Role(s):	Administrative	Contact			1		1				

Please note the following:

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

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

Connecticut Department of Public	Health Drinking Water Section
Water Quality Monitoring a	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	Residential Commercial Industrial Combined Agricultural
Connectio	ns 1 1
Towns Served: PLAINFIELD	
Monitoring Re	quirements
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)	
Total Coliform (3100)	1 routine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period Collection Period Compliance Status
Select from Inventory of Active Sampling Points	4/1/25 - 6/30/25 Complete
	7/1/25 - 9/30/25 Complete
	1/1/26 - 3/31/26
	4/1/26 - 6/30/26
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	9/11/25 - 9/16/25 Complete
Total Coliform (3100)	3 temporary routine (TR) per month
Sampling Point (Sampling Point ID)	Monitoring Period Collection Period Compliance Status
Select from Inventory of Active Sampling Points	10/1/25 - 10/31/25 Complete
Physical Parameters (PPS)	1 routine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period Collection Period Compliance Status
Select from Inventory of Active Sampling Points	4/1/25 - 6/30/25 Complete
	7/1/25 - 9/30/25 Complete
	10/1/25 - 12/31/25
	1/1/26 - 3/31/26
	4/1/26 - 6/30/26
Water System Facility: ENTRY POINT (WSF ID: 00700)	
Nitrate And Nitrite (NOX)	1 routine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period Collection Period Compliance Status
ENTRY POINT (3)	1/1/24 - 12/31/24 Complete
	1/1/25 - 12/31/25 Complete
	1/1/26 - 12/31/26
Water System Facility: WELL (WSF ID: 21906)	
E. Coli (3014)	1 triggered (TG) per period
Sampling Point (Sampling Point ID)	Monitoring Period Collection Period Compliance Status
WELL (2)	9/10/25 - 9/16/25 Complete
Other Complian	ce 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 S	
Water	Total Lead and
System Water System Facility Sampling Point Sampling I	
Facility ID ID Description	
	TION SYSTEM A Y
CHS5 HAND SINE	

	Water Quality	Monitoring and	d Con	npl	liance S	Schedul	le	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1090154	1019 NORWICH ROAD				NC	25	Р	GW
Local Address	(where applicable)	Service	Residen	ential Commer		al Industri	al Combine	ed Agricultural
		Connections	1		1			
Towns Served	: PLAINFIELD							

Water System Facility and Sampling Point Inventory

Total

Lead and

Connecticut Department of Public Health Drinking Water Section

-	er System Facility	•	Sampling Point Sampling Point			Coliform				Stage	
Facility ID			ID	Description	n	Status	Rule	Rule Tier	Asbestos	WQP	2 DBP
			DOWNSTREAM	M WITHIN 5	SERVICE CON	Α					
			UPSTREAM	WITHIN 5	SERVICE CON	Α					
			WHITOA002	HAND SINE	<	Α	Υ				
00700 ENTI	RY POINT		3	ENTRY POI	NT	Α					
21906 WEL	L		2	WELL		Α					
			Co	ntact Info	ormation						
Name			C	Organization					Job Title		
Cathsize LLC Db	oa Jacks Sports Ba	r									
Mailing Address	s Line One		Mailing Addre	ss Line Two			Ci	ity	State	Zip C	ode
1019 Norwhich	Rd			Plainfield					СТ	063	74
Business Pho	ne Extension	Fax	Mok	bile Phone	Emergency Pho	ne Em	ail Addre	SS			
Contact Role(s)	: Owner										
Name			C	Organization					Job Title		
Mr. Stephen M	Sizer		C	Cathsize LLC			Ma	nager/Men	nber		
Mailing Address	s Line One		Mailing Addre	ss Line Two			Ci	ity	State	Zip C	ode
1 Cranska Road						Mo	osup		СТ	063	54
Business Pho	ne Extension	Fax	Mok	bile Phone	Emergency Pho	ne Em	ail Addre	SS			
860-564-650	00		860-	-630-0194		ste	vesizer9@	yahoo.con	n		

correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related

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.

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

End of schedule

Please note the following:

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

Water

	Connecticut Departmen	t of Public H	lealth	D	rinkin	g W	/ater	Se	ction	
	Water Quality Mo					_				
PWS ID	PWS Name	meoring an	u don	-		_			er Type Pr	imary Source
CT1090244	RIVERVIEW PIZZA RESTAURANT			0.0	NC	-	43		Р	GW
Local Addres	s (where applicable)	Service	Residen	ntial	Commerc		Industria		Combined	Agricultura
	MAIN STREET (ROUTE 14)	Connections			1					0
	d: PLAINFIELD	<u> </u>	1							
	Ma	nitoring Requ	uireme	ents						
Water Syste	em Facility: DISTRIBUTION SYSTEM (W									
,	orm (3100)	,					1	l roı	utine (RT)	per month
	ng Point (Sampling Point ID)		Monitori	ing F	Period (Collec	tion Peri			ance Status
_	rom Inventory of Active Sampling Points		7/1/25 -							mplete
			8/1/25 -	- 8/3	1/25				Со	mplete
			9/1/25 -							mplete
			10/1/25 -	- 10/	31/25				Со	mplete
			11/1/25 -	- 11/	30/25				Со	mplete
			12/1/25 -	- 12/	31/25					
			1/1/26 -	- 1/3	1/26					
			2/1/26 -	- 2/2	8/26					
			3/1/26 -	- 3/3	1/26					
			4/1/26 -	- 4/3	0/26					
			5/1/26 -	- 5/3	1/26					
			6/1/26 -	- 6/3	0/26					
Total Colife	orm (3100)							3 re	peat (RP)	per period
Samplin	ng Point (Sampling Point ID)		Monitori	ing F	Period (Collec	tion Peri	iod	Compli	ance Status
Select fr	rom Inventory of Active Sampling Points		8/20/25	- 8/2	25/25				Co	mplete
			10/4/25	- 10,	/9/25				Со	mplete
			11/8/25 -	- 11/	13/25				Со	mplete
Physical Pa	arameters (PPS)						1	l ro	utine (RT)	per month
-	ng Point (Sampling Point ID)		Monitori	ing F	Period (Collec	tion Peri	iod	Compli	ance Status
Select fr	rom Inventory of Active Sampling Points		7/1/25 -	- 7/3	1/25				Со	mplete
			8/1/25 -	- 8/3	1/25				Со	mplete
			9/1/25 -							mplete
			10/1/25 -	- 10/	31/25				Со	mplete
			11/1/25 -						Со	mplete
			12/1/25 -							
			1/1/26 -							
			2/1/26 -		-					
			3/1/26 -	- 3/3	1/26					

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

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

4/1/26 - 4/30/26 5/1/26 - 5/31/26 6/1/26 - 6/30/26

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.

	Co	onnectio	cut Departmo	ent o	f Public	Health	Dr	inking	g Wate	r S	ection	
		Wa	ter Quality N	Monit	toring a	nd Con	npli	iance S	Schedu	ıle		
PWS ID	PW	'S Name					Class	sification	Population	יס ר	wner Type	Primary Source
CT109024	14 RIV	ERVIEW PIZZ	ZA RESTAURANT					NC	43		Р	GW
Local Add	lress (wher	e applicable)			Service	Residen	ntial	Commerci	ial Indust	rial	Combine	d Agricultural
632 NORT	TH MAIN S	TREET (ROUT	E 14)		Connection	ıs		1				
Towns Se	rved: PLAII	NFIELD										
			ı	Monit	oring Red	quireme	nts					
Water Sy	ystem Fac	ility: WELL	(WSF ID: 21910)									
E. Coli ((3014)								:	L tri	ggered (T	G) per period
Sam	pling Poin	t (Sampling F	Point ID)			Monitor	ing Pe	eriod C	Collection P	erio	d Comp	oliance Status
WEL	.L (2)					8/19/25	- 8/25	5/25			(Complete
						10/3/25	- 10/9	9/25			(Complete
						11/7/25 -	- 11/1	.3/25			(Complete
			0	ther C	ompliand	ce Sched	dule	s				
Complian	ice Schedu	le Activity					Due L	Date	Ach	ieve	d Date	
RESPOND	TO SANIT	ARY SURVEY				8	3/19/2	2018				
L2 ASSESS	SMENT (MI	JLTIPLE TC+,	2ND IN 12M)			1	1/10/	′2025				
L2 ASSESS	SMENT (MI	JLTIPLE TC+,	2ND IN 12M)			1	2/12/	′2025				
			Pub	ic No	tification	Require	eme	nts				
				(Compliance	Notice	?	<u>Public N</u>	otification		PN Ce	ertification
Violation	/Situation				Period	Tier	1	Required	Perform	ed	Due to DP	H Received
			(RTCR) TT Violation		7/24 - 12/20/	24 2	12	2/26/2024	1		1/5/2025	
			(RTCR) TT Violation		12/16/24 -	2		/17/2025			4/27/202	
			(RTCR) TT Violation		2/25 - 4/14/2			0/16/2025			10/26/202	
Total Coli	form M&R	Violation		10/1	/24 - 10/31/2	24 3	1	.2/2/2025			12/12/202	5
			Water System	Facil	ity and Sa	ampling	Poi	nt Inve	entory			
Water									otal Lea			
System		stem Facility		_	Sampling P				-	ppei 		Stage
Facility II				D	Description			itutus		e Tie	er Asbesto	s WQP 2 DBPR
00600	DISTRIBU	TION SYSTEN		4 	DISTRIBUTION			A	Υ			
					WITHIN 5 S			A				
00700	ENITEN D	SINIT		REAM	WITHIN 5 S		N	A				
00700	ENTRY PO	ואוכ		3	ENTRY POIN	N I		A				
21910	WELL			2	WELL			Α				
					ntact Info	rmation	1					
Name					rganization						Job Title	
	Stavropou		T		iverview Rest	aurant			Owner			
	ddress Line				s Line Two				City		State	Zip Code
	h Main Stre		P.O. Bo					Moosu	-		СТ	06354
Busines	ss Phone	Extension	Fax	Mob	ile Phone	Emergency	/ Phor	ne Email A	Address			

860-564-1525

860-564-1702

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

860-564-3632

Schedule Generation Date: 12/12/2025 Page 11

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

				A			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1090244	RIVERVIEW PIZZA RESTAURANT			NC	43	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
632 NORTH MA	N 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 schedule.

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

End of schedule

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Сс	onnectic	ut Depa	rtment of	Public	Health	Dri	nking	Water	· Se	ection	
	Wa	ter Oua	lity Monit	oring ar	nd Com	plia	nce S	chedu	le		
PWS ID PW	/S Name			<u> </u>					_	ner Type P	rimary Source
CT1090314 ED	I'S PLACE						IC	25		P	GW
Local Address (whe	e applicable)			Service	Resident	ial Co	mmercial	Industr	ial	Combined	Agricultural
73 WARD AVENUE				Connections	s		1				
Towns Served: PLAI	NFIELD			"				'			,
			Monito	oring Req	uiremei	nts					
Water System Fac	ility: DISTR	IBUTION SY	STEM (WSF II	D: 00600)							
Total Coliform (3	3100)								1 ro	utine (RT)	per quarter
Sampling Poin	t (Sampling P	oint ID)			Monitorii	ng Peri	iod Col	lection Pe	riod	Compl	iance Status
Select from Inv	entory of Act	ive Sampling	Points		4/1/25 -	6/30/2	25			Co	mplete
					7/1/25 -	9/30/2	25			Co	mplete
					10/1/25 -	12/31,	/25				
					1/1/26 -	3/31/2	26				
					4/1/26 -	6/30/2	26				
Physical Paramet	ers (PPS)								1 ro	utine (RT)	per quarter
Sampling Poin					Monitorii			lection Pe	riod	Compl	iance Status
Select from Inv	entory of Act	ive Sampling	Points		4/1/25 -						mplete
					7/1/25 -					Co	mplete
					10/1/25 -						
					1/1/26 -						
					4/1/26 -	6/30/2	26		_		
Water System Fac	•	Y POINT (W	/SF ID: 00700)								
Nitrate And Nitri											RT) per year
Sampling Poin		oint ID)			Monitorii			lection Pe	riod		iance Status
ENTRY POINT (3)				1/1/24 - 1						mplete
					1/1/25 - 1					C	mplete
				••	1/1/26 - 1		26				
			Other C	omplianc							
Compliance Schedu						Due Da		Achie	eved	Date	
RESPOND TO SANIT	ARY SURVEY					./14/20					
		Water S	ystem Facili	ity and Sa	ampling	Poin	t Inven	tory			
14/ator											
Water Water St	istam Eacility		Sampling Point	Camplina Da	oint		Total				Charac
System Water Sy	stem Facility	,	Sampling Point ID		oint	Ch	Colifo	orm Cop	per	Asbestos	Stage WOP 2 DBPR
System Water Sy Facility ID			ID	Description			Colifo ntus Ru	orm Cop le Rule	per	Asbestos	Stage WQP 2 DBPR
System Water Sy Facility ID	JTION SYSTEM		1D 4	Description DISTRIBUTIO	ON SYSTEM		Colifo atus Ru A Y	orm Cop le Rule	per	Asbestos	_
System Water Sy Facility ID			ID 4 DOWNSTREAM	Description DISTRIBUTION WITHIN 5 SE	ON SYSTEM ERVICE CON	,	Colife atus Ru A Y	orm Cop le Rule	per	Asbestos	_
System Water Sy Facility ID 00600 DISTRIBU	ITION SYSTEM		4 DOWNSTREAM UPSTREAM	DESCRIPTION DISTRIBUTION WITHIN 5 SE WITHIN 5 SE	ON SYSTEM ERVICE CON ERVICE CON		Colife Atus Rus A Y A	orm Cop le Rule	per	Asbestos	_
System Water Sy Facility ID 00600 DISTRIBU	ITION SYSTEM		ID 4 DOWNSTREAM	Description DISTRIBUTION WITHIN 5 SE	ON SYSTEM ERVICE CON ERVICE CON		Colife atus Ru A Y	orm Cop le Rule	per	Asbestos	_
System Water Sy Facility ID 00600 DISTRIBU 00700 ENTRY PO	ITION SYSTEM		4 DOWNSTREAM UPSTREAM 3 2	Description DISTRIBUTIO WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL	ON SYSTEM ERVICE CON ERVICE CON T		Colife A Y A A A	orm Cop le Rule	per	Asbestos	_
System Water Sy Facility ID 00600 DISTRIBU 00700 ENTRY PO 22698 WELL	ITION SYSTEM		DOWNSTREAM UPSTREAM 3 2	Description DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL	ON SYSTEM ERVICE CON ERVICE CON T		Colife A Y A A A	orm Cop le Rule	per		_
System Water Sy Facility ID 00600 DISTRIBU 00700 ENTRY PO 22698 WELL	ITION SYSTEM		DOWNSTREAM UPSTREAM 3 2 Con	Description DISTRIBUTIO WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL tact Information	ON SYSTEM ERVICE CON ERVICE CON T		Colife A Y A A A	orm Cop le Rule	per	Asbestos Job Title	_
System Water Sy Facility ID 00600 DISTRIBU 00700 ENTRY PO 22698 WELL Name Mr. Panajot Aliaj	OINT		DOWNSTREAM UPSTREAM 3 2 Con	Description DISTRIBUTION WITHIN 5 SEENTRY POIN WELL STACT Information Transport of the control o	ON SYSTEM ERVICE CON ERVICE CON T		Colife A Y A A A	orm Cop le Rule	per	Job Title	WQP 2 DBPR
System Water Sy Facility ID 00600 DISTRIBU 00700 ENTRY PO 22698 WELL	OINT		DOWNSTREAM UPSTREAM 3 2 Con	Description DISTRIBUTION WITHIN 5 SEENTRY POIN WELL STACT Information Transport of the control o	ON SYSTEM ERVICE CON ERVICE CON T		Colife Rutus A Y A A A A	orm Cop le Rule	per	Job Title State	WQP 2 DBPR Zip Code
System Water Sy Facility ID 00600 DISTRIBU 00700 ENTRY PO 22698 WELL Name Mr. Panajot Aliaj Mailing Address Line	OINT		DOWNSTREAM UPSTREAM 3 2 Con Or Pa	Description DISTRIBUTION WITHIN 5 SEENTRY POIN WELL TACT Information Control of the control of t	ON SYSTEM ERVICE CON ERVICE CON T		Colifornius Rui A Y A A A A Moosup	Owner City	per	Job Title	WQP 2 DBPR

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

					_ <u> </u>			
PWS ID	PWS Name				Classificatio	n Population	Owner Type	Primary Source
CT1090314	EDI'S PLACE				NC	25	Р	GW
Local Address (v	vhere applicable)		Service	Residen	tial Comme	rcial Industr	ial Combine	ed Agricultural
73 WARD AVEN	UE		Connections		1			

Towns Served: PLAINFIELD

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

Please note the following:

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

End of schedule

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Connecticut Dej	partment of Public H	Iealth	Di	rinkin	g Wate	er S	Section		
Water Qı	ality Monitoring an	d Con	ıpl	iance	Sched	ule			
PWS ID PWS Name			Clas	ssification	Populati	on O	wner Type	Pri	mary Source
CT1090324 COUNTRY FARMS				NC	30		Р		GW
Local Address (where applicable)	Service	Residen	tial	Commerc	ial Indus	trial	Combin	ed	Agricultural
83 WARD AVENUE, MOOSUP	Connections			1					
Towns Served: PLAINFIELD									
	Monitoring Requ	uireme	nts						
Water System Facility: DISTRIBUTION	I SYSTEM (WSF ID: 00600)								
Total Coliform (3100)						1 r	outine (R	Г) р	er quarter
Sampling Point (Sampling Point ID)		Monitori	ng P	eriod (Collection	Perio	od Com	plia	nce Status
Select from Inventory of Active Sampl	ing Points	4/1/25 -	6/30	0/25					
		7/1/25 -	9/30	0/25				Com	plete
		10/1/25 -	12/3	31/25					
		1/1/26 -	3/3:	1/26					
		4/1/26 -	6/30	0/26					
Physical Parameters (PPS)						1 r	outine (R	Г) р	er quarter
Sampling Point (Sampling Point ID)		Monitori	ng P	eriod (Collection	Perio	od Com	plia	nce Status
Select from Inventory of Active Sampl	ing Points	4/1/25 -	6/30	0/25					
		7/1/25 -	9/30	0/25				Com	plete
		10/1/25 -	12/3	31/25					
		1/1/26 -	3/3	1/26					
		4/1/26 -	6/30	0/26					
Water System Facility: ENTRY POINT	(WSF ID: 00700)								
Nitrate And Nitrite (NOX)							1 routine	(RT	') per year
Sampling Point (Sampling Point ID)		Monitori	ng P	eriod (Collection	Perio	od Com	plia	nce Status
ENTRY POINT (3)		1/1/24 -	12/3	31/24				Com	plete
		1/1/25 -	12/3	31/25					
		1/1/26 -	12/3	31/26					
Water System Facility: WELL (WSF ID	: 22699)								
E. Coli (3014)						1 r	outine (R	Г) р	er quarter
Sampling Point (Sampling Point ID)		Monitori	ng P	eriod (Collection	Perio	od Com	plia	nce Status
WELL (2)		4/1/25 -	6/30	0/25					
		7/1/25 -	9/30	0/25				Com	plete
		10/1/25 -	12/3	31/25					
		1/1/26 -	3/3	1/26					
		4/1/26 -	6/30	0/26					
	Other Compliance	Sched	lule	es					
Compliance Schedule Activity		L	Due	Date	Ac	hieve	ed Date		
RESPOND TO SANITARY SURVEY		1	1/8/	/2025		1/7/	2025		
CORRECTIVE ACTION/CORRECTIVE ACTION	PLAN			2026					
	Public Notification R	Require	me	ents					
	Compliance	Notice			lotificatio	n	PN C	ertif	ication
Violation/Situation	Period	Tier		Required	_		Due to DE	_	Received
Total Coliform M&R Violation	4/1/25 - 6/30/25	3		11/7/2026			11/17/20		<u> </u>
Physical Parameters M&R Violation	4/1/25 - 6/30/25	3		11/7/2026			11/17/20		

Schedule Generation Date: 12/12/2025 Page 15

	Water Quality Monit	oring an	d Con	nplia	ince So	chedul	e	
PWS ID	PWS Name			Classif	fication P	opulation	Owner Type	Primary Source
CT1090324	COUNTRY FARMS			N	NC .	30	Р	GW
Local Address	(where applicable)	Service	Residen	ntial Co	ommercial	Industria	al Combine	d Agricultural
83 WARD AVE	NUE, MOOSUP	Connections			1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: PLAINFIELD

	W	later System Facili	ity and Sampling P	oint Ir	nvento	ry			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		CF01	BATHROOM SINK	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
22699	WELL	2	WELL	Α					
46637	TREATMENT PLANT								

			C	antact Inf	ormation				
			C	Jiilact IIII	Offication				
Name				Organization				Job Title	
Mr. Gaurang Gajjar									
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
83 Ward Ave						Moosup		СТ	06354
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	dress		
860-564-7478			73:	2-397-9942		gajjar239	@gmail.com		

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

Please note the following:

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

	Co		ut Departn							ection	
		Wat	er Quality	Monit	toring a	nd Com	plian	ice Sch	nedule		
PWS ID	PWS	S Name								ner Type F	Primary Source
CT109040	4 SKA	TE-INN, INC.					NC		25	Р	GW
Local Addr	ress (where	applicable)			Service	Residentia	al Com	mercial	Industrial	Combined	Agricultural
992 NORV	NICH ROAD)			Connectio	ns		3			
Towns Ser	ved: PLAIN	IFIELD						l .	l.		
				Monit	oring Re	quiremen	ts				
Water Sy	stem Facil	lity: DISTRI	BUTION SYSTEM			44					
Total Col	liform (31	L00)							1 ro	utine (RT)	per quarter
Samp	oling Point	(Sampling Po	oint ID)			Monitoring	g Period	d Collec	ction Period	Comp	liance Status
Selec	t from Inve	entory of Activ	ve Sampling Point	S		4/1/25 - 6	/30/25			C	omplete
						7/1/25 - 9	/30/25			C	omplete
						10/1/25 - 1	2/31/2	5			
						1/1/26 - 3	/31/26				
						4/1/26 - 6					
Physical	Paramete	ers (PPS)							1 ro	utine (RT)	per quarter
Samp	oling Point	(Sampling Po	oint ID)			Monitoring			ction Period	Comp	liance Status
Selec	t from Inve	entory of Activ	ve Sampling Point	S		4/1/25 - 6	/30/25			C	omplete
						7/1/25 - 9	/30/25			C	omplete
						10/1/25 - 1	.2/31/2	5			
						1/1/26 - 3	/31/26				
						4/1/26 - 6	/30/26				
Water Sy:	stem Facil	lity: ENTRY	POINT (WSF ID): 00700)							
Nitrate A	And Nitrite	e (NOX)							1	routine (RT) per year
Samp	oling Point	(Sampling Po	oint ID)			Monitoring	g Period	d Collec	ction Period	Comp	liance Status
ENTR	XY POINT (3)				1/1/24 - 12	2/31/24	ļ		C	omplete
						1/1/25 - 12	2/31/25	;		C	omplete
						1/1/26 - 12	2/31/26	;			
		,	Water Syste	m Facil	ity and S	ampling F	Point	Invento	ory		
Water								Total	Lead and	1	
System		stem Facility	Samp	ling Point ID	Sampling I Description			Coliforn		Achastas	Stage
Facility ID		FIONI CVCTENA			-		Stati		Kule Hei	ASDESIOS	WQP 2 DBPR
00600	DISTRIBUT	TION SYSTEM	DOW	4 NGTDEANA		ION SYSTEM	A	Y			
						SERVICE CON	A				
00700	ENTRY DO	INIT	UPS	STREAM		SERVICE CON	A				
00700	ENTRY PO	IIN I		3	ENTRY POI	IN I	Α				
22926	WELL #1			2	WELL		A				
						ormation					
Name	-11- P"				rganization					Job Title	
Mr. Kenne			n.a. :1:		kate LLC				wner	C	7: 0 1
	ddress Line	Une	Maili	ng Addres	s Line Two				City	State	Zip Code
992 Norwi		Futor -:	F	8.0.2	ila Di	F 2		Plainfield		СТ	06374
Business		Extension	Fax		ile Phone	Emergency P				.l. ac	
860-564		ol Contact C	860-564-0145	860-2	230-8583	860-564-66	oyo k	enriiey.ni	way@outloo	r.com	
Contact Ro	ore(s): Leg	al Contact, O	wner								

Schedule Generation Date: 12/12/2025 Page 17

	Lonnectic	ut Depa	irtment	of Public	Health	ı Dri	nking	g water	Section	1	
	Wa	ter Qua	lity Mon	itoring a	nd Con	nplia	ance S	Schedul	le		
PWS ID	PWS Name					Classi	fication	Population	Owner Type	Pri	mary Source
CT1090404	SKATE-INN, INC.					ı	NC	25	Р		GW
Local Address (w	nere applicable)			Service	Resider	ntial C	ommerci	al Industri	al Combin	ed	Agricultural
992 NORWICH R	OAD		Connectio	ns		3					
Towns Served: PI	AINFIELD			·	·				·		
Name				Organization					Job Titl	e	
Ms. Coleen Bote	llo			Hi-Way LLC				Secretary	/Treasurer		
Mailing Address I	ine One		Mailing Addr	ess Line Two				City	State		Zip Code
992 Norwich Roa	d						Plainfie	eld	СТ		06374
Business Phone	Extension	Fax	Мо	bile Phone	Emergency	y Phone	e Email A	Address	·		
800-524-8978							colleer	ı@hiwaycan	npers.com		
Contact Role(s)	Administrative	Contact	"								-

ar a CD (latter Haraltila Data Litera Maria a Caratt

Contact Role(s): Administrative Contact

Please note the following:

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

	Connecticut De	*							ion	
	Water Q	uality Monit	oring an	d Com	ipliand	e Sch	edule)		
PWS ID	PWS Name				Classificat	ion Popu	lation)wner ⁻	Type Pi	rimary Source
CT1099134	20 NORWICH ROAD, LLC				NC	3	30	Р		GW
	ess (where applicable)		Service	Resident	ial Comm	nercial Ir	ndustrial	Cor	nbined	Agricultural
20 (ROUTE	12) NORWICH ROAD		Connections		1	L				
Towns Serv	ved: PLAINFIELD									
N/ 1 C	DISTRIBUTIO		oring Requ	iiremei	nts					
-	tem Facility: DISTRIBUTIO	IN SYSTEM (WSFT	D: 00600)						(n=)	
	iform (3100)			0.0 (6)	Danis d	6-114				per quarter
	ling Point (Sampling Point ID)	l. D		Monitorii	_	Collect	ion Perio	od		ance Status
Select	from Inventory of Active Sam	pling Points		4/1/25 -						mplete
				7/1/25 -					Со	mplete
				10/1/25 -						
				1/1/26 -						
				4/1/26 -	6/30/26					
	Parameters (PPS)								• •	per quarter
	ling Point (Sampling Point ID)			Monitorii		Collect	ion Peri	od		ance Status
Select	from Inventory of Active Sam	pling Points		4/1/25 -						mplete
				7/1/25 -				Со	mplete	
			:	10/1/25 -	12/31/25					
				1/1/26 -	3/31/26					
				4/1/26 -	6/30/26					
Water Sys	tem Facility: ENTRY POIN	T (WSF ID: 00700)								
Nitrate A	nd Nitrite (NOX)							1 rou	itine (R	T) per year
Samp	ling Point (Sampling Point ID)			Monitorii	ng Period	Collect	ion Perio	od	Compli	ance Status
ENTRY	POINT (3)			1/1/24 - 1	12/31/24				Co	mplete
				1/1/25 - 1	12/31/25				Со	mplete
				1/1/26 - 1	12/31/26					
		Other C	ompliance	Sched	ules					
Compliance	e Schedule Activity			E	Due Date		Achiev	ed Dat	е	
RESPOND T	TO SANITARY SURVEY			12	2/16/2021					
	Wate	er System Facili	ity and Sar	mpling	Point Ir	nvento	ry			
Water						Total	Lead a	nd		
System Facility ID	Water System Facility	Sampling Point ID	Sampling Poil Description	nt	Status	Coliform Rule			bestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	J	A					
		4-1	KITCHEN DISH	I SINK	Α	Υ				
		4-2	KITCHEN HAN	ID SINK	Α	Υ				
		4-5	WAITRESS HA	ND SINK	Α	Υ				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	Α					
		UPSTREAM	WITHIN 5 SER	VICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT		Α					
	WELL	2	WELL		А					
	ATMOSPHERIC TANKS									

60427 BOOSTER PUMP

Schedule Generation Date: 12/12/2025 Page 19

Connecticut Department of Public Health	Drinking	g water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	le	
PWS Name	Classification	Population	Owner Type	Primary Source

CT1099134	20 NORWICH ROAD, LLC				NC	30	Р	GW
Local Address (v	vhere applicable)	Service	Residen	itial	Commercia	l Industria	al Combine	ed Agricultural
20 (ROUTE 12) N	NORWICH ROAD	Connections			1			

Towns Served: PLAINFIELD

PWS ID

		Contact Inf	formation						
		Organization	า		Job Title				
Mr. Rene Comtois Rpc Properties, LLC Managing Member									
e One		Mailing Address Line Two		City	State	Zip Code			
				Thompso	on	СТ	06277		
Extension	Fax	Mobile Phone	ne Email Address						
		860-450-6996		nectpropertiesllc@gmail.com					
			Organization Rpc Properti e One Mailing Address Line Two Extension Fax Mobile Phone	Extension Fax Mobile Phone Emergency Phone	Organization Rpc Properties, LLC One Mailing Address Line Two Thompso Extension Fax Mobile Phone Emergency Phone Email Address Company Com	Organization Rpc Properties, LLC Managing One Mailing Address Line Two City Thompson Extension Fax Mobile Phone Emergency Phone Email Address	Organization Job Title Rpc Properties, LLC Managing Member One Mailing Address Line Two City State Thompson CT Extension Fax Mobile Phone Emergency Phone Email Address		

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

Please note the following:

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

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

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

	Connecticut Dep Water Qu	partment of ality Monit							
PWS ID	PWS Name			С	lassificati	on Pop	ulation O	wner Type Pi	rimary Source
CT1099144	518 NORWICH ROAD - PLA	AINFIELD			NC		25	Р	GW
Local Addres	s (where applicable)		Service	Residentia	I Comm	ercial	Industrial	Combined	Agricultural
			Connections		1				
Towns Serve	d: PLAINFIELD								
		Monite	oring Requ	irement	ts				
Water Syste	em Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)						
Total Colife	orm (3100) ng Point (Sampling Point ID)			Monitoring	n Period	Colleg	1 r	outine (RT)	per quarter ance Status
	rom Inventory of Active Sampli	ng Points		4/1/25 - 6,		Conce	tion i ciro		mplete
Sciecti	Tom inventory of Active Sample	ing i oliits		7/1/25 - 9/					mplete
				10/1/25 - 1					mplete
			·	1/1/26 - 3/					piece
				4/1/26 - 6/					
Physical Pa	arameters (PPS)						1 r	outine (RT)	per quarter
Samplin	ng Point (Sampling Point ID)			Monitoring	Period	Collec	tion Perio	d Compli	ance Status
Select f	rom Inventory of Active Sampli	ng Points		4/1/25 - 6,	/30/25			Со	mplete
				7/1/25 - 9,	/30/25			Со	mplete
			:	10/1/25 - 12	2/31/25			Со	mplete
				1/1/26 - 3	/31/26				
				4/1/26 - 6,	/30/26				
Water Syste	em Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate (10	040)						1 r	outine (RT)	per quarter
Samplir	ng Point (Sampling Point ID)			Monitoring	Period	Collec	ction Perio	d Compli	ance Status
ENTRY I	POINT (3)			4/1/25 - 6,	/30/25			Со	mplete
				7/1/25 - 9,	/30/25			Со	mplete
			<u> </u>	10/1/25 - 1	2/31/25			Со	mplete
				1/1/26 - 3,	/31/26				
				4/1/26 - 6,	/30/26				
	d Nitrite (NOX)							1 routine (F	
	ng Point (Sampling Point ID)			Monitoring		Collec	ction Perio		ance Status
ENTRY I	POINT (3)			1/1/24 - 12					mplete
				1/1/25 - 12				Со	mplete
				1/1/26 - 12					
		Other C	ompliance	Schedu	les				
-	Schedule Activity				e Date		Achieve	d Date	
RESPOND TO	SANITARY SURVEY			9/:	2/2023				
	Water	System Facili	ity and Sar	npling P	oint In	vento	ory		
Water						Total	Lead an		
	ater System Facility	Sampling Point		nt		Coliforn			Stage
Facility ID	ICTRIBUTION SYSTEM	ID	Description	•	Status	Rule	Rule Ti	er Asbestos	WQP 2 DBPR
00600 D	ISTRIBUTION SYSTEM	4	DISTRIBUTION		A				
		DOWNSTREAM			A				
00700 5	NTDV DOINT	UPSTREAM	WITHIN 5 SER	VICE CON	Α				
	NTRY POINT	3	ENTRY POINT		A				
54388 W	/ELL	2	WELL		A				

Schedule Generation Date: 12/12/2025 Page 21

	onnectic	ut Depa	rtment of	Public	Health	Dri	nking	Water	· Sec	ction	
		•	lity Monit								
PWS ID P	WS Name					Classi	fication	Population	Own	er Type I	Primary Source
CT1099144 5	18 NORWICH R	OAD - PLAIN	IFIELD				NC	25		Р	GW
Local Address (who	ere applicable)			Service	Resider	tial C	ommerci	al Industr	ial (Combine	d Agricultural
				Connection	IS		1				
Towns Served: PLA	AINFIELD								·		
			Con	tact Info	rmation	1					
Name			Or	ganization						Job Title	
Mr. Digvijay Bansa	al		Le	Leemitts Petroleum, Inc.							
Mailing Address Li	ne One		Mailing Address	ress Line Two			City		State	Zip Code	
62 Route 32							Frankli	n		CT	06254
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	/ Phon	e Email A	Address			
203-507-5240							digvija	ybansal@hc	tmail.	.com	
Contact Role(s):	Administrative	Contact		,							
Name			Or	ganization						Job Title	
Mr. Richard C. Mo	rgan		Cc	o, LLC				Corporate	e Cour	nsel	
Mailing Address Li	Mailing Address				City			State	Zip Code		
2138 Silas Deane H					Rocky	Hill		СТ	06067		
Business Phone	Extension	Fax	Mobi	Mobile Phone Emergen			ergency Phone Email Address				

Contact Role(s): Legal Contact

Please note the following:

860-757-3376

- 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.

860-757-3443

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.

860-956-3662

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

End of schedule

RichardM@samsfoodstores.com

Con	nacticut Danaut	m out o	f Dublic II	loolth F)wiml	rin a	Matar	Coat	ti on	
Con	necticut Depart								tion	
	Water Qualit	y Monit	coring and	d Comp	olian	ce So	chedu	le		
PWS ID PWS N	lame			Cl	lassifica	tion P	opulation	Owner	Type Pr	imary Source
CT1099214 137 NO	ORWICH RD - VILLAGE CO	MMONS			NC		45	P	•	GW
Local Address (where a	pplicable)		Service	Residentia	l Comr	mercial	Industr	ial Co	mbined	Agricultural
137 NORWICH ROAD			Connections			1				
Towns Served: PLAINFII	ELD									
		Monit	oring Requ	irement	ts					
Water System Facility	: DISTRIBUTION SYST	EM (WSF I	D: 00600)							
Total Coliform (310	0)						:	1 routii	ne (RT)	per quarter
Sampling Point (S	ampling Point ID)			Monitoring	Period	Col	lection Pe	riod	Compli	ance Status
Select from Invent	ory of Active Sampling Poi	ints		4/1/25 - 6/	/30/25				Co	mplete
				7/1/25 - 9/	/30/25				Со	mplete
			-	10/1/25 - 12	2/31/25					
				1/1/26 - 3/	/31/26					
				4/1/26 - 6/	/30/26					
Physical Parameters	(PPS)						:	1 routii	ne (RT)	per quarter
Sampling Point (S	ampling Point ID)			Monitoring	Period	Col	lection Pe	riod	Compli	ance Status
Select from Invent	ory of Active Sampling Poi	ints		4/1/25 - 6/	/30/25				Со	mplete
				7/1/25 - 9/	/30/25				Co	mplete
				10/1/25 - 12	2/31/25					
				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 ro	utine (R	T) per year
Sampling Point (S	ampling Point ID)			Monitoring	Period	Col	lection Pe	riod	Compli	ance Status
ENTRY POINT (3)				1/1/24 - 12	/31/24				Со	mplete
				1/1/25 - 12	/31/25					
				1/1/26 - 12	/31/26					
	Р	ublic No	tification R	equiren	nents					
		(Compliance	Notice	Pub	olic Not	tification		PN Cert	<u>ification</u>
Violation/Situation			Period	Tier	Requ	ired	Performe	d Due	to DPH	Received
Total Coliform MCL Vio	lation	10/1	/14 - 12/31/14	2	1/8/2	015		1/1	.8/2015	
Total Coliform MCL Vio	lation	11/1	/14 - 11/30/14	2	1/8/2	015		1/1	.8/2015	
	Water Syst	em Facil	ity and Sar	npling P	oint I	nven	tory			
Water	•		•			Tot	=	and		
System Water Syste	m Facility San	npling Point	Sampling Poin	nt		Colife	orm Cop	per		Stage
Facility ID		ID	Description		Status	s Ru	le Rule	Tier A	sbestos	WQP 2 DBPR
00501 WELL #1		2	WELL #1		Α					
00600 DISTRIBUTIO	N SYSTEM	4	DISTRIBUTION	I SYSTEM	Α	Υ				
	DO	WNSTREAM	WITHIN 5 SER	VICE CON	Α					
	L	JPSTREAM	WITHIN 5 SER	VICE CON	Α					
00700 ENTRY POIN	Т	3	ENTRY POINT		Α					
		Cor	tact Inforn	nation						
Name			rganization					Jo	ob Title	
Mr. Bruce A. Dawley			awley Collelo D	evelopmen	t		Member			
Mailing Address Line Or	ne Ma	iling Addres	<u> </u>	•			City		State	Zip Code
153 Plainfield Pike					PI	ainfield			СТ	06374

Mara O al'u Mariura' ar and Carrel' ar ar Cale della											
wat	er Quality M	Ionito	oring an	ia Con	npli	ance S	scheaul	.e			
WS Name					Class	ification	Population	Owner Type	Primary Source		
37 NORWICH RE	- VILLAGE COMMO	ONS				NC	45	Р	GW		
ere applicable)			Service	Resider	Residential Comme		al Industri	al Combine	ed Agricultural		
AD			Connections	5		1					
AINFIELD								·			
Extension	Mobile	e Phone E	mergency	/ Phon	ie Email A	lddress					
				860-334	4-2610 bdawley@hotmail.co			com			
	WS Name 37 NORWICH RE ere applicable) AD INFIELD	WS Name 37 NORWICH RD - VILLAGE COMMO ere applicable) AD INFIELD	WS Name 37 NORWICH RD - VILLAGE COMMONS ere applicable) AD INFIELD	WS Name 37 NORWICH RD - VILLAGE COMMONS ere applicable) AD Connections AINFIELD	WS Name 87 NORWICH RD - VILLAGE COMMONS Pere applicable) AD Service Resider Connections INFIELD Extension Fax Mobile Phone Emergency	WS Name Class 37 NORWICH RD - VILLAGE COMMONS ere applicable) Service Residential Connections INFIELD Extension Fax Mobile Phone Emergency Phone	WS Name R7 NORWICH RD - VILLAGE COMMONS Pere applicable) AD Service Connections 1 INFIELD Extension Fax Mobile Phone Emergency Phone Email A	WS Name R7 NORWICH RD - VILLAGE COMMONS Rere applicable) AD Service Connections Connections 1 INFIELD Extension Fax Mobile Phone Emergency Phone Email Address	Rere applicable) Service Residential Commercial Industrial Combine Connections AD Service Residential Commercial Industrial Combine Industrial Combine Connections AD Service Residential Commercial Industrial Combine I		

Connecticut Department of Public Health Drinking Water Section

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

Please note the following:

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

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End of schedule

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	Connecticut Departm	Monitoring an			_			
PWS ID	PWS Name	Monitoring an		<u> </u>			wner Type Pr	imary Source
CT1099234	10-16 PUTNAM ROAD			NC	011	36	P P	GW
	where applicable)	Service	Resident		ercial		Combined	Agricultural
(тисте арригание,	Connections					6	
Towns Served:	PLAINFIELD					1		
		Monitoring Requ	uiremei	nts				
Water System	Facility: DISTRIBUTION SYSTE							
Total Coliforn	n (3100)					1 1	outine (RT) p	er quarter
Sampling	Point (Sampling Point ID)		Monitorii	ng Period	Col	lection Perio	od Complic	ince Status
Select from	n Inventory of Active Sampling Poin	ts	4/1/25 -	6/30/25				
			7/1/25 -	9/30/25				
			10/1/25 -					
			1/1/26 -					
	. ()		4/1/26 -	6/30/26				
	meters (PPS) Point (Sampling Point ID)		Manitari	na Dovind	Cal		outine (RT) p	er quarter Ince Status
	n Inventory of Active Sampling Poin		<i>Monitorii</i> 4/1/25 -		COL	lection Perio	oa Compiio	ince Status
Select II of	in inventory of Active Sampling Form	t5	7/1/25 -					
			10/1/25 -					
			1/1/26 -					
			4/1/26 -					
Water System	Facility: ENTRY POINT (WSF I	D: 00700)						
Nitrate And N	Nitrite (NOX)						1 routine (R	T) per year
Sampling	Point (Sampling Point ID)		Monitorii	ng Period	Col	lection Perio	od Complic	ince Status
ENTRY PO	INT (3)		1/1/24 - 3	12/31/24				
			1/1/25 - 3					
			1/1/26 - 3	12/31/26				
		Other Compliance	Sched	ules				
Compliance Sch	hedule Activity			Due Date		Achieve	ed Date	
RESPOND TO SA	ANITARY SURVEY			1/18/2020				
	Pu	blic Notification R	Require	ments				
Violation (City	ution	Compliance	Notice			<u>ification</u>	PN Certi	
Physical Parame	eters M&R Violation	Period 7/1/24 - 9/30/24	Tier 3	Requir 11/25/2		Performed	Due to DPH 12/5/2025	Received
Total Coliform I		7/1/24 - 9/30/24	3	11/25/2			12/5/2025	
	rite M&R Violation	1/1/24 - 12/31/24	3	2/11/2			2/21/2026	
	eters M&R Violation	10/1/24 - 12/31/24		2/11/2			2/21/2026	
Total Coliform		10/1/24 - 12/31/24		2/11/2			2/21/2026	
	eters M&R Violation	1/1/25 - 3/31/25	3	10/6/2			10/16/2026	
Total Coliform I		1/1/25 - 3/31/25	3	10/6/2	026		10/16/2026	
Physical Paramo	eters M&R Violation	4/1/25 - 6/30/25	3	10/6/2	026		10/16/2026	
Total Coliform I	M&R Violation	4/1/25 - 6/30/25	3	10/6/2	026		10/16/2026	
	Water Syste	em Facility and Sai	mpling	Point In	iven	tory		
Water					Tota	al Lead a	nd	

Description

Coliform

Rule

Status

Copper

Rule Tier Asbestos WQP 2 DBPR

Stage

Sampling Point Sampling Point

ID

System Water System Facility

Facility ID

Schedule Generation Date: 12/12/2025 Page 25

	Connecticu	ut Departm	ent of	f Public	Health	ı Di	rinki	ng V	Vater	Se	ection	
	Wat	er Quality	Monit	oring a	nd Con	npl	ianc	e Sc	hedul	e		
PWS ID P	WS Name					_	ssification				ner Type Pi	rimary Source
CT1099234 1	0-16 PUTNAM R	ROAD					NC		36		Р	GW
Local Address (wh	ere applicable)			Service	Residen	ntial	Commo	ercial	Industri	al	Combined	Agricultural
				Connection	ns						6	
Towns Served: PLA	AINFIELD											
	,	Water Syster	n Facili	ity and S	ampling	Po	int In	vent	ory			
Water								Total	Lead	and		
	System Facility		_	Sampling P				Colifor				Stage
Facility ID			ID	Description)		Status	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600 DISTRIE	BUTION SYSTEM		4	DISTRIBUTI	ON SYSTEM	1	Α					
		DOWN	ISTREAM	WITHIN 5 S	ERVICE COI	N	Α					
		UPS	TREAM	WITHIN 5 S	ERVICE CO	N	Α					
00700 ENTRY	POINT		3	ENTRY POI	NT		Α					
59739 WELL#	1		2	WELL #1			Α					
			Con	tact Info	rmation	1						
Name			Oı	rganization							Job Title	
Tmc Keywest LLC												
Mailing Address Li	ne One	Mailin	g Address	s Line Two				·	City		State	Zip Code
Tmc Keywest LLC		P.O Bo	x 155				Nor	th Scit	uate		RI	02857
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	/ Pho	ne Ema	ail Add	ress			
401-490-9777		401-633-6326					ton	y@tmo	keywest	.com	1	
Contact Role(s):	Owner											
Name			Oı	rganization							Job Title	
Mr. Tony Camara			Tn	nc Keywest I	LLC			P	rinciple			
Mailing Address Li	ne One	Mailin	g Address	s Line Two					City		State	Zip Code
Tmc Keywest LLC		P.O Bo	x 155				Nor	th Scit	uate		RI	06374
Business Phone	Extension	Fax	Mobi	le Phone	Emergency	/ Pho	ne Ema	ail Add	ress			
401-490-9777		401-633-6326			401-545-	-2567	7 ton	y@tmo	keywest	.com	1	
Contact Role(s):	egal Contact											
Name			Oı	rganization							Job Title	
Ms. Brenda Talyo	r		Ce	entral Station	n Diner Owi	ner						
Mailing Address Li	no Ono	0.4-:1:	~ ^ ddr	a Lina Tura					City		Ctata	7in Codo

L.CD blic Health Detail to Marco Coat

Name			Organizati	on	Job Title			
Ms. Brenda Talyor			Central Sta	ation Diner Owner				
Mailing Address Line One			Mailing Address Line Tw	City		State	Zip Code	
10 Putnam Road				Central Village		СТ	06332	
Business Phone	Extension Fax		Mobile Phone	e Emergency Phone	Email Ad	dress		
860-230-5111			860-922-3962	2	rbrenterprisellc@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.
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http://www.ct.gov/dph/publicdrinkingwater

	Conn	ectic	ut Depa	rtment (of Public	Health	Dri	inkin	g W	ater	Se	ction		
		Wat	ter Oual	lity Mon	itoring a	ind Com	ilar	ance	Sch	edul	le			
PWS ID	PWS Nar				0 -						1	ner Type P	rimarv	Source
CT1099264	FLATS BU		PARK					NC		25		Р	GV	
Local Address	(where app	olicable)			Service	Residen		Commerc		ndustri	al	Combined	Agric	cultural
	· 11	,			Connectio							1		
Towns Served	: PLAINFIEL	D												
				Moni	toring Re	quireme	nts							
Water Syste	m Facility:	DISTR	IBUTION SY	STEM (WSF	ID: 00600)									
Total Colifo	rm (3100)									1	L rou	tine (RT)	per qu	uarter
Sampling	g Point (San	npling P	oint ID)			Monitoring Period Collection Period Compliance Stat							tatus	
Select fro	om Inventor	y of Acti	ve Sampling	Points		4/1/25 -	6/30/	/25				Co	mplete	5
						7/1/25 -	9/30/	/25				Co	mplete	5
				-		10/1/25 -	12/32	1/25						
						1/1/26 -	3/31/	/26						
						4/1/26 -	6/30/	/26						
Physical Par	rameters (PPS)								1	L rou	tine (RT)	per qu	uarter
Sampling	g Point (San	npling P	oint ID)			Monitori	ng Pe	riod	Collect	tion Pe	riod	Compl	iance S	tatus
Select fro	om Inventor	y of Acti	ve Sampling	Points		4/1/25 -	6/30/	/25				Co	mplete	5
						7/1/25 -	9/30/	/25				Co	mplete	جَ -
						10/1/25 -	12/33	1/25						
					1/1/26 - 3/31/26									
						4/1/26 -								
Water Syste	m Facility:	ENTR	POINT (W	/SF ID: 00700	0)									
Nitrate And	•		•		•						1	routine (I	RT) pe	r vear
	g Point (San	-	oint ID)			Monitori	ng Pe	riod	Collect	tion Pe		Compl		-
ENTRY P		, ,	,			1/1/24 - 12/31/24 Comp								
	- (-/					1/1/25 - :								-
						1/1/26 - :								
			Water Sy	stem Fac	ility and S				ento	ry				
Water									Total	Lead	and			
,	ater System	Facility		Sampling Poir				Co	oliform					Stage
Facility ID				ID	Description	n	St	tatus	Rule	Rule	Tier	Asbestos	WQP	2 DBPR
00600 DIS	STRIBUTION	SYSTEM		4	DISTRIBUT	ION SYSTEM		Α	Υ					
				DOWNSTREA	M WITHIN 5	SERVICE CON	ı	Α	Υ					
				UPSTREAM	WITHIN 5	SERVICE CON	ı	Α	Υ					
00700 EN	ITRY POINT			3	ENTRY POI	NT		Α						
61512 WI	ELL 1			2	WELL 1			Α						
				Co	ntact Info	ormation								
Name		Organization	tion Job Title											
Mr. David Yo	ung													
Mailing Addre				Mailing Addre	ess Line Two				С	ity		State	Zip C	ode
29 Old Canter								Plainf		-		СТ	063	
Business Ph		ension	Fax	Мо	bile Phone	Emergency	Phon	e Email	Addre	!SS				
860-608-46	696							dyou	ng@pr	repregs	s.com	1		

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Schedule Generation Date: 12/12/2025

Contact Role(s): Administrative Contact, Legal Contact

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

PWS ID	PWS Name					Classif	fication F	Population	Owner Type	Primary Source
CT1099264	FLATS BUSINESS PARK	(N	NC	25	Р	GW
Local Address (where applicable)			Service	Resider	ntial Commerci		l Industri	al Combine	ed Agricultural	
				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 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

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