

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 Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| ROUTE 395 (N & S) | | | | 2 | | | | |
| 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 | 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 | | |

| 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 | 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 | |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| 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: 20037)**

| E. Coli (3014) | | 1 routine (RT) per quarter | |
|---|--------------------------|----------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| WELL (2) | 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 and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 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 | |

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 | |
| CT1099083 | PLAINFIELD REST AREA (I-395 N&S) | | | NC | 25 | S | GW | |
| Local Address (where applicable) | | | Service | Residential | Commercial | Industrial | Combined | Agricultural |
| ROUTE 395 (N & S) | | | Connections | 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 Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-------------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| | | NPM004 | FOOD PREP SINK | A | Y | 3 | | |
| | | NPM005 | FOOD WASH SINK | A | Y | 3 | | |
| | | NPM006 | WASH SINK | A | Y | 3 | | |
| | | NPM007 | COFFEE PREP | A | Y | 3 | | |
| | | NPM008 | LADIES ROOM | A | Y | 3 | | |
| | | NPM014 | BOILER RM SOUTH | A | Y | | Y | |
| | | SPM009 | FOOD PREP SINK | A | Y | 3 | | |
| | | SPM010 | FOOD WASH SINK | A | Y | 3 | | |
| | | SPM011 | WASH SINK | A | Y | 3 | | |
| | | SPM012 | COFFEE SINK | A | Y | 3 | | |
| | | SPM013 | LADIES ROOM | A | Y | 3 | | |
| | | 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 | | State | Zip Code |
| 2800 Berlin Turnpike | | | | | | Newington | | CT | 06111 |
| Business Phone | | Extension | Fax | | Mobile Phone | Emergency Phone | Email Address | | |
| 860-594-3000 | | | | | | | | | |

Contact Role(s): **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 | | State | Zip Code |
| 2800 Berlin Turnpike | | | | | | Newington | | CT | 06111 |
| Business Phone | | Extension | Fax | | Mobile Phone | Emergency Phone | Email Address | | |
| 860-594-3000 | | | | | | | Jill.Brennan@ct.gov | | |

Contact Role(s): **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 |
| CT1099083 | PLAINFIELD REST AREA (I-395 N&S) | NC | 25 | S | GW |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial |
| ROUTE 395 (N & S) | | 2 | | | |
| Towns Served: PLAINFIELD | | | | | |
| Name | | Organization | | Job Title | |
| Mr. Mike Modine | | Project Service LLC | | Director of Operatio | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State |
| 195 Church St. 8Th Floor | | | | New Haven | CT |
| Zip Code | | | | | |
| | | | | | |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| 203-877-9900 | 1004 | | 203-314-5446 | | mike.modine@psllcct.com |
| Contact Role(s): Administrative Contact | | | | | |

Please note the following:

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

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 Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 123, 125, & 127 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 | 4/1/25 - 6/30/25 | | Complete |
| | 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 | 4/1/25 - 6/30/25 | | Complete |
| | 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) | 1/1/24 - 12/31/24 | | Complete |
| | 1/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 12/31/26 | | |

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 | | PN Certification | |
|-----------------------|-------------------|-------------|---------------------|-----------|------------------|----------|
| | | | Required | Performed | 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 | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 21901 | WELL | 2 | WELL | 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 | |
|----------------------------------|------------------------------|--|-------------|----------------|------------|------------|----------------|--------------|
| CT1090104 | 123, 125, & 127 NORWICH ROAD | | | NC | 45 | P | GW | |
| Local Address (where applicable) | | | Service | Residential | Commercial | Industrial | Combined | Agricultural |
| 123, 125, & 127 NORWICH ROAD | | | Connections | | 3 | | | |
| Towns Served: PLAINFIELD | | | | | | | | |

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 | | State | Zip Code |
| 127 Norwich Road | | | P. O. Box 405 | | | Central Village | | CT | 06337 |
| 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.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

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

End of schedule

Connecticut Department of Public Health 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 | | | | | | | | |

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 | 4/1/25 - 6/30/25 | | Complete |
| | 7/1/25 - 9/30/25 | | Complete |
| | 4/1/26 - 6/30/26 | | |

Physical Parameters (PPS) **1 routine (RT) per quarter**

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25 | | Complete |
| | 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**

| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
|---|--------------------------|--------------------------|--------------------------|
| 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 and Sampling Point Inventory

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSSTREAM | 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 | | CT | 06374 |
| Business Phone | | Extension | Fax | | Mobile Phone | Emergency Phone | Email Address | | |
| 860-564-2298 | | | | | | | | | |
| Contact Role(s): | | 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 |
| 1006 NORWICH ROAD | | | 1 | | |
| Towns Served: PLAINFIELD | | | | | |
| Name | | Organization | | Job Title | |
| Mr. Peter Zurowski | | Hank's Dairy Bar, Inc. | | Owner/President | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State |
| 1006 Norwich Road | | | | Plainfield | CT |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| 860-564-2298 | | | | 860-564-6300 | |
| Contact Role(s): Legal Contact, Owner | | | | | |
| Name | | Organization | | Job Title | |
| Ms. Colleen Champagne | | Hanks Dairy Bar | | Business Owner | |
| Mailing Address Line One | | Mailing Address Line Two | | City | State |
| 1006 Norwich Road | | | | Plainfield | CT |
| 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 schedule.

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

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

End of schedule

Connecticut Department of Public Health 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 | Agricultural |
| | | | | 1 | 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 | 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 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 Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | CHS5 | HAND SINK | A | Y | | | |

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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 |
| CT1090154 | 1019 NORWICH ROAD | | | NC | 25 | P | GW |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | 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 Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | WHITOA002 | 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.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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

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

End of schedule

Connecticut Department of Public Health 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 Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 632 NORTH MAIN STREET (ROUTE 14) | | | | 1 | | | |
| Towns Served: PLAINFIELD | | | | | | | |

Monitoring Requirements

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

| Total Coliform (3100) | | 1 routine (RT) per month | |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/25 - 7/31/25 | | Complete |
| | 8/1/25 - 8/31/25 | | Complete |
| | 9/1/25 - 9/30/25 | | Complete |
| | 10/1/25 - 10/31/25 | | Complete |
| | 11/1/25 - 11/30/25 | | Complete |
| | 12/1/25 - 12/31/25 | | |
| | 1/1/26 - 1/31/26 | | |
| | 2/1/26 - 2/28/26 | | |
| | 3/1/26 - 3/31/26 | | |
| | 4/1/26 - 4/30/26 | | |
| | 5/1/26 - 5/31/26 | | |
| | 6/1/26 - 6/30/26 | | |

| 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 | 8/20/25 - 8/25/25 | | Complete |
| | 10/4/25 - 10/9/25 | | Complete |
| | 11/8/25 - 11/13/25 | | Complete |

| Physical Parameters (PPS) | | 1 routine (RT) per month | |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| Select from Inventory of Active Sampling Points | 7/1/25 - 7/31/25 | | Complete |
| | 8/1/25 - 8/31/25 | | Complete |
| | 9/1/25 - 9/30/25 | | Complete |
| | 10/1/25 - 10/31/25 | | Complete |
| | 11/1/25 - 11/30/25 | | Complete |
| | 12/1/25 - 12/31/25 | | |
| | 1/1/26 - 1/31/26 | | |
| | 2/1/26 - 2/28/26 | | |
| | 3/1/26 - 3/31/26 | | |
| | 4/1/26 - 4/30/26 | | |
| | 5/1/26 - 5/31/26 | | |
| | 6/1/26 - 6/30/26 | | |

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) | 1/1/24 - 12/31/24 | | Complete |
| | 1/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 12/31/26 | | |

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.

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 Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 632 NORTH MAIN STREET (ROUTE 14) | | | | 1 | | | |
| Towns Served: PLAINFIELD | | | | | | | |

Monitoring Requirements

Water System Facility: WELL (WSF ID: 21910)

| E. Coli (3014) | | | | 1 triggered (TG) per period |
|------------------------------------|--------------------|-------------------|-------------------|-----------------------------|
| 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 | |

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 | |

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

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

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 | Agricultural |
| 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 | 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 | | |

| 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 | | |

Other Compliance Schedules

| Compliance Schedule Activity | Due Date | Achieved Date |
|------------------------------|------------|---------------|
| RESPOND TO SANITARY SURVEY | 11/14/2020 | |

Water System Facility and Sampling Point Inventory

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

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 | Agricultural |
| 73 WARD AVENUE | | | | 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 schedule.

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

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

End of schedule

Connecticut Department of Public Health 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 | Agricultural |
| 83 WARD AVENUE, MOOSUP | | | | 1 | | | |
| 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 | 4/1/25 - 6/30/25 | | |
| | 7/1/25 - 9/30/25 | | Complete |
| | 10/1/25 - 12/31/25 | | |
| | 1/1/26 - 3/31/26 | | |
| | 4/1/26 - 6/30/26 | | |

| Physical Parameters (PPS) | | 1 routine (RT) per quarter | |
|---|--------------------------|----------------------------|--------------------------|
| <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 | 4/1/25 - 6/30/25 | | |
| | 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 | |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/24 - 12/31/24 | | Complete |
| | 1/1/25 - 12/31/25 | | |
| | 1/1/26 - 12/31/26 | | |

Water System Facility: WELL (WSF ID: 22699)

| E. Coli (3014) | | 1 routine (RT) per quarter | |
|---|--------------------------|----------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| WELL (2) | 4/1/25 - 6/30/25 | | |
| | 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 | | |

Other Compliance Schedules

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

Public Notification Requirements

| <i>Violation/Situation</i> | <i>Compliance Period</i> | <i>Notice Tier</i> | <i>Public Notification</i> | | <i>PN Certification</i> | |
|-----------------------------------|--------------------------|--------------------|----------------------------|------------------|-------------------------|-----------------|
| | | | <i>Required</i> | <i>Performed</i> | <i>Due to DPH</i> | <i>Received</i> |
| Total Coliform M&R Violation | 4/1/25 - 6/30/25 | 3 | 11/7/2026 | | 11/17/2026 | |
| Physical Parameters M&R Violation | 4/1/25 - 6/30/25 | 3 | 11/7/2026 | | 11/17/2026 | |

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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 | Agricultural |
| 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 | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 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 | | | | |
| 46637 | TREATMENT PLANT | | | | | | | |

Contact Information

| | | | | | | | | | | |
|---|--|-----------|--------------------------|--------------|--------------|--|-----------------|---------------------|-------|----------|
| Name | | | | Organization | | | Job Title | | | |
| Mr. Gaurang Gajjar | | | | | | | | | | |
| Mailing Address Line One | | | Mailing Address Line Two | | | | City | | State | Zip Code |
| 83 Ward Ave | | | | | | | Moosup | | CT | 06354 |
| Business Phone | | Extension | Fax | | Mobile Phone | | Emergency Phone | Email Address | | |
| 860-564-7478 | | | | | 732-397-9942 | | | 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 schedule.

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

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

End of schedule

Connecticut Department of Public Health 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 | | | | | | | | |

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 | 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 | | |

| 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 and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | UPSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| 00700 | ENTRY POINT | 3 | ENTRY POINT | A | | | | |
| 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 |
| 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 |
| 992 Norwich Road | | | | Plainfield | CT |
| 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 schedule.

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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 Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 20 (ROUTE 12) 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 | 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 | | |

| 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 | | |

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 Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 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 | | | | | | | |

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 | |
|----------------------------------|----------------------|--|---------------------|----------------|------------|------------|----------------|--------------|
| CT1099134 | 20 NORWICH ROAD, LLC | | | NC | 30 | P | GW | |
| Local Address (where applicable) | | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| 20 (ROUTE 12) NORWICH ROAD | | | | | 1 | | | |
| Towns Served: PLAINFIELD | | | | | | | | |

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 |
| 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 schedule.

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

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

End of schedule

Connecticut Department of Public Health 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 | Agricultural |
| | | | | 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 | 4/1/25 - 6/30/25 | | Complete |
| | 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 | 4/1/25 - 6/30/25 | | Complete |
| | 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) | 4/1/25 - 6/30/25 | | Complete |
| | 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) | 1/1/24 - 12/31/24 | | Complete |
| | 1/1/25 - 12/31/25 | | Complete |
| | 1/1/26 - 12/31/26 | | |

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 Rule | Lead and Copper Rule Tier | Asbestos | Stage 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 | | | | |

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 |
|----------------------------------|-------------------------------|---------------------|-------------|----------------|------------|------------|----------------|
| CT1099144 | 518 NORWICH ROAD - PLAINFIELD | | | NC | 25 | P | GW |
| Local Address (where applicable) | | Service Connections | Residential | Commercial | Industrial | Combined | Agricultural |
| | | | | 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 | Mobile Phone | Emergency Phone | Email Address | | | | |
| 203-507-5240 | | | | | 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 | | Mobile Phone | Emergency Phone | Email Address | | |
| 860-757-3376 | | | 860-757-3443 | | | 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 schedule.

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

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

End of schedule

Connecticut Department of Public Health 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 | Agricultural |
| 137 NORWICH ROAD | | | | | 1 | | | |
| 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 | 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 | | |

| 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 | 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 | |
|---|--------------------------|--------------------------|--------------------------|
| <i>Sampling Point (Sampling Point ID)</i> | <i>Monitoring Period</i> | <i>Collection Period</i> | <i>Compliance Status</i> |
| ENTRY POINT (3) | 1/1/24 - 12/31/24 | | Complete |
| | 1/1/25 - 12/31/25 | | |
| | 1/1/26 - 12/31/26 | | |

Public Notification Requirements

| <i>Violation/Situation</i> | <i>Compliance Period</i> | <i>Notice Tier</i> | <i>Public Notification</i> | | <i>PN Certification</i> | |
|------------------------------|--------------------------|--------------------|----------------------------|------------------|-------------------------|-----------------|
| | | | <i>Required</i> | <i>Performed</i> | <i>Due to DPH</i> | <i>Received</i> |
| 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

| <i>Water System Facility ID</i> | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Status</i> | <i>Total Coliform Rule</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|---------------------------------|------------------------------|--------------------------|-----------------------------------|---------------|----------------------------|----------------------------------|-----------------|-------------------------|
| 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 |

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 |
| 137 NORWICH ROAD | | | 1 | | |
| Towns Served: PLAINFIELD | | | | | |
| Business Phone | Extension | Fax | Mobile Phone | Emergency Phone | Email Address |
| 860-564-1822 | | | | 860-334-2610 | bdawley@hotmail.com |
| Contact Role(s): Administrative Contact, Legal Contact, Owner | | | | | |
| <p>Please note the following:</p> <ol style="list-style-type: none"> 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample. 2. If a Collection Period is specified, all water quality samples must be collected during the specified period. 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule. | | | | | |

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

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

End of schedule

Connecticut Department of Public Health 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

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 | 4/1/25 - 6/30/25 | | |
| | 7/1/25 - 9/30/25 | | |
| | 10/1/25 - 12/31/25 | | |
| | 1/1/26 - 3/31/26 | | |
| | 4/1/26 - 6/30/26 | | |

| Physical Parameters (PPS) | | 1 routine (RT) per quarter | |
|---|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 4/1/25 - 6/30/25 | | |
| | 7/1/25 - 9/30/25 | | |
| | 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 | | |
| | 1/1/25 - 12/31/25 | | |
| | 1/1/26 - 12/31/26 | | |

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 | | PN Certification | |
|-----------------------------------|--------------------|-------------|---------------------|-----------|------------------|----------|
| | | | Required | Performed | 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 | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|

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 Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | | | | |
| | | 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 | | rbrenterprisell@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 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

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 |
| | | | | | | | 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 | 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 | | |

| 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 | | |
| | 1/1/26 - 12/31/26 | | |

Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION SYSTEM | A | Y | | | |
| | | DOWNSTREAM | WITHIN 5 SERVICE CON | A | 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 | | State | Zip Code |
| 29 Old Canterbury Road | | | | | | | Plainfield | | CT | 06374 |
| Business Phone | | Extension | Fax | | Mobile Phone | | Emergency Phone | | Email Address | |
| 860-608-4696 | | | | | | | | | dyoung@prepregs.com | |
| 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 |
| | | | | | | 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