Connecticut	t Departmer	nt of Public H	lealth [	Prinkii	ng Water	Sect	ion	
	er Quality Mo	onitoring an				_		
PWS ID PWS Name			Cl	lassificatio	n Population	Owner	Type Pr	imary Source
CT1130034 EGGS UP GRILL				NC	25	Р		GW
Local Address (where applicable)		Service	Residentia	I Comme	rcial Industr	ial Co	mbined	Agricultural
1462 PORTLAND COBALT ROAD		Connections		1				
Towns Served: PORTLAND								
		onitoring Requ	irement	ts				
Water System Facility: <b>DISTRIB</b>	UTION SYSTEM (V	WSF ID: 00600)						
Total Coliform (3100)					•	1 routir		er quarter
Sampling Point (Sampling Poir			Monitoring		Collection Pe	riod		ance Status
Select from Inventory of Active	Sampling Points		4/1/25 - 6/					mplete
			7/1/25 - 9/				Cor	mplete
		:	10/1/25 - 12					
			1/1/26 - 3/					
			4/1/26 - 6/	/30/26				
Physical Parameters (PPS)								er quarter
Sampling Point (Sampling Poir			Monitoring		Collection Pe	riod		ance Status
Select from Inventory of Active	Sampling Points		4/1/25 - 6/					mplete
			7/1/25 - 9/				Cor	mplete
		:	10/1/25 - 12					
			1/1/26 - 3/					
			4/1/26 - 6/	/30/26				
Water System Facility: <b>ENTRY F</b>	OINT (WSF ID: 00	700)						
Nitrate And Nitrite (NOX)						1 ro	utine (R	T) per year
Sampling Point (Sampling Poir	nt ID)		Monitoring	Period	Collection Pe	riod	Compli	ance Status
ENTRY POINT (3)			1/1/24 - 12	/31/24			Cor	mplete
			1/1/25 - 12	/31/25			Cor	mplete
			1/1/26 - 12	/31/26				
Water System Facility: WELL (V	NSF ID: 21963)							
E. Coli (3014)						1 routir	ie (RT) p	er quarter
Sampling Point (Sampling Poir	nt ID)		Monitoring	Period	Collection Pe	riod	Compli	ance Status
WELL (2)			4/1/25 - 6/	/30/25			Cor	mplete
			7/1/25 - 9/	/30/25			Cor	mplete
			10/1/25 - 12	2/31/25				
			1/1/26 - 3/	/31/26				
			4/1/26 - 6/	/30/26				
	Public	<b>Notification R</b>	equiren	nents				
		Compliance	Notice		Notification		PN Certi	ification_
Violation/Situation		Period	Tier	Require	d Performe	d Due	to DPH	Received
E. Coli M&R Violation		7/1/22 - 9/30/22	3	8/23/202	24	9/2	2/2024	
W	/ater System F	acility and Sar	npling P	oint Inv	ventory			
Water					Total Lead	and		
System Water System Facility Facility ID	Sampling ID	Point Sampling Poil Description	nt	Status (	Coliform Cop Rule Rule	-	sbestos	Stage WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION	LSYSTEM	<u>Status</u> A	Y	2		-, ===
2330 BISTINGS TOTAL		REAM WITHIN 5 SER		A	•			
	UPSTRE			A				
	3.3.ME							

	Water Quality	Monitoring and	d Con	nplian	ce S	chedul	le	
PWS ID	PWS Name			Classificat	ion F	Population	Owner Type	Primary Source
CT1130034	EGGS UP GRILL		NC		25	Р	GW	
Local Address	(where applicable)	Service	Residen	itial Comn	nercia	Industri	al Combine	ed Agricultural
1462 PORTLA	462 PORTLAND COBALT ROAD				1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: POR	TLAND						·				
	Water System Facility and Sampling Point Inventory										
Water System Water S Facility ID	ystem Facility		Sampling Poir ID	nt Sampling I		Total Coliform tus Rule		Asbestos	Stag WQP 2 DBI		
00700 ENTRY P	OINT		3	ENTRY POI	NT A	1					
21963 WELL			2	WELL	Д	1					
			Co	ntact Info	ormation						
Name				Organization				Job Title			
Ms. Kimberly Gree	nlaw			Eggs Up Grill							
Mailing Address Lin	e One		Mailing Addre	ess Line Two		C	City	State	Zip Code		
1462 Portland Coba	alt Road					Portland		СТ	06480		
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Addre	ess	·			
860-342-4968						kimshomest	vle@vahoo	.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

		ut Departm ter Quality I					_				ction		
PWS ID	PWS Name					Classifi	ication	Popu	lation	Own	er Type P	rimary	Source
CT1130074	COVE VIEW PLAZ	Α				N	С	2	!5		Р	G۷	٧
Local Address (wh	nere applicable)			Service	Resident	ial Co	mmerci	al Ir	dustria	1 (	Combined	Agri	cultural
662 PORTLAND C	OBALT ROAD			Connections	5		1						
Towns Served: PC	ORTLAND												
			Monit	oring Req	uiremer	nts							
Water System F	acility: DISTRI	<b>BUTION SYSTEM</b>	(WSF I	D: 00600)									
<b>Total Coliform</b>	(3100)								1	rout	tine (RT)	per q	uarter
Sampling Po	oint (Sampling Po	oint ID)			Monitorin	ng Perio	od C	ollect	ion Per	iod	Compl	iance S	tatus
Select from	Inventory of Acti	ve Sampling Points			4/1/25 - (	6/30/2	5				Co	mplet	е
					7/1/25 - 9	9/30/2	.5				Co	mplet	е
					10/1/25 - 3	12/31/	'25				Co	mplet	e
					1/1/26 - 3	3/31/2	6						
					4/1/26 - (	6/30/2	6						
<b>Physical Param</b>	eters (PPS)								1	rout	tine (RT)	per q	uarter
Sampling Po	oint (Sampling Po	oint ID)			Monitorin	ng Perio	od C	ollect	ion Per	iod	Compl	iance S	tatus
Select from	Inventory of Acti	ve Sampling Points			4/1/25 - (	6/30/2	.5				Co	mplet	9
					7/1/25 - 9	9/30/2	.5				Co	mplet	е
					10/1/25 - :	12/31/	25				Co	mplet	е
					1/1/26 - 3	3/31/2	.6						
					4/1/26 - (	6/30/2	6						
Water System F	acility: ENTRY	POINT (WSF ID:	00700)										
Nitrate And Ni	trite (NOX)									1 r	outine (	RT) pe	r year
Sampling Po	oint (Sampling Po	oint ID)			Monitorin	ng Perio	od C	ollect	ion Per	iod	Compl	iance S	tatus
					_								
ENTRY POIN	T (3)				1/1/24 - 1	2/31/2	24				Co	mplet	9
ENTRY POIN	T (3)				_					_		mpleto	
ENTRY POIN	Т (3)				1/1/24 - 1	.2/31/2	25						
ENTRY POIN	T (3)	0	ther C	omplianc	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1	.2/31/2 .2/31/2	25						
Compliance Sche		0	ther C	omplianc	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 e Sched	.2/31/2 .2/31/2	25 26		Achiev	ved D	Co		
	dule Activity	0	ther C	omplianc	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 e Sched	.2/31/2 .2/31/2 ules	25 26 te		Achiev	ved D	Co		
Compliance Sche	dule Activity	O Water Systen		·	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 e Sched	.2/31/2 .2/31/2 ules oue Dat /31/20	25 26 <b>te</b> 019	nto		ved D	Co		
Compliance Sche RESPOND TO SAN Water	dule Activity IITARY SURVEY	Water Systen	n Facil	ity and Sa	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 e Schedu D 10 ampling	.2/31/2 .2/31/2 ules oue Dat /31/20	25 26 <b>te</b> 019 <b>t Inve</b>	otal	r <b>y</b> Lead a	and	Co		
Compliance Sche RESPOND TO SAN  Water System Water	dule Activity	Water Systen	n Facil	ity and Sa	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 e Schedu D 10 ampling	.2/31/2 .2/31/2 ules oue Dat /31/20	te 019 t Inve	otal form	Lead o	and er	Co Date	omplet	Stage
Compliance Sche RESPOND TO SAN  Water System Water Facility ID	dule Activity IITARY SURVEY  System Facility	Water Systen	n Facil ng Point ID	ity and Sa Sampling Po Description	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 e Schedi D 10 ampling	2/31/2 2/31/2 ules tue Date /31/20 Point	te 019 t Inve Coli	otal form ule	Lead o	and er	Co	omplet	Stage
Compliance Sche RESPOND TO SAN  Water System Water Facility ID	dule Activity IITARY SURVEY	Water Systen Sampli	n Faciling Point	ity and Sa  Sampling Po  Description  DISTRIBUTION	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 e Schedu 10 ampling	.2/31/2 .2/31/2 ules oue Date //31/20 Point	te 019 t Inve Coli	otal form	Lead o	and er	Co Date	omplet	Stage
Compliance Sche RESPOND TO SAN  Water System Water Facility ID	dule Activity IITARY SURVEY  System Facility	Water Systen Sampli	n Facil ng Point ID 4 STREAM	Sampling Po Description DISTRIBUTION WITHIN 5 SE	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 <b>e Sched</b> <b>D</b> <b>impling</b> DIN SYSTEM	2/31/2 2/31/2 ules Due Date /31/20 Point	te 019 t Inve Coli	otal form ule	Lead o	and er	Co Date	omplet	Stage
Compliance Sche RESPOND TO SAN  Water System Water Facility ID  00600 DISTRI	dule Activity  IITARY SURVEY  System Facility  BUTION SYSTEM	Water Systen Sampli	n Facil ing Point ID 4 STREAM	Sampling Po Description DISTRIBUTION WITHIN 5 SE	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 e Schedi nmpling oint ON SYSTEM RIVICE CON	2/31/2 2/31/2 ules oue Date /31/20 Point	te 019 t Inve Colinatus A	otal form ule	Lead o	and er	Co Date	omplet	Stage
Compliance Sche RESPOND TO SAN  Water System Water Facility ID  00600 DISTRI	dule Activity IITARY SURVEY  System Facility	Water Systen Sampli DOWN UPST	n Facil ng Point ID 4 STREAM TREAM 3	Sampling Po Description DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 e Schedi nmpling oint ON SYSTEM RIVICE CON	2/31/2 2/31/2 ules Due Date /31/20 Point	te 019 t Inve Coli	otal form ule	Lead o	and er	Co Date	omplet	Stage
Compliance Sche RESPOND TO SAN  Water System Water Facility ID  00600 DISTRI	dule Activity  IITARY SURVEY  System Facility  BUTION SYSTEM	Water Systen Sampli DOWN UPST	n Facil ing Point ID 4 STREAM TREAM 3	Sampling Popescription DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 e Sched  mmpling  oint  ENVICE CON T	2/31/2 2/31/2 ules oue Date /31/20 Point	te 019 t Inve Coli	otal form ule	Lead o	and er	Co Date	omplet	Stage
Compliance Sche RESPOND TO SAN  Water System Water Facility ID  00600 DISTRI	dule Activity  IITARY SURVEY  System Facility  BUTION SYSTEM	Water Systen Sampli DOWN UPST	n Facil ing Point ID 4 STREAM TREAM 3	Sampling Po Description DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 e Sched  mmpling  oint  ENVICE CON T	2/31/2 2/31/2 ules Due Date /31/20 Point	te 019 t Inve Coli	otal form ule	Lead o	and er	Co Date	omplet	Stage
Compliance Sche RESPOND TO SAN  Water System Water Facility ID  00600 DISTRI	dule Activity  IITARY SURVEY  System Facility  BUTION SYSTEM	Water Systen Sampli DOWN UPST	n Facil Ing Point ID 4 STREAM TREAM 3 2	Sampling Popescription DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 e Sched  mmpling  oint  ENVICE CON T	2/31/2 2/31/2 ules Due Date /31/20 Point	te 019 t Inve Coli	otal form ule	Lead o	nnd er Γier	Co Date	omplet	Stage
Compliance Sche RESPOND TO SAN  Water System Water Facility ID  00600 DISTRI  00700 ENTRY 21967 WELL	dule Activity  IITARY SURVEY  System Facility  BUTION SYSTEM	Water Systen Sampli DOWN UPST	n Facil ng Point 1D 4 STREAM TREAM 3 2	Sampling Popescription DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 e Schedi nmpling oint ON SYSTEM RIVICE CON T	2/31/2 2/31/2 ules Due Date /31/20 Point	te 019 t Inve Coli	otal form ule Y	Lead o	nnd er Γier	Oate  Asbestos	omplet	Stage
Compliance Sche RESPOND TO SAN  Water System Water Facility ID  00600 DISTRI  00700 ENTRY 21967 WELL	dule Activity  IITARY SURVEY  System Facility  BUTION SYSTEM  POINT	Water Systen Sampli DOWN UPST	n Facil ng Point ID 4 STREAM TREAM 3 2 Con	Sampling Po Description DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 e Schedi nmpling oint ON SYSTEM RIVICE CON T	2/31/2 2/31/2 ules Due Date /31/20 Point	te 019 t Inve Coli	otal form ule Y	Lead of Copp Rule 1	nnd er Γier	Oate  Asbestos	omplet	Stage 2 DBPR
Compliance Sche RESPOND TO SAN  Water System Water Facility ID  00600 DISTRI  00700 ENTRY 21967 WELL  Name  Mr. Edward Man	dule Activity IITARY SURVEY  System Facility BUTION SYSTEM  POINT  ner  ine One	Water Systen Sampli DOWN UPST	n Facil ng Point ID 4 STREAM TREAM 3 2 Con	Sampling Popescription DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL Itact Information Origony Winer	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 e Schedi nmpling oint ON SYSTEM RIVICE CON T	2/31/2 2/31/2 ules Due Date /31/20 Point	te 019 t Inve Coli	otal form cule Y	Lead of Copp Rule 1	nnd er Γier	Date  Asbestos  Job Title	WQP	Stage 2 DBPR
Compliance Sche RESPOND TO SAN  Water System Water Facility ID  00600 DISTRI  00700 ENTRY 21967 WELL  Name  Mr. Edward Man Mailing Address L	dule Activity IITARY SURVEY  System Facility BUTION SYSTEM  POINT  ner line One balt Road	Water Systen Sampli DOWN UPST	n Faciling Point IID 4 ISTREAM 3 2 Con Ar g Address	Sampling Popescription DISTRIBUTION WITHIN 5 SE WITHIN 5 SE ENTRY POIN WELL Itact Information reganization regiony Winers S Line Two	1/1/24 - 1 1/1/25 - 1 1/1/26 - 1 e Schedi nmpling oint ON SYSTEM RIVICE CON T	2/31/2 2/31/2 ules oue Date //31/20 Point	te 019 t Inve Colinatus A A A A Portlan	Ma	Lead of Copp Rule 1	nnd er Γier	Asbestos  Job Title	wQP  Zip C	Stage 2 DBPR

	Connectic	ut Depa	rtment	of Public	: Health	Dri	nking	<b>Water</b>	Section	on	
	Wa	ter Qua	lity Mon	itoring a	and Con	nplia	ince S	Schedul	le		
PWS ID	PWS Name					Classif	fication	Population	Owner Ty	pe P	rimary Source
CT1130074	COVE VIEW PLAZ	ZA				N	1C	25	Р		GW
Local Address (wl	here applicable)			Service	Resider	ntial Co	ommerci	al Industri	al Com	bined	Agricultural
662 PORTLAND C	OBALT ROAD			Connectio	ons		1				
Towns Served: PO	ORTLAND				·			·	·		
Contact Role(s):	Administrative	Contact									
Name				Organization					Job	Title	
Mr. Richard G. M	lanner							Owner			
Mailing Address I	Line One		Mailing Addre	ess Line Two				City	Sta	ite	Zip Code
1502 Miramar Stı	reet						Cape Coral FL 339				33904
Business Phone	e Extension	Fax	Mo	bile Phone	Emergency	cy Phone Email Address					
Contact Role(s):	Legal Contact, C	Owner	·				·				
Name				Organization					Job	Title	
662 Pcmi LLC											
Mailing Address I	Line One		Mailing Addre	ess Line Two				City	Sta	ite	Zip Code
209 Sand Hill Roa	nd						Portlan	d	C	Т	06480
Business Phone	e Extension	Fax	Mo	bile Phone	Emergency	y Phone	Email A	ddress			
Contact Role(s):	Legal Contact, C	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 Dep						_			ection		
		ality Monit	oring and	a Com	_				1			
PWS ID	PWS Name				Clas		n Pol		Owr	ner Type F		
CT1130084	ST. CLEMENTS ESTATE- CAS	TLE SYSTEM	<u> </u>			NC		25		Р	GV	
	(where applicable)		Service Connections	Resident	tial	Comme	rcial	Industri	ial	Combined	l Agric	cultural
	ND COBALT ROAD		Connections			2						
Towns Served	: PORTLAND				_				_			
Mator Systo	m Facility: <b>DISTRIBUTION</b>		oring Requ	iiremei	nts							
Total Colifo	,	STSTEIN (WSF II	D. 00000j						1	ıtina (DT)	por ai	ıartar
	g Point (Sampling Point ID)			Monitorii	na D	eriod	Colle	ction Pe		utine (RT)	iance S	
	om Inventory of Active Samplir	g Points		4/1/25 -			Cone	ction re	Tiou		omplete	
JCICCI III	on inventory of Active Sampin	18 1 011113		7/1/25 -							omplete	
				10/1/25 -							mpiet	-
			-	1/1/26 -								
				4/1/26 -								
Physical Pa	rameters (PPS)							:	1 rou	ıtine (RT)	per qu	uarter
Samplin	g Point (Sampling Point ID)			Monitorii	ng P	eriod	Colle	ction Pe	riod	Compl	iance S	tatus
Select fr	om Inventory of Active Samplir	g Points		4/1/25 -	6/30	0/25				Co	omplete	9
				7/1/25 -	9/30	0/25				Co	omplete	9
				10/1/25 -	12/3	31/25						
				1/1/26 -	3/31	1/26						
				4/1/26 -	6/30	0/26						
Water Syste	m Facility: ENTRY POINT (	WSF ID: 00700)										
Nitrate And	Nitrite (NOX)								1	routine (	RT) pe	r year
Samplin	g Point (Sampling Point ID)			Monitorii	ng P	eriod	Colle	ction Pe	riod	Compl	iance S	tatus
ENTRY P	OINT (3)			1/1/24 - 1	12/3	1/24				Co	omplete	9
				1/1/25 - 2	12/3	1/25				Co	omplete	9
				1/1/26 - 3	12/3	1/26						
		Other Co	ompliance	Sched	ule	es						
Compliance S	Schedule Activity					Date		Achie	eved	Date		
CROSS CONN	ECTION SURVEY REPORT			3	3/1/2	2026						
	Water :	System Facili	ity and Sar	npling	Poi	int Inv	/ent	ory				
Water							Total					
-	ater System Facility	Sampling Point		nt		C	olifor	-				Stage
Facility ID		ID	Description			Status	Rule	Rule	Tier	Asbestos	WQP	2 DBPR
00600 DI	STRIBUTION SYSTEM	4	DISTRIBUTION			A	Υ					
		DOWNSTREAM				Α						
		SCC01	MEN'S BATHR			A	Y					
		SCC02	WOMEN'S BA			A	Y					
		SCC03	MAIN KITCHE			A	Υ					
00700 511	ITDV DOINT	UPSTREAM	WITHIN 5 SER	VICE CON	l	Α						
	ITRY POINT	3	ENTRY POINT			Α						
	ELL #1	2	WELL #1			Α .						
	ELL #2	2	WELL #2			Α						
	MOSPHERIC STORAGE TANK											
	MOSPHERIC STORAGE TANK											
60964 TR	EATMENT PLANT											

Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source			
CT1130084 ST. CLEMENTS ESTATE- CASTLE SYSTEM					NC	25	Р	GW			
Local Address (\	where applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural			
1931 PORTLANI	D COBALT ROAD	Connections			2						

Connecticut Department of Public Health Drinking Water Section

Towns Served: POR	TLAND									
				Con	tact Info	ormation				
Name				Or	ganization				Job Title	
Mr. William E. Jordan					Clements E	Estate		Dir of Mainten	ance	
Mailing Address Lin	e One		Mailing	Address	Line Two			City	State	Zip Code
1931 Portland Colba	alt Road		P.O. Box	x 427			Portland CT 064			06480
Business Phone	Extension	Fax		Mobil	le Phone	Emergency Phone	Email Address			
860-342-0593	254	860-342-	5627			860-335-8313	wjordansr@gmail.com			
Contact Role(s): Ac	dministrative	Contact								
Name				Or	ganization				Job Title	
Mr. Daniel J Loos				St.	Clements	Estate		President		
Mailing Address Lin	e One		Mailing	Address	Line Two			City	State	Zip Code
1931 Portland-Coba	lt Rd		PO Box	427			Portland		CT	06480
Business Phone	Extension	Fax		Mobil	le Phone	Emergency Phone	Email Ad	dress	·	
860-342-0593	219	860-342-	4337			860-990-0450	dloos@s	aintclementsca	stle.com	

# Please note the following:

Contact Role(s): Legal Contact

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

		<u> </u>							
	Connecticut Departm				_			ection	
	Water Quality	Monitoring an	id Con	nplia	ance S	Schedu	le		
PWS ID	PWS Name			Classi	fication	Population	Ow	ner Type P	rimary Sourc
CT1130094	WINCHESTER CAFE			ı	NC	25		Р	GW
Local Address	(where applicable)	Service	Resider	ntial C	ommerci	al Industri	ial	Combined	Agricultura
1374 PORTLAI	ND COBALT ROAD	Connections	1		1				
Towns Served	: PORTLAND								
		<b>Monitoring Req</b>	uireme	ents					
Water Syster	m Facility: DISTRIBUTION SYSTEM	I (WSF ID: 00600)							
<b>Total Colifo</b>	rm (3100)					:	1 ro	utine (RT)	per quarter
Sampling	Point (Sampling Point ID)		Monitor	ing Per	riod C	ollection Pe	riod	Compli	ance Status
Select fro	om Inventory of Active Sampling Points		10/1/25	- 12/31	./25			Со	mplete
			1/1/26	- 3/31/	26				
			4/1/26	- 6/30/	26				
Total Colifo	•								per month
	y Point (Sampling Point ID)		Monitor			ollection Pe	riod		ance Status
Select fro	om Inventory of Active Sampling Points		7/1/25						mplete
			8/1/25						mplete
			9/1/25	- 9/30/	25				mplete
_	ameters (PPS)							= =	per quarter
-	y Point (Sampling Point ID)		Monitor			ollection Pe	riod		ance Status
Select fro	om Inventory of Active Sampling Points		10/1/25					Со	mplete
			1/1/26						
			4/1/26	- 6/30/	26				
_	rameters (PPS)								per month
	g Point (Sampling Point ID)		Monitor			ollection Pe	riod		ance Status
Select fro	om Inventory of Active Sampling Points		7/1/25						mplete
			8/1/25						mplete
M/-1 C1	- FAITDY BOINT (MCF ID	00700\	9/1/25	- 9/30/	25			Со	mplete
•	m Facility: ENTRY POINT (WSF ID	: 00700)							
	Nitrite (NOX)							=	RT) per year
	g Point (Sampling Point ID)		Monitor			ollection Pe	riod		ance Status
ENTRY PO	JINT (3)		1/1/24 -					Co	mplete
			1/1/25 -						
\A/=+= C=+=.	E::: WELL (WCF ID: 240CO)		1/1/26 -	12/31/	/26				
•	m Facility: WELL (WSF ID: 21969)						_	(>=)	
E. Coli (301	•		0.4==:+=	inc D	م امان	allestian D			per month
	g Point (Sampling Point ID)		Monitor 7/1/25			ollection Pe	riod		ance Status
WELL (2)			7/1/25						mplete
			8/1/25						mplete
			9/1/25						mplete
			10/1/25					CO	mplete
			11/1/25						
			12/1/25						
			1/1/26	- 1/31/	20				

2/1/26 - 2/28/26 3/1/26 - 3/31/26 4/1/26 - 4/30/26

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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1130094	WINCHESTER CAFE				NC	25	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
1374 PORTLAN	ND COBALT ROAD	Connections	1		1			

Towns Served: PORTLAND

# **Monitoring Requirements**

Water System Facility: WELL (WSF ID: 21969)

E. Coli (3014)	1 rou	tine (RT) per month	
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26	·	

	Water System Facility and Sampling Point Inventory												
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ								
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α									
		UPSTREAM	WITHIN 5 SERVICE CON	Α									
00700	ENTRY POINT	3	ENTRY POINT	Α									
21969	WELL	2	WELL	Α									
59690	TREATMENT PLANT												

			C	ontact Inf	ormation				
Name				Organization	1			Job Title	
Ms. Donna J. Grabe	ek			Winchester (	Cafe	Trustee			
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
1374 Portland-Coba	alt Road Route	66				Portland		СТ	06480
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	dress		
860-342-0224		0-343-3542		winchester.cafe@snet.net					
					· ·				

# 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.

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

End of schedule

	Connecticut Departmen	nt of Public H	lealth I	Orinkii	ng Water S	Section	
	Water Quality M	onitoring an	d Comp	oliance	<b>Schedule</b>		
PWS ID	PWS Name		С	lassificatio	n Population O	wner Type Pri	imary Source
CT1130104	YMCA CAMP INGERSOLL			NC	653	Р	GW
Local Address (w	vhere applicable)	Service	Residentia	al Comme	rcial Industrial	Combined	Agricultural
ROUTE 66		Connections		1			
Towns Served: P	PORTLAND						
	M	onitoring Requ	uiremen	ts			
Water System	Facility: DISTRIBUTION SYSTEM (	WSF ID: 00600)					
<b>Total Coliform</b>	•				1 r	outine (RT) p	er quarter
Sampling P	Point (Sampling Point ID)		Monitoring	g Period	Collection Perio	d Complia	ınce Status
Select from	Inventory of Active Sampling Points		4/1/25 - 6,				nplete
			7/1/25 - 9,				nplete
			10/1/25 - 1			Cor	nplete
	7		4/1/26 - 6,	/30/26			
Physical Parar			Adamstr. 1	n Donte I		outine (RT) p	-
	Point (Sampling Point ID)		Monitoring		Collection Perio		ince Status
Select from	Inventory of Active Sampling Points		4/1/25 - 6, 7/1/25 - 9,				nplete nplete
			10/1/25 - 1		10/1-12/1		nplete
			4/1/26 - 6		10/1-12/1	COI	прісте
Water System	Facility: ENTRY POINT-TOP PART	OF THE CAMP (WS		•			
Nitrate And N	,	· · · · · · · · · · · · · · · · · · ·				1 routine (R	T) ner vear
	Point (Sampling Point ID)		Monitoring	n Period	Collection Perio	-	ince Status
	NT-TOP PART OF THE CAMP (3)		1/1/24 - 12		4/15-12/1		nplete
	` '		1/1/25 - 12		4/15-12/1		nplete
			1/1/26 - 12		4/15-12/1		•
Water System	Facility: ENTRY POINT-LOWER PA	RT OF THE CAMP	(WSF ID: 0	0701)			
Nitrate And N	itrite (NOX)					1 routine (R	T) per year
Sampling P	Point (Sampling Point ID)		Monitoring	g Period	Collection Perio	d Complia	ınce Status
ENTRY POI	NT-LOWER PART OF THE CAMP (3)		1/1/24 - 12	2/31/24	4/15-12/1	Cor	nplete
			1/1/25 - 12	2/31/25	4/15-12/1	Cor	nplete
			1/1/26 - 12	2/31/26	4/15-12/1		
	Oth	er Compliance	Schedu	les			
Compliance Sch	edule Activity		Du	ıe Date	Achieve	ed Date	
CROSS CONNEC	TION EXEMPTION		3/	1/2026			
	Public	Notification F	Requiren	nents			
		Compliance	Notice	_	Notification	PN Certi	fication
Violation/Situat	tion	Period	Tier	Require		Due to DPH	Received
Physical Parame	ters M&R Violation	10/1/23 - 12/31/23	3	5/21/202	25	5/31/2025	
Total Coliform N	1&R Violation	10/1/23 - 12/31/23	3	5/21/202	25	5/31/2025	
	Water System	Facility and Sa	mpling P	oint Inv	ventory		
Water	*				Total Lead ar	nd	
System Wate Facility ID	er System Facility Sampling ID	Point Sampling Point Description	int	Status	Coliform Coppe Rule Rule Ti	r er Asbestos I	Stage WQP 2 DBPR
00600 DISTR	RIBUTION SYSTEM 01	COURT FOUN	ITAIN	А	Υ		
	02	OFFICE SINK		Α	Υ		
	03	WW FOUNTA	IN	Α	Υ		

	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source				
CT1130104	YMCA CAMP INGERSOLL			NC	653	Р	GW					
Local Address (	where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural				
ROUTE 66		Connections			1							
Towns Served:	PORTI AND											

Connecticut Department of Public Health Drinking Water Section

	Water	System Facil	ity and Sampling P	oint Ir	nvento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPF
		04	WALL FOUNTAIN	Α	Υ				
		05	BH FOUNTAIN	Α	Υ				
		06	UP GAGA FOUNTAIN	Α	Υ				
		07	OLD KK FOUNTAIN	Α	Υ				
		08	GROVE FOUNTAIN	Α	Υ				
		4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	5 SERVICE CONNECTION	Α	Υ				
		UPSTREAM	5 SERVICE CONNECTION	Α	Υ				
00700	ENTRY POINT-TOP PART OF THE CAMP	3	ENTRY POINT-TOP PART	А					
00701	ENTRY POINT-LOWER PART OF THE CAMP	3	ENTRY POINT-LOWER PA	Α					
52901	WELL 2B	2	WELL 2B	Α					
61169	HYDROPNEUMATIC-HOLDING TANK								

Name				Organization			Job Title					
Ms. Michele Rulnic	k			YMCA Camp	Ingersoll							
Mailing Address Lin	e One		Mailing Address Line Two				City	State	Zip Code			
99 Union Street						Middleto	ldletown CT					
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress					
860-347-6907		860-343-6	5254		860-347-6907	mrulnick	ulnick@midymca.org					
Contact Role(s): Le	gal Contact, C	wner										
Name				Organization	1			Job Title				
Mr. Benjamin J. Sill	iman			Northern Mi	ddlesex YMCA		YMCA Cam	p Ing. Dir				
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code			
99 Union St						Middleto	own	СТ	06457			
<b>Business Phone</b>	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress					
860-342-2267					860-347-6907	hsillimar	@midymca	Org				

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End of schedule

	Co	nnecticı Wat	ut Depa ter Qua										ction	
DWC ID	DVA		ter Qua	illey ivi	OIII	ornig o	iiia Ci						or Tuno F	rimarı Caur
PWS ID		/S Name	CODALT DO	<b>.</b>				C	NC	n Pop	25	Owi	P P	Primary Sour
CT113011		PORTLAND (	LOBALI KOA	ΑD		Comico	Doois	d = .e.k.; =		naial		امنا	-	GW
	,	e applicable)				Service Connectio		dentia		erciai	Industr	ıaı	Combined	l Agricultui
860 PORTI						Connectio	113		1					
Towns Ser	vea: POR	ILAND												
				M	lonit	oring Re	quirer	nent	ts					
Water Sy	stem Fac	ility: DISTR	IBUTION S	YSTEM (	WSF I	D: 00600)								
	liform (3	100) t (Sampling Po	oint ID)				Moni	torina	Period	Colle	ction Pe			per quarte
				. Doints						Colle	CUOII PE	eriou		
Selec	L ITOITI IIIV	entory of Acti	ve sampling	Points					/30/25					omplete
									/30/25				C	omplete
									2/31/25					
									/31/26 /30/26					
Physical	Paramet	ers (PPS)										1 rou	itine (RT)	per quarte
Samp	oling Point	t (Sampling Po	oint ID)				Moni	toring	Period	Colle	ction Pe	eriod	Compl	iance Status
Selec	t from Inv	entory of Acti	ve Sampling	Points			4/1/	25 - 6/	/30/25				Co	omplete
							7/1/2	25 - 9/	/30/25				Co	omplete
							10/1/2	25 - 12	2/31/25					
							1/1/2	26 - 3/	/31/26					
							4/1/2	26 - 6/	/30/26					
Water Sy	stem Fac	ility: ENTRY	POINT (V	VSF ID: 0	0700)									
		te (NOX)	•									1	routine (	RT) per yea
		t (Sampling Po	oint ID)				Moni	toring	Period	Colle	ction Pe		-	iance Status
	RY POINT (		,						/31/24	_				omplete
	•	,							/31/25					omplete
									/31/26					•
				Oth	ner C	omplian								
Compliand	ca Schadu	lo Activity		<b>O</b> (.		ompilan.	CC OCI		e Date		Achi	eved	Data	
		ARY SURVEY									ACIII	eveu	Dute	
RESPUND	TO SAINTI			_		١. ١.			8/2009					
			Water S	ystem	Facil	ity and S	ampli	ng P	oint In	vent	ory			
Water				c "		c !:				Total		and		-
System Facility ID	_	stem Facility		Sampling ID		Sampling I				Coliforr Rule	-	•	Achastas	Stag WQP 2 DB
		ITION SYSTEM	1					·	<u>Status</u>	Y	Nuit	riei	ASDESIUS	WQP Z DB
00600	DISTRIBU	TION SYSTEM		4		DISTRIBUT			A	Y				
						WITHIN 5			A					
20722	5.1.T.D.V.D.V			UPSTR	EAIVI	WITHIN 5		LON	Α .					
00700	ENTRY PO	ואוכ		3		ENTRY POI	IN I		A					
21971	WELL #1			2		WELL #1			A					
47902	WELL #2			2		WELL #2			A					
					Con	tact Info	ormati	on						
Name					O	rganization							Job Title	
Mr. Victor	r Realejo				Re	ealejo Prope	erties LLC			M	lember			
Mailing Ad	ddress Line	e One		Mailing /	Addres	s Line Two					City		State	Zip Code
17 Arvid R	load								Port	tland			СТ	06480
Business	s Phone	Extension	Fax		Mobi	ile Phone	Emerge	ncy Pl	none Ema	ail Addr	ess			

	Connecticut Department	of Public H	ieaitr	וע ו	rinking	g water	Section	
	Water Quality Mon	itoring an	d Con	npl	liance S	Schedul	le	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1130114	860 PORTLAND COBALT ROAD		NC		25	Р	GW	
Local Address (	where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
860 PORTLAND	COBALT ROAD	Connections			1			
Towns Served:	PORTLAND							
860-342-443	36							

ar a CD Islandia Datalar Allar Mara Carat

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

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End of schedule

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Co	onnectic	ut Depar	rtment of	f Public	Health	Drir	nking V	<i>N</i> ater:	Section	
		•	ity Monit							
PWS ID PV	/S Name	ter quar	icy Monit	or mg a	ina don					Primary Source
	RTLAND CITG	0				N		25	Ρ	GW
Local Address (whe	re applicable)			Service	Resident	tial Co	mmercial	Industria	I Combine	d Agricultural
1633 PORTLAND CO				Connection	ns		1			
Towns Served: POR	TLAND									
			Monite	oring Re	quireme	nts				
Water System Fac	cility: DISTR	IBUTION SYS								
Total Coliform (3	3100)							1	routine (RT	) per quarter
Sampling Poin	t (Sampling P	oint ID)			Monitori	ng Peri	od Coll	ection Peri	od Comp	liance Status
Select from Inv	entory of Acti	ive Sampling F	Points		4/1/25 -	6/30/2	!5		C	Complete
					7/1/25 -				C	Complete
					10/1/25 -				C	Complete
					1/1/26 -					
					4/1/26 -	6/30/2	:6			
Physical Paramet										) per quarter
Sampling Poin					Monitorii			ection Peri		liance Status
Select from Inv	entory of Acti	ive Sampling F	Points		4/1/25 -					Complete
					7/1/25 -					Complete
					10/1/25 -				(	Complete
					1/1/26 -					
Water System Fac	sility: ENTD	V DOINT (M	SE ID: 00700\		4/1/26 -	6/30/2	.6			
Nitrate And Nitri	•	i POINT (W.	3F 1D. 00700)						1 routing	(RT) per year
Sampling Poin	• •	oint ID)			Monitorii	na Peri	od Coll	ection Peri		liance Status
ENTRY POINT		<i></i>			1/1/24 - :					Complete
	.~/				1/1/25 - 1					Complete
					1/1/26 - :					<u> </u>
		Water Sy	stem Facili	ity and S				tory		
Water		•		•			Tota	-	ınd	
	ystem Facility	S	ampling Point	Sampling F	Point		Colifo			Stage
Facility ID			ID	Description	1	Sta	itus Rule	e Rule T	ier Asbesto	s WQP 2 DBPR
00600 DISTRIBU	JTION SYSTEM	1	4	DISTRIBUTI	ON SYSTEM	A	Α Υ			
			OWNSTREAM	WITHIN 5 S	SERVICE CON	<i> </i>	4			
			UPSTREAM	WITHIN 5 S	SERVICE CON	<i> </i>	4			
00700 ENTRY P	OINT		3	ENTRY POI	NT	P	4			
21972 WELL			2	WELL			4			
			Con	tact Info	rmation					
Name				rganization					Job Title	
Mr. John L. Baker		T		d Ltd.			I	President		
Mailing Address Lin	e One	N	Mailing Address	s Line Two				City	State	Zip Code
P.O. Box 577			T				Naugatuc		CT	06770
Business Phone	Extension	Fax		ile Phone	Emergency					
203-723-0917		203-723-09	910		203-723-	0917	HARBOR.	PETRO@SB	CGLOBAL.NE	T

Schedule Generation Date: 12/12/2025

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

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

		_	U		_ I		1	
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT1130144	PORTLAND CITGO				NC	25	Р	GW
Local Address (v	vhere applicable)		Service	Residen	tial Commerci	ial Industri	al Combine	ed Agricultural
1633 PORTLAND	COBALT ROAD		Connections		1			
Towns Served: F	PORTLAND		·				•	

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End of schedule

Schedule Generation Date: 12/12/2025 Page 14

	Connectiont De	anartment of	Dublic U	oolth	Drink	ring I	Matan	Soci	ation	
	Connecticut De	uality Monit							LUOII	
PWS ID	PWS Name	quality Monit	or mg am	ı Con			n Population		ar Tyna [	Primary Source
CT1130174	AXELROD TIRE AND SER	VICE CENTER			NC	tion i c	25	OWIN	P	GW
	(where applicable)	VICE CENTER	Service	Resident		mercial	Industri	al (	Combined	_
	ND COBALT ROAD		Connections	Residen		1	maastri	ai C	Combine	Agricultural
Towns Served						1				
TOWITS SETVED	. I OKILAND	Monito	oring Requ	ireme	nts					
Water Syste	m Facility: DISTRIBUTIO									
Total Colifo								L rout	ine (RT)	per quarter
	g Point (Sampling Point ID)			Monitoring Period Collection Period Compli						liance Status
	om Inventory of Active Sam	pling Points		7/1/25 -						omplete
	,	. •			12/31/25					
				1/1/26 -						
				4/1/26 -						
Physical Par	rameters (PPS)				. , -		1	rout	ine (RT)	per quarter
Sampling	g Point (Sampling Point ID)		1	Monitori	ng Period	Colle	ection Pe	riod	Comp	liance Status
Select fro	om Inventory of Active Sam		7/1/25 -	9/30/25				C	omplete	
			1	.0/1/25 -	12/31/25					
				1/1/26 -	3/31/26					
				4/1/26 -	6/30/26					
Water Syste	m Facility: ENTRY POIN	T (WSF ID: 00700)								
Nitrate And	Nitrite (NOX)							1 r	outine (	RT) per year
Sampling	g Point (Sampling Point ID)		ı	Monitori	ng Period	Colle	ection Pe	riod	Comp	liance Status
ENTRY P	OINT (3)			1/1/24 - :	12/31/24				C	omplete
				1/1/25 - :	12/31/25				C	omplete
				1/1/26 - :	12/31/26					
		Other Co	ompliance	Sched	ules					
Compliance S	chedule Activity			L	Due Date		Achie	ved D	ate	
CROSS CONNI	ECTION SURVEY REPORT			3	3/1/2029					
	Wate	er System Facili	ity and San	npling	Point I	nvent	ory			
Water						Tota	l Lead	and		
	ater System Facility	Sampling Point		t		Colifor				Stage
Facility ID		ID	Description		Statu		Rule	Tier	Asbestos	WQP 2 DBPR
00600 DIS	STRIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ				
		ATC1	AT BREAK RM	SINK	Α	Υ				
		ATC2	AT MR SINK		Α	Υ				
		ATC3	AT WR SINK		Α	Υ				
		ATC4	CLINE RR SINK		Α	Υ				
		ATC5	REAR GARAGE		Α	Υ				
		DOWNSTREAM								
		UPSTREAM	WITHIN 5 SER	VICE CON						
00700 EN	TRY POINT	3	ENTRY POINT		Α					

WELL

2

21975 WELL

61185 POLYATMOSPHERIC TANK

Schedule Generation Date: 12/12/2025 Page 15

C	onnectic	•						Ŭ			11	
	Wa	ter Qua	lity ľ	Monit	oring a	nd Con	npl	iance S	chedul	e		
PWS ID P\	VS Name						Clas	sification I	Population	Owner Typ	oe P	rimary Sour
CT1130174 A	KELROD TIRE A	ND SERVICE	CENTE	R				NC	25	Р		GW
Local Address (whe	re applicable)				Service	Resider	ntial	Commercia	l Industri	ial Combin		Agricultur
1619 PORTLAND C	OBALT ROAD				Connection	ctions 1						
Towns Served: POF	RTLAND											
				Con	tact Info	rmation	า					
Name				Or	ganization					Job T	itle	
Portland Property	LLC											
Mailing Address Lir	ne One		Mailin	g Address	Line Two				City	Stat	:e	Zip Code
30 R Bartholomew	Ave.							Hartford	ford CT 06106			
Business Phone	Extension	Fax		Mobil	le Phone	Emergency	y Pho	ne Email A	Address			
				860-9	19-3333			Mike@v	/like@wntus.com			
Contact Role(s): C	wner				·			·				
Name				Or	ganization					Job T	itle	
Mr. Mike C. Hamli	n			Po	rtland Prope	erty, LLC			Owner			
Mailing Address Lir	ne One		Mailing	g Address	Line Two				City	Stat	:e	Zip Code
30R Bartholomew	Ave							Hartford	t	СТ		06106
<b>Business Phone</b>	Extension	Fax		Mobil	le Phone	Emergency	y Pho	ne Email A	ddress			
860-206-6284	6	860-206-	6251			860-919	-3333	mhamli	n@wntus.c	om		
Contact Role(s): C	wner											
Name				Or	ganization					Job T	ïtle	
Mrs. Denise E. Voj	nich			Po	rtland Prope	erty, LLC			Cfo			
Mailing Address Lir	ne One		Mailin	g Address	Line Two				City	Stat	:e	Zip Code
30R Bartholomew	Ave							Hartford	k	СТ	-	06106
Business Phone	Extension	Fax		Mobil	le Phone	Emergency	y Pho	ne Email A	ddress			
860-206-6284		860-206-	6251			860-869	-8168	denise@	wntus.con	n		
Contact Role(s): A	dministrative	Contact										
Please note the fo	llowing:											

Connecticut Department of Public Health Drinking Water Section

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

End of schedule

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Connecticut Departm	ient of Public I	Health Di	rinking \	Nater S	ection	
Water Quality	Monitoring an	d Compl	iance Sc	hedule		
PWS ID PWS Name		Clas	ssification Po	pulation Ov	vner Type Pr	imary Source
CT1130184 GULF EXPRESS			NC	28	Р	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined	Agricultural
1096 PORTLAND-COBALT ROAD	Connections		1			
Towns Served: PORTLAND	-				I	
	Monitoring Req	uirements				
Water System Facility: DISTRIBUTION SYSTEM	И (WSF ID: 00600)					
Total Coliform (3100)				1 ro	utine (RT) <sub>I</sub>	er quarter
Sampling Point (Sampling Point ID)		Monitoring P	eriod Colle	ection Period		ance Status
Select from Inventory of Active Sampling Point	S	4/1/25 - 6/30	0/25		Co	mplete
		7/1/25 - 9/30	0/25		Co	mplete
		10/1/25 - 12/3	31/25		Co	mplete
		1/1/26 - 3/3	1/26			
		4/1/26 - 6/30	0/26			
Physical Parameters (PPS)				1 ro	utine (RT) <sub>I</sub>	er quarter
Sampling Point (Sampling Point ID)		<b>Monitoring P</b>	eriod Colle	ection Period	d Compli	ance Status
Select from Inventory of Active Sampling Point	S	4/1/25 - 6/30	0/25		Co	mplete
		7/1/25 - 9/30	0/25		Co	mplete
		10/1/25 - 12/	31/25		Co	mplete
		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)				:	L routine (R	T) per year
Sampling Point (Sampling Point ID)		<b>Monitoring</b> P	eriod Colle	ection Period	d Compli	ance Status
ENTRY POINT (3)		1/1/24 - 12/3	31/24		Co	mplete
		1/1/25 - 12/3	31/25		Co	mplete
		1/1/26 - 12/3	31/26			
	Other Compliance	e Schedule	es			
Compliance Schedule Activity		Due	Date	Achieved	l Date	
RESPOND TO SANITARY SURVEY		3/10/	/2008			
Pul	olic Notification I	Requireme	ents			
	Compliance	Notice	Public Noti	fication	PN Cert	ification
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
E. Coli	10/1/20 - 5/21/21	3	1/12/2022		1/22/2022	
Water Syste	m Facility and Sa	mpling Po	int Invent	tory		
Water			Tota	l Lead and	<u></u>	
	ling Point Sampling Po	int	Colifor			Stage
Facility ID	ID Description		Status Rule	Rule Tie	r Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4 DISTRIBUTIO		A Y			
	NSTREAM WITHIN 5 SE		Α			
	STREAM WITHIN 5 SE		Α			
00700 ENTRY POINT	3 ENTRY POINT		Α			

WELL

2

22933 WELL #1

Schedule Generation Date: 12/12/2025 Page 17

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(	Connectic							_				l	
	Wa	ter Qua	lity Moı	nitoring a	and	Com	plia	nce S	Sche	dul	e		
PWS ID P	WS Name					(	Classifi	cation	Popula	tion	Owner Type	Prin	nary Source
CT1130184 G	ULF EXPRESS						N	С	28		Р		GW
Local Address (wh	ere applicable)			Service	Re	esidenti	al Co	mmerci	al Ind	ustria	al Combin	ed	Agricultural
1096 PORTLAND-0	COBALT ROAD			Connection	ons			1					
Towns Served: PO	RTLAND												
			C	ontact Inf	orma	ation							
Name				Organization							Job Titl	е	
Mr. Christopher C	Constant												
Mailing Address L	ne One		Mailing Add	ress Line Two					City		State	Z	Zip Code
2 Jericho Plaza			Suite 110					Jericho			NY		11753
Business Phone	Extension	Fax	N	lobile Phone	Emei	rgency F	Phone	Email A	Address				
516-478-5467													
Contact Role(s):	Legal Contact												
Name				Organization							Job Titl	e	
Mr. Brad Fisher				Getty Realty	Corp				Dir of	Envi	ronmental		
Mailing Address L	ne One		Mailing Add	ress Line Two					City		State	7	Zip Code
292 Madison Ave			9Th Floor					New Yo	ork		NY		10017
Business Phone	Extension	Fax	N	lobile Phone	Emei	rgency F	Phone	Email A	Address				

Contact Role(s): Administrative Contact, Owner

#### Please note the following:

646-349-0573

- 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.

203-241-1675

bfisher@gettyrealty.com

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

End of schedule

	Connectic	ut Denartr	nent of	f Public	Health	Drii	nking \	Water	Section	
		ter Quality					_			
PWS ID	PWS Name	ter quarry	MOIII	toring a	iiu coii					Primary Sour
CT1130204	ARRIGONI WINE	RY. LLC					IC	25	P	GW
	(where applicable)	,		Service	Resident		mmercial	Industria	l Combine	
	ID-COBALT ROAD			Connection					2	0 11 11
Towns Served:										
			Monit	oring Red	guireme	nts				
Water Systen	n Facility: DISTR	IBUTION SYSTE			•					
<b>Total Colifor</b>	m (3100)							1	routine (R1	) per quarte
Sampling	Point (Sampling Po	oint ID)			Monitori	ng Peri	od Coll	ection Peri	od Com	oliance Status
Select fro	m Inventory of Acti	ve Sampling Poin	ts		4/1/25 -				(	Complete
					7/1/25 -				(	Complete
					10/1/25 -				(	Complete
					1/1/26 -					
					4/1/26 -	6/30/2	:6			
-	ameters (PPS)								-	) per quarte
	Point (Sampling Po				Monitorii			ection Peri		oliance Status
Select fro	m Inventory of Acti	ve Sampling Poin	ts		4/1/25 -					Complete
					7/1/25 -					Complete
					10/1/25 -					Complete
					1/1/26 -					
M/-1 C1	. E III. ENTRY	COUNT ANGEL	D 00700\		4/1/26 -	6/30/2	.6			
•	n Facility: ENTRY	POINT (WSFT	ט: טטייטטן						4	/n=\
	Nitrite (NOX)									(RT) per yea
	Point (Sampling Po	oint ID)			Monitorii			ection Peri		oliance Status
ENTRY PC	ואוז (3)				1/1/24 - 1					Complete
					1/1/25 - 1 1/1/26 - 1					Complete
		<b>M</b>		·				•		
		Water Syste	m Facii	ity and S	ampling	Poin		<del>-</del>		
Water	tor Custom Fasility	Carre	alina Doint	Campalina D	) o int		Tota			C4
System Wa Facility ID	ter System Facility	Sum	ID	Sampling P Description			Colifo Rul			Stag S WQP 2 DBI
	TRIBUTION SYSTEM		4	DISTRIBUTI			i <u>tus Rui</u> A Y	t Huite i	TET PISSESTE	5 WQ: 2 DD:
00000 213	TRIBOTION STSTEM			5 SERVICE (	_		\ 4 Y			
			STREAM		CONNECTIO		4 Y			
00700 ENT	TRY POINT		3	ENTRY POI			4			
61084 WE			2	WELL			4			
61088 WE			2	WELL 2			4			
				ntact Info	rmation					
Name				rganization	mation				Job Title	
Mr. Edward M	lanner			rrigony Wine	erv			Manager	וווו מטנ	-
Mailing Addres		Mail	ing Addres		y			City	State	Zip Code
1297 Portland		iviali	Addies	S LITTE T VVO			Portland	City	CT	06480
Business Pho		Fax	Mohi	ile Phone	Emergency	Phone		dress	Ci	30-100
860-221-51		860-342-0231			860-221-			@aol.com		
						· <b>-</b>		_ =====================================		

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

Schedule Generation Date: 12/12/2025 Page 19

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
CT1130204	ARRIGONI WINERY, LLC			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
1297 PORTLAND	O-COBALT ROAD	Connections				2	

Towns Served: PORTLAND

### Please note the following:

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

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End of schedule

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	Connectic	ut Depa	rtment o	f Public	Health	Drii	nking	g Wa	ater	Se	ction		
	Wa	ter Qual	ity Moni	toring a	ind Com	plia	ince S	Sche	edul	e			
PWS ID	PWS Name										er Type F	rimary	Source
CT1130224	DOLLAR GENERA	AL - PORTLAN	ID			N	١C	2	!5		Р	GW	V
Local Address (v	vhere applicable)			Service	Resident	tial Co	ommerci	al In	dustria	al (	Combined	l Agric	ultural
				Connectio	ns		1						
Towns Served: F	PORTLAND												
					quireme	nts							
-	Facility: DISTR	IBUTION SY	STEM (WSF	ID: 00600)									
Total Coliforn	3	4 1									tine (RT)		
	Point (Sampling P	-	<b>D</b> : .		Monitorii			ollecti	ion Per	riod		iance S	
Select from	Inventory of Act	ive Sampling	Points		4/1/25 -							omplete	
					7/1/25 -							omplete	
					10/1/25 -						Co	omplete	!
					1/1/26 -								
	. (555)				4/1/26 -	6/30/2	26				()		
Physical Para	• •	nint (D)			0.4 a mita ni	na Davi	:!	- !!+			tine (RT)	-	
	Point (Sampling P		Doints		Monitorii	_		onecti	ion Per	10a	•	iance S	
Select Iron	Inventory of Act	ive Sampling	POIITES		4/1/25 - 7/1/25 -							omplete omplete	
					10/1/25 -							omplete	
					1/1/26 -						C	Jilipiete	:
					4/1/26 -								
Matar Systam	Facility: ENTR	V DOINT (M	ISE ID: 00700	1	4/1/20-	0/30/2	20						
•	•	T POINT (W	3F ID: 00/00	)								D=\	
Nitrate And N	litrite (NOX) Point (Sampling P	oint ID)			Monitorii	na Bori	ind C	allacti	ion Per		routine (	kı) pei <i>iance S</i> i	•
ENTRY POI		טווונ וטן			1/1/24 - :			onecu	ion Per	iou		omplete	_
LIVINI POII	(3)				1/1/24 - 1							omplete	
					1/1/25 - 1						Cl	Jilipiete	<u> </u>
		<b>14</b> /21 2 2 <b>C</b>	<b>.</b>	l' l c									
		water Sy	stem Faci	lity and S	ampling	Poin							
Water System Water Facility ID	er System Facility	9	Sampling Poin ID	t Sampling I		<b>.</b> .	Coli	otal form ule	Lead ( Copp	oer	Asbestos		Stage 2 DRPR
	RIBUTION SYSTEM	1	4	-	ION SYSTEM		itus	Y					
00000 01311			T DOWNSTREAN				A	Υ					
		'	UPSTREAM		SERVICE CON			Ү					
00700 ENTR	Y POINT		3	ENTRY POI			Α	•					
62945 WELL			2	WELL # 1			<u>,</u>						
	ORTLAND WTP			***************************************									
32331 001	WII		Car	shoot lof									
					ormation								
Name			C	Organization							Job Title		
Mr. Gary Eucali		1											
Mailing Address	Line One		Mailing Addre	ss Line Two				Ci	ty		State	Zip Co	
PO Box 748				:	_		Torring				СТ	0679	90
Business Phor		Fax	Mok	oile Phone	Emergency	Phone							
860-307-547	9						eucalit	togary	/@gma	il.co	m		

Contact Role(s): Administrative Contact, Owner

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

	<u> </u>						
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1130224	DOLLAR GENERAL - PORTLAND			NC	25	Р	GW
Local Address (v	here applicable)	Service	Residen	itial Commerc	ial Industri	al Combine	ed Agricultural
		Connections		1			

Towns Served: PORTLAND

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