Co	onnectic							0			ection	
		ter Qua	lity Mo	onit	coring a	nd Con						
	/S Name									n Ow		Primary Source
	ARIKA'S PLACE							IC	29		Р	GW
Local Address (whe					Service Connection	Residen	tial Co	mmercial	Indust	rial	Combined	d Agricultural
156 PROVIDENCE T					Connection	15		1				
Towns Served: PUT	NAM			_						_		
Water System Fac	rility: DISTR	IRLITION S			oring Red	quireme	nts					
Total Coliform (3		ibo non 3	ISILIVI (VV 31 1	D. 00000j					1 ro	ıtina (PT)	per quarter
Sampling Poin	•	oint ID)				Monitori	na Peri	ind Col	lection F			liance Status
Select from Inv			Points			4/1/25 -				criou		omplete
Sciece from fin	rentory of Act	ive Jampinig	, 1 011113			7/1/25 -						omplete
						10/1/25 -						omplete
						1/1/26 -					Ci	Jilipiete
						4/1/26 -						
Physical Paramet	ters (PPS)									1 ro	utine (RT)	per quarter
Sampling Poin	t (Sampling P	oint ID)				Monitori	ng Peri	od Col	lection F	Period	Comp	liance Status
Select from Inv	entory of Act	ive Sampling	Points			4/1/25 -						omplete
						7/1/25 -						omplete
						10/1/25 -	12/31/	/25			C	omplete
						1/1/26 -	3/31/2	26				
						4/1/26 -	6/30/2	26				
Water System Fac	cility: ENTR	Y POINT (V	VSF ID: 00	0700)								
Nitrate And Nitri	te (NOX)									1	routine (RT) per year
Sampling Poin	t (Sampling P	oint ID)				Monitori	ng Peri	od Col	lection F	Period	Comp	liance Status
ENTRY POINT ((3)					1/1/24 -	12/31/	24			C	omplete
						1/1/25 -	12/31/	25			C	omplete
						1/1/26 -	12/31/	26				
			Oth	er C	omplian	ce Sched	ules					
Compliance Schedu	le Activity					ı	Due Da	te	Ach	ieved	Date	
RESPOND TO SANIT	ARY SURVEY					10)/12/20	025				
		Water S	ystem I	Facil	ity and S	ampling	Poin	t Inven	tory			
Water								Toto		d and		_
	ystem Facility		Sampling ID	Point	Sampling P Description			Colifo		pper	Achastas	Stage 2 DRDD
Facility ID	ITION CYCTEN	•			-			itus Rul	e kui	ie i ier	Aspestos	WQP 2 DBPR
00600 DISTRIBU	JTION SYSTEM		4			ON SYSTEM		A Y				
					WITHIN 5 S			A				
			UPSTRE	AM		ERVICE CON		A				
00700 ENTRY P	OINT		3		ENTRY POI	NT	,	А				
22009 WELL			2		WELL		/	Α				
				Con	itact Info	rmation						
				О	rganization						Job Title	
Name				N /	larika's Place	1						
Name Mr. George Exarho	ulias			IV	iai ika 5 Piace							
			Mailing A		s Line Two	•			City		State	Zip Code
Mr. George Exarho	e One		Mailing A			-		Putnam	City		State CT	Zip Code 06260
Mr. George Exarho Mailing Address Lin	e One	Fax	Mailing A	ddres		Emergency	Phone		•			-

Schedule Generation Date: 12/12/2025

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1160034	MARIKA'S PLACE			NC	29	Р	GW
Local Address (w	vhere applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
156 PROVIDENC	E TURNPIKE	Connections		1			

Towns Served: PUTNAM

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

Schedule Generation Date: 12/12/2025

Connectic	ut Department of	Fublic Heal	th Drinki	ng W	ater Se	ction	
	ter Quality Monit						
PWS ID PWS Name	ter quarity monit	oring and C				or Type Pr	imary Source
	MMONS OF PUTNAM		NC	-	25	P P	GW
Local Address (where applicable)	VIIVIONS OF POTNAMI	Service Resi	dential Comm			Combined	Agricultural
7 PROVIDENCE TURNPIKE		Connections	1		luustiiai	Combined	Agricultural
Towns Served: PUTNAM							
TOWITS SELVED. FOTNAIVI	Monit	oring Dogwiner					
Water System Facility: DISTR		oring Requirer D: 00600)	nents				
Total Coliform (3100)					1 ro	utine (RT)	per month
Sampling Point (Sampling Po	oint ID)	Moni	toring Period	Collect	ion Period	Compli	ance Status
Select from Inventory of Acti	ve Sampling Points	7/1/	25 - 7/31/25			Соі	mplete
		8/1/	25 - 8/31/25			Coi	mplete
		9/1/	25 - 9/30/25			Coi	mplete
		10/1/	25 - 10/31/25				mplete
		11/1/	25 - 11/30/25			Coi	mplete
		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				
Physical Parameters (PPS)					1 ro	utine (RT)	per month
Sampling Point (Sampling Po	oint ID)	Moni	toring Period	Collect	ion Period	Compli	ance Status
Select from Inventory of Acti	ve Sampling Points	7/1/	25 - 7/31/25			Coi	mplete
		8/1/	25 - 8/31/25			Coi	mplete
		9/1/	25 - 9/30/25			Coi	mplete
		10/1/	25 - 10/31/25			Coi	mplete
		11/1/	25 - 11/30/25			Coi	mplete
		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 (R	T) per year
Sampling Point (Sampling Po	oint ID)	Moni	toring Period	Collect	ion Period	Compli	ance Status
ENTRY POINT (3)			4 - 12/31/24				mplete
			5 - 12/31/25			Coi	mplete
		1/1/2	6 - 12/31/26				
	Water System Facil	ity and Sampli	ng Point Ir	vento	ry		
Maken				Total	Lead and		
Water				Total	LCGG GIIG		
System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description		Coliform Rule	Copper		Stage WQP 2 DBPR

4

DISTRIBUTION SYSTEM

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Schedule Generation Date: 12/12/2025

DISTRIBUTION SYSTEM

00600

	Connecticut L	Department of Public	Healt	ע n	rinking	g water	Section	
	Water	Quality Monitoring a	and Co	mp	liance S	Schedu	le	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT1160064	STONEWALL COMMO	NS OF PUTNAM			NC	25	Р	GW
Local Address	(where applicable)	Service	Reside	ntial	Commerci	ial Industri	ial Combin	ed Agricultural
7 PROVIDENCI	E TURNPIKE	Connection	ons		1			
Towns Served	: PUTNAM		·					
	Wat	ter System Facility and S	Samplin	g Po	oint Inve	entory		
Water	stor System Egsility	Sampling Point Sampling	Point			otal Lead		Stano

Wa	ter System Facil	ity and Sampling P	oint Ir	vento	ry			
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
	UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700 ENTRY POINT	3	ENTRY POINT	Α					
22703 WELL	2	WELL	Α					
56917 WATER SOFTENER								

56917 WATER S	OFTENER								
				Contact Inf	formation				
Name				Organization	า			Job Title	}
Tavern Brook LLC									
Mailing Address Lin	e One		Mailing A	ddress Line Two			City	State	Zip Code
826 Southbridge Str	reet		Suite 100			Auburn		MA	01501
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress		
508-721-0005		508-721-0	0055						
Contact Role(s): O	wner								
Name				Organization	า			Job Title	è
Mr. Kyle Napierata				Laframboise	Water Services		Certified O	perator	
Mailing Address Lin	e One		Mailing A	ddress Line Two			City	State	Zip Code
647 Thompson Roa	d		P.O. Box 3	303		Thomps	on	СТ	06277
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress		

Contact Role(s):	Administrative Contact		
Name		Organization	Job Title

Mr. Michael C. O'brienTavern Brook, LLCMemberMailing Address Line OneMailing Address Line TwoCityStateZip Code826 Southbridge StreetSuite 100AuburnMA01501

860-508-1330

justine@thewaterexperts.com

826 Southbridge Street Suite 100 Auburn MA 01501

Business Phone Extension Fax Mobile Phone Emergency Phone Email Address

508-721-0005 508-721-0055

Contact Role(s): Legal Contact

Please note the following:

860-624-2327

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

860-923-9971

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	oartment of	f Public H	lealth	Drin	king \	Water	r Se	ection	
	Water Qu	ality Monit	oring an	d Com	plian	ice Sc	hedu	le		
PWS ID	PWS Name				Classific	ation Po	pulation	Owi	ner Type Pr	imary Source
CT1160074	VILLAGE SHOPPING PLAZA	l			NC		49		Р	GW
Local Address ((where applicable)		Service	Resident	ial Com	mercial	Industr	ial	Combined	Agricultural
22 WOODSTO	CK AVE W (ROUTE 171)		Connections			5				
Towns Served:	PUTNAM									
		Monit	oring Requ	ıiremer	nts					
Water Systen	n Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)							
Total Colifor	m (3100)						:	1 rou	ıtine (RT) ו	er quarter
Sampling	Point (Sampling Point ID)			Monitorir	ng Period	d Coll	ection Pe	eriod	Compli	ance Status
Select fro	m Inventory of Active Sampli	ng Points		4/1/25 -	6/30/25				Co	mplete
				7/1/25 -	9/30/25				Co	mplete
				10/1/25 -		5			Co	mplete
				1/1/26 -	3/31/26					
				4/1/26 -	6/30/26					
-	ameters (PPS)									per quarter
	Point (Sampling Point ID)			Monitorir		d Coll	ection Pe	eriod	Compli	ance Status
Select fro	m Inventory of Active Sampli	ng Points		4/1/25 -	6/30/25				Co	mplete
				7/1/25 -	9/30/25				Co	mplete
				10/1/25 -	12/31/2	5			Co	mplete
				1/1/26 -	3/31/26					
				4/1/26 -	6/30/26					
Water Systen	n Facility: ENTRY POINT	(WSF ID: 00700)								
Nitrate And	Nitrite (NOX)							1	routine (R	T) per year
Sampling	Point (Sampling Point ID)			Monitorin	ng Period	d Coll	ection Pe	eriod	Compli	ance Status
ENTRY PC	DINT (3)			1/1/24 - 1	12/31/24	ļ			Co	mplete
				1/1/25 - 1	12/31/25	,			Co	mplete
				1/1/26 - 1	12/31/26	j				
Water Systen	n Facility: WELL (WSF ID	: 22704)								
E. Coli (3014	1)						:	1 rou	ıtine (RT) _ا	oer quarter
Sampling	Point (Sampling Point ID)			Monitorin	ng Period	d Coll	ection Pe	eriod	Compli	ance Status
WELL (2)				4/1/25 -	6/30/25				Co	mplete
				7/1/25 -	9/30/25				Co	mplete
				10/1/25 -	12/31/2	5			Co	mplete
				1/1/26 -	3/31/26					
				4/1/26 -	6/30/26					
	Water	System Facil	ity and Sar	npling	Point	Inven	tory			
Water						Tota	ıl Lead	and		
*	ter System Facility	Sampling Point		nt		Colifo	-			Stage
Facility ID		ID	Description		Stati		e Rule	Tier	Asbestos	WQP 2 DBPR
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ				
		DOWNSTREAM								
		UPSTREAM	WITHIN 5 SER	VICE CON	Α					
00700 ENT	TRY POINT	3	ENTRY POINT		Α					
22704 14/5		2	\ A / E							

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WELL

2

22704 WELL

Schedule Generation Date: 12/12/2025 Page 5

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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT1160074	VILLAGE SHOPPING PLAZA				NC	49	Р	GW
Local Address (w	here applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
22 WOODSTOCK	(AVE W (ROUTE 171)	Connections			5			

Towns Served: PUTNAM

				Contact Info	ormation				
Name Organization								Job Title	
Mr. Doug Porter				Woodstock B	uilding Associates		Legal Contact		
Mailing Address Line	e One		Mailing	g Address Line Two			City	State	Zip Code
78 Prospect St						Woodsto	ock	СТ	06281
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress		
860-928-0897		860-928-6	5556		860-928-3125	www.wb	ahomes.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.

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

End of schedule

Connecticut Department of P				•			ection	
Water Quality Monitor	ing and	d Con	_			_		
PWS ID PWS Name			Cla		-	Ov		rimary Source
CT1169033 COLONIAL PLAZA CONDOMINIUM ASSN, INC.		5		NC	40		Р	GW
` ' '	rvice nnections	Residen	itial	Commerc	ial Industr	ıal	Combined	Agricultural
554 LIBERTT THOTTWAT	illections			1				
Towns Served: PUTNAM	_							
Monitori Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0		iireme	nts	.				
Total Coliform (3100)						1 ro	outine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitori	ina F	Period (Collection Pe			iance Status
Select from Inventory of Active Sampling Points		4/1/25 -						mplete
, , , , , , , , , , , , , , , , , , ,		7/1/25 -						mplete
		10/1/25 -		-				•
		1/1/26 -						
		4/1/26 -						
Physical Parameters (PPS)						1 ro	utine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitori	ing F	Period C	Collection Po			iance Status
Select from Inventory of Active Sampling Points		4/1/25 - 6/30/25					Co	mplete
		7/1/25 - 9/30/25					Co	mplete
		10/1/25 -	12/	31/25				
		1/1/26 - 3/31/26						
		4/1/26 -	6/3	0/26				
Water System Facility: ENTRY POINT (WSF ID: 00700)								
Nitrate (1040)						1 ro	utine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitori	ing F	Period C	Collection Po			iance Status
ENTRY POINT (3)		4/1/25 -	6/3	0/25			Co	mplete
		7/1/25 -	9/3	0/25			Co	mplete
	10/1/25 - 12/31/25							
		1/1/26 - 3/31/26						
		4/1/26 -	6/3	0/26				
Nitrite (1041)						1	1 routine (f	RT) per year
Sampling Point (Sampling Point ID)		Monitori	ing F	Period C	Collection Pe	eriod	d Compl	iance 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 - 12/31/26							
Water System Facility: WELL 1 (WSF ID: 49293)								
E. Coli (3014)						1 ro	utine (RT)	per quarter
Sampling Point (Sampling Point ID)		Monitori	ing F	Period C	Collection Pe	eriod	d Compl	iance Status
WELL 1 (2)		4/1/25 -	6/3	0/25			Co	mplete
		7/1/25 -	9/3	0/25			Co	mplete
		10/1/25 -	12/	31/25				
		1/1/26 -	3/3	1/26				
		4/1/26 -	6/3	0/26				
Other Com	pliance							
Compliance Schedule Activity		I	Due	Date	Achi	evec	d Date	

3/1/2027

Schedule Generation Date: 12/12/2025

CROSS CONNECTION EXEMPTION

Water Quality Monitoring and Compliance Schedule											
PWS ID PWS Name					sification	Population	Owner Type	Primary Source			
CT1169033	CT1169033 COLONIAL PLAZA CONDOMINIUM ASSN, INC.						Р	GW			
Local Address	Service	Resider	dential Commerc		al Industri	al Combine	ed Agricultural				
554 LIBERTY H	Connections			1							

Connecticut Department of Public Health Drinking Water Section

Towns Served: PUTNAM

Wat	ter System Facili	ity and Sampling P	oint Ir	nvento	ry		
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	Α				
	4-1	UNIT 4	Α	Υ	2	Υ	
	4-2	UNIT 6	Α	Υ	2		
	4-3	UNIT 12	Α	Υ	2		
	4-4	UNIT 14	Α	Υ	2		
	4-5	UNIT 1	Α	Υ	2		
	4-6	UNIT 6 BATHROOM SINK	Α	Υ			
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
	UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700 ENTRY POINT	3	ENTRY POINT	Α				
49293 WELL 1	2	WELL 1	Α				
60790 TREATMENT PLANT							

Contact Information											
Name		Organization		Job Title							
Mr. Thomas M. Tag	g	Colonial Plaz	a Condo Assoc Inc	President							
Mailing Address Line One Mailing Addr				ress Line Two			City	State	Zip Code		
554 Liberty Highway Unit 4					Putnam		СТ	06260			
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	dress				
860-928-2352					508-873-2200	taggsrus	@aol.com				

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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

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

End of schedule

	Connectic	•					Ŭ			ection	
	Wa	ter Qua	lity Moni	toring a	nd Con	nplia	ince S	ched	ule		
PWS ID	PWS Name					Classif	ication F	opulation	on Ow	ner Type P	rimary Source
CT0699254	CUBIC SCOOPS					N	IC	100		Р	GW
Local Addres	s (where applicable)			Service	Residen	tial Co	ommercia	Indus	strial	Combined	Agricultural
1278 HARTFO	ORD PIKE			Connection	ns 1		1				
Towns Serve	d: PUTNAM										
			Moni	toring Red	quireme	nts					
Water Syste	em Facility: DISTR	IBUTION S	YSTEM (WSF	ID: 00600)							
Total Colifo	orm (3100)								1 ro	utine (RT)	per quarter
Samplin	g Point (Sampling P	oint ID)			Monitori	ng Peri	iod Co	llection	Period	Compl	iance Status
Select fr	om Inventory of Act	ive Sampling	Points		10/1/25 -	12/31,	/25				
					1/1/26 -	3/31/2	26				
					4/1/26 -	6/30/2	26				
Physical Pa	rameters (PPS)								1 ro	utine (RT)	per quarter
Samplin	g Point (Sampling P	oint ID)			Monitori	ng Peri	iod Co	llection	Period	Compl	iance Status
Select fr	om Inventory of Act	ive Sampling	Points		10/1/25 -	12/31,	/25				
					1/1/26 -	3/31/2	26				
					4/1/26 -	6/30/2	26				
Water Syste	em Facility: ENTR	Y POINT (V	VSF ID: 00700)							
Nitrate And	d Nitrite (NOX)								1	routine (I	RT) per year
Samplin	g Point (Sampling P	oint ID)			Monitori	ng Peri	iod Co	llection	Period	Compl	iance Status
ENTRY F	POINT (3)				1/1/25 -	12/31/	25				
					1/1/26 -	12/31/	26				
Water Syste	em Facility: WELL	1 (WSF ID	: 63352)								
E. Coli (30:	14)								1 ro	utine (RT)	per quarter
Samplin	ng Point (Sampling P	oint ID)			Monitori	ng Peri	iod Co	llection			iance Status
WELL 1	(2)				10/1/25 -	12/31,	/25				
					1/1/26 -	3/31/2	26				
					4/1/26 -	6/30/2	26				
		Water S	ystem Faci	lity and S	ampling	Poin	t Inver	ntory			
Water							Tot	al Le	ad and	1	
•	ater System Facility		Sampling Poin				Colif		opper		Stage
Facility ID			ID	Description)	Sto	atus Ru	le Ru	ıle Tiei	Asbestos	WQP 2 DBPR
00600 DI	STRIBUTION SYSTEM	1	4	DISTRIBUTI	ON SYSTEM		A Y	′			
			DOWNSTREAM	1 WITHIN 5 S	ERVICE CON	١ .	A Y	,			
			UPSTREAM	WITHIN 5 S	ERVICE CON	١ ،	A \	′			
00700 EN	NTRY POINT		3	ENTRY POI	NT		A				
63352 W	ELL 1		2	WELL 1			A				
63355 TF	REATMENT PLANT										
			Co	ntact Info	rmation						
Name				Organization						Job Title	
Ms. Valerie S	Sandburg			he Cubic Sco	op			Owner			
Mailing Addr			Mailing Addre		ı.			City		State	Zip Code
P.O. Box 598							Putnam	1		CT	06260
Business Pl	hone Extension	Fax	Mol	oile Phone	Emergency	Phone		ddress			
	331101011			-230-1389	- 5)		kiley.pro		r@gma	ail.com	
Contact Dala	(c): Administrative	Caustant La					-,.6.0				

Schedule Generation Date: 12/12/2025

Contact Role(s): Administrative Contact, Legal Contact

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

		_				_ A			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
СТ0699254	CUBIC SCOOPS					NC	100	Р	GW
Local Address (w	here applicable)			Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
1278 HARTFORD) PIKE			Connections	1	1			
Towns Served: P	PUTNAM								·

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

Schedule Generation Date: 12/12/2025