	Connecticut Department of Water Quality Moni				•	_			ection		
PWS ID	PWS Name	8							ner Type	Prin	nary Source
CT1219053	BURNETT'S COUNTRY GARDENS				NC		25		Р		GW
Local Address (\	where applicable)	Service	Residen	tial	Commerc	ial	Industria	al	Combine	d /	Agricultural
380 NEW LOND		Connections	1								
Towns Served: 5	SALEM				I						
	Moni	toring Requ	ireme	nts	;						
Water System	Facility: DISTRIBUTION SYSTEM (WSF										
Total Coliforn	n (3100)							1 rc	outine (R	T) p	er month
	Point (Sampling Point ID)		Monitori			Colle	ection Per	riod			ce Status
Select fron	n Inventory of Active Sampling Points		7/1/25 -								plete
			8/1/25 -		-						plete
			9/1/25 -		-						plete
			10/1/25 -								plete
			11/1/25 -						(Com	plete
			12/1/25 -								
			1/1/26 -		-						
			2/1/26 -								
			3/1/26 - 4/1/26 -								
			5/1/26 -								
			6/1/26 -								
Physical Para	meters (PPS)		0/1/20	0, 3	0,20			1 rc	outine (R	T) n	er month
-	Point (Sampling Point ID)		Monitori	ina P	Period (Colle	ection Pei				ce Status
	n Inventory of Active Sampling Points		7/1/25 -								plete
			8/1/25 -								plete
			9/1/25 -	9/3	0/25				(Com	plete
			10/1/25 -	10/	31/25				(Com	plete
		:	11/1/25 -	11/	30/25				(Com	plete
			12/1/25 -	12/	31/25						
			1/1/26 -	1/3	1/26						
			2/1/26 -	2/2	8/26						
			3/1/26 -	3/3	1/26						
			4/1/26 -	4/3	0/26						
			5/1/26 -	5/3	1/26						
			6/1/26 -	6/3	0/26						
Water System	Facility: ENTRY POINT (WSF ID: 00700))									
Nitrate And N	• •									-	per year
	Point (Sampling Point ID)		Monitori			Colle	ection Pei	riod			ce Status
ENTRY POI	NT (3)		1/1/24 -		-						plete
			1/1/25 -						C	Com	plete
	2.1		1/1/26 -								
		Compliance									
Compliance Sch	-				Date		Achie	ved	Date		
	TION SURVEY REPORT				2016						
	TION SURVEY REPORT				2017						
CROSS CONNEC	TION SURVEY REPORT			3/1/	2018						

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
CT1219053	BURNETT'S COUNTRY GARDENS				NC	25	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
380 NEW LOND	OON ROAD	Connections	1					

Towns Served: SALEM

Other (Compliance Schedules	
Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2019	
CROSS CONNECTION SURVEY REPORT	3/1/2020	
CROSS CONNECTION SURVEY REPORT	3/1/2021	
CROSS CONNECTION SURVEY REPORT	3/1/2022	
CROSS CONNECTION SURVEY REPORT	3/1/2023	
CROSS CONNECTION SURVEY REPORT	3/1/2024	
CROSS CONNECTION SURVEY REPORT	3/1/2025	
CROSS CONNECTION SURVEY REPORT	3/1/2026	

	Wa	ater System Facili	ity and Sampling P	oint Ir	nvento	ry			
Water System	Water System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and Copper			Stage
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION GENERIC	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		SCG1	BREAKROOM	Α	Υ	1			
		SCG2	LEFT RESTROOM	Α	Υ	1			
		SCG3	RIGHT RESTROOM	Α	Υ	1			

WITHIN 5 SERVICE CON

ENTRY POINT

Α

Α

10562 WELL			2	WELL	Į.	4		
				Contact In	formation			
Name				Organizatio	n		Job Title	
Ms. Meghan Burne	tt			Burnett's Co	ountry Gardens	Manager		
Mailing Address Lin	e One		Mailing	Address Line Two)	City	State	Zip Code
380 New London Ro	ł					Salem	СТ	06331
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-949-8722		203-525-7	7002			meghan.burnett@bu	rnettscg.cor	n
Contact Role(s): Ac	dministrative	Contact, Leg	al Conta	ct				

Contact Role(s). Administrative Contact, Legal Contact

Please note the following:

00700 ENTRY POINT

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

UPSTREAM

3

- 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

0	. D	CD 11: I	1.1	D	. 1 .	TA7 .	C		
	cut Department of				•			ection	
W	ater Quality Monit	toring an	d Con	npl	iance S	Schedu	le		
PWS ID PWS Name				Clas	sification	Population	Ov	vner Type	Primary Source
CT1210054 HENNY PENNY	(HENDELS INC.) SALEM				NC	25		Р	GW
Local Address (where applicable	2)	Service	Residen	itial	Commerci	ial Industr	ial	Combine	d Agricultura
2 NEW LONDON ROAD (ROUTE	85)	Connections			1				
Towns Served: SALEM									
	Monit	oring Requ	ireme	nts					
Water System Facility: DIST	RIBUTION SYSTEM (WSF I	D: 00600)							
Total Coliform (3100)							1 r	outine (R	T) per month
Sampling Point (Sampling	Point ID)		Monitor	ing P	eriod C	Collection Pe	rioc	d Comp	oliance Status
Select from Inventory of A	ctive Sampling Points		7/1/25 -	- 7/31	L/25			(Complete
			8/1/25 -					(Complete
			9/1/25 -						Complete
			10/1/25 -						Complete
			11/1/25 -						Complete
			12/1/25 -					(Complete
			1/1/26 -						
			2/1/26 -						
			3/1/26 -						
			4/1/26 - 5/1/26 -	-	-				
			6/1/26 -						
Physical Parameters (PPS)			0/1/20	0/30	7/20		1 r	outine (R	T) per month
Sampling Point (Sampling	Point ID)		Monitori	ina Pi	eriod C	Collection Pe		-	oliance Status
Select from Inventory of A			7/1/25 -						Complete
,	, , , , , , , , , , , , , , , , , , ,		8/1/25 -						Complete
			9/1/25 -						Complete
			10/1/25 -						Complete
			11/1/25 -						Complete
			12/1/25 -	- 12/3	31/25			(Complete
			1/1/26 -	- 1/31	L/26				
			2/1/26 -	- 2/28	3/26				
			3/1/26 -	- 3/31	L/26				
			4/1/26 -	- 4/30)/26				
			5/1/26 -	- 5/31	L/26				
			6/1/26 -	- 6/30	0/26				
Water System Facility: ENT	RY POINT (WSF ID: 00700)								
Nitrate And Nitrite (NOX)							1	1 routine	(RT) per year
Sampling Point (Sampling	Point ID)		Monitor			Collection Pe	eriod		oliance Status
ENTRY POINT (3)			1/1/24 -						Complete
			1/1/25 -					(Complete
			1/1/26 -	12/3	1/26				
Water System Facility: WEL	L (WSF ID: 22080)								
E. Coli (3014)							1 r	outine (R	T) per month
6 1: 5: /6 1:	0 1 1 101			· D					1

8/1/25 - 8/31/25 Complete

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

Monitoring Period

7/1/25 - 7/31/25

Collection Period

Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations. Schedule Generation Date: 12/12/2025

Sampling Point (Sampling Point ID)

WELL (2)

Compliance Status

Complete

	Co	onnectici Wat	•			f Public toring a								ction		
PWS ID	DIA	/S Name	ici Qua	inty iv	10111	toring a	iiu Coi							or Type	Dri	mary Sourc
CT1210054		NNY PENNY (F	JENIDEI C IN	C) SALEN	л			Cic	NC	LIOII P		5	OWII	P P	FII	GW
		e applicable)	ILINDELS IIV	C.) SALLI	V 1	Service	Resider	ntial	_	nercial	1	dustria	1 1	Combine	2 d	Agricultura
		AD (ROUTE 85	:1			Connection		itiai		1	- 111	uustiia	' '	COMBINE	u	Agricultur
Towns Serv			')			33111331131				<u>+</u>						
TOWNS SELV	reu. SALL	IVI			A *1	D	•	4	_							
Water Sys	stem Fac	ility: WELL	(WSF ID: 2		ionit	oring Red	quireme	ents	S							
E. Coli (3	014)	,										1	l roı	ıtine (R	T)	per month
-	_	t (Sampling Po	oint ID)				Monitor	ring i	Period	Col	llecti	ion Per		_		nce Status
							9/1/25	- 9/3	30/25						Con	nplete
							10/1/25	- 10,	/31/25					(Con	nplete
							11/1/25									nplete
							12/1/25									nplete
							1/1/26									
							2/1/26	_								
							3/1/26									
							4/1/26									
							5/1/26		-							
							6/1/26									
				Ot	her C	Complian			-							
Compliance	e Schedu	le Activity				-		Due	. Date			Achiev	red L)ate		
CROSS CON	NNECTIO	N SURVEY REP	ORT					3/1,	/2026							
			Water S	ystem	Facil	ity and S	ampling			nven	itoi	γ				
Water System Facility ID	Water S _y	stem Facility		Samplin _y		Sampling P			Status	Tot Colife Ru	orm	Lead of Copp	er	Asbesto	os l	Stage NQP 2 DBF
00600	DISTRIBL	ITION SYSTEM		4		DISTRIBUTI	ON SYSTEN	Λ	Α	Υ						
				DOWNS	TREAM	I WITHIN 5 S	ERVICE CO	N	Α							
				UPSTR	REAM	WITHIN 5 S	ERVICE CO	N	Α							
00700	ENTRY P	TNIC		3		ENTRY POIN	NT		Α							
22080	WELL			2		WELL			Α							
61151	TREATM	ENT PLANT														
					Cor	ntact Info	rmatio	า								
Name					0	rganization								Job Title	9	
Hendel's In	vestors															
Mailing Add	dress Lin	e One		Mailing	Addres	s Line Two					Ci	ty		State		Zip Code
35 Great N	eck Road			P. O. Bo	x 201				W	aterfo	rd			СТ		06385
Business	Phone	Extension	Fax			ile Phone	Emergenc	y Ph	one En	nail Ad	ldres	SS		1		
860-443	3-5337						·									
Contact Ro	le(s): O	wner				-										
		wner														

(Connectic	ut Depa	rtment	of l	Public	Health	ı Drii	nking	g Water	Sec	tion	
	Wat	ter Qual	lity Mor	nito	ring a	nd Cor	nplia	nce S	Schedul	le		
PWS ID F	WS Name						Classif	ication	Population	Owne	r Type	Primary Source
CT1210054	IENNY PENNY (I	HENDELS INC	:.) SALEM				N	IC	25	ı)	GW
Local Address (wh	ere applicable)			9	Service	Resider	ntial Co	mmerci	al Industri	al C	ombine	ed Agricultural
2 NEW LONDON F	ROAD (ROUTE 85	5)		(Connectio	ns		1				
Towns Served: SA	LEM											
Name				Orga	anization					J	ob Title	è
Mr. Steve Salvegg	gio			Pmg	g Coop, LL	С			Operation	ns Dire	ctor	
Mailing Address L	ine One		Mailing Add	ress L	ine Two				City		State	Zip Code
35 Great Neck Ro	ad							Waterf	ord		CT	06385
Business Phone	Extension	Fax	M	obile	Phone	Emergenc	y Phone	Email A	Address			
860-557-7942		860-574-8	3031			860-608	-8406	ssalveg	gio@petron	ng.com	1	
Contact Role(s):	Legal Contact											
Name				Orga	anization					J	ob Title	9
Petroleum Marke			I					1				
Mailing Address L	ine One		Mailing Add	ress L	ine Two				City		State	Zip Code
Business Phone	Extension	Fax	M	obile	Phone	Emergenc	y Phone	Email A	Address			
Contact Role(s):	Owner											
Name				Orga	anization					J	ob Title	2
Mr. Luis Vargas				Pmg	3				Maintena	nc Mai	nager	
Mailing Address L	ine One		Mailing Add	ress L	ine Two				City		State	Zip Code
2900 Telestar Ct.						I		Falls Ch			VA	22042
Business Phone	Extension	Fax	M	obile	Phone	Emergenc	y Phone	Email A	Address			
703-309-7999								Ivargas	@petromg.	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

	Connecticut De	partment of	f Public I	Health	Drink	king	Water	Se	ction	
	Water O	uality Monit	oring an	d Com	nplian	ce S	chedul	e		
PWS ID	PWS Name	<u>J</u>	0		1				er Type Pri	mary Source
CT1210084	SALEM FARMS CAMPGR	OUND, INC			NC		25		Р	GW
Local Addre	ess (where applicable)		Service	Resident	tial Com	mercia	al Industri	al	Combined	Agricultural
39 ALEXAN	DER ROAD		Connections			1				
Towns Serv	ved: SALEM									
			oring Req	uireme	nts					
•	tem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)							
	iform (3100)									per month
_	ling Point (Sampling Point ID)			Monitorii		l Co	ollection Per	riod		nce Status
Select	from Inventory of Active Samp	oling Points		7/1/25 -						nplete
				8/1/25 -						nplete
				9/1/25 -		=				nplete
				10/1/25 - 5/1/26 -		י			Con	nplete
				5/1/26 - 6/1/26 -						
Physical F	Parameters (PPS)							1 roı	utine (RT)	per month
-	ling Point (Sampling Point ID)			Monitori	ng Period	l Co	ollection Pe			nce Status
Select	from Inventory of Active Samp	oling Points		7/1/25 -	7/31/25				Con	nplete
				8/1/25 -	8/31/25				Con	nplete
				9/1/25 -	9/30/25				Con	nplete
				10/1/25 -	10/31/25	5	10/1-10/10)	Con	nplete
				5/1/26 -	5/31/26					
				6/1/26 -	6/30/26					
Water Sys	tem Facility: ENTRY POINT	(WSF ID: 00700)								
	nd Nitrite (NOX)									Γ) per year
	ling Point (Sampling Point ID)			Monitori			ollection Per			nce Status
ENTR	POINT (3)			1/1/24 - :			4/1-12/31			nplete
				1/1/25 - 1			4/1-12/31		Con	nplete
			_	1/1/26 - 1			4/1-12/31			
		Public Not	ification I	Require	ments	3				
		C	ompliance	Notice	<u>Pu</u>	blic No	<u>otification</u>		<u>PN Certi</u>	<u>fication</u>
Violation/S			Period	Tier	Requ		Performe		ue to DPH	Received
E. Coli M&I			7/16/24 -	3	9/5/2			9	/15/2025	
	Wate	r System Facili	ity and Sa	mpling	Point	Inve	ntory			
Water			·				tal Lead			_
System Facility ID	Water System Facility	Sampling Point ID	Sampling Po	int			form Cop _l ule Rule		Ashestos I	Stage NQP 2 DBPR
_	DISTRIBUTION SYSTEM	4	DISTRIBUTIO	NI CVCTER 4	Statu A	13	y Kule Y	rier	ASDESIOS I	VUT Z DDPK
00000	DISTRIBUTION STSTEIN	DOWNSTREAM					ı			
		UPSTREAM	WITHIN 5 SE							
00700	ENTRY POINT	3	ENTRY POINT		A					
	WELL #1	2	WELL	•	A					
	WELL #2	2	WELL #2		A					
	WELL #3	2	WELL #3		A					
			•							

60544 ATMOSPHERIC TANK

Schedule Generation Date: 12/12/2025 Page 6

	Water Quality Monito	oring and	d Con	nplian	ce So	chedul	e	
WS ID	PWS Name			Classifica	tion P	opulation	Owner Type	Primary Source
T1210084	SALEM FARMS CAMPGROUND, INC			NC		25	Р	GW
ocal Address (w	vhere applicable)	Service	Residen	tial Com	mercial	Industria	al Combine	ed Agricultural

1

Connections

Connecticut Department of Public Health Drinking Water Section

39 ALEXANDER ROAD
Towns Served: SALEM

				Contact Info	ormation				
Name				Organization		Job Title			
Ms. Teresa Cinea				Salem Farms	Campground LLC				
Mailing Address Line One				Address Line Two		City	State	Zip Code	
39 Alexander Road						Salem		СТ	06420
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress		
860-859-2320						sfcg2003	@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.

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

End of schedule

	Connecticut Department	of Public H	lealth	Dı	rinking	Water S	ection	
	Water Quality Mor	nitoring an	d Con	ıpl	iance S	Schedule		
PWS ID	PWS Name			Clas	ssification	Population Ov	vner Type Pr	imary Source
CT1210094	SALEM FREE PUBLIC LIBRARY				NC	28	L	GW
Local Address (where applicable)	Service	Residen	tial	Commercia	al Industrial	Combined	Agricultural
264 HARTFORD) ROAD	Connections			1			
Towns Served:	SALEM							
	Mor	nitoring Requ	iireme	nts	,			
Water System	Facility: DISTRIBUTION SYSTEM (WS	SF ID: 00600)						
Total Colifor	m (3100)					1 r	outine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitori	ng P	Period Co	ollection Period	d Complic	ance Status
Select from	m Inventory of Active Sampling Points		7/1/25 -	7/3	1/25		Cor	mplete
			8/1/25 -	8/3	1/25		Cor	mplete
			9/1/25 -	9/3	0/25		Cor	mplete
			10/1/25 -	10/	31/25		Cor	mplete
			11/1/25 -	11/	30/25		Cor	mplete
			12/1/25 -	12/	31/25			
			1/1/26 -	1/3	1/26			
			2/1/26 -	2/2	8/26			
			3/1/26 -	3/3	1/26			
			4/1/26 -	4/3	0/26			
			5/1/26 -	5/3	1/26			
			6/1/26 -	6/3	0/26			
Physical Para	ameters (PPS)					1 r	outine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitori	ng P	Period Co	ollection Period	d Complic	ance Status
Select from	m Inventory of Active Sampling Points		7/1/25 -	7/3	1/25		Cor	mplete
			8/1/25 -	8/3	1/25		Cor	mplete
			9/1/25 -	9/3	0/25		Cor	mplete
			10/1/25 -					mplete
			11/1/25 -				Cor	nplete
			12/1/25 -					
			1/1/26 -		•			
			2/1/26 -					
			3/1/26 -		·			
			4/1/26 -	-	•			
			5/1/26 -	5/3	1/26			
			6/1/26 -	6/3	0/26			
Water System	Facility: ENTRY POINT (WSF ID: 007)	00)						
Nitrate And	Nitrite (NOX)						1 routine (R	T) per year
	Point (Sampling Point ID)		Monitori			ollection Period		ance Status
ENTRY PO	INT (3)		1/1/24 -					mplete
			1/1/25 -				Cor	mplete
			1/1/26 -	12/3	31/26			
	Othe	r Compliance	Sched	lule	es			
Compliance Sc	hedule Activity			Due	Date	Achieved	d Date	
			_	- 1. 1				

3/1/2026

CROSS CONNECTION SURVEY REPORT

Schedule Generation Date: 12/12/2025 Page 8

	Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source					
CT1210094	SALEM FREE PUBLIC LIBRARY			NC	28	L	GW						
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural					
264 HARTFOR	D ROAD	Connections			1								
Towns Served:	: SALEM					'							

Connecticut Department of Public Health Drinking Water Section

	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									
22084	WELL	2	WELL	Α									
59221	TREATMENT PLANT												

59221 TREATIVII	ENTPLANT									
				Contact Info	ormation					
Name				Organization				Job Title		
Mr. Ed Chmielewsk	i Jr.			Town of Sale	em		First Selectr	man		
Mailing Address Line	e One		Mailing	Address Line Two			City	State	Zip Code	
270 Hartford Road				Salem CT 06420						
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email A	nail Address			
860-859-3873	110	860-859-2	L184		860-237-1232	EChmiel	ewski@saler	nct.gov		
Contact Role(s): Ac	lministrative	Contact, Leg	al Cont	act						
Name				Organization				Job Title		
Town of Salem										
Mailing Address Line	e One		Mailing	Address Line Two			City	State	Zip Code	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email A	ddress			

Contact Role(s): Owner

Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 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

	C	nnoctic	ut Dong	ortmont of	f Dublic L	Joalth	D	rinlri	na V	Vator	· Co	ction	
	C		•	artment of					_			CUOII	
			ter Qua	lity Monit	coring an	d Con	_						
PWS ID		/S Name					Clas	ssificatio	on Pop		Owi	ner Type P	rimary Source
CT1210104		LEM TOWN H	ALL		T			NC		41	_	L	GW
		e applicable)			Service	Residen	tial	Comme		Industri	al	Combined	Agricultural
270 HARTE					Connections			2					
Towns Ser	ved: SALE	M					_				_		
				Monit	oring Requ	uireme	nts	,					
Water Sys	stem Fac	ility: DISTR	IBUTION S	YSTEM (WSF I	D: 00600)								
Total Col	liform (3	100)								1	l rou	ıtine (RT)	per quarter
		t (Sampling P				Monitori	ng P	Period	Colle	ction Pe	riod	Compli	ance Status
Selec	t from Inv	entory of Act	ive Sampling	g Points		4/1/25 -							mplete
						7/1/25 -							mplete
						10/1/25 -						Со	mplete
						1/1/26 -							
						4/1/26 -	6/30	0/26					
-		ers (PPS)											per quarter
		t (Sampling P		- Deinte		Monitori			Colle	ction Pe	rioa		ance Status
Selec	t from inv	entory of Act	ive Sampling	g Points		4/1/25 -							mplete
						7/1/25 - 10/1/25 -							mplete mplete
						1/1/26 -						CU	ilibiere
						4/1/26 -							
Water Sv	stem Fac	ility: FNTR	Y POINT (\	VSF ID: 00700)		4/1/20	0, 3.	0,20					
Nitrate A		•									1	routine (F	RT) per year
		t (Sampling P	oint ID)			Monitori	na P	Period	Colle	ction Pe		=	ance Status
	Y POINT (,			1/1/24 -							mplete
	•	,				1/1/25 -							mplete
						1/1/26 -							
				Other C	ompliance	Sched	lule	25					
Compliand	ce Schedu	le Activity						Date		Achie	eved	Date	
-		N SURVEY REP	PORT					2026		7101110			
0.1000 00.			_	ystem Facil	ity and Sai				vont	orv			
Markon			water 3	ystelli i acii	ity allu Jai	inhing	FU	1116 111			a al		
Water System	Water Sv	stem Facility		Sampling Point	Samplina Poi	int			Total Colifori				Stage
Facility ID	_	,		ID	Description			Status	Rule			Asbestos	WQP 2 DBPR
00600	DISTRIBU	TION SYSTEM	1	4	DISTRIBUTION	N SYSTEM		Α	Υ				
				DOWNSTREAM	WITHIN 5 SER	RVICE CON	١	Α					
				UPSTREAM	WITHIN 5 SER	RVICE CON	١	Α					
00700	ENTRY PO	TNIC		3	ENTRY POINT	•		Α					
22085	WELL			2	WELL			Α					
59219	TREATMI	ENT PLANT											
				Con	tact Infori	mation)						
Name				0	rganization							Job Title	
Mr. Ed Chi	mielewsk	i Jr.			own of Salem				Fi	irst Selec	ctma	n	
Mailing Ad	ddress Line	e One		Mailing Addres	s Line Two					City		State	Zip Code
270 Hartfo	ord Road							Sale	em			СТ	06420
Business	s Phone	Extension	Fax	Mobi	ile Phone E	mergency	Pho	ne Ema	ail Addı	ress			
NOTE THE							. –						

	Connectic	ut Depa	rtme	nt of	Public	Healt	h Dr	inking	g Water	Se	ection		
	Wa	ter Qua	lity M	lonite	oring a	nd Co	mpli	ance S	Schedul	le			
PWS ID	PWS Name						Class	ification	Population	Owr	ner Type	Primary Source	
CT1210104	SALEM TOWN H	ALL						NC	41		L	GW	
Local Address (w	here applicable)				Service	Reside	ential (Commerci	ial Industri	al	Combine	d Agricultural	ı
270 HARTFORD F	ROAD				Connection	ns		2					
Towns Served: S	ALEM					·						·	
860-859-3873	110	860-859-1	L184			860-23	7-1232	EChmi	elewski@sal	emct	t.gov		_
Contact Role(s):	Administrative	Contact, Leg	al Conta	ct									
Name				Org	ganization						Job Title	!	
Town of Salem													
Mailing Address	Line One		Mailing	Address	Line Two				City		State	Zip Code	
Business Phon	e Extension	Fax		Mobile	e Phone	Emergen	cy Phor	ne Email A	Address				
Contact Role(s):	Owner				,								

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

	Connecticut Dep	artment of	Public H	lealth	Drii	nkir	ng W	ater	Se	ction	
	Water Qu	ality Monit	oring an	d Con	nplia	ance	Sch	edul	e		
PWS ID	PWS Name									ner Type Pr	imary Source
CT1210144	4 WITCH MEADOW LAKE CA	MPGROUND-WEL	LS 1 & 4		N	NC	į	50		Р	GW
Local Addr	ess (where applicable)		Service	Residen	tial Co	omme	rcial Ir	ndustria	al	Combined	Agricultural
139 WITCH	I MEADOW ROAD		Connections	1							
Towns Serv	ved: SALEM				·		·				
			oring Requ	uireme	nts						
•	stem Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)								
	iform (3100)										er quarter
	ling Point (Sampling Point ID)			Monitori			Collect	ion Per	iod		ance Status
Select	t from Inventory of Active Sampli	ng Points		4/1/25 -							mplete
				7/1/25 -						Cor	mplete
				4/1/26 -	6/30/2	26					
Physical Parameters (PPS)											er quarter
	ling Point (Sampling Point ID)			Monitori			Collect	ion Per	iod		ance Status
Select from Inventory of Active Sampling Points 4/1/25 - 6/30/25										Cor	mplete
			7/1/25 -	9/30/2	25				Cor	nplete	
			4/1/26 -	6/30/2	26						
Water Sys	stem Facility: ENTRY POINT -	WELL #1 (WSF I	D: 00700)								
Nitrate A	and Nitrite (NOX)								1	routine (R	T) per year
Samp	ling Point (Sampling Point ID)			Monitori	ng Peri	iod	Collect	ion Per	iod	Compli	ance Status
ENTR'	Y POINT #1 (3)			1/1/24 -	12/31/	′24				Cor	mplete
				1/1/25 -	12/31/	′25				Cor	mplete
				1/1/26 -	12/31/	′26					
Water Sys	stem Facility: ENTRY POINT -	WELL #4 (WSF I	D: 00701)								
Nitrate A	and Nitrite (NOX)								1	routine (R	T) per year
	ling Point (Sampling Point ID)			Monitori	ng Peri	iod	Collect	ion Per		•	ance Status
	Y POINT #4 (3)		_	1/1/24 -							mplete
				1/1/25 -							nplete
				1/1/26 -							•
		Other C	ompliance								
Complianc	e Schedule Activity				Due Da			Achie	ved I	Date	
	TO SANITARY SURVEY			10	0/12/20	025					
	NNECTION SURVEY REPORT			3	3/1/202	26					
	Water	System Facili	ity and Sar				/ento	ry			
Water							Total	Lead (and		
System	Water System Facility	Sampling Point	Sampling Poi	nt		C	oliform				Stage
Facility ID		ID	Description		Sto	atus	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		Α	Υ				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	1 .	Α					
		UPSTREAM	WITHIN 5 SER	VICE CON	1 .	Α					
00700	ENTRY POINT - WELL #1	3	ENTRY POINT	#1		Α					
00701	ENTRY POINT - WELL #4	3	ENTRY POINT	#4		A					
22088	WELL #1	2	WELL			Α					

WELL #4

2

58913 WELL #4

Schedule Generation Date: 12/12/2025 Page 12

Α

Water Quality Monitoring and Compliance Schedule PWS ID PWS Name Classification Population Owner Type Primary Source CT1210144 WITCH MEADOW LAKE CAMPGROUND-WELLS 1 & 4 NC 50 P GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultura										
PWS ID	PWS Name		Classifica	tion F	Population	Owner Type	Primary Source			
CT1210144	WITCH MEADOW LAKE CAMPGROUND-WEL	LS 1 & 4		NC		50	Р	GW		
Local Address	(where applicable)	Service	Residen	ntial Com	mercia	l Industri	al Combine	ed Agricultural		
139 WITCH M	EADOW ROAD	Connections	1							

Connecticut Department of Public Health Drinking Water Section

Towns Served: SALEM

Contact Information												
Name				Organization				Job Title				
Ms. Deborah E. Cad	well						President					
Mailing Address Line	e One		Mailing Add	ess Line Two			City	State	Zip Code			
139 Witch Meadow	Road					Salem		СТ	06415			
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	dress					
860-859-1542		860-859-0	476			campwite	ch@aol.com					

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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		cut Departme						_			ction	
	Wa	ater Quality N	/lonit	toring a	ind Con							
PWS ID	PWS Name					Classi	fication	Popu	lation	Own	er Type P	rimary Source
CT1210164	WITCH MEADO	W LAKE CAMPGROU	ND - WE	LL #3		1	NC	2	!5		Р	GW
Local Address	(where applicable)		Service	Residen	tial Co	ommer	cial In	dustria	al (Combined	Agricultural
139 WITCH M	EADOW ROAD			Connectio	ns 1							
Towns Served	: SALEM											
Matar Systa	na Fa ailituu DIST				quireme	nts						
	,	RIBUTION SYSTEM	(WSF I	ט: טטפטטן					4		tine (DT)	
Total Colifo	• •	Daint (D)			0.4 i+ i	D	اما	C-114				per quarter
	g Point (Sampling				Monitorii			Collect	ion Per	rioa		iance Status
Select fro	om inventory of Ac	tive Sampling Points			4/1/25 -							mplete
					7/1/25 -						Сс	mplete
					4/1/26 -	6/30/2	26					
•	rameters (PPS)					_		- "				per quarter
•	g Point (Sampling I				Monitori			Collect	ion Per	riod		iance Status
Select fro	om Inventory of Ac	tive Sampling Points			4/1/25 -							mplete
					7/1/25 -						Co	mplete
					4/1/26 -	6/30/2	26					
Water Syste	m Facility: ENT	RY POINT (WSF ID:	00700)									
Nitrate And	Nitrite (NOX)									1 r	outine (I	RT) per year
Sampling	g Point (Sampling I	Point ID)			Monitori	ng Per	riod	Collect	ion Per	riod	Compl	iance Status
ENTRY P	OINT (3)				1/1/24 -	12/31/	′ 24				Co	mplete
					1/1/25 -	12/31/	2 5				Co	mplete
					1/1/26 -	12/31/	′26					
		Ot	ther C	omplian	ce Sched	ules						
Compliance S	chedule Activity				<u> </u>	Due Do	ite		Achie	ved E	Date	
CROSS CONN	ECTION EXEMPTIO	N			3	3/1/20	28					
		Water System	Facil	ity and S	Sampling	Poin	t Inv	ento				
Water	nton Contono Facilita	Camania	a Daint	. Camandina a	Daint			Total	Lead			6.
System Wo	ater System Facility	· · · · · · · · · · · · · · · · · · ·	ig Point D	Sampling I Description		_		liform Rule	Copp		Achectos	Stage WQP 2 DBPR
	TDIDLITION CVCTC		4		ION SYSTEM		utus	Y	Nuie	TIET	ASDESTOS	WQF Z DDF K
00600 DIS	STRIBUTION SYSTE				SERVICE CON		A A	ī				
			REAM		SERVICE CON SERVICE CON							
00700 FN	TRY DOINT						Α					
	TRY POINT		3	ENTRY POI	INI		A					
22090 WI	ELL #3		2	WELL			A					
			Cor	ntact Info	ormation							
Name			0	rganization							Job Title	
Ms. Deborah	E. Cadwell							Pre	sident			
Mailing Addre	ess Line One	Mailing	Addres	s Line Two				Ci	ty		State	Zip Code
139 Witch Me	eadow Road						Salem	1			СТ	06415
Business Ph	one Extension	Fax	Mob	ile Phone	Emergency	Phone	Email	Addres	SS			
860-859-1	542	860-859-0476					camp	witch@	aol.co	m		

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

									·
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
CT1210164	WITCH MEADOW LAK	GROUND - WEL	L #3		NC	25	Р	GW	
Local Address (v	where applicable)			Service Resid		itial Commerc	ial Industri	al Combine	ed Agricultural
139 WITCH MEADOW ROAD			Connections	1					

Towns Served: SALEM

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End of schedule

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	Connectic	ut Dena	rtment o	f Public	Healt	h Dr	inki	ng I	Nator	· S0	ction	
•		•						_			Ction	
DIA/C ID		ter Qua.	lity Monit	toring a	ma Co	_				_	- L	
	PWS Name	VEDV				Clas	NC	on Po	pulation 25	Owr	P P	rimary Source GW
Local Address (wh	FOX FARM BREV	VEKY		Service	Posid	ential	Comm	orcial	Industri	al	Combined	
62 MUSIC VALE R				Connectio		entiai	1		mustri	aı	Combined	Agricultural
Towns Served: SA				33								
Towns Served. SP	CLIVI		Monit	oring Do	auirom	onto						
Water System F	acility: DISTR	IRLITION SY		oring Re	quirem	ients						
Total Coliform	•		31 E W (W 31 1	D. 00000)						Lrou	tino (PT)	per quarter
	oint (Sampling P	oint ID)			Monite	oring Po	erind	Colle	ection Pe			iance Status
	Inventory of Act		Points			5 - 6/30		Conc	ction re	nou		mplete
Select Holli	inventory of Act	ive Jampinig	1 011163			5 - 9/30						mplete
					10/1/2							Tiplete
						6 - 3/31	-					
						6 - 6/30						
Physical Param	eters (PPS)				7/1/2	0 0/30	5/20			l rou	tine (RT)	per quarter
-	oint (Sampling P	oint ID)			Monite	orina Po	eriod	Colle	ection Pe			iance Status
	Inventory of Act		Points			5 - 6/30						mplete
	•	1 0				5 - 9/30						mplete
					10/1/2							
						6 - 3/31						
						6 - 6/30						
Water System F	acility: ENTR	Y POINT (W	/SF ID: 00700)									
Nitrate And Nit	trite (NOX)									1	routine (F	RT) per year
	oint (Sampling P	oint ID)			Monite	oring Po	eriod	Colle	ection Pe		-	iance Status
ENTRY POIN	T (3)				1/1/24	- 12/3	1/24				Co	mplete
					1/1/25	5 - 12/3	1/25				Сс	mplete
					1/1/26	5 - 12/3	1/26					
			Other C	omplian	ce Sche	edule	!S					
Compliance Sche	dule Activity					Due l	Date		Achie	ved I	Date	
CROSS CONNECTI	ION SURVEY REP	ORT				3/1/2	2029					
		Water Sy	stem Facil	ity and S	Samplin	ıg Poi	int In	vent	ory			
Water								Tota	l Lead	and		
	System Facility		Sampling Point					Colifor				Stage
Facility ID			ID	Description			Status	Rule	Rule	Tier	Asbestos	WQP 2 DBPR
00600 DISTRI	BUTION SYSTEM	1	4	DISTRIBUT	ION SYSTE	M	Α					
00700 ENTRY	POINT		3	ENTRY POI	NT		Α					
60612 WELL	1		2	WELL 1			Α					
			Cor	ntact Info	ormatio	n						
Name			0	rganization							Job Title	
Mr. Zachary Adaı	ms											
Mailing Address L			Mailing Addres	s Line Two					City		State	Zip Code
62 Music Vale Rd		T			ı		Sale				СТ	06420
Business Phone	Extension	Fax	Mob	ile Phone	Emergen	cy Pho						
860-287-0076							zac	k@fox	farmbeer	.com	l	

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

		_			_ A			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT1210194	FOX FARM BREWERY				NC	25	Р	GW
Local Address (v	vhere applicable)		Service	Residen	ntial Commerc	ial Industri	al Combine	ed Agricultural
62 MUSIC VALE RD			Connections		1			
			•		·			·

Towns Served: SALEM

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End of schedule

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Connecticut Dep					_		ction	
Water Qu	ality Monit	toring a	nd Comp	oliano	ce Sch	edule		
PWS ID PWS Name							ner Type P	rimary Source
CT1219134 DOLLAR GENERAL SALEM				NC		25	P	GW
Local Address (where applicable)		Service	Residentia	I Comr	nercial II	ndustrial	Combined	Agricultural
4 CENTRE ST		Connection					1	- Greeness
Towns Served: SALEM								
	Monit	oring Poe	nuiromont	ł.c				
Water System Facility: DISTRIBUTION			quirement	LS				
Total Coliform (3100)	31312101 (0031 1	D. 00000j				1 rou	ıtina (PT)	per quarter
Sampling Point (Sampling Point ID)			Monitoring	Dariod	Collect	tion Period		iance Status
Select from Inventory of Active Samplin	ng Points		4/1/25 - 6/		Conect	ion Penou		mplete
Select from inventory of Active Samplin	ig Politis							mplete
			7/1/25 - 9/				CC	mpiete
			10/1/25 - 12					
			1/1/26 - 3/					
Dhysical Dagay town (DDC)			4/1/26 - 6/	30/26		4	.tin = /DT\	
Physical Parameters (PPS)			Monitorium	Douled	Callant		• •	per quarter
Sampling Point (Sampling Point ID)	ag Daints		Monitoring		Collect	tion Period		iance Status
Select from Inventory of Active Samplin	ng Points		4/1/25 - 6/					mplete
			7/1/25 - 9/				Co	mplete
			10/1/25 - 12					
			1/1/26 - 3/					
			4/1/26 - 6/	30/26				
Water System Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate And Nitrite (NOX)							-	RT) per year
Sampling Point (Sampling Point ID)			Monitoring		Collect	tion Period		iance Status
ENTRY POINT (3)			1/1/24 - 12					mplete
			1/1/25 - 12				Cc	mplete
			1/1/26 - 12	/31/26				
Water	System Facil	ity and S	ampling P	oint I	nvento	ry		
Water					Total	Lead and		
System Water System Facility	Sampling Point				Coliform			Stage
Facility ID	ID	Description		Status		Rule Her	Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ			
	DOWNSTREAM			Α	Υ			
	UPSTREAM		ERVICE CON	Α	Υ			
00700 ENTRY POINT	3	ENTRY POIN	NT	Α	Υ			
61551 WELL 1		\A/EII		Α				
O1331 WEEL 1	2	WELL						
O1331 WEELT		ntact Info	rmation	,,				
Name	Cor		rmation	,			Job Title	
	Cor	ntact Info			Ow	/ner	Job Title	
Name	Cor	ntact Info rganization ollar General				ner ity	Job Title State	Zip Code
Name Mr. Sherif Sissoko	Cor O D	ntact Info rganization ollar General						Zip Code 06420
Name Mr. Sherif Sissoko Mailing Address Line One	Cor O D Mailing Addres	ntact Info rganization ollar General		Sa	Clem	ity	State	
Name Mr. Sherif Sissoko Mailing Address Line One 4 Centre St	Cor O D Mailing Addres	rganization ollar General s Line Two		Sa none En	lem nail Addre	ity	State CT	
Name Mr. Sherif Sissoko Mailing Address Line One 4 Centre St Business Phone Extension Fa	Cor O D Mailing Addres	rganization ollar General s Line Two		Sa none En	lem nail Addre	ity	State CT	
Name Mr. Sherif Sissoko Mailing Address Line One 4 Centre St Business Phone Extension Fa 860-800-5550	Cor O D Mailing Addres	rganization ollar General s Line Two		Sa none En	lem nail Addre	ity	State CT	

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	Commeetic	ut Depa	i differit of	1 ubiic	ricartii	DIII		, water	DCCC10	11		
	Wa	ter Qua	lity Monito	oring ai	nd Con	nplia	ince S	Schedul	le			
PWS ID	PWS Name					Classif	fication	Population	Owner Typ	e Pr	rimary Source	
CT1219134	DOLLAR GENERA	AL SALEM				N	1C	25	Р		GW	
ocal Address (w	here applicable)			Service	Residen	tial Co	ommercia	al Industri	al Combi	ned	ed Agricultural	
4 CENTRE ST			Connection	S				1				
Towns Served: SA	ALEM											
Name			Org	ganization					Job Ti	tle		
Ms. Lisa Bartholo	omew		Do	llar General				Manager				
Mailing Address I	ine One		Mailing Address	Line Two				City	State	e	Zip Code	
4 Centre St							Salem		СТ		06420	
Business Phone	Extension	Fax	Mobile	e Phone	Emergency	Phone	Email A	ddress				
860-800-5550												
				•								

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact, Legal Contact

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	Connecticut Do Water Q	•									tion		
PWS ID	PWS Name	danty N	101110	Jing a					pulation		Typo	Primary (Source
CT1219144	WICKED SOUTHERN CO	FFFF					NC NC	1011 101	25	Owner P		GW	
	where applicable)	FFEE		Service	Resident			ercial	Industria		mbined	_	ultural
-	ROAD, SALEM, CT			Connection		lai C	.0111110	iciciai	IIIuustiia	11 CO	1	Agric	uituiai
Towns Served: S													
Towns served. S	7,122141		10nit	oring Dog	nuiromor	a+c							
Water System	Facility: DISTRIBUTION			oring Red	_{quirennei}	115							
Total Coliform	n (3100)								1	routir	ne (RT)	per qu	arter
Sampling P	Point (Sampling Point ID)				Monitorir	ng Pei	riod	Colle	ction Peri	iod	Comp	liance St	atus
Select from	Inventory of Active Sam	pling Points			4/1/25 -	6/30/	′25				С	omplete	!
					10/1/25 -	12/31	1/25						
					1/1/26 -	3/31/	′ 26						
					4/1/26 -	6/30/	′ 26						
Physical Parar	meters (PPS)								1	routir	ne (RT)	per qu	arter
Sampling P	Point (Sampling Point ID)				Monitorin	ng Pei	riod	Colle	ction Peri	iod	Comp	liance St	atus
Select from	Inventory of Active Sam	pling Points			4/1/25 -	6/30/	/25	4	1/1-4/30		С	omplete	
					10/1/25 -	12/31	1/25	11	L/1-12/31				
					1/1/26 -	3/31/	/26						
					4/1/26 -	6/30/	′ 26	4	1/1-4/30				
Water System	Facility: ENTRY POIN	T (WSF ID:	00700)										
Nitrate And N	itrite (NOX)									1 ro	utine (RT) per	year
Sampling P	Point (Sampling Point ID)				Monitorin	ng Pei	riod	Colle	ction Peri	iod	Comp	liance St	atus
ENTRY POIN	NT (3)				1/1/24 - 1	12/31	/24				C	omplete	1
					1/1/25 - 1	12/31	/25				С	omplete	ŀ
					1/1/26 - 1	12/31	/26						
	Wate	er System	Facil	ity and S	ampling	Poir	nt In	vent	ory				
Water System Wate Facility ID	er System Facility		ng Point D	Sampling P Description		St	tatus	Dula	т Сорр	er	sbestos	WQP 2	Stage 2 DBPR
00600 DISTR	RIBUTION	4	1	DISTRIBUTI	ON		Α	Υ					
		DOWNS	TREAM	5 SERVICE (Α	Υ					
		UPSTI	REAM	5 SERVICE (CONNECTION	N	Α	Υ					
00700 ENTR	Y POINT		3	ENTRY POI	NT		Α						
62862 WELL	. 1		2	WELL 1			Α						
			Con	tact Info	rmation								
Name			0	rganization						Jo	b Title		
Ms. Kaylee Shilo				icked South	ern Coffee					-			
Mailing Address		Mailing	Addres	s Line Two					City		State	Zip Co	
595 Norwich Roa				Т			Sal				CT	0642	20
860-917-5968		Fax	Mob	ile Phone	Emergency	Phon			ress therncoff	feellc@	gmail.d	com	
Contact Role(s):	Administrative Contact	t											

	Commectic	ut Depa	Tunent	of I ublic	Health	ווע	שווואווו	, water	Section	11			
	Wa	ter Qua	lity Mor	nitoring a	nd Con	nplia	ance S	Schedul	le				
PWS ID	PWS Name					Classi	ification	Population	Owner Ty	oe P	rimary Source		
T1219144	WICKED SOUTH	ERN COFFEE					NC	25	Р		GW		
ocal Address (w	here applicable)			Service	Residential Co		Commerci	al Industri	al Comb	ined	Agricultural		
95 NORWICH R	OAD, SALEM, CT			Connection	ns				1				
owns Served: S	ALEM				·								
Name				Organization					Job T	itle			
VIr. Shane Shilos	sky			Wicked South	ern Coffee								
Mailing Address	Line One		Mailing Add	ress Line Two				City	Stat	:e	Zip Code		
95 Norwich Roa	ad,						Samem	1	СТ		06420		
Business Phon	e Extension	Fax	М	obile Phone	Emergency	Phon	e Email A	ddress	·				
860-917-5968	3						rowsllc	rowsllc@gmail.com					
Contact Polo(c)	Logal Contact (Owner	·										

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): 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.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connectic	ut Dena	rtment of	f Public	Health	Drin	king	Wa	ater S	ection		
		•	lity Monit									
PWS ID	PWS Name	cer Qual	inty Monit	or mg a		_					Driv	mary Source
CT1219154		ARMS ICF CF	REAM CO			Ciassilio No		opui 2!		P P	en	GW
	ess (where applicable)	ARTIVIS ICE CI	CEAINI CO.	Service	Resident		nmercial		dustrial	Combine	ed	Agricultura
20 DARLIN				Connectio			- Inner oran		aastriai	1		7.6.10010010
Towns Serv	ved: SALEM											
			Monit	oring Re	quiremer	nts						
Water Sys	stem Facility: DISTR	IBUTION SY										
•	iform (3100)			•					1 r	outine (R	Γ) p	er quarter
	ling Point (Sampling P	oint ID)			Monitorin	g Perio	d Col	llecti	on Perio	-	•	nce Status
Select	from Inventory of Acti	ive Sampling	Points		4/1/25 -	6/30/25	5				Com	plete
					7/1/25 - 9	9/30/25	5				Com	plete
					10/1/25 -	12/31/2	25				Com	plete
					1/1/26 - :	3/31/26	5				-	
					4/1/26 -	6/30/26	5					
•	Parameters (PPS)									=		er quarter
	ling Point (Sampling P				Monitorin			llecti	on Perio		_	nce Status
Select	from Inventory of Acti	ive Sampling	Points		4/1/25 -							plete
					7/1/25 - 9			10/1	10/25			plete
					10/1/25 - 1/1/26 - 1				-10/25		Con	plete
					4/1/26 -	-		5/13	5-3/31			
Mater Sve	stem Facility: ENTRY	/ DOINT (\A	/SE ID: 00700\		4/1/20-	0/30/20	,					
-	and Nitrite (NOX)	1101111 (11	, 31 1D. 00700 ₁							1 routine	/RT) per year
	ling Point (Sampling P	oint ID)			Monitorin	a Perio	d Col	llecti	on Perio		-	nce Status
	Y POINT (3)	······································			1/1/25 - 1							plete
	· ·				1/1/26 - 1	2/31/2	6					
		Water Sy	stem Facil	ity and S	ampling	Point	Inven	itor	У			
Water							Tot	al	Lead an	d		
	Water System Facility		Sampling Point				Colife		Coppe			Stage
Facility ID			ID	Description		Stat			Rule Tie	er Asbesto	os V	VQP 2 DBPI
00600	DISTRIBUTION SYSTEM		4		ION SYSTEM	Α						
			DOWNSTREAM			A						
00700	ENITRY DOINT		UPSTREAM		SERVICE CON	A						
	ENTRY POINT WELL		2	WELL	IN I	A						
03242	VVELL				· · · · · · · · · · · · · · · · · · ·	A						
N.I					rmation					Lab Titl	_	
Name	, Pingham Cunninghan			rganization	m Dovolonm	ont Cor				Job Titl	e	
	y Bingham Cunninghan dress Line One		Mailing Addres		m Developm	ent Cor	þ	Cit	- V	State		Zip Code
	nake Ledge Road		ivialiling Addres	S LITTE T WO			Salem	Cit	- у	CT		06420
Business		Fax	Mohi	le Phone	Emergency			ldres	S	Ci		33 120
860-859					860-857-9		tiff_bing			.com		
	ole(s): Administrative	Contact, Leg	al Contact			=	0		<u> </u>			
	.,	, -0										

	Connectic	ut Depa	irtment o	of Public	Health	Dr	ınkıng	g Water	Sec	tion		
	Wa	ter Qua	lity Moni	toring a	nd Con	npli	iance S	Schedul	e			
PWS ID	PWS Name					Class	sification	Population	Owne	r Type	Primary So	ource
CT1219154	SALEM VALLEY F	ARMS ICE CI	REAM CO.				NC	25	F	Р	GW	
ocal Address (w	here applicable)			Service	Residen	tial	Commerci	al Industri	al Co	ombine	ed Agricultur	
20 DARLING ROA	ND			Connection	ns					1		
Γowns Served: S	ALEM			·				·	·			
Name			C	Organization					J	lob Title	4	
Hiram Birgham [Development Co	rporation										
Mailing Address	Line One		Mailing Addre	ss Line Two				City		State	Zip Cod	de
Business Phon	e Extension	Fax	Mok	oile Phone	Emergency	/ Phor	ne Email A	ddress				
Contact Role(s):	Owner		·									

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

End of schedule

Schedule Generation Date: 12/12/2025 Page 23

	Connectic	•	rtment of lity Monit				_			ection	
DIA/S ID	PWS Name	ci Qua	iity Moiii	.or mg a	iiu Coii	_				nor Typo	Drimary Course
PWS ID		OCOLATES						<u>25</u>	JII OW	P P	Primary Source
CT1219164	PEWTER POT CHO	JCOLATES		Service	Residen	N tial Ca	mmercial		امنسا	-	GW
22 DARLING RO	(where applicable)			Connection		tiai Co	mmerciai	maus	Uldi	Combine 1	d Agricultura
Towns Served:				Commedia						Т	
Towns Served.	JALLIVI		D.0 :-	D -	•						
Water Systen	m Facility: DISTRI	BUTION SY		oring Red D: 00600)	quireme	nts					
Total Colifor	m (3100)								1 ro	utine (RT)	per quarter
Sampling	Point (Sampling Po	oint ID)			Monitori	ng Perio	od Col	lection	Period	Comp	liance Status
Select fro	m Inventory of Activ	ve Sampling	Points		4/1/25 -	6/30/2	5			С	omplete
					7/1/25 -	9/30/2	5			С	omplete
					10/1/25 -	12/31/	25			С	omplete
					1/1/26 -	3/31/2	6				
					4/1/26 -	6/30/2	6				
Physical Para	ameters (PPS)								1 ro	utine (RT)	per quarter
Sampling	Point (Sampling Po	oint ID)			Monitori	ng Perio	od Col	lection	Period	Comp	liance Status
Select fro	m Inventory of Activ	ve Sampling	Points		4/1/25 -	6/30/2	5			С	omplete
					7/1/25 -	9/30/2	5			С	omplete
					10/1/25 -	12/31/	25			C	omplete
					1/1/26 -	3/31/2	6				
					4/1/26 -	6/30/2	6				
Water Systen	n Facility: ENTRY	POINT (W	/SF ID: 00700)								
Nitrate And	Nitrite (NOX)								1	routine (RT) per year
Sampling	Point (Sampling Po	oint ID)			Monitori	ng Perio	od Col	lection	Period	Comp	liance Status
ENTRY PC	DINT (3)				1/1/25 -	12/31/2	25			C	omplete
					1/1/26 -	12/31/2	26				
	,	Water Sy	stem Facil	ity and S	ampling	Point	t Inven	tory			
Water		,	C	C	na tau		Tota		ad and	1	
System Wa Facility ID	ter System Facility	•	Sampling Point ID	Description			Colifo		opper	Achasto	Stage WQP 2 DBPI
	TDIDLITION CVCTEM		4		ON SYSTEM	Sta	tus		ile Hei	ASDESTOS	VVQF Z DDFI
00600 DIS	TRIBUTION SYSTEM		DOWNSTREAM								
00700 FNI	FDV DOINT		UPSTREAM		SERVICE CON						
	TRY POINT		3	ENTRY POI	IN I	Α					
63245 WE	LL		2	WELL		A	4				
				itact Info	rmation						
Name	ngham Cunningham			rganization iram Binghai	m Davalanm	ont Cor	'n			Job Title	
Mailing Addres			Mailing Addres		ili Developii	ient coi	P	City		State	Zip Code
89 Rattlesnake			ivialiling Addres	S LITTE TWO			Salem	City		CT	06420
Business Pho		Fax	Moh	ile Phone	Emergency	Dhono		drocc		CI	00420
860-859-03		гах	IVIUD	ne FHORE	860-857-		tiff_bingl		ahoo o	om	
	a): Administrative (Contact Loc	al Contact		000-03/-	ラムンブ	un_bing	iiaiii@y	a1100.0	.0111	
Contact Role(S	Auministrative C	Joniaci, Leg	ai Cuitact								

(Lonnectic	ut Depa	rtment o	of Public	Health	ועו	rinking	g water	'Sec	ction		
	Wa	ter Qua	lity Moni	toring a	nd Con	npl	iance S	Schedu	le			
PWS ID	PWS Name					Clas	ssification	Population	Owne	er Type	Primary Source	
CT1219164	PEWTER POT CH	OCOLATES					NC	25		Р	(GW
ocal Address (wh	nere applicable)			Service	Residen	itial	Commerci	al Industri	al C	al Combined		gricultural
22 DARLING ROA	D			Connection	ıs					1		
Γowns Served: SA	LEM			·	·			·	·			
Name			C	Organization					J	lob Title	9	
Hiram Birgham D	evelopment Cor	poration										
Mailing Address L	ine One		Mailing Addre	ss Line Two				City		State	Zip	Code
Business Phone	Extension	Fax	Mok	oile Phone	Emergency	/ Pho	ne Email A	Address				
Contact Role(s):	Owner											

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