| | Connecticut De | epartment of | f Public H | lealth D | rinkin | g W | ater Se | ection | | |
|--------------------|---------------------------------|-------------------|--------------|---------------------|-------------|---------|------------|-----------|-----------|----------|
| | Water Q | uality Monit | oring an | d Comp | liance | Sch | edule | | | |
| PWS ID | PWS Name | | | Cla | ssification | Popu | lation Ow | ner Type | Primary | Source |
| CT1330014 | SALT ROCK CAMPGROU | ND | | | NC | 5 | 54 | S | G۷ | ٧ |
| Local Addre | ss (where applicable) | | Service | Residential | Commer | cial Ir | ndustrial | Combine | d Agrid | cultural |
| 120 SCOTLA | ND ROAD | | Connections | | 1 | | | | | |
| Towns Serve | ed: SPRAGUE | | | | | | | | | |
| | | Monito | oring Requ | irements | • | | | | | |
| Water Syst | em Facility: DISTRIBUTIO | N SYSTEM (WSF II | D: 00600) | | | | | | | |
| Total Colif | form (3100) | | | | | | 1 rc | outine (R | T) per n | nonth |
| Sampli | ing Point (Sampling Point ID) | | | Monitoring F | Period | Collect | ion Period | Com | oliance S | tatus |
| Select : | from Inventory of Active Samp | oling Points | | 7/1/25 - 7/3 | 1/25 | | | (| Complete | е |
| | | | | 8/1/25 - 8/3 | 1/25 | | | (| Complete | e |
| | | | | 9/1/25 - 9/3 | 0/25 | | | | Complete | e |
| | | | | 4/1/26 - 4/3 | 0/26 | | | | | |
| | | | | 5/1/26 - 5/3 | 1/26 | | | | | |
| | | | | 6/1/26 - 6/3 | 0/26 | | | | | |
| Physical P | arameters (PPS) | | | | | | 1 rc | outine (R | T) per n | nonth |
| Sampli | ing Point (Sampling Point ID) | | | Monitoring I | Period | Collect | ion Period | Com | oliance S | tatus |
| Select : | from Inventory of Active Samp | oling Points | | 7/1/25 - 7/3 | 1/25 | | | (| Complete | e |
| | | | | 8/1/25 - 8/3 | 1/25 | | | (| Complete | e |
| | | | | 9/1/25 - 9/3 | 0/25 | | | (| Complete | e |
| | | | | 4/1/26 - 4/3 | 0/26 | | | | | |
| | | | | 5/1/26 - 5/3 | 31/26 | | | | | |
| | | | | 6/1/26 - 6/3 | 0/26 | | | | | |
| Water Syst | em Facility: ENTRY POIN | Γ (WSF ID: 00700) | | | | | | | | |
| Nitrate Ar | nd Nitrite (NOX) | | | | | | 1 | routine | (RT) pe | r year |
| Sampli | ing Point (Sampling Point ID) | | | Monitoring I | Period | Collect | ion Period | Comp | oliance S | tatus |
| ENTRY | POINT (3) | | | 1/1/24 - 12/3 | 31/24 | | | (| Complete | e |
| | | | | 1/1/25 - 12/3 | 31/25 | | | (| Complete | e |
| | | | | 1/1/26 - 12/3 | 31/26 | | | | | |
| | Wate | r System Facili | ity and Sar | npling Po | int Inv | ento | ry | | | |
| Water | | | | | | Total | Lead and | 1 | | |
| | Vater System Facility | Sampling Point | | nt | | oliform | | | | Stage |
| Facility ID | | ID | Description | | Status | Rule | Rule Tiei | Asbesto | s WQP | 2 DBPR |
| 00600 | DISTRIBUTION SYSTEM | 101 | MAIN BATH H | | Α | Υ | | | | |
| | | 102 | SMALL TOILET | | A | Y | | | | |
| | | 103 | EXTERIOR FAL | | A | Y | | | | |
| | | 4 | DISTRIBUTION | | A | Y | | | | |
| | | DOWNSTREAM | | | A | | | | | |
| | | UPSTREAM | WITHIN 5 SER | VICE CON | Α . | | | | | |
| | NTRY POINT | 3 | ENTRY POINT | | A | | | | | |
| | VELL #1 | 2 | WELL | | Α | | | | | |
| | VELL #2 | 2 | WELL #2 | | Α | | | | | |
| 62095 V | VELL #3 | 2 | WELL #3 | | Α | | | | | |

Schedule Generation Date: 12/12/2025 Page 1

| | Water Quality Monitoring and Compliance Schedule | | | | | | | | | | |
|-----------------|--|-------------|---------|----------------|-------------|-------------|------------|-----------------|--|--|--|
| PWS ID PWS Name | | | | | ssification | Population | Owner Type | Primary Source | | | |
| CT1330014 | SALT ROCK CAMPGROUND | | | | NC | 54 | S | GW | | | |
| Local Address | (where applicable) | Service | Residen | ntial Commerci | | al Industri | al Combine | ed Agricultural | | | |
| 120 SCOTLANI | OROAD | Connections | | | 1 | | | | | | |

Connecticut Department of Public Health Drinking Water Section

Towns Served: SPRAGUE

| | | | | Contact Inf | formation | | | | |
|---------------------|----------------|----------|------------|----------------|-----------------|---------------------|-----------|----------|--|
| Name | | | | า | Job Title | | | | |
| Mr. David Cooley | | | | Deep-Engine | eering Unit | Supv Civil Er | ngineer | | |
| Mailing Address Lin | e One | | Mailing Ad | dress Line Two | | City | State | Zip Code | |
| 163 Great Hill Road | | | | | | Portland | land CT C | | |
| Business Phone | Extension | Fax | | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-342-2215 | | 860-344- | 2560 | 860-205-7552 | 860-424-3333 | david.cooley@ct.gov | | | |
| Contact Role(s): Le | gal Contact, C |)wner | | | | | | | |
| Name | | | | Organization | า | | Job Title | | |
| Ms. Andrea M. Lan | e | | | State of CT [| Реер | | | | |
| Mailing Address Lin | e One | | Mailing Ad | dress Line Two | | City | State | Zip Code | |
| 163 Great Hill Road | | | | | | Portland | СТ | 06480 | |
| Business Phone | Extension | Fax | | Mobile Phone | Emergency Phone | Email Address | | | |
| 860-977-9739 | | | | | 860-424-3333 | andrea.lane@ct.gov | | | |
| Contact Role(s): A | dministrative | Contact | | | | • | | | |

Please note the following:

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

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

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

End of schedule

Schedule Generation Date: 12/12/2025

| | Connecticut Dep | | | | | | | ction | |
|----------------------|------------------------------|-----------------|---------------|--|---------|-----------|------------|----------------|--------------|
| | water Qu | ality Monit | oring and | | | | | | |
| PWS ID | PWS Name | | | Cl | | on Popu | lation Owr | ner Type Prir | mary Source |
| CT1330034 | SPRAGUE ROD AND GUN (| CLUB | | | NC | 2 | .5 | Р | GW |
| Local Address (| where applicable) | | | Residentia | I Comm | ercial In | dustrial | Combined | Agricultural |
| 90 BUSHNELL F | HOLLOW ROAD | | Connections | | 1 | - | | | |
| Towns Served: | SPRAGUE | | | | | | | | |
| | | | oring Requi | irement | :S | | | | |
| - | Facility: DISTRIBUTION | SYSTEM (WSF I | D: 00600) | | | | | | |
| Total Colifori | • | | | | | | 1 rou | itine (RT) p | - |
| | Point (Sampling Point ID) | | | /lonitoring | | Collect | ion Period | Complia | nce Status |
| Select from | m Inventory of Active Sampli | ng Points | | 4/1/25 - 6/ | 30/25 | | | Com | plete |
| | | | | 7/1/25 - 9/ | 30/25 | | | Com | plete |
| | | | 1 | 0/1/25 - 12 | 2/31/25 | | | | |
| | | | | 1/1/26 - 3/ | 31/26 | | | | |
| | | | | 4/1/26 - 6/ | 30/26 | | | | |
| Physical Para | ameters (PPS) | | | | | | 1 rou | itine (RT) po | er quarter |
| Sampling | Point (Sampling Point ID) | | ^ | /lonitoring | Period | Collect | ion Period | Complia | nce Status |
| Select from | m Inventory of Active Sampli | ng Points | | 4/1/25 - 6/ | 30/25 | | | Com | plete |
| | | | | 7/1/25 - 9/ | 30/25 | | | Com | plete |
| | | | 1 | 0/1/25 - 12 | 2/31/25 | | | | |
| | | | | 1/1/26 - 3/ | 31/26 | | | | |
| | | | | 4/1/26 - 6/ | 30/26 | | | | |
| Water System | Facility: ENTRY POINT | (WSF ID: 00700) | | | | | | | |
| Nitrate (104 | • | | | | | | 1 rou | itine (RT) po | er quarter |
| - | Point (Sampling Point ID) | | ^ | /lonitoring | Period | Collect | ion Period | | nce Status |
| ENTRY PO | | | | 4/1/25 - 6/ | | <u> </u> | | | plete |
| | (-) | | | / | | | | | plete |
| | | | | 0/1/25 - 12 | - | | | | <u> </u> |
| | | | | 1/1/26 - 3/ | | | | | |
| | | | | 4/1/26 - 6/ | | | | | |
| Nitrite (1041 | 1) | | | ., _, _ 0 | , | | 1 | routine (RT |) ner vear |
| - | Point (Sampling Point ID) | | ٨ | /lonitoring | Period | Collect | ion Period | · - | nce Status |
| ENTRY PO | | | | /1/24 - 12/ | | | | | plete |
| | \ - / | | | 1/1/25 - 12 _/ | - | | | | plete |
| | | | | 1/1/26 - 12/ | - | | | | piece |
| | Water | System Facil | | | - | vento | ГУ | | |
| Water | | | | | | Total | Lead and | | |
| - | ter System Facility | Sampling Point | | t | | Coliform | Copper | | Stage |
| Facility ID | | ID | Description | | Status | Rule | Rule Tier | Asbestos V | VQP 2 DBPR |
| 00600 DIST | TRIBUTION SYSTEM | 4 | DISTRIBUTION | SYSTEM | Α | Υ | | | |
| | | DOWNSTREAM | WITHIN 5 SERV | ICE CON | Α | | | | |
| | | UPSTREAM | WITHIN 5 SERV | ICE CON | Α | | | | |
| 00700 ENT | RY POINT | 3 | ENTRY POINT | | Α | | | | |
| | | | | | | | | | |

Α

Schedule Generation Date: 12/12/2025 Page 3

WELL

2

22225 WELL

| С | Connecticut Department of Public Health Drinking Water Section | | | | | | | | | | |
|---------------------|--|------------|-----------------|-------------|------------|--------------------------|-----------|-------------|-------|---------|----------------|
| | Wa | ter Qua | lity Monit | oring ar | nd Con | npli | ance S | Schedul | le | | |
| PWS ID PV | VS Name | | | | | Classification Po | | Population | Owner | Туре | Primary Source |
| CT1330034 SP | RAGUE ROD A | ND GUN CLU | JB | | | | NC | 25 | Р | , | GW |
| Local Address (whe | re applicable) | | | Service | Residen | tial C | Commercia | al Industri | al Co | mbine | d Agricultural |
| 90 BUSHNELL HOLL | OW ROAD | | | Connection | S | | 1 | | | | |
| Towns Served: SPR | AGUE | | | | · | | | · | · | | |
| | | | Con | tact Info | rmatior | 1 | | | | | |
| Name | | | Or | ganization | | | | | Jo | b Title | ! |
| Ms. Tina Larue | | | Sp | rague Rod A | nd Gun Clu | b | | | | | |
| Mailing Address Lir | ne One | | Mailing Address | Line Two | | | | City | | State | Zip Code |
| 90 Bushnell Hollow | | | | | | Sprague | | ague | | СТ | 06330 |
| Business Phone | Extension | Fax | Mobil | le Phone | Emergency | ency Phone Email Address | | | | | |
| 860-204-6878 | | | | | | | Teena.r | nattos@att | .net | | |

Contact Role(s): Administrative Contact

Extension

Please note the following:

Contact Role(s): Owner

Mailing Address Line One

90 Bushnell Hollow Road

Mr. Howie Robbins

Business Phone

860-608-9062

Name

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

Mailing Address Line Two

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

Fax

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.

Organization

Mobile Phone

860-546-1190

Sprague Rod And Gun Club

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

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

End of schedule

Zip Code

06330

Job Title

State

CT

City

deb.currier@att.net

Sprague

Emergency Phone Email Address

860-546-1190

Schedule Generation Date: 12/12/2025

| | Connectic Wa | • | rtment of ity Monit | | | | | _ | | ection | | |
|-------------------------|------------------------------------|-------------|------------------------|--------------|--------------|-------|-------------|------------------|--------------|----------------|------|--------------------|
| PWS ID | PWS Name | | | | | Cla | ssification | n Pop | oulation Ov | wner Type | Prir | nary Source |
| CT1330044 | 36 MAIN STREET | • | | | | | NC | | 33 | Р | | GW |
| Local Addres | ss (where applicable) | | | Service | Residen | tial | Commer | cial | Industrial | Combine | ed . | Agricultural |
| 36 MAIN STE | | | | Connection | ns | | 1 | | | | | |
| Towns Serve | d: SPRAGUE | | | | | _ | | | | | _ | |
| | | | Monit | oring Red | quireme | nts | • | | | | | |
| Water Syst | em Facility: DISTR | IBUTION SY | STEM (WSF I | D: 00600) | | | | | | | | |
| | orm (3100) ng Point (Sampling P | oint ID) | | | Monitori | ina F | Period | Collec | 1 ro | · - | | er quarter |
| | rom Inventory of Acti | | Points | | 4/1/25 - | | | Conce | | | | plete |
| 30,0001 | Tom memory or nec | ve oampinig | 0 | | 7/1/25 - | | | | | | | plete |
| | | | | | 10/1/25 - | | | | | | | p.010 |
| | | | | | 1/1/26 - | | | | | | | |
| | | | | | 4/1/26 - | | | | | | | |
| Physical Pa | arameters (PPS) | | | | | | | | 1 rc | outine (RT |) pe | er quarter |
| - | ng Point (Sampling P | oint ID) | | | Monitori | ing F | Period | Collec | ction Perio | · - | | ce Status |
| Select f | rom Inventory of Acti | ve Sampling | Points | | 4/1/25 - | 6/3 | 0/25 | | | (| Com | plete |
| | | | | | 7/1/25 - | 9/3 | 0/25 | | | (| Com | plete |
| | | | | | 10/1/25 - | | | | | | | |
| | | | | | 1/1/26 - | | | | | | | |
| | | | | | 4/1/26 - | 6/3 | 0/26 | | | | | |
| • | em Facility: ENTRY | POINT (W | SF ID: 00700) | | | | | | | | | |
| | d Nitrite (NOX) | | | | | | | | | | - |) per year |
| _ | ng Point (Sampling Po | oint ID) | | | Monitori | | | Collec | ction Perio | | | ce Status |
| ENTRY | POINT (3) | | | | 1/1/24 - | | | | | | | plete |
| | | | | | 1/1/25 - | | | | | | com | plete |
| | | | " | | 1/1/26 - | _ | | | | | - | |
| | | water Sy | stem Facil | ity and S | ampling | PO | int inv | ento | _ | | | |
| Water | /ater System Facility | | ampling Point | Camplina D | oint | | | Total oliforn | Lead an | | | Chara |
| System V Facility ID | rater system racinty | 3 | umping Point ID | Description | | | Status | onjorn Rule | | | s V | Stage QP 2 DBPI |
| | ISTRIBUTION SYSTEM | <u> </u> | 4 | • | ON SYSTEM |] | A A | Y | | | | <u> </u> |
| | | | OOWNSTREAM | | | | Α | - | | | | |
| | | | UPSTREAM | WITHIN 5 S | ERVICE CON | ١ | Α | | | | | |
| 00700 E | NTRY POINT | | 3 | ENTRY POIN | NT | | Α | | | | | |
| 22226 W | /ELL | | 2 | WELL | | | Α | | | | | |
| | | | Con | tact Info | rmation | 1 | | | | | | |
| Name | | | | rganization | | | | | | Job Title | ۵ | |
| Mr. Jeffrey I | Reich | | | orwich CT Pr | operties. LL | .C | | O۱ | wner | 333 | | |
| | ress Line One | | Mailing Addres | | ,, | | | | City | State | | Zip Code |
| 38 Pratt St. | | | | | | | Wins | | - | СТ | | 06098 |
| Business P | hone Extension | Fax | Mob | ile Phone | Emergency | / Pho | one Emai | l Addr | ess | | | |
| 860-200-0 | 0604 737 | | | | | | Jeff@ | birch | watermana | gement.co | m | |
| Contact Role | e(s): Owner | | | | | | | | | | | |
| | | | | | | | | | | | | |

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Schedule Generation Date: 12/12/2025 Page 5

| | Connectic | ut Depa | ii unent oi | Public | пеани | עו | 1 111K111E | z water | sec | uon | |
|------------------|----------------|---------|-----------------|--------------|--------------|-----------|-------------|----------------|------------|----------|----------------|
| | Wa | ter Qua | lity Monit | oring a | nd Con | npl | liance S | Schedu | le | | |
| PWS ID | PWS Name | WS Name | | | | | | Population | Owner Type | | Primary Source |
| CT1330044 | 36 MAIN STREET | | | | NC | 33 | F | > | GW | | |
| Local Address (w | Service | Residen | tial | Commerci | ial Industri | ial Co | ombined | d Agricultural | | | |
| 36 MAIN STREET | | | | Connection | ns | | 1 | | | | |
| Towns Served: SI | PRAGUE | | | | | | | , | · | | |
| Name | | | Or | ganization | | Job Title | | | | | |
| Ms. Bridie McCa | rthy | | No | rwich CT Pro | operties, LL | .C | | | | | |
| Mailing Address | ine One | | Mailing Address | Line Two | | | | City | | State | Zip Code |
| 38 Pratt St. | | | | | Winsted | | | | CT | 06098 | |
| Business Phone | e Extension | Fax | Mobil | le Phone | Emergency | / Pho | one Email A | Address | | | |
| 203-666-0339 | | | | | 860-461- | 462 | 5 bridie@ | @birchwater | manag | gement.c | com |
| Contact Role(s): | Administrative | Contact | • | | | | | | | | - |

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact

Please note the following:

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

End of schedule

Schedule Generation Date: 12/12/2025