

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1360142	STERLING MUNICIPAL BUILDING	NC	25	L	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
1183 PLAINFIELD PIKE	Connections	1			

Towns Served: STERLING

Monitoring Requirements

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

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

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

Water System Facility: **ENTRY POINT** (WSF ID: 00700)

Nitrate And Nitrite (NOX) 1 routine (RT) per year			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION EXEMPTION		3/1/2012

Water System Facility and Sampling Point Inventory						
<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform</i>	<i>Lead and Copper Rule Tier</i>
00600	DISTRIBUTION SYSTEM	325	UNISEX LAVORATORY	A	Y	
		326	HANDICAP LAVORATORY	A	Y	
		327	KITCHEN SINK	A	Y	
		328	GIRLS LAVORATORY	A	Y	
		329	SAMPLE TAP	A	Y	
		4	DISTRIBUTION SYSTEM	A	Y	
		4-5	SAMPLE #5	I	Y	
		4-6	SAMPLE #6	I	Y	
		4-7	SAMPLE #7	I	Y	
		4-8	SAMPLE #8	I	Y	
		4-9	SAMPLE #9	I	Y	
		DOWNSTREAM	WITHIN 5 SERVICE CON	A		
		UPSTREAM	WITHIN 5 SERVICE CON	A		
00700	ENTRY POINT	3	ENTRY POINT	A		

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1360142	STERLING MUNICIPAL BUILDING	NC	25	L	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1183 PLAINFIELD PIKE	1				

Towns Served: STERLING

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos Rule Tier	Stage WQP 2	DBPR
10611	WELL 1	2	WELL 1	A					

Contact Information

Name	Organization	Job Title
Sterling		
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
Business Phone	Extension	Fax Mobile Phone Emergency Phone Email Address
Contact Role(s):	Owner	
Name	Organization	Job Title
Mr. Russell M. Gray	Town of Sterling	First Selectman
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
1114 Plainfield Parkway	P.O. Box 157	Oneco CT 06373-0157
Business Phone	Extension	Fax Mobile Phone Emergency Phone Email Address
860-564-2904		860-564-1660 selectman@sterlingct.us

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

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

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

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1360024	RIVER BEND CAMPGROUND	NC	100	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
41 POND STREET			1		

Towns Served: STERLING

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	4/1/26 - 6/30/26		
Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT - PAVILION (WSF ID: 00700)

Nitrate (1040)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT - PAVILION (3)	7/1/25 - 9/30/25		Complete
	4/1/26 - 6/30/26		
Nitrite (1041)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT - PAVILION (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility: ENTRY POINT - OFFICE (WSF ID: 00701)

Nitrate (1040)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT - OFFICE (3)	7/1/25 - 9/30/25		Complete
	4/1/26 - 6/30/26		
Nitrite (1041)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT - OFFICE (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2026	

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1360024	RIVER BEND CAMPGROUND	NC	100	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
41 POND STREET			1		

Towns Served: STERLING

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos Rule Tier	Stage WQP 2	DBPR
00701	ENTRY POINT - OFFICE	3	ENTRY POINT - OFFICE	A					
22257	PAVILION WELL #1	2	PAVILION WELL #1	A					
22258	OFFICE WELL #2	2	OFFICE WELL #2	A					

Contact Information

Name	Organization	Job Title
Mr. Anthony Sinko	Riverbend Campground	Owner
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
41 Pond St	P O Box 23	Oneco CT 06373
Business Phone	Extension	Fax Mobile Phone Emergency Phone Email Address
860-564-3440		860-564-0788 860-861-2788 860-564-7747 riverbendcamp1@gmail.com

Contact Role(s): Legal Contact, Owner

Name	Organization	Job Title
Ms. Deloris Sinko	Riverbend Campground	Owner
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
41 Pond St	P O Box 23	Oneco CT 06373
Business Phone	Extension	Fax Mobile Phone Emergency Phone Email Address
860-564-3440		860-564-0788 860-861-2788 860-564-7747 www.riverbendfun.com

Contact Role(s): Legal Contact, Owner

Name	Organization	Job Title
Mr. Gregory Vogel	Oneco Rv LLC	Director
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
41 Pond St		Oneco CT 06373
Business Phone	Extension	Fax Mobile Phone Emergency Phone Email Address
860-564-3440		860-564-0788 860-861-2788 860-564-7747 greg@vazzareg@.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

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End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1360074	GIBSON HILL PARK	NC	100	P	GW
Local Address (where applicable)	177 GIBSON HILL ROAD	Service Connections	Residential Commercial Industrial Combined Agricultural	80	6
Towns Served: STERLING					

Monitoring Requirements

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

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

Total Coliform (3100)	3 repeat (RP) per period		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	9/10/25 - 9/15/25		

Physical Parameters (PPS)	1 routine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	8/1/25 - 8/31/25		Complete
	9/1/25 - 9/30/25		Complete
	10/1/25 - 10/31/25	10/1-10/15	Complete
	4/1/26 - 4/30/26	4/15-4/30	
	5/1/26 - 5/31/26		
	6/1/26 - 6/30/26		
	7/1/26 - 7/31/26		

Water System Facility: ENTRY POINT - OFFICE (WSF ID: 00700)

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
EP - OFFICE (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Pesticides, Herbicides and Polychlorinated Biphenyls (PCBs) (SOCS)	1 routine (RT) per three years		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
EP - OFFICE (3)	1/1/23 - 12/31/23	1/1-12/31	Complete

Water System Facility: OFFICE WELL (WSF ID: 22261)

E. Coli (3014)	1 triggered (TG) per period		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
OFFICE WELL (2)	9/9/25 - 9/15/25		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	2/21/2021	
L1 ASSESSMENT (TC+ INS REPEATS)	10/17/2025	
CROSS CONNECTION SURVEY REPORT	3/1/2026	

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1360074	GIBSON HILL PARK	NC	100	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
177 GIBSON HILL ROAD		80		6	

Towns Served: STERLING

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos	Stage WQP 2 DBPR
					Rule Tier	WQD	DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		MW001	SITE 1	A	Y	3	Y	
		MW002	SITE 2	A	Y	3	Y	
		MW003	SITE 5	A	Y	3	Y	
		MW004	SITE 7	A	Y	3	Y	
00700	ENTRY POINT - OFFICE	5	EP - OFFICE	A				
		2	OFFICE WELL	A				

Contact Information

Name	Organization	Job Title		
Mr. Carl Venezia		Owner Manager		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
68 Harrison Ave	Ste 605 Pmb 62151	Boston	MA	02111
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone
617-213-0664				Email Address archeracq@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

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End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1360094	SUN RIDGE RESORT CAMPGROUND	NC	50	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
131 CALVIN FRENCH ROAD			1		

Towns Served: STERLING

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25 4/1/26 - 6/30/26		Complete

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

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25 1/1/26 - 12/31/26 1/1/27 - 12/31/27		Complete

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT		3/1/2025

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule Status	Asbestos Rule Tier	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		UPSTREAM	WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
52264	DRILLED WELL #2	2	DRILLED WELL #2	A			
56663	HYDROSTATIC STORAGE TANK						
59756	DRILLED WELL #1	2	DRILLED WELL #1	A			

Contact Information

Name	Organization			Job Title		
Mr. David Bishop	Sun Ridge Resort Campground			Officer		
Mailing Address Line One	Mailing Address Line Two			City	State	Zip Code
Owner of Sun Ridge Resort Campground	131 Calvin French Road		Sterling	CT	06377	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address	
860-779-1512			401-447-0284		sunridge1@hotmail.com	
Contact Role(s):	Administrative Contact, Legal Contact, Owner					

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1360094	SUN RIDGE RESORT CAMPGROUND	NC	50	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
131 CALVIN FRENCH ROAD	Connections		1		

Towns Served: STERLING

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

End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1360134	WEIDELES PIZZA & PUB (ONECO COMMONS)	NC	37	P	GW
Local Address (where applicable)	Service	Residential	Commercial	Industrial	Combined
901 STERLING ROAD	Connections		1		

Towns Served: STERLING

Monitoring Requirements

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

Total Coliform (3100)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Physical Parameters (PPS)	1 routine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	1/15/2021	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification Required	Public Notification Performed	PN Certification Due to DPH	PN Certification Received
Total Coliform M&R Violation	1/1/10 - 3/31/10	2	6/17/2010		6/27/2010	
GROUNDWATER RULE TT Violation	5/28/10 - 6/23/10	2	10/30/2010		11/9/2010	
Total Coliform MCL Violation	10/1/10 - 12/31/10	2	1/29/2011		2/8/2011	
Total Coliform MCL Violation	1/1/11 - 1/31/11	2	3/24/2011		4/3/2011	
Physical Parameters M&R Violation	1/1/10 - 3/31/10	3	5/18/2011		5/28/2011	
Physical Parameters M&R Violation	10/1/23 - 12/31/23	3	3/18/2025		3/28/2025	
Total Coliform M&R Violation	10/1/23 - 12/31/23	3	3/18/2025		3/28/2025	

Water System Facility and Sampling Point Inventory

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

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1360134	WEIDELES PIZZA & PUB (ONECO COMMONS)	NC	37	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
901 STERLING ROAD			1		

Towns Served: STERLING

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform	Lead and Copper Rule	Asbestos Rule Tier	Stage WQP 2 DBPR
22705	WELL	2	WELL	A				

Contact Information

Name	Organization	Job Title
Mr. Albert R. Gervasio	Oneco Commons, Inc.	Landlord
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
15 Jencks Road		Foster RI 02825
Business Phone	Extension	Fax Mobile Phone Emergency Phone Email Address
401-544-4454		401-397-3001

Contact Role(s): Legal Contact

Name	Organization	Job Title
Ms. Linda A. Hawkins	Oneco Commons	Owner
Mailing Address Line One	Mailing Address Line Two	City State Zip Code
901 Sterling Road		Sterling CT 06377
Business Phone	Extension	Fax Mobile Phone Emergency Phone Email Address
860-564-0033		401-255-9712 LIZZYBSONECO@GMAIL.COM

Contact Role(s): Administrative Contact, Owner

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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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End of schedule

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT1360154	ONECO MARKET	NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined
1107 PLAINFIELD PIKE			1		

Towns Served: STERLING

Monitoring Requirements

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

Total Coliform (3100) 1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Physical Parameters (PPS) 1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/25 - 9/30/25		Complete
	10/1/25 - 12/31/25		Complete
	1/1/26 - 3/31/26		
	4/1/26 - 6/30/26		

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate And Nitrite (NOX) 1 routine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/25 - 12/31/25		Complete
	1/1/26 - 12/31/26		
	1/1/27 - 12/31/27		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Total Coliform Status	Lead and Copper Rule	Asbestos Rule Tier	WQP 2 DBPR Stage
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A			
		UPSTREAM	WITHIN 5 SERVICE CON	A			
00700	ENTRY POINT	3	ENTRY POINT	A			
22936	WELL #1	2	DUG WELL	A			

Contact Information

Name	Organization	Job Title
Jay Shri Krishne LLC		
Mailing Address Line One	Mailing Address Line Two	City
15 Holly Drive		State
Business Phone	Extension	Zip Code
		Griswold CT 06351
Contact Role(s):	Owner	Email Address

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

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

PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT1360154	ONECO MARKET				NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
1107 PLAINFIELD PIKE				1				
Towns Served: STERLING								
Name			Organization			Job Title		
Mr. Sanjay Patel			D And K LLC			Owner		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code	
1107 Plainfield Pike , P. O. Box 269					Sterling	CT	06373	
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-564-8181					onecomarket@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

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

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

End of schedule