| | Connecticut Dep | artment of | Public H | lealth | Dri | nkir | ng Wa | ater | Se | ction | | |
|-----------------------|---|----------------------|------------------------------|-----------------------|--------|-----------|------------------|-----------|-------|--------------|----------------------|------------|
| | Water Ou | ality Monit | oring and | d Com | nolia | ance | e Scho | edul | e | | | |
| PWS ID | PWS Name | | oring and | u dom | | | | | | er Type | Primary | Source |
| CT1390014 | AIRWAYS GOLF COURSE | | | | | NC | | 25 | - | P | GV | |
| Local Address | (where applicable) | | Service | Resident | | omme | rcial In | dustria | al (| Combine | | cultural |
| 1070 S. GRANI | * | | Connections | | | 1 | | | | | | |
| Towns Served: | SUFFIELD | | | | | | | | | | | |
| | | Monite | oring Requ | ireme | nts | | | | | | | |
| Water Systen | m Facility: DISTRIBUTION | | | | | | | | | | | |
| Total Colifor | | | | | | | | 1 | rou | tine (RT | | |
| | Point (Sampling Point ID) | | | Monitori | | | Collect | ion Per | riod | | liance S | |
| Select fro | m Inventory of Active Samplir | ng Points | | 4/1/25 - | | | | | | | Complete | |
| | | | | 7/1/25 - | | | | | | | complete | |
| | | | : | 10/1/25 - | | | | | | (| Complete | 9 |
| | | | | 1/1/26 - | | | | | | | | |
| | | | | 4/1/26 - | 6/30/ | 26 | | _ | | | | |
| - | ameters (PPS) | | | | | | o | | | tine (RT | | |
| | Point (Sampling Point ID) | a Doints | | Monitorii | | | Collect | ion Per | 100 | | liance S | |
| Select fro | m Inventory of Active Samplir | ig Points | | 4/1/25 - | | | | | | | Complete | |
| | | | | 7/1/25 - 10/1/25 - | | | | | | | Complete Complete | |
| | | | • | 1/1/26 - | | | | | | | ompiet | = |
| | | | | 4/1/26 - | | | | | | | | |
| Water System | n Facility: ENTRY POINT (| \\\SE ID: 00700\ | | 4/1/20- | 0,30, | 20 | | | | | | |
| Nitrate (104 | • | W31 1D. 00700j | | | | | | 1 | rout | tine (RT | l nor au | ıartar |
| - | Point (Sampling Point ID) | | | Monitorii | na Per | riod | Collect | | | - | liance S | |
| ENTRY PC | | | _ | 4/1/25 - | | | Concor | 1011 1 61 | - | _ | Complete | _ |
| 2 | , , , , , , , , , , , , , , , , , , , | | | 7/1/25 - | | | | | | | complete | |
| | | | | 10/1/25 - | | | | | | | omplete | |
| | | | | 1/1/26 - | | | | | | | - 1 | |
| | | | | 4/1/26 - | | | | | | | | |
| Nitrite (104 | 1) | | | | | | | | 1 r | outine | (RT) pe | r vear |
| - | Point (Sampling Point ID) | | | Monitorii | ng Per | riod | Collect | ion Per | | | liance S | - |
| ENTRY PC | DINT (3) | | | 1/1/24 - : | 12/31/ | /24 | | | | | Complete | |
| | | | | 1/1/25 - 3 | 12/31/ | /25 | | | | (| omplete | 5 |
| | | | | 1/1/26 - : | 12/31/ | /26 | | | | | | |
| | | Other Co | ompliance | Sched | ules | | | | | | | |
| Compliance Sc | chedule Activity | | | | Due Do | ate | | Achie | ved D | Date | | |
| RESPOND TO S | SANITARY SURVEY | | | 3 | /12/20 | 025 | | | | | | |
| CORRECTIVE A | CTION/CORRECTIVE ACTION F | PLAN | | 6 | /12/20 | 025 | | | | | | |
| | Water | System Facili | ty and Sar | npling | Poir | nt Inv | vento | ry | | | | |
| Water | show Combons Establish | Consulting D. L. | Commercial Design | -4 | | _ | Total | Lead | | | | C . |
| System Wa Facility ID | ter System Facility | Sampling Point ID | Sampling Poli Description | 16 | _ | | Coliform Rule | | | Asbesto | c IA/OD | Stage |
| | TRIBUTION SYSTEM | 4 | DISTRIBUTION | I CVCTENA | | atus ^ | Y | nuie | 1161 | MONEOLU | S VVQP | Z DUFK |
| טטסטט טוא | INIDUTION 3131EIVI | 4 DOWNSTREAM | | | | A | Ť | | | | | |
| | | UPSTREAM | WITHIN 5 SER | | | A A | | | | | | |
| 00700 ENT | TRY POINT | 3 | ENTRY POINT | VICE CON | | 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.

| | Water Quality Monit | oring and | d Con | npliance | Schedul | le | |
|------------------|---------------------|-------------|---------|----------------|--------------|------------|-----------------|
| PWS ID | PWS Name | | | Classification | Population | Owner Type | Primary Source |
| CT1390014 | AIRWAYS GOLF COURSE | | | NC | 25 | Р | GW |
| Local Address (w | here applicable) | Service | Residen | tial Commerc | ial Industri | al Combine | ed Agricultural |
| 1070 S. GRAND S | STREET | Connections | | 1 | | | |

Connecticut Department of Public Health Drinking Water Section

1070 S. GRAND STREET
Towns Served: SUFFIELD

| FIELD | | | | | | | | |
|----------------|----------------------|-------------------------------|--|--|--|--|--|---|
| W | ater S | ystem Faci | ility and | Sampling Poin | t Inver | ntory | | |
| ystem Facility | | Sampling Poin ID 2 | | on Sta | Colif tus Ru | orm Coppe | r | Stage WQP 2 DBPI |
| | | Co | ntact Inf | ormation | | | | |
| | | | Organization | | | | Job Title | |
| | | - | Ten Seventy | South Grand LLC | | | | |
| e One | | Mailing Addre | ess Line Two | | | City | State | Zip Code |
| | | | | | Suffield | | СТ | 06078 |
| Extension | Fax | Мо | bile Phone | Emergency Phone | Email Ad | ddress | | |
| | wstem Facility e One | Water Sylvetem Facility e One | Water System Facility Sampling Point ID 2 Co Halling Address | Water System Facility and System Facility Sampling Point Sampling Description 2 WELL Contact Inf Organization Ten Seventy e One Mailing Address Line Two | Water System Facility and Sampling Point ystem Facility Sampling Point ID Description Sta 2 WELL Contact Information Organization Ten Seventy South Grand LLC e One Mailing Address Line Two | Water System Facility and Sampling Point Inverses Sampling Point Sampling Point Colif Colif ID Description Status Ruse 2 WELL A Contact Information Organization Ten Seventy South Grand LLC e One Mailing Address Line Two Suffield | Water System Facility and Sampling Point Inventory ystem Facility Sampling Point Sampling Point Coliform Coppe ID Description 2 WELL A Contact Information Organization Ten Seventy South Grand LLC e One Mailing Address Line Two Suffield | Water System Facility and Sampling Point Inventory ystem Facility Sampling Point Sampling Point Description 2 WELL Contact Information Organization Total Lead and Coliform Copper Rule Tier Asbestos A Contact Information Organization Ten Seventy South Grand LLC e One Mailing Address Line Two Suffield Coliform Copper Rule Tier Asbestos A Suffield Coliform Copper Rule Tier Asbestos A Suffield Coliform Copper Rule Tier Asbestos A Suffield Coliform Copper Rule Tier Asbestos Contact Information Status Suffield Coliform Copper Rule Tier Asbestos Contact Information Organization Suffield Coliform Copper Rule Tier Asbestos Contact Information Organization Organization |

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

Please note the following:

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

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

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

End of schedule

| | Connecticut Departmer | nt of Public H | lealth | Drinkir | ng Water | î Se | ection | |
|----------------|---------------------------------------|------------------|------------|---------------|---------------------|-------|--------------|---------------|
| | Water Quality Mo | onitoring an | d Com | nliance | Schedu | le | | |
| PWS ID | PWS Name | 01110011119 0111 | | Classificatio | | | ner Type Pri | mary Source |
| CT1390094 | GOOD SHEPHERD LUTHERAN CHURCH | | | NC | 25 | | Р | GW |
| | (where applicable) | Service | Resident | | | ial | Combined | Agricultural |
| 585 SOUTH STR | · · · · · · · · · · · · · · · · · · · | Connections | | 1 | | | | 7.8.104144141 |
| Towns Served: | | | | | | | | |
| Towns serveur | | onitoring Requ | ıiramaı | nts | | | | |
| Water System | n Facility: DISTRIBUTION SYSTEM (| | all Cillei | 113 | | | | |
| Total Colifor | m (3100) | | | | : | 1 roı | utine (RT) p | er quarter |
| | Point (Sampling Point ID) | | Monitorin | ng Period | Collection Pe | | | nce Status |
| Select fro | m Inventory of Active Sampling Points | | 4/1/25 - | 6/30/25 | | | Con | nplete |
| | | | 7/1/25 - | 9/30/25 | | | Con | nplete |
| | | | 10/1/25 - | 12/31/25 | | | Con | nplete |
| | | | 1/1/26 - | 3/31/26 | | | | |
| | | | 4/1/26 - | 6/30/26 | | | | |
| Physical Para | ameters (PPS) | | | | | 1 roı | utine (RT) p | er quarter |
| Sampling | Point (Sampling Point ID) | | Monitorin | ng Period | Collection Pe | eriod | Complia | nce Status |
| Select fro | m Inventory of Active Sampling Points | | 4/1/25 - | 6/30/25 | | | Con | nplete |
| | | | 7/1/25 - | 9/30/25 | | | Con | nplete |
| | | | 10/1/25 - | 12/31/25 | | | Con | nplete |
| | | | 1/1/26 - | 3/31/26 | | | | |
| | | | 4/1/26 - | 6/30/26 | | | | |
| Water System | n Facility: ENTRY POINT (WSF ID: 00 | 0700) | | | | | | |
| Nitrate (104 | 40) | | | | | 1 ro | utine (RT) p | er quarter |
| Sampling | Point (Sampling Point ID) | | Monitorin | ng Period | Collection Pe | eriod | Complia | nce Status |
| ENTRY PO | DINT (3) | _ | 4/1/25 - | 6/30/25 | | | Con | nplete |
| | | | 7/1/25 - | 9/30/25 | | | Con | nplete |
| | | | 10/1/25 - | 12/31/25 | | | Con | nplete |
| | | | 1/1/26 - | 3/31/26 | | | | |
| | | | 4/1/26 - | 6/30/26 | | | | |
| Nitrite (1042 | 1) | | | | | 1 | routine (R | Γ) per year |
| Sampling | Point (Sampling Point ID) | | Monitorin | ng Period | Collection Pe | eriod | Complia | nce Status |
| ENTRY PO | DINT (3) | | 1/1/24 - 1 | 2/31/24 | | | Con | nplete |
| | | | 1/1/25 - 1 | 2/31/25 | | | Con | nplete |
| | | | 1/1/26 - 1 | 2/31/26 | | | | |
| | Public | Notification R | Require | ments | | | | |
| | | Compliance | Notice | | <u>Notification</u> | | PN Certi | |
| Violation/Situ | | Period | Tier | Require | | | Due to DPH | Received |
| | neters M&R Violation | 7/1/21 - 9/30/21 | 3 | 11/4/202 | | | 11/14/2022 | |
| Nitrate M&R V | | 7/1/21 - 9/30/21 | 3 | 11/4/202 | | | 11/14/2022 | |
| | M&R Violation | 7/1/21 - 9/30/21 | 3 | 11/4/202 | | | 11/14/2022 | |
| Nitrate M&R V | | 7/1/22 - 9/30/22 | 3 | 3/1/202 | | | 3/11/2024 | |
| Total Coliform | | 7/1/22 - 9/30/22 | 3 | 3/1/202 | | | 3/11/2024 | |
| - | neters M&R Violation | 7/1/22 - 9/30/22 | 3 | 3/1/202 | | | 3/11/2024 | |
| Nitrate M&R V | | 7/1/24 - 9/30/24 | 3 | 11/12/20 | | | 11/22/2025 | |
| Total Coliform | M&R Violation | 7/1/24 - 9/30/24 | 3 | 11/12/20 | 25 | 1 | 11/22/2025 | |

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.

3

11/12/2025

11/22/2025

Page 3

Schedule Generation Date: 12/12/2025

7/1/24 - 9/30/24

Physical Parameters M&R Violation

| | Water Quality Monit | oring an | d Con | npl | iance S | Schedul | le | |
|-----------------|-------------------------------|-------------|---------|-------|------------|-------------|------------|-----------------|
| PWS ID | PWS Name | | | Clas | sification | Population | Owner Type | Primary Source |
| CT1390094 | GOOD SHEPHERD LUTHERAN CHURCH | | | | NC | 25 | Р | GW |
| Local Address (| where applicable) | Service | Residen | ntial | Commercia | al Industri | al Combine | ed Agricultural |
| 585 SOUTH STE | REET | Connections | | | 1 | | | |

Connecticut Department of Public Health Drinking Water Section

Towns Served: SUFFIELD

| | | Water Sy | ystem Facil | ity and S | ampling P | oint Ir | nvento | у | | |
|---------------------|----------------|--------------|----------------|-------------|----------------|---------|------------|--------------|-----------|------------|
| Water | | | | | | | Total | Lead and | | |
| System Water S | ystem Facility | | Sampling Point | Sampling F | Point | | Coliform | Copper | | Stage |
| Facility ID | | | ID | Description | 1 | Status | Rule | Rule Tier | Asbestos | WQP 2 DBPR |
| 00600 DISTRIBU | JTION SYSTEM | | 4 | DISTRIBUTI | ION SYSTEM | Α | Υ | | | |
| | | | DOWNSTREAM | WITHIN 5 S | SERVICE CON | Α | | | | |
| | | | UPSTREAM | WITHIN 5 S | SERVICE CON | Α | | | | |
| 00700 ENTRY P | OINT | | 3 | ENTRY POI | NT | Α | | | | |
| 22285 WELL | | | 2 | WELL | | Α | | | | |
| | | | Con | ntact Info | rmation | | | | | |
| Name | | | О | rganization | | | | | Job Title | |
| Pastor Ralph Lanph | nar | | G | ood Shephe | rd Lutheran Ch | urch | Pas | tor | | |
| Mailing Address Lin | e One | | Mailing Addres | s Line Two | | State | Zip Code | | | |
| Pastor of Good She | pherd Luthera | n Church | P.O. Box 155 | | | Su | СТ | 06078 | | |
| Business Phone | Extension | Fax | Mob | ile Phone | Emergency Pl | none Em | ail Addres | SS | | |
| 860-668-2790 | | | 860-9 | 967-9581 | | В_ | LANPHAR(| @ҮАНОО.С | OM | |
| Contact Role(s): A | dministrative | Contact, Leg | al Contact | | | | | | | |
| Name | | | 0 | rganization | | | | | Job Title | |
| Mr. Ronald E Wierr | ners | | G | ood Shephe | rd Lutheran Ch | urch | Trus | stee | | |
| Mailing Address Lin | e One | | Mailing Addres | s Line Two | | | Ci | ty | State | Zip Code |
| 585 South St. | | | P.O. Box 155 | | | Su | ffield | | СТ | 06078 |
| Business Phone | Extension | Fax | Mob | ile Phone | Emergency Pl | none Em | ail Addres | SS | | |
| | | | | | 860-368-14 | | | suffield.org | | |
| Contact Role(s): Le | gal Contact | | 1 | | 1 | IF. | | | | |

Please note the following:

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

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

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

End of schedule

| | Connecticut Dep | oartment of | Public Hea | lth Drii | nking | g Wa | ater | Section | 1 |
|---------------------|--|-----------------|------------------|------------------------------|----------|----------|--------------|------------|-----------------------------------|
| | Water Qu | ality Monit | oring and C | - | | | | | |
| PWS ID | PWS Name | | | Classif | fication | Popul | ation | Owner Type | Primary Source |
| CT1390124 | VFW POST 9544 | | | | IC . | 2 | 5 | Р | GW |
| | (where applicable) | | | dential Co | ommerc | ial In | dustrial | Combin | ed Agricultural |
| 972 SHELDON | | | Connections | | 1 | | | | |
| Towns Served | : SUFFIELD | | | | | | | | |
| | | | oring Require | ments | | | | | |
| - | m Facility: DISTRIBUTION | SYSTEM (WSF II | D: 00600) | | | | | | |
| Total Colifo | rm (3100) g Point (Sampling Point ID) | | Mon | itoring Peri | iod (| Collecti | 1 on Peri | ·- | T) per quarter apliance Status |
| | om Inventory of Active Sampli | ng Points | | 25 - 6/30/2 | | .onecu | on Pen | oa con | Complete |
| Select III | on inventory of Active Sampli | ing Politis | | /25 - 9/30/2 /25 - 9/30/2 | | | | | Complete |
| | | | | /25 - 9/30/2 /25 - 10/31/ | | | | | Complete |
| | | | | /26 - 3/31/2 | | | | | Complete |
| | | | | 20 - 3/31/2 26 - 6/30/2 | | | | | |
| Total Colifo | rm (3100) | | | | | | ; | 3 repeat (| RP) per period |
| Samplin | g Point (Sampling Point ID) | | Mon | itoring Peri | iod (| Collecti | on Peri | od Con | pliance Status |
| Select fro | om Inventory of Active Sampli | ng Points | 10/3 | L/25 - 11/5/ | /25 | | | | |
| Total Colifo | rm (3100) | | | | | 3 tem | porary | routine (| TR) per month |
| Samplin | g Point (Sampling Point ID) | | Mon | itoring Peri | iod (| Collecti | on Peri | od Con | pliance Status |
| Select fro | om Inventory of Active Sampli | ng Points | 11/1, | '25 - 11/30 _/ | /25 | | | | |
| Physical Par | rameters (PPS) | | | | | | 1 | routine (R | T) per quarter |
| Sampling | g Point (Sampling Point ID) | | Mon | itoring Peri | iod (| Collecti | on Peri | od Con | pliance Status |
| Select fro | om Inventory of Active Sampli | ng Points | 4/1, | 25 - 6/30/2 | 25 | | | | Complete |
| | | | 7/1, | 25 - 9/30/2 | 25 | | | | Complete |
| | | | 10/1, | '25 - 12/31/ | /25 | | | | Complete |
| | | | 1/1, | 26 - 3/31/2 | 26 | | | | |
| | | | 4/1, | 26 - 6/30/2 | 26 | | | | |
| Water Syste | m Facility: ENTRY POINT | (WSF ID: 00700) | | | | | | | |
| Nitrate And | Nitrite (NOX) | | | | | | | 1 routine | (RT) per year |
| Samplin | g Point (Sampling Point ID) | | Mon | itoring Peri | iod (| Collecti | on Peri | od Con | pliance Status |
| ENTRY P | OINT (3) | | 1/1/ | 24 - 12/31/ | 24 | | | | Complete |
| | | | 1/1/ | 25 - 12/31/ | 25 | | | | Complete |
| | | | 1/1/ | 26 - 12/31/ | 26 | | | | |
| Water Syste | m Facility: WELL (WSF ID | : 22288) | | | | | | | |
| E. Coli (301 | 4) | | | | | | 1 tı | riggered (| ΓG) per period |
| Sampling | g Point (Sampling Point ID) | | Mon | itoring Peri | iod (| Collecti | on Peri | od Con | pliance Status |
| WELL (2) | | | 10/30 |)/25 - 11/5/ | /25 | | | | |
| | Water | System Facili | ity and Sampl | ing Poin | t Inve | entor | У | | |
| Water | | | _ | | | otal | Lead a | | |
| | ater System Facility | | Sampling Point | | | iform | Coppe | | Stage |
| Facility ID | TRIBLITION: 2::277 | ID . | Description | | itus | Rule | Kule T | ier Asbest | os WQP 2 DBPF |
| 00600 DIS | STRIBUTION SYSTEM | 4 | DISTRIBUTION SYS | | A | Υ | | | |
| | | | WITHIN 5 SERVICE | | A | | | | |
| 00700 5 | TDV DOINT | UPSTREAM | WITHIN 5 SERVICE | | Α | | | | |
| | TRY POINT | 3 | ENTRY POINT | | Α | | | | |
| 22288 WI | ELL | 2 | WELL | | 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.

Page 5

| artment (| of Public | Health | Dr | inking ^v | Water S | ection | |
|--------------|----------------|--|---|--|---|--|---|
| | | | | U | | | |
| | | | Class | sification Po | opulation Ov | ner Type | Primary Source |
| | | | | NC | 25 | Р | GW |
| | Service | Residen | tial (| Commercial | Industrial | Combine | ed Agricultural |
| | Connectio | ns | | 1 | | | |
| | | · | | | | | |
| Co | ntact Info | rmation | 1 | | | | |
| | Organization | | | | | Job Title | 9 |
| | VFW Post 954 | 4 | | | | | |
| Mailing Addr | ess Line Two | | | | City | State | Zip Code |
| | | | | West Suf | field | СТ | 06093 |
| х Мо | bile Phone | Emergency | / Phor | ne Email Ado | dress | | |
| 860 | 0-818-2026 | | | jecatfish(| @gmail.com | | |
| | | | | · | | | |
| | Organization | | | | | Job Title | 9 |
| | Landy - Sic Po | st 9544 VFV | / | | Surgeon | | |
| Mailing Addr | ess Line Two | | | | City | State | Zip Code |
| P.O. Box 366 | | | | West Suf | field | СТ | 06093 |
| | Mailing Addr | Service Connection Contact Info Organization VFW Post 954 Mailing Address Line Two Mobile Phone 860-818-2026 Organization Landy - Sic Po Mailing Address Line Two | Service Connections Contact Information Organization VFW Post 9544 Mailing Address Line Two Mobile Phone Emergency 860-818-2026 Organization Landy - Sic Post 9544 VFW Mailing Address Line Two | Ality Monitoring and Compliance Service Residential Connections | Ality Monitoring and Compliance Scale Classification Pour NC Service Connections Residential Commercial 1 Contact Information Organization VFW Post 9544 Mailing Address Line Two West Suffix Mobile Phone Emergency Phone Email Address Residential Commercial 1 Contact Information Organization Emergency Phone Email Address Suffix Residential Commercial 2 Organization Emergency Phone Email Address Suffix Residential Commercial 2 Organization Emergency Phone Email Address Suffix Residential Commercial 2 Organization Emergency Phone Email Address Suffix Residential Commercial 2 Mailing Address Line Two | Ality Monitoring and Compliance Schedule Classification Population Ownercial Industrial | Classification Population Owner Type NC 25 P Service Residential Commercial Industrial Combine Connections 1 Contact Information Organization VFW Post 9544 Mailing Address Line Two City State West Suffield CT X Mobile Phone Emergency Phone Email Address 860-818-2026 jecatfish@gmail.com Organization Job Title Landy - Sic Post 9544 VFW Surgeon Mailing Address Line Two City State |

Contact Role(s): Administrative Contact

Extension

Please note the following:

Business Phone

860-888-0567

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

Mobile Phone

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.

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

Emergency Phone Email Address

suffieldvfw9544@gmail.com

860-478-7691

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

End of schedule

| Connecticut Dep | artment of | f Public H | lealth 1 | Drink | ing W | ater Se | ection | |
|--|----------------|------------------------|-------------|----------|------------|------------|--------------|-------------|
| • | ality Monit | | | | | | | |
| PWS ID PWS Name | | 011110 | | | | | ner Type Pr | imary Sourc |
| CT1390144 1365 MOUNTAIN ROAD - S | UFFIELD | | | NC | | 25 | Р | GW |
| Local Address (where applicable) | | Service Connections | Residenti | | nercial Ir | ndustrial | Combined | Agricultura |
| Towns Served: SUFFIELD | | | | | | | | |
| | Monit | oring Requ | ıiremen | its | | | | |
| Water System Facility: DISTRIBUTION | SYSTEM (WSF I | D: 00600) | | | | | | |
| Total Coliform (3100) | | | | | | 1 ro | utine (RT) p | er quarte |
| Sampling Point (Sampling Point ID) | | | Monitorin | g Period | Collect | ion Period | Complia | nce Status |
| Select from Inventory of Active Samplir | ng Points | | 4/1/25 - 6 | 5/30/25 | | | Cor | mplete |
| | | | 7/1/25 - 9 | 9/30/25 | | | Cor | mplete |
| | | | 10/1/25 - 1 | | | | | |
| | | | 1/1/26 - 3 | | | | | |
| | | | 4/1/26 - 6 | 5/30/26 | | | | |
| Physical Parameters (PPS) | | | | | | 1 ro | utine (RT) բ | er quarte |
| Sampling Point (Sampling Point ID) | | | Monitorin | g Period | Collect | ion Period | Complia | ance Status |
| Select from Inventory of Active Samplir | ng Points | | 4/1/25 - 6 | 5/30/25 | | | Cor | mplete |
| | | | 7/1/25 - 9 | 9/30/25 | | | Cor | mplete |
| | | | 10/1/25 - 1 | 2/31/25 | | | | |
| | | | 1/1/26 - 3 | 3/31/26 | | | | |
| | | | 4/1/26 - 6 | 5/30/26 | | | | |
| Water System Facility: ENTRY POINT (| WSF ID: 00700) | | | | | | | |
| Nitrate (1040) | | | | | | 1 ro | utine (RT) բ | er quarte |
| Sampling Point (Sampling Point ID) | | | Monitorin | g Period | Collect | ion Period | Complic | nce Status |
| ENTRY POINT (3) | | _ | 4/1/25 - 6 | 5/30/25 | | | Cor | mplete |
| | | | 7/1/25 - 9 |)/30/25 | | | Cor | mplete |
| | | | 10/1/25 - 1 | 2/31/25 | | | | |
| | | | 1/1/26 - 3 | 3/31/26 | | | | |
| | | | 4/1/26 - 6 | 5/30/26 | | | | |
| Nitrite (1041) | | | | | | 1 | routine (R | T) per yea |
| Sampling Point (Sampling Point ID) | | | Monitorin | g Period | Collect | ion Period | Complic | ance Status |
| ENTRY POINT (3) | | | 1/1/24 - 1 | 2/31/24 | | | Cor | mplete |
| | | | 1/1/25 - 1 | 2/31/25 | | | Cor | mplete |
| | | | 1/1/26 - 1 | 2/31/26 | | | | |
| Water 9 | System Facili | ity and Sar | mpling F | Point Ir | rvento | ry | | |
| Water | | | | | Total | Lead and | | |
| System Water System Facility | Sampling Point | | nt | | Coliform | Copper | | Stage |
| Facility ID | ID | Description | | Status | Rule | Rule Tier | Asbestos | WQP 2 DBF |
| 00600 DISTRIBUTION SYSTEM | 4 | DISTRIBUTION | N SYSTEM | Α | Υ | | | |
| | DOWNSTREAM | WITHIN 5 SER | VICE CON | Α | | | | |
| | UPSTREAM | WITHIN 5 SER | VICE CON | Α | | | | |
| 00700 ENTRY POINT | 3 | ENTRY POINT | | Α | | | | |

Α

WELL

2

22289 WELL

Schedule Generation Date: 12/12/2025 Page 7

| | Water Quality Moni | toring an | d Con | nplianc | e S | chedul | e | |
|---------------|-------------------------------|-------------|---------|----------------|-------|-----------|------------|-----------------|
| PWS ID | PWS Name | | | Classification | n P | opulation | Owner Type | Primary Source |
| CT1390144 | 1365 MOUNTAIN ROAD - SUFFIELD | | | NC | | 25 | Р | GW |
| Local Address | (where applicable) | Service | Resider | ntial Comme | rcial | Industri | al Combin | ed Agricultural |
| | | Connections | | 1 | | | | |

Connecticut Department of Public Health Drinking Water Section

Towns Served: SUFFIELD

| | | | Co | ontact Inf | ormation | | | | |
|---------------------|-----------|-----|--------------|--------------|-----------------|----------|-------------|-----------|----------|
| Name | | | | Organization | 1 | | | Job Title | |
| Mr. George Dulchir | nos | | | | | | | | |
| Mailing Address Lin | e One | | Mailing Addr | ess Line Two | | | City | State | Zip Code |
| 3 Red Oak Drive | | | | | | Southwic | :k | MA | 01077 |
| Business Phone | Extension | Fax | Mo | obile Phone | Emergency Phone | Email Ad | dress | | |
| | | | 41 | 3-998-3007 | | dulchino | s10@aol.com | | |

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

Please note the following:

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

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

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

End of schedule

| С | onnecticu | • | | | | | ` | _ | | | ion | |
|------------------------|------------------|------------|----------------|---------------|-----------|----------|---------|---------|----------|---------|---------|--------------|
| | | ei Quai | ity Monit | ornig a | na Con | | | | | | | |
| | VS Name | | | | | | | - | | Owner | Type I | Primary Sou |
| | JNRISE PARK - F | PAVILION | | | | | IC | | 25 | L | | GW |
| Local Address (whe | | | | Service | Residen | tial Co | mmerc | ial In | ndustria | I Co | mbine | d Agricultu |
| 2075 MOUNTAIN R | | | | Connection | ıs | | 1 | | | | | |
| Towns Served: SUF | FIELD | | | | | | | | | | | |
| | | | | oring Red | quireme | nts | | | | | | |
| Water System Fac | • | BUTION SY | STEM (WSF I | D: 00600) | | | | | | | | |
| Total Coliform (| • | | | | | | | | 1 | routir | | per quart |
| Sampling Poin | nt (Sampling Po | int ID) | | | Monitor | ing Peri | od (| Collect | ion Peri | iod | Comp | liance Statu |
| Select from In | ventory of Activ | e Sampling | Points | | 4/1/25 - | 6/30/2 | 25 | | | | С | omplete |
| | | | | | 7/1/25 - | 9/30/2 | 25 | | | | С | omplete |
| | | | | | 4/1/26 - | 6/30/2 | 26 | | | | | |
| Physical Parame | ters (PPS) | | | | | | | | 1 | routir | ne (RT) | per quart |
| Sampling Poin | nt (Sampling Po | int ID) | | | Monitor | ing Peri | od (| Collect | ion Peri | iod | Comp | liance Statu |
| Select from In | ventory of Activ | e Sampling | Points | | 4/1/25 - | 6/30/2 | 25 | | | | С | omplete |
| | | | | | 7/1/25 - | 9/30/2 | 25 | | | | С | omplete |
| | | | | | 4/1/26 - | 6/30/2 | 16 | | | | | |
| Water System Fac | cility: ENTRY | POINT (W | SF ID: 00700) | | | | | | | | | |
| Nitrate And Nitri | ite (NOX) | | | | | | | | | 1 ro | utine (| RT) per ye |
| | nt (Sampling Po | int ID) | | | Monitori | ing Peri | od (| Collect | ion Peri | | _ | liance Statu |
| ENTRY POINT | (3) | <u> </u> | | | 1/1/24 - | 12/31/ | 24 | | | | | omplete |
| | . , | | | | 1/1/25 - | | | | | | | omplete |
| | | | | | 1/1/26 - | | | | | | | |
| | , | Water Sy | stem Facil | ity and S | | | | ento | ry | | | |
| Water | | | | | | | 7 | otal | Lead a | ınd | | |
| | ystem Facility | 5 | Sampling Point | | | | Co | liform | Copp | | | Sta |
| Facility ID | | | ID | Description | | | itus | Rule | Rule 1 | Tier As | sbestos | WQP 2 DE |
| 00600 DISTRIB | UTION SYSTEM | | 4 | DISTRIBUTI | ON SYSTEM | l , | А | Υ | | | | |
| | | I | DOWNSTREAM | WITHIN 5 S | ERVICE CO | ١ . | А | | | | | |
| | | | UPSTREAM | WITHIN 5 S | ERVICE CO | ١ . | A | | | | | |
| 00700 ENTRY P | POINT | | 3 | ENTRY POI | NT | ı | А | | | | | |
| 48004 WELL #1 | <u> </u> | | 2 | WELL #1 | | | А | | | | | |
| | | | Con | tact Info | rmation | | | | | | | |
| Name | | | 0 | rganization | | | | | | Jo | b Title | |
| Mr. Colin Moll | | | | own of Suffie | eld | | | Firs | t Select | man | | |
| Mailing Address Lin | ne One | | Mailing Addres | s Line Two | | | | Ci | ty | 9 | State | Zip Code |
| 83 Mountain Road | | | | | | | Suffiel | | , | | СТ | 06078 |
| Business Phone | Extension | Fax | Mobi | le Phone | Emergency | / Phone | | | SS | | | |
| 860-668-3838 | | | | 668-3627 | <u> </u> | | | | eldct.go | V | | |
| Contact Role(s): Le | egal Contact | | | | | | | | 0.5 | | | |
| | _ | | | | | | | | | | | |

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 | |
| CT1390154 | SUNRISE PARK - PAVILION | | | | | | NC | 25 | L | GW | |
| Local Address (where applicable) | | | | Service | Resider | Residential Com | | al Industri | al Combine | ed Agricultural | |
| 2075 MOUNTAIN ROAD | | | | Connection | S | | | | | | |
| Towns Served: SUFFIELD | | | | | | | | | | | |
| Name | | | | Organization | | | | Job Title | | | |
| Mr. Matejek Chris | | | | Town of Suffield, Public Works | | | | Facilities Manager | | | |
| Mailing Address Line One Mailing Add | | | | ess Line Two | | | | City | | Zip Code | |
| 83 Mountain Road | | | | | | Suffield | | | СТ | 06078 | |
| Business Phon | e Extensio | n Fax | Mo | bile Phone | Emergency | ry Phone Email Address | | | | | |
| 860-668-3890 |) | | | | | | cmatej | cmatejek@suffieldct.gov | | | |
| Contact Role(s): Administrative Contact | | | | | | | | | | | |

CD 1.11 - 11 - 1/1. D - 1.1 1 - - 147-4 -

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End of schedule