

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

| PWS ID                           | PWS Name                        |  |             | Classification | Population | Owner Type | Primary Source |              |
|----------------------------------|---------------------------------|--|-------------|----------------|------------|------------|----------------|--------------|
| CT1400184                        | THOMASTON DAM VISTA PICNIC AREA |  |             | NC             | 31         | F          | GW             |              |
| Local Address (where applicable) |                                 |  | Service     | Residential    | Commercial | Industrial | Combined       | Agricultural |
| 331 HILL ROAD (ROUTE 222)        |                                 |  | Connections |                | 1          |            |                |              |
| Towns Served: THOMASTON          |                                 |  |             |                |            |            |                |              |

### 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 |                          | Out of Service    |
|   | 5/1/26 - 5/31/26   |                          |                   |
|   | 6/1/26 - 6/30/26   |                          |                   |
|   | 7/1/26 - 7/31/26   |                          |                   |

| 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 |                          | Out of Service    |
|   | 5/1/26 - 5/31/26   |                          |                   |
|   | 6/1/26 - 6/30/26   |                          |                   |
|   | 7/1/26 - 7/31/26   |                          |                   |

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   | 3/10/2022 |               |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | Lead and Copper Rule Tier | Asbestos | Stage WQP 2 DBPR |
|--------------------------|-----------------------|-------------------|----------------------------|--------|---------------------|---------------------------|----------|------------------|
| 00600                    | DISTRIBUTION SYSTEM   | 4                 | VISTA PARK FOUNTAIN        | A      | Y                   |                           |          |                  |
|                          |                       | 4TDM              | TD PUBLIC RR/MENS          | A      | Y                   |                           |          |                  |
|                          |                       | 4TDW              | TD PUBLIC RR/WMNS          | A      | Y                   |                           |          |                  |
|                          |                       | 4VPH              | VISTA PARK HOSEBIBB        | A      | Y                   |                           |          |                  |
|                          |                       | 4VPM              | VISTA PARK MENS SINK       | A      | Y                   |                           |          |                  |
|                          |                       | 4VPW              | VISTA PARK WOMENS SI       | A      | Y                   |                           |          |                  |
|                          |                       | DOWNSTREAM        | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
|                          |                       | UPSTREAM          | WITHIN 5 SERVICE CON       | A      |                     |                           |          |                  |
| 00700                    | ENTRY POINT           | 3                 | ENTRY POINT                | A      |                     |                           |          |                  |
| 52715                    | MAIN WELL             | 2MAIN             | MAIN 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.*

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## Water Quality Monitoring and Compliance Schedule

|                                  |                                 |             |             |                |            |            |                |
|----------------------------------|---------------------------------|-------------|-------------|----------------|------------|------------|----------------|
| PWS ID                           | PWS Name                        |             |             | Classification | Population | Owner Type | Primary Source |
| CT1400184                        | THOMASTON DAM VISTA PICNIC AREA |             |             | NC             | 31         | F          | GW             |
| Local Address (where applicable) |                                 | Service     | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 331 HILL ROAD (ROUTE 222)        |                                 | Connections |             | 1              |            |            |                |
| Towns Served: THOMASTON          |                                 |             |             |                |            |            |                |

### Water System Facility and Sampling Point Inventory

| <i>Water System</i><br>Facility ID | <i>Water System Facility</i> | <i>Sampling Point ID</i> | <i>Sampling Point Description</i> | <i>Total Coliform Rule Status</i> | <i>Lead and Copper Rule Tier</i> | <i>Asbestos</i> | <i>Stage WQP 2 DBPR</i> |
|------------------------------------|------------------------------|--------------------------|-----------------------------------|-----------------------------------|----------------------------------|-----------------|-------------------------|
| 62390                              | ATMOSPHERIC STORAGE TANK     |                          |                                   |                                   |                                  |                 |                         |

### Contact Information

| Name                     |           | Organization               |              | Job Title       |                                     |          |
|--------------------------|-----------|----------------------------|--------------|-----------------|-------------------------------------|----------|
| Mr. Steven Patchkofsky   |           | Us Army Corps of Engineers |              | Supervisor      |                                     |          |
| Mailing Address Line One |           | Mailing Address Line Two   |              | City            | State                               | Zip Code |
| 331 Hill Road            |           |                            |              | Thomaston       | CT                                  | 06787    |
| Business Phone           | Extension | Fax                        | Mobile Phone | Emergency Phone | Email Address                       |          |
| 978-318-8369             |           |                            |              |                 | steven.d.patchkofsky@usace.army.mil |          |

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**

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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 |
| CT1400204                        | THOMASTON LANES INC. |             |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                      | Service     | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 180 WATERTOWN ROAD               |                      | Connections |             | 1              |            |            |                |
| Towns Served: THOMASTON          |                      |             |             |                |            |            |                |

### 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 (1040)                     |                    | 1 routine (RT) per quarter |                   |
|------------------------------------|--------------------|----------------------------|-------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period  | Collection Period          | Compliance Status |
| ENTRY POINT (3)                    | 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   |                            |                   |

| Nitrite (1041)                     |                   | 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 |                         |                   |

### Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: ENTRY POINT (WSFID: 00700)

| Analyte              | Monitoring Requirement (Summary Type) | Operating Limit    | Samples Req/Month  |  |
|----------------------|---------------------------------------|--------------------|--------------------|--|
| pH                   | Entry Point pH Monitoring (PHRD)      | Minimum: 7.0 PH    | 4                  |  |
| Start Date: 7/1/2014 | Compliance History:                   | Operating Limit    | Monitoring         |  |
|                      | Monitoring Period                     | Compliance Status: | Compliance Status: |  |
|                      | 8/1/2025 - 8/31/2025                  |                    |                    |  |
|                      | 9/1/2025 - 9/30/2025                  |                    |                    |  |
|                      | 10/1/2025 - 10/31/2025                |                    |                    |  |
|                      | 11/1/2025 - 11/30/2025                |                    |                    |  |
|                      | 12/1/2025 - 12/31/2025                |                    |                    |  |

### Water System Facility and Sampling Point Inventory

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

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|                                  |                      |             |             |                |            |            |                |
|----------------------------------|----------------------|-------------|-------------|----------------|------------|------------|----------------|
| PWS ID                           | PWS Name             |             |             | Classification | Population | Owner Type | Primary Source |
| CT1400204                        | THOMASTON LANES INC. |             |             | NC             | 25         | P          | GW             |
| Local Address (where applicable) |                      | Service     | Residential | Commercial     | Industrial | Combined   | Agricultural   |
| 180 WATERTOWN ROAD               |                      | Connections |             | 1              |            |            |                |
| Towns Served: THOMASTON          |                      |             |             |                |            |            |                |

### Water System Facility and Sampling Point Inventory

| Water System Facility ID | Water System Facility  | Sampling Point ID | Sampling Point Description | Status | Total Coliform Rule | 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      |                     |                           |          |                  |
| 22307                    | WELL                   | 2                 | WELL                       | A      |                     |                           |          |                  |
| 55233                    | HYDROPNEUMATIC STORAGE |                   |                            |        |                     |                           |          |                  |
| 55235                    | TREATMENT PLANT        |                   |                            |        |                     |                           |          |                  |

### Contact Information

|                          |           |     |                          |                 |                           |           |       |          |
|--------------------------|-----------|-----|--------------------------|-----------------|---------------------------|-----------|-------|----------|
| Name                     |           |     | Organization             |                 |                           | Job Title |       |          |
| <b>Mr. Louis Berardi</b> |           |     |                          |                 |                           | President |       |          |
| Mailing Address Line One |           |     | Mailing Address Line Two |                 |                           | City      | State | Zip Code |
| 180 Watertown Rd         |           |     |                          |                 |                           | Thomaston | CT    | 06787    |
| Business Phone           | Extension | Fax | Mobile Phone             | Emergency Phone | Email Address             |           |       |          |
| 860-283-4730             |           |     |                          | 203-509-2891    | louberardi@rocketmail.com |           |       |          |

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

|                          |           |     |                          |                 |               |           |       |          |
|--------------------------|-----------|-----|--------------------------|-----------------|---------------|-----------|-------|----------|
| Name                     |           |     | Organization             |                 |               | Job Title |       |          |
| <b>Twin Realty LLC</b>   |           |     |                          |                 |               |           |       |          |
| Mailing Address Line One |           |     | Mailing Address Line Two |                 |               | City      | State | Zip Code |
| 180 Watertown Rd         |           |     |                          |                 |               | Thomaston | CT    | 06787    |
| Business Phone           | Extension | Fax | Mobile Phone             | Emergency Phone | Email Address |           |       |          |
|                          |           |     |                          |                 |               |           |       |          |

Contact Role(s): **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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**End of schedule**

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