Robinson+Cole

KENNETH C. BALDWIN

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Also admitted in Massachusetts and New York

April 16, 2021

Via Electronic Mail (siting.council@ct.gov)

Melanie A. Bachman, Esq. Executive Director/Staff Attorney Connecticut Siting Council 10 Franklin Square New Britain, CT 06051

Re: PETITION NO. 1442 - SR Litchfield, LLC petition for a declaratory ruling, pursuant to Connecticut General Statutes §4-176 and §16-50k, for the proposed construction, maintenance and operation of a 19.8-megawatt AC solar photovoltaic electric generating facility on 6 contiguous parcels located both east and west of Wilson Road south of the intersection with Litchfield Town Farm Road in Litchfield, Connecticut, and both east and west of Rossi Road, south of the intersection with Highland Avenue in Torrington, Connecticut, and associated electrical interconnection.

Submission of Interrogatory Responses Set 1, Part 2 and Request for an Extension of Time to Respond to Additional Interrogatories

Dear Attorney Bachman:

SR Litchfield, LLC hereby submits its responses to the Connecticut Siting Council's (Council) Interrogatories 31, 35, 40, 43, 47 and 51 as well as Attachments 1 and 2, in connection with the above-referenced Petition.

As discussed in several of the attached responses, the Petitioner has undertaken efforts to redesign aspects of the SR Litchfield LLC solar array to address certain issues and concerns raised by the Council and other Connecticut State Agencies. Therefore, SR Litchfield LLC respectfully **requests an extension of time** from the Council to provide additional and supplemental responses to these Set 1 Interrogatories. SR Litchfield LLC requests until Friday,

22209775-v1

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Melanie Bachman April 16 2021 Page 2

May 14, 2021 to provide these remaining responses to the Council. As always, to help expedite the Council's review, responses to individual interrogatories will be filed as soon as they are available.

If you have any questions concerning this submittal, please contact me at your convenience.

Sincerely,

Kunig MM

Kenneth C. Baldwin

Enclosures (Responses to Interrogatories 31, 35, 40, 43, 47, 51 and 62 along with Attachment 1 and Attachment 2)

STATE OF CONNECTICUT CONNECTICUT SITING COUNCIL

IN RE:	:	
	:	
A PETITION FOR A DECLARATORY	:	PETITION NO. 1442
RULING, PURSUANT TO CONNECTICUT	:	
GENERAL STATUTES §4-176 AND §16-50K,	:	
FOR THE PROPOSED CONSTRUCTION,	:	
MAINTENANCE AND OPERATION OF A	:	
19.8-MEGAWATT AC SOLAR	:	
PHOTOVOLTAIC ELECTRIC GENERATING	:	
FACILITY ON 6 CONTIGUOUS PARCELS	:	
LOCATED BOTH EAST AND WEST OF	:	APRIL 16, 2021
WILSON ROAD SOUTH OF THE		
INTERSECTION WITH LITCHFIELD TOWN		
FARM ROAD IN LITCHFIELD,		
CONNECTICUT, AND BOTH EAST AND		
WEST OF ROSSI ROAD, SOUTH OF THE		
INTERSECTION WITH HIGHLAND AVENUE		
IN TORRINGTON, CONNECTICUT, AND		
ASSOCIATED ELECTRICAL		
INTERCONNECTION.		

RESPONSES OF SR LITCHFIELD, LLC TO CONNECTICUT SITING COUNCIL INTERROGATORIES, SET ONE

On March 12, 2021, the Connecticut Siting Council ("Council") issued

Interrogatories, Set One to SR Litchfield, LLC ("Petitioner"), relating to Petition No. 1442. The

Petitioner submitted responses to Council Interrogatories 1-34, 36-39, 41, 42, 44-46, 48, 52-59,

63-73, and 75-80 on April 2, 2021. A supplemental response to Interrogatory 31 and the

responses to Council Interrogatories 35, 40, 43, 47 and 51 are provided below.

Public Safety

Question No. 31

Are there any drinking water wells on the site or in the vicinity of the site? If so, how would

the Petitioner ensure wells and/or water quality are not impacted from construction activities?

Supplemental Response

Private well information on properties near the Project site was provided by the Torrington Area Health District. *See* <u>Attachment 1</u>. Also included in <u>Attachment 1</u>, is a table summarizing the well information provided including the address of the property where the wells are located and the depth of the well on each parcel, if available. It is not clear from the information provided whether each of the wells identified are used for the supply residential drinking water.

Environmental

Question No. 35

What is the total acreage of woodland on the site property?

<u>Response</u>

The total acreage of existing woodland on the site property is approximately 140 acres.

Question No. 40

Why was a 25-foot wetland setback established for the entire project rather than a qualitative buffer design that accounts for existing disturbance, forested areas and wetland quality <u>Response</u>

The minimum 25-foot buffer did account for existing conditions including current limits of agricultural disturbance, lack of mature woody vegetated buffers, relatively quality of wetland resources, etc. It is not uncommon for buffers to be evaluated as having two or more sub-areas based on their primary function, or as a hierarchy to the buffer zone. The first $25\pm$ feet of upland adjacent to a wetland or watercourse are usually the most important. For example, this inner buffer zone can include stream banks that may be subject to periodic inundation and may convey and or store floodwaters. Bank vegetation provides root mass that stabilizes banks and the canopy reduces rainfall energy. This inner buffer zone also often supports an interface

between aquatic and terrestrial habitat and its vegetation that provides shade to moderate water temperature fluctuations. Vegetative zones up to $50\pm$ feet serve important sources of coarse woody debris, detritus and organic matter that serves as the base of the food chain. The first 50 feet adjacent to a wetland also serves important surface water runoff treatment through filtration, absorption, infiltrations and attenuation of runoff through vegetation. As the buffer zone expands beyond $50\pm$ feet, benefits to nearby wetlands and watercourses begin to diminish and are less focuses on direct water resources protection.

For these reasons, avoiding or minimizing encroachment within 25 feet of wetland resource areas served as an initial design constraint for the Project. In those areas of the Project where the existing conditions consisted of maintained agricultural field (which comprises the majority of the Project where the Facility is proposed) and there is a lack of mature woody vegetation buffering nearby wetland resources, providing a 25-foot buffer was considered sufficient to maintain the principal functions and values of those buffer zones. The Project also attempted to increase those buffers where forested upland habitat buffering wetland areas would require clearing to accommodate those portions of the Facility since those buffer areas can sometimes serve more functions and values by comparison to a maintained agricultural field. Also, the Project increased those buffers in sensitive aquatic habitat areas such as the forested riparian corridor to Gulf Stream.

The Project is currently evaluating the ability to further increase those buffers with consideration given to more ecologically sensitive aquatic resources such as the Gulf Stream riparian corridor, higher functioning wetland areas, vernal pool habitats, etc. and anticipates submitting a revised Facility layout that affords improved protections to wetland and watercourse resources.

Question No. 43

Site Plan C-402 shows clearing and construction within the 100-foot buffer of Gulf Stream for Stormwater Basin 8/10. Can the Project be modified to avoid any work within the 100-foot buffer of Gulf Stream, a cold-water fishery, as recommended by the 2004 Connecticut Stormwater Quality Manual and as required by the DEEP General Permit for the Discharge of Stormwater and Dewatering Wastewaters from Construction Activities, effective December 31, 2020? Response

The Project is currently evaluating the ability to further increase the buffer to Gulf Stream to minimize or avoid entirely any working within 100 feet of the Gulf Stream riparian corridor and anticipates submission of a revised Facility layout that afford improved protection to Gulf Stream. The Project is particularly focused on the eastern side of Gulf Stream in the proposed Stormwater Basin 8/10 area where a much wider forested buffer currently exists compared to the western side where an agricultural field has resulted in minimal forest buffer to the stream. The Petitioner requests additional time to respond to this question.

Question No. 47

Will the Project require a U.S. Army Corps of Engineers permit/notification for work within wetlands/watercourses?

Response

The Project will result in approximately 10,000 square feet of permanent and temporary direct wetland impacts with the majority of that impact area associated with the proposed Gulf Stream crossing. With the perennial stream crossing design complying with the DEEP Inland Fisheries Division Habitat Conservation and Enhancement Program Stream Crossing Guidelines (February 26, 2008), the proposed wetland impacts would be eligible under the Department of the Army General Permits for the State of Connecticut ("GP"). Under the eligibility requirements of the GP, the Project would require a Pre-Construction Notification ("PCN") application likely under General Permit Nos. 17 and 19. The PCN application would be filed with the U.S. Army Corps of Engineers New England District ("Corps") under Section 404 of the federal Clean Water Act ("CWA") and DEEP for administration of the Water Quality Certification under Section 401 of the CWA for coordinated agency review under the GP with the Corps serving as the lead agency.

Question No. 51

Referring to Petition Exhibit U, Wetlands and Habitat report p. 46, it states that the primary water quality control measure at the site is the maintained grass and forb cover associated with the solar array fields. What specific seed mix is proposed that meets water quality goals? Does the seed mix contain pollinator species?

Response

Within the fenced limits of the proposed solar facility, a seed mix that includes a variety of grasses and forbs, including native species that support pollinator wildlife species will be used. A seed mix such as Ernst Seeds ERNMX-146 and/or ERNMX-147, or equivalent, would be used in these areas; specification sheets for both seed mixes are included in <u>Attachment 2</u>. These seeds mixes support both the Adaptive Multi-Paddock Grazing (AMP Grazing) management techniques while also providing pollinator wildlife habitat value. For areas outside of the proposed Facility that are disturbed as part of development activities (i.e., clearing, grading, etc.), such areas will be seeded with a conservation seed mix that has a greater component of native wildflower species to enhance wildlife habitat utilization around the

perimeter of the fenced Facility. A seed mix such as Ernst Seeds ERNX-610 (Northeast Solar Pollinator Buffer Mix), New England Wetland Plants, Inc. ("NEWP") New England Conservation/Wildlife Mix, or equivalent would be seeded in this ecotone area; specification sheets for both seed mixes are also included in <u>Attachment 2</u>. For stormwater basins, a NEWP New England Erosion Control/Restoration Mix for Detention Basins and Moist Sites seed mix, or equivalent, would be used; the spec sheet for this seed mix is attached. The compilation of these seed mixes within these different habitat zones within and adjacent to the solar facility will meet water quality goals while also providing and enhancement wildlife habitat utilization including providing habitat for pollinator species.

CERTIFICATE OF SERVICE

I hereby certify that on the 16th day of April 2021, a copy of the foregoing was sent, via

electronic mail, to:

Dominick J. Thomas, Esq. Cohen and Thomas 315 Main Street Derby, CT 06418 Phone: (203) 735-9521 djt@cohen-thomas.com

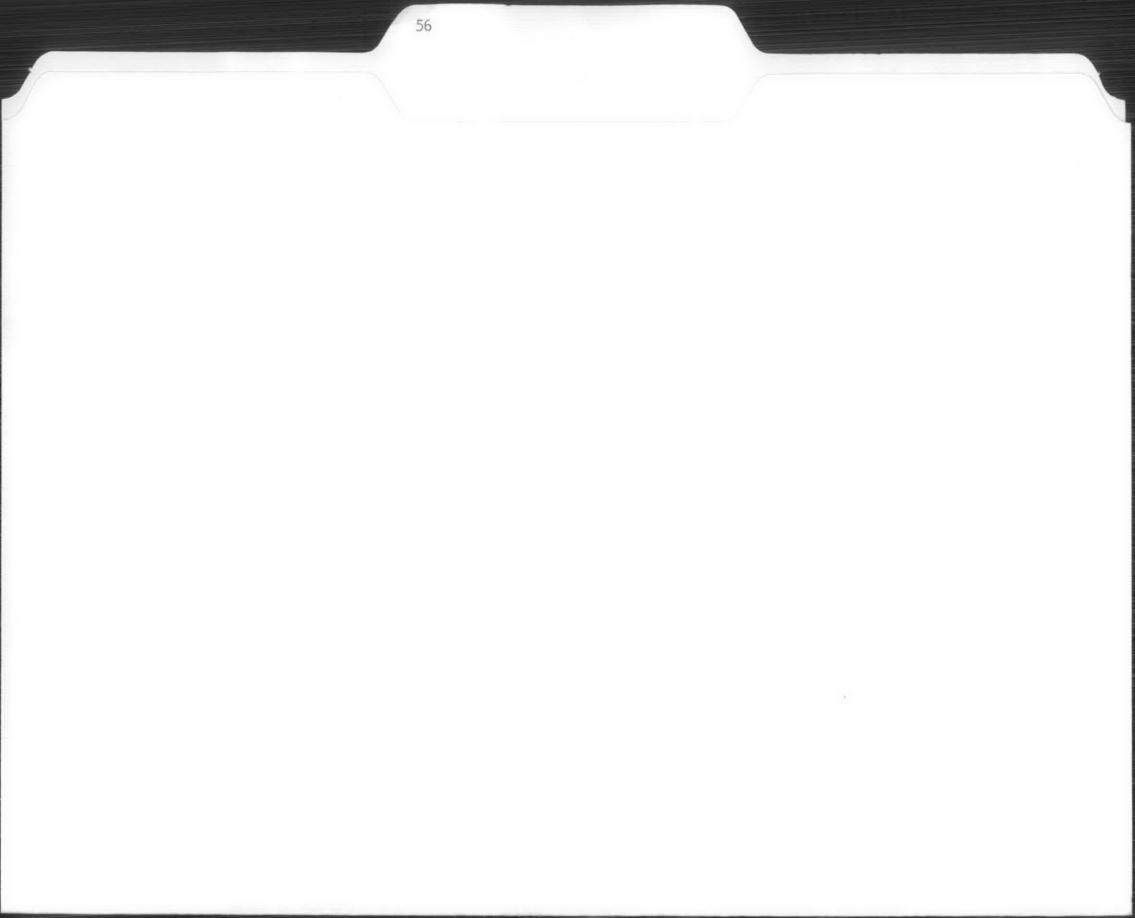
Kunig mm

Kenneth C. Baldwin

Attachment 1

SR Litchfield, LLC Torrington Area Health District Summary of Well Data

Property Address	Well Depth Information
56 Wilson Road, Litchfield	90 ft
58 Wilson Road, Litchfield	130 ft
60 Wilson Road, Litchfield	100 ft
62 Wilson Road, Litchfield	2006 well - 325 ft
	1985 well – 299
64 Wilson Road, Litchfield	150 ft
66 Wilson Road, Litchfield	225 ft
68 Wilson Road, Litchfield	140 ft
70 Wilson Road, Litchfield	200 ft
74 Wilson Road, Litchfield	185 ft
84 Wilson Road, Litchfield	Well Depth not provided
86 Wilson Road, Litchfield	175 ft
1167 Highland Avenue, Torrington	113 ft; this property is also served by the
	Torrington Water Company
1188 Highland Avenue, Torrington	Well Depth not provided; this property is also
	served by the Torrington Water Company
1249 Highland Avenue, Torrington	245 ft; this property is also served by the
	Torrington Water Company
1493 Highland Avenue, Torrington	245 ft; this property is also served by the
	Torrington Water Company
89 Rossi Road, Torrington	120 ft
115 Rossi Road, Torrington	115 ft
194 Rossi Road, Torrington	150 ft
201 Rossi Road, Torrington	Well Depth not provided
229 Rossi Road, Torrington	200 ft
236 Rossi Road, Torrington	360 ft
255 Rossi Road, Torrington	135 ft
66 Town Farm Road, Torrington	61 ft



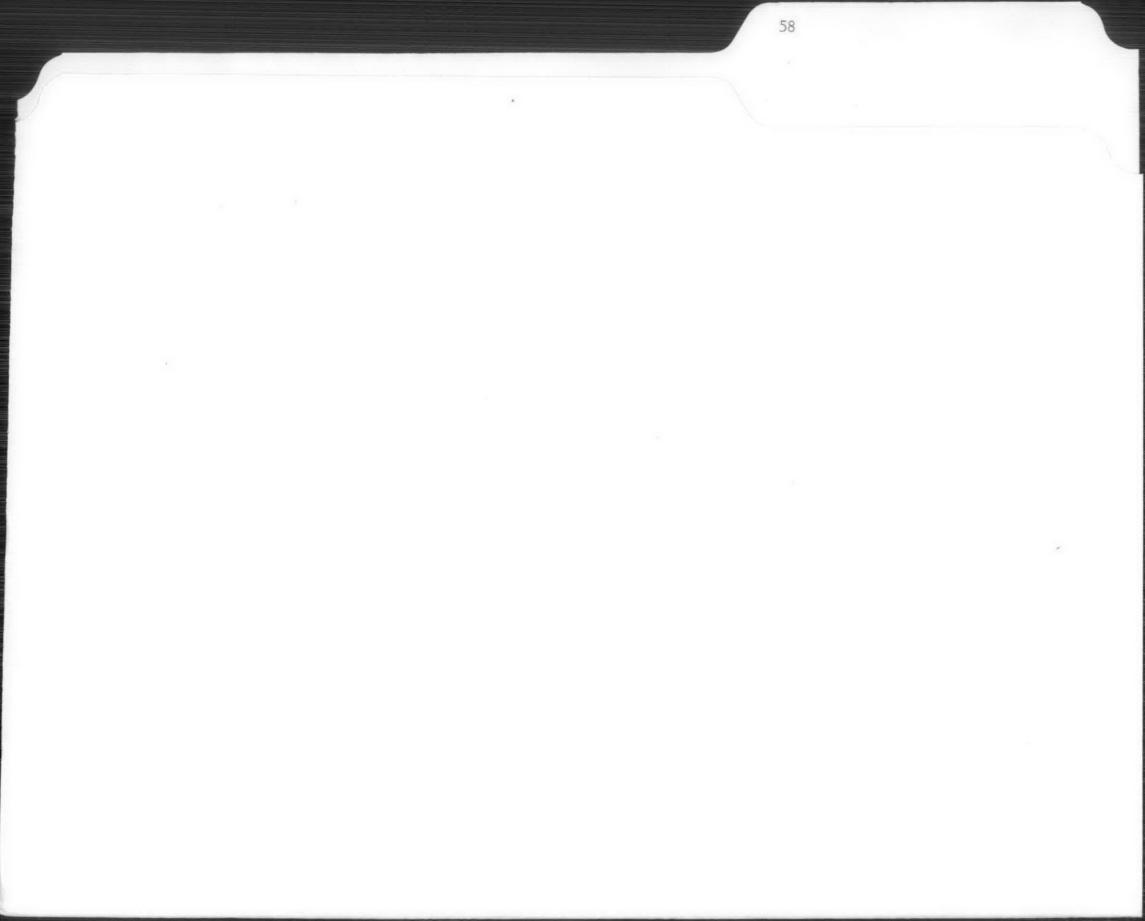
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	at least two roads		and tront of lot n on lot and to house (if pr	resent)		
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The undersigned is aware that upon completion of the well, a "Well Completion Report" containing construction details and information required under Section 25-131 of the 1969 Supplement to the General Statutes must be sent to the owner, the Board and the Water Resources Commission on the form provided by the Board. This permit is not valid until all information is filled in and it has been counter-signed by the Director of Health or his agent.

BY (Town Health Officer or Agent)	1010
APPROVED REJECTED	DATE

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LOCAL DIRECTOR OF HEALTH

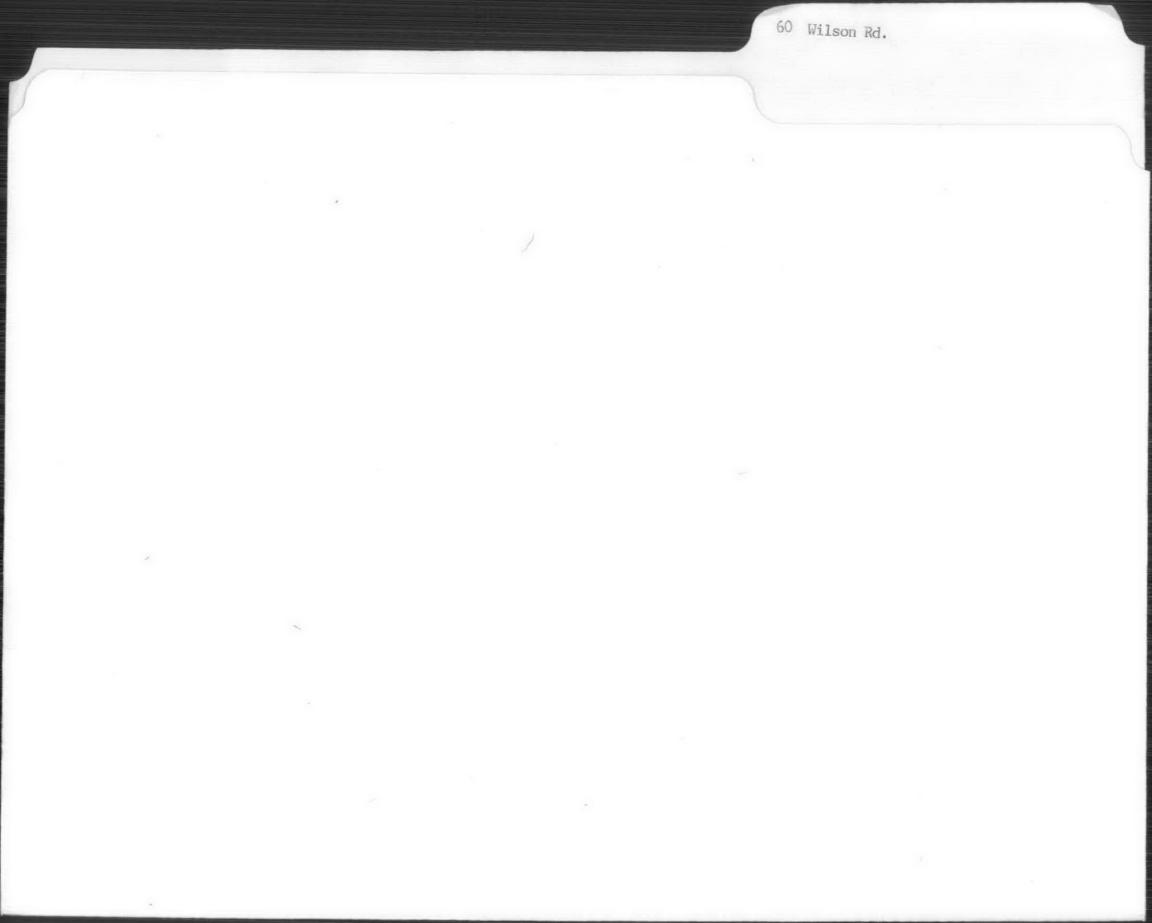


CONSUMER P WELL DRILLIN CPR-8 REV. 11-82	ROTECTION G BOARD	DEPARTMENT C	ATE OF CONNECTICUT DF CONSUMER PROTECTION DRILLING PERMIT HARTFORD, CONNECTICUT 06106	PERMIT NUMBER
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DIRECTOR OF HEALTH

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LOCAL DIRECTOR OF HEALTH

CPR-8 Rev. 7/95	STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION REAL ESTATE & PROFESSIONAL TRADES DIVISION WELL DRILLING PERMIT 165 Capitol Avenue, Hartford, Connecticut 06106	PERMIT NUMBER 237391 PA 10 \$100 - 12-8-06
LOCATION OF WELL	(Town) (Street) (Lot Number)	DATE Dec. 8-06
OWNER OF WELL	INDIVIDUAL BUILDER OTHER (Specify)	NEC. 0 00
OWNER'S ADDRESS		
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	location of lot to at least two roads Well location on to and to hou	
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Approximate numb	er of feet from well to $75' +$	
The undersigned is Section 25-131 of	aware that upon completion of the well, a "Well Completion Report" containing construction details ar he 1969 Supplement to the General Statutes must be sent to the owner, the Department of Consun- ision on the form provided by the agency. This permit is not valid until all information is filled in and in th or his agent/	REGISTRATION NO.
	D REJECTED BY (Town Health Officer or Agent)	DATE 12.1606
REMARKS		

CONSUMER PROTECTION WELL DRILLING BOARD CPR-8 REV. 11-82	STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION WELL DRILLING PERMIT 165 CAPITOL AVE., HARTFORD, CONNECTICUT 06106	Mew House
LOCATION OF WELL (Town) L Lie	2 3576 Wilson Rd (Los Number)	DATE 9-7-88
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OWNER'S ADDRESS		inston
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25-131 of the 1969 Supplement to 1 Board. This permit is not volid until all Applicant (Signature) Preuco Well of He	completion of the well, a "Well Completion Report" containing construction details and info e General Statutes must be sent to the owner, the Board and the Water Resources Commission information is filled in and it has been countersigned by the Director of Health or his agent. Planp 6 APPLICANT'S ADDRESS Been 6 37 Ollbace Tpla, Catalen A By four Health of Grigory or Agent CTED	

DIRECTOR OF HEALTH

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LOCAL DIRECTOR OF HEALTH

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PROPOSED USE OF WELL		د ٦	BUSINESS ESTABLISHMENT INDUSTRIAL	AIR	TEST WELL OTHER	
DRILLING			COMPRESSED AIR PERCUSSION	CONDITIONING CABLE PERCUSSION	(Specify) OTHER (Specify)	
CASING DETAILS YIELD TEST	BAILED	DIAMETER (inches)) THREADED WE		DE WAS CASING GROUTE
WATER LEVEL	MEASURE FROM LA	AND SURFACE - STAT	TC (Specify feet) DUR	ING YIELD TEST (feet) 300'	Depth of Com	pleted Weij in feet
SCREEN DETAILS	SLOT SIZE	DIAMETER (in	ches) IF GRAVEL PACKED	including gravel pack	RAVEL SIZE (inches)	FROM (feet) TO (feet)
DEPTH FROM LAN		FORMATIO	N DESCRIPTION	(inches) Sketch exact location permanent landmarks	of well with distances, s	to at least two
0	-140	Chai	1		11	
		Gran	Granite			F 67' New welle
If yield wa	as tested at different		g, list below S PER MINUTE			old
5	0'	1/2				welle
10		1.000	Diag to			
R	20'	1/2				
DATE WELL COMPL	ETED 0 75	EMIT-NO I	REGISTRATION NO	PATE OF REPORT	- Av	
1/10/07	03	1341	46	111107	Ja	up Hala Pa

.

LITCHFIELD HILLS WATER TESTING LABORATORY

339 Main Street + Torrington, Connecticut 06790

Phone (860) 496-8378 + Fax (860) 496-9704 + E-mail info@tahd.org + Web Address www.tahd.org

CT LAB NO. PH - 0480 + EPA LAB NO. CT - 00094

NewWell

	Report of Analysis			
me: Anthony Zordan 60 Wilson Road Litchfield, CT 06759	Sample Date:2/7/2007 1:00 PMReceipt Date:2/7/2007 1:31 PMReport Date:2/13/2007Sample Site:60 Wilson Road, LitchfieldSample ID#:04065Sample Type:Drinking WaterSample Source:Drilled WellSample Point:Kitchen Faucet			
Parameter	Sample Result	Units	Limits	
Biological Coliform Bacteria (Bio-P/A) E. coli (P/A)	PRESENT * absent	P/A P/A	0 0	
Inorganic Compounds Chlorine, residual	ND	mg/l	4	
Metals Iron Manganese Sodium	0.15 0.01 4	mg/l mg/l mg/l	0.3 0.5 28	
Minerals Fluoride Chloride Hardness Sulfate	0.1 3 72 7	mg/l mg/l mg/l mg/l	4 250 200 250	
Nutrient Nitrite as N Nitrate as N	<0.5 <0.5	mg/l mg/l	1 10	
Physical Color Odor pH Turbidity	8 ND 7.64 0.81	CU 0-5 Scale SU NTU	15 2 6.4 - 10 5	

s not meet the required levels for CT drinking water Non-asterisk parameters meet CT Drinking Water Standards

Comments: Iron & Manganese analysis performed by Hydro Technologies - CT DPH Lab# - PH 0627

The test results are only valid for date sample was taken. We do not accept any liability for use of these results. Note

Lab Directors: James B. Rokos MS, MPH . Maria Arena, BS

The Torrington Area Health District is an equal opportunity provider and employer and operates in accordance with USDA policy which prohibits discrimination. Complaints of discrimination may be filed with the USDA Secretary of Agriculture. Office of Civil Rights, Washington, DC 20250-9410 or call 202-720-5964.

62 Wilson Rd.		62	Wi	lson	Rd.	
---------------	--	----	----	------	-----	--

E.	STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION REAL ESTATE & PROFESSIONAL TRADES DIVISION WELL DRILLING COMPLETION REPORT 165 Capitol Avenue, Hartford, Connecticut 06106						4	Do NOT STATE W	ELL NO.	
OWNER	NAME	rk Zorc	ion	A	DDRESS		1		See for	
LOCATION OF WELL	1021	Street)	2 (Town)	11	ahf el	Vumber)			1.1.1	
PROPOSED	DOME		ABLISHMENT		FARM		ST			
USE OF WELL		Contraction of the second s	USTRIAL				THER Specify)			
DRILLING EQUIPMENT	ROTA	RY COM	IPRESSED PERCUSSION		CABLE PERCUSSION	0	THER Specify)	3.2		
CASING	LENGTH (feet)	DIAMETER (inches)	WEIGHTPER			WELDED			X	
YIELD TEST	BAILED		COMPRESSED	AIR	HOURS A	-	YES	YIELD (GP		U NO
WATER	MEASURE FROM LA		pecify feet) D	URING YIE	ELD TEST (feet)	1	Depth of	Completed W	leti in feet	
	MAKE	00			320		_	LENGT	H OPEN TO A	QUIFER (feet)
SCREEN DETAILS	SLOT SIZE	DIAMETER (inches)	IF GRAV PACKE		Diameter of well including gravel pac		. SIZE (inches)	FRO	M (feet)	TO (feet)
DEPTH FROM LAN	ND TO SURFACE	FORMATION DE	SCRIPTION		(inches) Sketch exact permanent	t location of w	ell with distan	ices, to at lea	ast two	
FEET TO	FEET	Subso.L			permanent			-	11 22	
10	10	1 10	ravel							
10	165	Corey Core	10	-						
1105	170	SATI Car	Chief	-	Ē	BACN				
170	180	Corey Core	ante		NE	WIL				
180	225	111	inite	-	56/	OWEL	1 11			
225	240	011	inite	-	K	Y	1			
0.0	285	Green G	- N		17	H SEPT	STEM			
285	300	1 1	anite		C		=			
300	325'	Baulos	andston							
If yield wa		depths during drilling, lis GALLONS PE	t below				11			
	1001	1/2		-						
10	200'	find a s	St. Can	-						
	325'	9+								
				-						10
DATE WELL COMPL	ETED 28				IDATE OF F	EPORT /		WELL DR	ILLER (Signatu	NOD

LOCAL DIRECTOR OF HEALTH

OWNER OF WELL OWNER OF WELL OWNER'S ADDRESS PROPOSED USE OF WELL	Toredon TINDIVIDUAL	(Street)	(Lot Number)		DATE 1-4-05
OWNER'S ADDRESS PROPOSED USE OF				A CONTRACTOR OF A CONTRACTOR OFTA CONTRACTOR O	
USE OF				HER (Specify)	
and the second		BUSINESS ESTABLISHMENT INDUSTRIAL	FARM	TEST WELL	Est. No. of People being served.
	SUPPLY L	SKETCH O	F WELL LOCATION	G (Specify)	1
loc	Locate well with resp ation of lot to at least two	pect to at least two roa	ds, showing distance fro	om intersection and front of Vell location on to and to I	
	son RE	EUG TA	4	Z LI Septic System	
Approximate number o nearest source of poss		75	<i>'</i> +		
The undersigned is aw Section 25-131 of the	vare that upon completion 1969 Supplement to the on on the form provided by	General Statutes mus the agency. This pe	t be sent to the owner rmit is not valid until all	, the Department of Cons information is filled in an	and information required under sumer Protection and the Wate d it has been counter-signed b REGISTRATION NO 4/6 DATE 1, 9.06

DIRECTOR OF HEALTH

TORRINGTON AREA HEALTH DISTRICT LABORATORY

Sample Date:

Receipt Date:

Report Date:

Sample Site:

TDH.



339 Main Street
 Torrington, Connecticut 06790 Phone & Fax (860) 496-8378 + E-mail info@tahd.org + Web Address www.tahd.org

CT LAB NO. PH - 0480 + EPA LAB NO. CT - 00094

Rich Rossi

RRINGTON AREA HEALTH DISTRICT

2/9/2006 8:00 AM

2/9/2006 8:40 AM

62 Wilson Road, Litchfield

ND = Not Detected

2/10/2006

02144

Report of Analysis

Name:

Mark A. Zordan

62 Wilson Road Litchfield, CT 06759	Sample ID#:02144Sample Type:Drinking WaterSample Source:Drilled WellSample Point:Utility Sink					
Parameter	Sample Result	Units	Limits			
Biological						
Coliform Bacteria (Bio-P/A) E. coli (P/A)	absent absent	P/A P/A	0 0			
Inorganic Compounds						
Chlorine, residual	ND	mg/l	4			
Metals						
Iron	0.74 *	mg/l	0.3			
Manganese	0.01	mg/l	0.5			
Sodium	5	mg/l	28			
Minerals						
Fluoride	<0.5	mg/l	4			
Chloride	2	mg/l	250			
Hardness	84	mg/l	200			
Sulfate	7	mg/l	250			
Nutrient						
Nitrite as N	<0.5	mg/l	1			
Nitrate as N	<0.5	mg/l	10			
Physical						
Color	25 *	CU	15			
Odor	ND	0-5 Scale	2			
pH	7.11	SU	6.4 - 10			
Turbidity	3.6	NTU	5			

* = Parameter does not meet the required levels for CT drinking water Non-asterisk parameters meet CT Drinking Water Standards

Note: The test results are only valid for date sample was taken. We do not accept any liability for use of these results.

"Formerly Torrington Environmental Laboratory Est. 1978' Lab Directors: James B. Rokos MS, MPH + Maria Arena, BS

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Page 1 of 1

TORRINGTON AREA HEALTH DISTRICT LABORATORY

339 Main Street • Torrington, Connecticut 06790 Phone & Fax (860) 496-8378 + E-mail info@tahd.org + Web Address www.tahd.org

Report of Analysis

CT LAB NO. PH - 0480 + EPA LAB NO. CT - 00094

Rich Rossi

Name:

Mark A. Zordan 62 Wilson Road Litchfield, CT 06759

Sample Date: **Receipt Date: Report Date:** Sample Site: Sample ID#: Sample Type: Sample Source: Sample Point:

2/9/2006 8:00 AM 2/9/2006 8:44 AM 2/10/2006 62 Wilson Road, Litchfield 02145 Drinking Water Drilled Well Utility Sink

Param	eter	Sample Result	Units	Limits
Volatile Organic Con	npounds			1
01) Benzene		ND	ug/l	1
02) Bromobenzene		ND	ug/l	No Limit Set
04) Bromodichloro	methane (THM)	ND	ug/l	No Limit Set
05) Bromoform (TH	-IM)	ND	ug/l	No Limit Set
06) Bromomethane		ND	ug/l	No Limit Set
07) n-Butylbenzene		ND	ug/l	No Limit Set
10) Carbon tetrachl	oride	ND	ug/l	5
11) Monochloroben	zene	ND	ug/l	100
12) Chlorodibromo	methane (THM)	ND	ug/l	No Limit Set
13) Chloroethane		ND	ug/l	No Limit Set
14) Chloroform (TH	IM)	ND	ug/l	No Limit Set
15) Chloromethane		ND	ug/l	No Limit Set
16) o-Chlorotoluene	e	ND	ug/l	No Limit Set
17) p-Chlorotoluene	3	ND	ug/l	No Limit Set
18) Dibromomethan	ne	ND	ug/l	No Limit Set
19) m-Dichlorobena	zene	ND	ug/l	No Limit Set
20) o-Dichlorobenz	ene	ND	ug/l	600
21) p-Dichlorobenz	ene	ND	ug/l	75
22) 1,1-Dichloroeth	ane	ND	ug/l	No Limit Set
23) 1,2-Dichloroeth	ane	ND	ug/l	1
24) 1,1-Dichloroeth	ylene	ND	ug/l	7
25) cis-1,2,-Dichlor	oethylene	ND	ug/l	70
26) trans-1,2-Dichle	proethylene	ND	ug/l	100

Non-asterisk parameters meet CT Drinking Water Standards

GTON AREA HEALTH DISTRICT

Sample Analysis Performed by Hydro Technologies - CT DPH Lab # - PH 0627. Comments:

Note: The test results are only valid for date sample was taken. We do not accept any liability for use of these results.

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Page 1 of 3

TORRINGTON AREA HEALTH DISTRICT LABORATORY



339 Main Street • Torrington, Connecticut 06790 Phone & Fax (860) 496-8378 • E-mail <u>info@tahd.org</u> • Web Address <u>www.tahd.org</u>

CT LAB NO. PH -0480 + EPA LAB NO. CT -00094

Report of Analysis

Name:

Mark A. Zordan 62 Wilson Road Litchfield, CT 06759 Sample Date:2/9Receipt Date:2/9Report Date:2/1Sample Site:62Sample ID#:021Sample Type:DriSample Source:DriSample Point:Uti

2/9/2006 8:00 AM 2/9/2006 8:44 AM 2/10/2006 62 Wilson Road, Litchfield 02145 Drinking Water Drilled Well Utility Sink

N AREA HEALTH DISTRICT

Parameter	Sample Result	Units	Limits
Volatile Organic Compounds			
28) Dichloromethane	ND	ug/l	5
29) 1,2-Dichloropropane	ND	ug/l	5
30) 1,3-Dichloropropane	ND	ug/l	No Limit Se
31) 2,2-Dichloropropane	ND	ug/l	No Limit Se
32) 1,1-Dichloropropene	ND	ug/l	No Limit Se
33) 1,3-Dichloropropene	ND	ug/l	No Limit Se
34) Ethylbenzene	ND	ug/l	700
39) MTBE	ND	ug/l	70
40) Naphthalene	ND	ug/l	No Limit Se
41) n-Propylbenzene	ND	ug/l	No Limit Set
42) Styrene	ND	ug/l	110
43) 1,1,1,2-Tetrachloroethane	ND	ug/l	No Limit Se
44) 1,1,2,2-Tetrachloroethane	ND	ug/l	No Limit Se
45) Tetrachloroethylene	ND	ug/l	5
46) Toluene	4.8	ug/l	1000
48) 1,2,4-Trichlorobenzene	ND	ug/l	70
49) 1,1,1-Trichloroethane	ND	ug/l	200
50) 1,1,2-Trichloroethane	ND	ug/l	5
51) Trichloroethylene	ND	ug/l	5
52) 1,2,3-Trichloropropane	ND	ug/l	No Limit Set
54) 1,2,4-Trimethylbenzene	ND	ug/l	No Limit Set
55) 1,3,5-Trimethylbenzene	ND	ug/l	No Limit Set
56) Vinyl chloride	ND	ug/l	2

 Parameter does not meet the required levels for CT drinking water Non-asterisk parameters meet CT Drinking Water Standards

Comments: Sample Analysis Performed by Hydro Technologies - CT DPH Lab # - PH 0627.

Note: The test results are only valid for date sample was taken. We do not accept any liability for use of these results.

"Formerly Torrington Environmental Laboratory Est. 1978" Lab Directors: James B. Rokos MS, MPH

Maria Arena, BS

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Page 2 of 3

A DISTORT

Name:

TORRINGTON AREA HEALTH DISTRICT LABORATORY

339 Main Street • Torrington, Connecticut 06790 Phone & Fax (860) 496-8378 • E-mail info@tahd.org • Web Address www.tahd.org

Report of Analysis

CT LAB NO. PH - 0480 + EPA LAB NO. CT - 00094

	Report of Analysis		
Mark A. Zordan 62 Wilson Road Litchfield, CT 06759	Sample Data Receipt Data Report Data Sample Site Sample ID# Sample Typ Sample Sour	e: 2/9/200 e: 2/10/20 : 62 Wils : 02145 e: Drinkin	on Road, Litchfield g Water
Parameter	Sample Poin	t: Utility S Units	Sink Limits
Volatile Organic Compounds 57) Xylene - Para	ND	ug/l	No Limit Set
57a) Xylene - Meta 58) Xylene - Ortho	ND ND	ug/l ug/l	No Limit Set No Limit Set



* = Parameter does not meet the required levels for CT drinking water Non-asterisk parameters meet CT Drinking Water Standards ND = Not Detected

Comments: Sample Analysis Performed by Hydro Technologies - CT DPH Lab # - PH 0627.

Note: The test results are only valid for date sample was taken. We do not accept any liability for use of these results.

"Formerly Torrington Environmental Laboratory Est. 1978" Lab Directors: James B. Rokos MS, MPH Maria Arena, BS

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	STATE OF CON Department of Ho Laboratory	ealth Services	I.D. NR:123-DF	ACCESSIO		ACCOUNT NO		ROUTE PAGE	
Control of the second s	10 Clinto	m St.	MALES-DF	2407	22075453 006790 INFORMATION				
	P.O. Box 1689 Hartford, CT 06144 TELEPHONE: (203) 566-5063 POTABLE WATER TORRINGTON AREA HEALTH DIS JAMES ROKOS MPH		H DIST.		D74LITCHFIELD ZORDAN WILSON RD. LITCHFIELD CT				
	1116 LITCHFIE TORRINGTON		۰		COLLEC 01/03 15:1	789 01/	CEIVED 04789 100	REPORTED 01/09/89 10:58	
REPORT:	FINAL REPORT		COMMENT:						
	TEST	RESULT	ACC	EPTABLE RANGE	Low		ABLE RANGE	нідн	
***	SAMPLING POINT: COLLECTOR: DAWN PRIVATE WELL) SOURCE: DRILLED	FORD TITLE:	R.S)		215 C				
	COLIF MF WATER COLIF MF WATER	1 /100 0 /100							

戊六六

APPARENT COLOR

*** UNITS: MG/L UNLESS ALKALINITY 602

TRUE COLOR ODOR TURBIDITY

PHAMMONIA

CHLORIDE

NITRITE IRON 113 MANGANESE 5

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*** THIS IS A FINAL REPORT. ***

2

						Distant Pro-
STATE OF COM Department of He		I.D.	ACCESSIC	N NO.	ACCOUNT NO.	ROUTE PAGE
Laboratory I 10 Clinto	Division	NR:23-1	DF 16080	032	D06790	T01 1
P.O. Box Hartford, CT	1689				INFORMATION	
TELEPHONE: (20	13) 566-5063		ZORDA			
POTABLE WATER TORRINGTON AR	EA HEALTH DI	ST.	LITCH CT	son R	d	
JAMES ROKOS M 1116 LITCHFIE			KIICH	COLLEC	TED RECEIVED	REPORTED
TORRINGTON	CT 067	90		/ 00:0		9 01/10/89 15:22
L		_		00:0	07:50	12544
REPORT: FINAL REPORT		COMMENT:				
TEST	RESULT		ACCEPTABLE RANGE	LOW		NGE HIGH
	ON ARRIVAL. TLE:)					
***	0.0000000000000000000000000000000000000	~ ~				
	NONE DETECTE	D				
***	THIS IS A F	INAL REPO	UKT: ***			
					Decisión Bili	
					1	32
FORM NO, OL 6A		1				

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SIN	3	ONNECTICUT	1.D.	ACCESSION NO	. ACC	DUNT NO.	
Department of Health Services Laboratory Division 10 Clinton St.		y Division	MR:23-DF	16080033	5 00	6790	T01 1
	P.O. BO Hartford, TELEPHONE: POTABLE WAT TORRINGTON	DX 1689 CT 06144 (203) 566-5063 ER AREA HEALTH DI	٦ ST.	162WINSTED ZORDAN WILSON ICd - KITCH WEITTER			
	JAMES ROKOS 1116 LITCHF TORRINGTON		90	10.55	COLLECTED	RECEIVED 01/04/89 09:36	REPORTED 01/13/89 11:02
REPORT:	FINAL REPORT		COMMENT:		-		
	TEST	RESULT	ACCEPTA	BLE RANGE	low	ACCEPTABLE RANG	нідн
and and a state				A Land Barris		and the second second	and the second

TEST	RESULT	ACCEPTABLE RANGE	LOW	ACCEPTABLE RANGE	HIGH
RWATION RECEIVED (SAMPLING POINT: (COLLECTOR: D.FOR (PRIVATE WELL)	-)				
C PID/FID OTHER HY C TOLUENE 2.4 UG/L C BENZENE 1.5 UG/L ***	5	EPORT. ***			

CONSUMER PROTECTION WELL DRILLING BOARD	DEPARTMENT OF CO WELL DRILL	CONNECTICUT ONSUMER PROTECTIO LING PERMIT FORD, CONNECTICUT 06106		PERMIT NU 1005	
Litchfield	Wilson	Rd.			
LOCATION OF WEATER Zorde	(Street)	(Loi	(Number)	DATE 3-2	0-85
OWNER OF WELL INDIVIDUAL BUILDER	OTHER (Specify)				
OWNER'S ADDRESS Torrington					
		FARM	TEST		Est. No. of People being
WELL PUBLIC SUPPLY			OTHER (Specify)		served.
	SKETCH OF WELL	LOCATION			
Locate well with re Location of lot to at least two roa	spect to at least two roads, show	and a second	and front of lot ion on lot and to h	and the second	LAN ANT
wilson Rd. M. 202			iveway	Mosse	proposed
	,	wilson Rd.			
Approximate number of feet from well to nearest source of possible contamination. 75					

The undersigned is aware that upon completion of the well, a "Well Completion Report" containing construction details and information required under Section 25-131 of the 1969 Supplement to the General Statutes must be sent to the owner, the Board and the Water Resources Commission on the form provided by the Board. This permit is not valid until all information is filled in and it has been counter-signed by the Director of Health or his agent.

APPLICANT (Signature)	Tath	APPLICANTS ADDRESS B95 Litch field	REGISTRATION NO
	REJECTED	By (Toug Health Other or Medi) Lary a. Campbell, R.S.	DATE 3/19/85
REMARKS			

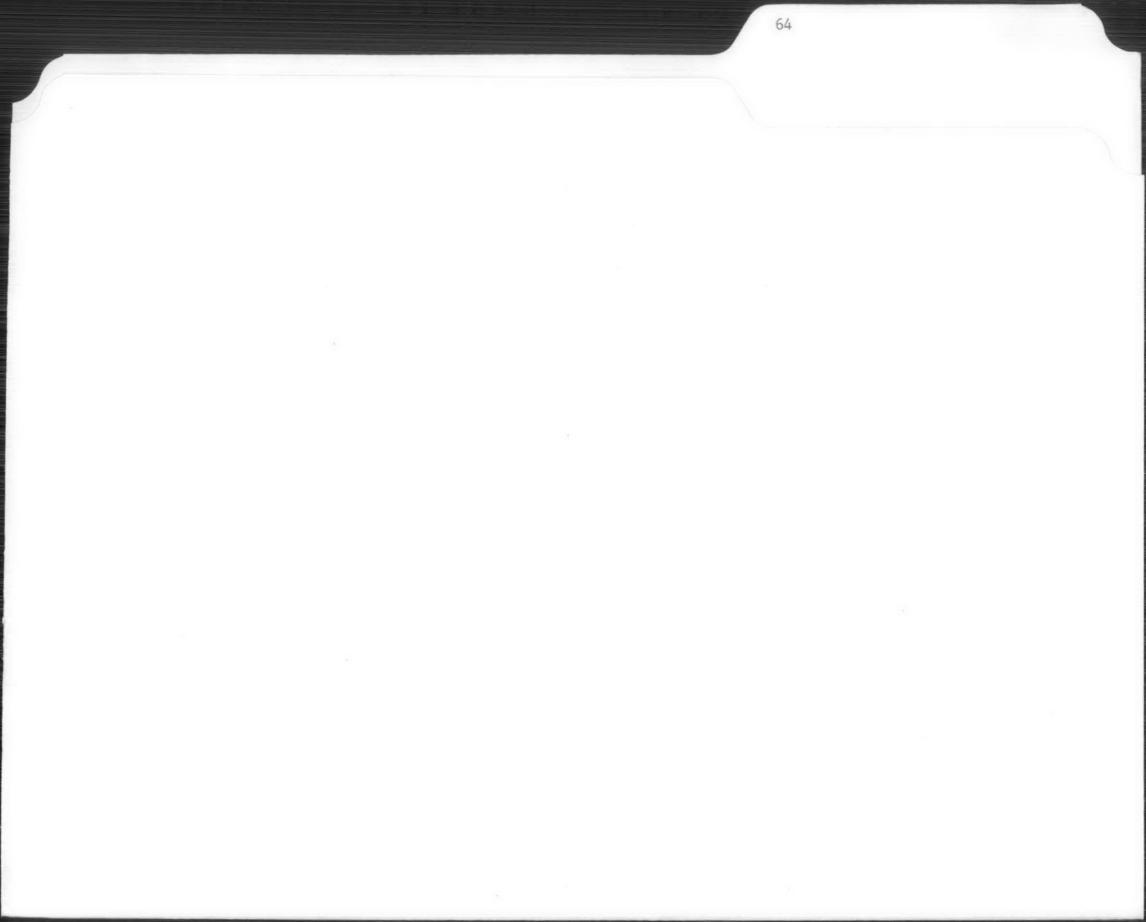
WELL CON		REPORT		EPARTMENT WE	TATE OF CONNECTION OF CONSUME ILL DRILLING BC 165 CAPITOL AVE ORD, CONNECTICU	R PROTECTI	ON	Do STATE WELL N OTHER NO.	NOT fill in
OWNER	NAME		7 1	0.00	ADDRESS	Jack	11.		· · · · / ·
LOCATION OF WELL	14	an	(No. 8 Street)	, PI	14	(Town)	an un	(Loi P	lumber)
PRÓPOSED USE OF WELL		2	BUSINESS ESTABLISHMEI	VI		vg	TEST WELL OTHER (Specify)		
DRILLING		٤Y	COMPRESSED AIR PERCUSSI	ON			OTHER (Specify)		11. A.
CASING DETAILS	LENGTH (feet		DIAMETER (inches)	WEIGHT PER FOOT		WELDED	DRIVE SHOE	WAS CASING	GROUTED?
YIELD TEST	BAILE		PUMPED	COMPRESS	D AIR	HOURS		YIELD (G.P.M.	11
WATER	MEASURE FR	OM LAND SU	RFACE STATIC (Spec	fy feet) DURIN	G YIELD TEST (feet)	1	Depth of Completed V in feet below Land so	Vell vfoce	12-
LEVEL	1.5	MAK	[10		-290-				TO AQUIFER (fee
SCREEN DETAILS	SLOT SIZE		DIAMETER (inches)	IF GRAVEL PACKED:	Diameter of v gravel pack (i		GRAVEL SIZE (inches)	FROM (feel)	TO (feet
PTH FROM LANE			FORMATION DESCI	UPTION			t location of well with nent londmarks.	distances, to at	least
	yleid was lested	I at different	depths during drillion GALLONS	9. Ist below 5. PER MINUTE	Wilson Rel	Direct	and to	P. poser butte	
ATE WELL COMP	PLETED P	ERMIT NO. 1005	THE REGIST	RATION NO.	DATE OF REPORT	1.	LLER (Signature)		

LOCAL DIRECTOR OF HEALTH

PLE 1. Place on a h 2. BEAR DOWN: are making 3 copies 3. Type or print clearly

PLE Iace on a b face EAR DOWN: are making 3 copies		00546C
ype or print clearly Torrington Water Tes 203 Pineridge Torrington, CT Telephone (203) Bacteriological • Che	e Road r 06790 482-8367 mical • Physical Litchfield 0	6759
Address of Supply: 357 B Wilson Rd No & Street L Collector's Name: Marti A. Zordan	ot No. City State Zip	6790
Owner of Supply: Mark A. Zordan Date of Collection: 8/9/85	Phone 496-9	168
Name and Address of Person to Receive Report: Same	as Above	
Source of Water: Drilled Dug Well		
Reason for Examination: For Certificate	of occupancy	
DO NOT WRITE BELOW THIS LINE		
Apparent Color	pH	
True Color	Alkalinity	
Odor	Detergents	
Turbidity NTU	lron	
Ammonia Nitrogen Mg/L	Hardness	
Nitrate Plus	Manganese	
Nitrite Nitrogen Mg/L Chloride Mg/L	Sodium Other	
Number of Coliform Bacteria per 100 ML by Membrane Filter	the -	
The Results of the Analy	usis of this Sample:	Part il
Meet the Standards for a Potable Supply.		
Meet the Standards for a Potable Supply, however, the chemi listed below exceed the recommended limits.	ical or physical constituents	,
elevated iron		
Meet the guidelines for a recreational water.		
 Do not meet the standards for a potable supply because: The coliform density exceeds acceptable limits (standards) 	ee attachment)	
Other		

Reported By ______ State Registration No. PH-0480



ELL	COMPI	LETION	REPORT
18-9 RE	V. 9.79		ALL AND IS

STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION WELL DRILLING BOARD

20 GRAND STREET

HARTFORD, CONNECTICUT 06106

OTHER NO.

STATE WELL NO.

Do NOT fill in

UTHER INC

OWNER	NAME	Rand Ty	rrall		ADDRESS Rt. 202	Litchfiel		States of the state of the state
1.12.20		Kand Iy	(No. & Street)		Rt. LUL	(Town)	Conn 0015	(Lot Number)
OF WELL		Wilso	on Rd.		I	itchfield	111	
PROPOSED USE OF		OMESTIC	BUSINESS ESTABLISHM	ENT	FARM			
WELL	SUPPLY			and the second		ING	(Specify)	
DRILLING		DTARY	AIR PERCUS		CABLE PERCUSSION		OTHER (Specify)	
CASING	LENGTH	the supplication of the second	DIAMETER (inches)	WEIGHT PER FO		welded	DRIVE SHOE	YES NO
YIELD	В	AILED	PUMPED		SSED AIR	HOURS 3 hr		YIELD (G.P.M.) 20 gpm
WATER	and the second		SURFACE-STATIC (Spe	city feet) DUR	NING YIELD TEST (feet)		Depth of Completed V In feet below Land st	and the second se
LEVEL	45	ft	AKE		same		In feet below Lond s	LENGTH OPEN TO AQUIFER (fee
SCREEN		M			- rest-or - d			a manager and the state
DETAILS	SLOT SI	ZE	DIAMETER (inches)	IF GRAVE PACKED:	L Diameter of gravel pack	well including (inches):	GRAVEL SIZE (inches)	FROM (feet) TO (feet
EPTH FROM U	AND SURFACE	1. M. 1. 1.	FORMATION DES	CRIPTION	acapi sap is		ct location of well with ment landmarks.	distances, to at least
90	150	also. s Rock s rock m	ornevlende- team @73', oft @63', re edium hard from blacking	& 85' & eamed to with soft	90' 65', t spots			NE
			da gravite (hite seam @		or brown	6 1 G		and Kelling
				and the second second	and the second s		and the strange	
1215 1 12		ested at differe	ent depths during drilli GALLO	and the second	A CONTRACTOR		the second second second	A state of the state of the state of the
and a second second second	731 FEET 85'			per min			The second second	the state of the second second
	30'		10 gp		/		a sucher	a second as a second
	ping at	150ft		per min		11		
				And Albert		-		
100 C								
DATE WELL CO		PERMIT NO		ISTRATION NO.	DATE OF REPORT	Lweir pp	ILLER (Signature)	

CONSUMER PROTECTION WELL DRILLING BOARD CPR-8 REV. 8-79

STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION WELL DRILLING PERMIT

PERMIT NUMBER

71757

1000

20 GRAND STREET, HARTFORD, CONNECTICUT 06106

LOCATION OF WELL (Town)	COPY AND	(Street) Wilson Road	1	(Lot Number)	DATE Dec. 1st	1982
Litchfield		WIISOU KOAC				
	BUILDER	OTHER (Specify) W. Ra	and Tyrrell	in Strange	**************************************	
OWNER'S ADDRESS						
Rt. 202 Litc	hfield, Ct. 0675	9	S R. S. States Land			
PROPOSED	X DOMESTIC	BUSINESS	FARM	TEST WELL	54 A.	Est. No. of People being
USE OF	PUBLIC		AlŘ	OTHER		served.
WELL	SUPPLY	INDUSTRIAL	CONDITIONING	(Specify)		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
		SKETCH OF WE				1
		h respect to at least two roads, shi		rsection and front of lot (ell location on lot and to	bouse lif present)	11
1	ocation of lot to at least two	The second			a noose (ii present)	
Indicate North	man and the second	A Contraction	Wilson Red	<u></u>	House	55 We

The undersigned is aware that upon completion of the well, a "Well Completion Report" containing construction details and information required under Section 25-131 of the 1969 Supplement to the General Statutes must be sent to the owner, the Board and the Water Resources Commission on the form provided by the Board. This permit is not valid until all information is filled in and it has been counter-signed by the Director of Health or his agent.

APPLICANT (Signature)	100101	APPLICANT'S ADDRESS	REGISTRATION NO.
Manthew	p & Phelps	Acts E. O. Phelps&Sons, Inc. Box308Ba	ntam, Ct. 06750 64
APPROVED	REJECTED	O MINA PATA T, H, H, P	BAILER
REMARKS		A way to be a set of the set of t	1
		()	
		V	

DIRECTOR OF HEALTH

CONSUMER PROTECTION WELL DRILLING BOARD CPR-8 REV. 8-79

STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION WELL DRILLING PERMIT

20 GRAND STREET, HARTFORD, CONNECTICUT 06106

PERMIT NUMBER

71757

	(Street)		(Lot Number)	DATE
	Wilson R	oad		Dec. 1st 1982
	_		THE PARTY	
BUILDER	OTHER (Specify) W	. Rand Tyrrell	and the second	All the second states and the
10.11.01 01	250			
chileId, Ct. Ut	159	and the second		
X DOMESTIC	BUSINESS	FARM	TEST	Est. No. of People being
And Constants		-		served.
SUPPLY	INDUSTRIAL			4
	SKETCH	DE WELL LOCATION		
Locate we		the second s	ersection and front of lot	
Location of lot to at least	two roads		Well location on lot and to	house (if present)
A rear Town Farm P	And the second	Wilson Rd	<u></u>	House House
tet from well to OVER	75' to Sept	ic System		
valid until all information	APPLICANT'S ADDRESS	mer, the Board and the Wa ersigned by the Director of He Sons, Inc. Box3	ter Resources Commission alth ar his agent.	on the form provided by the REGISTRATION NO.
	BUILDER Cchfield, Ct. 06 Cchfield, Ct. 06 DOMESTIC PUBLIC SUPPLY Locate well Location of lot to at least Commention	Wilson R	Wilson Road BUILDER OTHER (Specify) W, Rand Tyrrell Schfield, Ct. 06759 DOMESTIC BUSINESS ESTABLISHMENT PUBLIC INDUSTRIAL SUPPLY INDUSTRIAL Contronninco SETCH OF WELL LOCATION Location of lot to al least two roads Image: Supply and the second of the set two roads Image: Supply and the second of lot to al least two roads Image: Supply and the second of lot to al least two roads Image: Supply and the second of lot to al least two roads Image: Supply and the second of lot to al least two roads Image: Supply and the second of lot to al least two roads Image: Supply and the second of lot to al least two roads Image: Supply and the second of lot to al least two roads Image: Supply and the second of lot to al least two roads Image: Supply and the second of lot to al least two roads Image: Supply and the second of least two roads Image: Supply and the second of lot to al least two roads Image: Supply and the second of least two roads Image: Supply and the second of the second	Wilson Road BUILDER OTHER (Specify) W, Rand Tyrrell cchfield, Ct. 06759 DOMESTIC BUSINESS ESTABLISHMENT PUBLIC INDUSTRIAL SETCH OF WELL ICCATION Control of lot to at least the roads. SETCH OF WELL ICCATION Control of lot to at least the roads. Well bootton on lot and the control of lot to at least the roads. Well bootton on lot and the form intersection and front of lot to at least the roads. Well bootton on lot and the form intersection on lot and the form well to could be set to a specific System Attribute State System Attribute State System are that upon completion of the well, a "Well Completion Report" containing construction details and information: output at the been countersigned by the Director of Health or the agent. APPLICANT'S ADDRESS Pheliphy Fuel Contents of the form front of th

DIRECTOR OF HEALTH

	WELL COMPLETION REPORT CPR-9 REV. 9-79					ION	Do STATE WELL N OTHER NO.	NOT fill in		
OWNER	NAME W	Rand Ty	Trell		ADDRESS Rt 202	Litchfiel	d Conn 0675	9		
LOCATION OF WELL		(No. & Street) Wilson Rd.				(Town) itchfield			Number)	
PROPOSED USE OF WELL		omestic JBLIC JPPLY	BUSINESS ESTABLISHMEN	r		٧G	TEST WELL OTHER (Specify)			
DRILLING	R	DTARY	COMPRESSED AIR PERCLISSIO	N	CABLE PERCUSSION		OTHER (Specify)			
CASING DETAILS	LENGTH			VEIGHT PER FOO	THREADED	WELDED	DRIVE SHOE	WAS CASING	GROUTED?	
YIELD TEST	В.				ED AIR	R HOURS 3 hrs.			YIELD (G.P.M.) 20 gpm	
WATER LEVEL		MEASURE FROM LAND SURFACE-STATIC (Specify feet) DURI			G YIELD TEST (feet)	Depin of Completed Weil			50 ft	
SCREEN		M	AKE					LENGTH OPEN	N TO AQUIFER (F	
DETAILS	SLOT SI	Έ.	DIAMETER (inches)	IF GRAVEL PACKED:	Diameter of w gravel pack (ii		GRAVEL SIZE (inches)	FROM (feet)	TO (feet	
EPTH FROM LA FEET TO			FORMATION DESCRI	PTION			ct location of well with ment landmarks.	distances, to a	r least	
0	90	8-1/2	hardpan and hole to 61', hard streaks	rock sof	t wi th					
		black h	ith white qua ornevlende-s team @73', &	ome yell	owish					
90	150	rock m	oft @63', rea edium hard w rom blackish	with soft	spots			1	The	
	-	into en	da avantea Bl	201 colo	* beaun		State of the state	1	La contra de la co	

	and white	seam @13U			Je plant A	5/20
H yield was h 73 + FEET 85' 130' pumping at		SALLONS PER MINUTE Sal per min. 10 gal per min. 10 gpm 20 gal per min.				
Date well completed Dec. 8 1982	PERMIT NO. 71757		OF REPORT . 19, 1982	WELL DRILLER (Signatur		, Bantam, Ct

66 Wilson Rd. Litchfield



MAX WATER LAB, LLC 429 Main Street Watertown, CT 06795 Phone/Fax (860) 945-3566

Sample Number : 19491 Sample Date : 07-20-2016 Date: 07-28-2016 Analysis Date: 07-26-2016 Water Source : 66 Wilson Rd, Litchfield, CT Owner's Name : Keith Zordan (sampler : Larry Grela)

BACTERIOLOGICAL EXAMINATION RESULT METHOD Total Coliforms Present SM 9223 B E. Coli Absent SM 9223 B

CONCLUSIONS: Based on the bacteriological examination, this water was for drinking purposes at the time the sample was collected. UNSAFE The Maximum Contaminant Level(MCL) for total coliform bacteria is exceeded if the sample tests positive (Present) for total coliform bacteria, based on a 100mL sample. Residual chlorine, none detected (< 0.05ppm).

method 4500-C1 G

TORRINGTON AREA HEALTH DISTRICT

APPROVED

NOT APPROVED.

PHYSICAL EXAMINATIONS Turbidity pH Color Odor CHEMICAL EXAMINATIONS	RESULTS 0.7 7.8 14 None detected	U.S. PUBLIC HEALTH ADVISORY LIMIT 5.0 NTU 6.4-8.5 15 2	<u>METHOD</u> SM 2130 B SM 4500 H+ SM 2120 B SM 2150 B
Hardness Nitrate N Nitrite N Sulfate Sodium Chloride Iron Manganese	74 0.4 Less than 0.01 6 5.0 2.0 Less than 0.01 Less than 0.01	150 mg/L 10.0 mg/L, MCI 1.00 mg/L, MCI 250 mg/L 28.0 mg/L 250.0 mg/L, MCL 0.30 mg/L 0.50 mg/L	SM 4500 NO2 SM 4500 SO4 SM 3500 Na

Note: lmg/L = lppm

MCL - CT State Maximum Contaminant Level

CT PH # 0202 EPA # CT00987

TORRINGTON AREA HEALTH DISTRIC APPROVED A OMy NOT APPROVED

nprasa Robert Impresa - Laboratory Di-

AUG-08-2016 10:29AM From:Grela Well Drilling	8605826335 To:1860	14968243 Page:1/1
MAX WA 429 J Watert	ATER LAB, LLC Main Street own, CT 06795 1x (860) 945-3566	
Water Source : 66 Wilson Rd , Litc	sis Date: 08-03-201 Afield, CT mpler : Larry Grela	
BACTERIOLOGICAL EXAMINATION RESULT Total Coliforms Absen		
CONCLUSIONS: Based on the bacteriold for drinking purposes a The Maximum Contaminant is exceeded if the samp total coliform bacteria	t the time the samp Level(MCL) for tot le tests positive (le was collected. al coliform bacteria Present) for
Residual chlorine, none detected	(< 0.05ppm).	method 4500-C1 G
Note: $1mg/L = 1ppm$		
MCL - CT State Maximum Contaminant	Level	
CT PH # 0202 EPA # CT00987	Robert Impresa - La	Aboratory Director
	4	



Environmental Laboratories, Inc.

587 East Middle Turnpike, P.O.Box 370, Manchester, CT 06045 Tel. (860) 645-1102 Fax (860) 645-0823

Analysis Report

July 26, 2016

FOR: Attn: Mr. Bob Impressa Max Water Labs 429 Main Street Watertown, CT 06795

Sample Information

Sample Informa	<u>ition</u>	Custody Information				
Matrix: Location Code: Rush Request: P.O.#:	DRINKING WATER MAXWATER 72 Hour	Collected by: Received by: Analyzed by:	LB see "By" below			
· · · · · · · · · · · · · · · · · · ·						

DI (

Date	Time
07/20/16	18:18
07/21/16	16:32

Laboratory Data

SDG ID: GBN77903 Phoenix ID: BN77903

Project ID: 19491 Client ID: 66 WILSON LITCHFIELD

Parameter	Result	RL/ PQL	DIL	Units	DW MCL	Sec Goal	Date/Time	By	Potoronae
Volatile Library Search	Completed						07/25/16		Reference
Volatiles							07723/16	нм	
1,1,1,2-Tetrachloroethane	ND	0.50	1	ug/L					
1,1,1-Trichloroethane	ND	0.50	1	ug/L	200		07/21/16	HM	E524.2
1,1,2,2-Tetrachloroethane	ND	0.50	1	•	200		07/21/16	HM	E524.2
1,1,2-Trichloroethane	ND	0.50	, 1	ug/L	-		07/21/16	HM	E524.2
1,1-Dichloroethane	ND	0.50	1	ug/L	5		07/21/16	ΗМ	E524.2
1,1-Dichloroethene	ND	0.50	1	ug/L	-		07/21/16	HM	E524.2
1,1-Dichloropropene	ND	0.50	1	ug/L	7		07/21/16	НМ	E524.2
1,2,3-Trichlorobenzene	ND	0.50	1	ug/L			07/21/16	НМ	E524.2
1,2,3-Trichloropropane	ND	0.50		ug/L			07/21/16	HM	E524.2
1,2,4-Trichlorobenzene	ND	0.50	1	ug/L			07/21/16	HM	E524.2
1,2,4-Trimethylbenzene	ND	0.50	1	ug/L	70		07/21/16	HM	E524.2
1,2-Dichlorobenzene	ND	0.50	1	ug/L			07/21/16	ΗМ	E524.2
1,2-Dichloroethane	ND	0.50	1	ug/L	600		07/21/16	ΗМ	E524.2
1,2-Dichloropropane	ND		1	ug/L	5		07/21/16	HМ	E524.2
1,3,5-Trimethylbenzene		0.50	1	ug/L	5		07/21/16	HM	E524.2
1,3-Dichlorobenzene	ND ND	0.50	1	ug/L			07/21/16	нм	E524.2
1,3-Dichloropropane		0.50	1	ug/L			07/21/16	HM	E524.2
1,4-Dichlorobenzene	ND	0.50	1	ug/L			07/21/16	НМ	E524.2
2,2-Dichloropropane	ND	0.50	1	ug/L	75		07/21/16	HM	E524.2
2-Chlorotoluene	ND	0.50	1	ug/L			07/21/16	нм	E524.2
4-Chlorotoluene	ND	0.50	1	ug/L			07/21/16	нм	E524.2
Benzene	ND	0.50	1	ug/L			07/21/16	НМ	E524.2
Bromobenzene	ND	0.50	1	ug/L	5		07/21/16	НМ	E524.2
Bromochloromethane	ND	0.50	1	ug/L			07/21/16	НМ	E524.2
Bromodichloromethane	ND	0.50	1	ug/L			07/21/16	НМ	E524.2
energienerionomenane	ND	0.50	1	ug/L			07/21/16	НМ	E524.2

Project ID: 19491

Client ID: 66 WILSON LITCHFIELD

Parameter	Result	RL/ PQL	DIL	Units	DW MCL	Sec Goal	Date/Time	Ву	Reference
Bromoform	ND	0.50	1			000			Reference
Bromomethane	ND	0.50	1	ug/L			07/21/16	HM	E524.2
Carbon tetrachloride	ND	0.50	1	ug/L	-		07/21/16	HM	E524.2
Chlorobenzene	ND	0.50	1	ug/L	5		07/21/16	HM	E524.2
Chloroethane	ND	0.50	1	ug/L	100		07/21/16	HM	E524.2
Chloroform	ND	0.50		ug/L			07/21/16	HM	E524.2
Chloromethane	ND	0.50	1	ug/L			07/21/16	HM	E524.2
cis-1,2-Dichloroethene	ND		1	ug/L			07/21/16	HM	E524.2
cis-1,3-Dichloropropene		0.50	1	ug/L	70		07/21/16	HM	E524.2
Dibromochloromethane	ND	0.40	1	ug/L			07/21/16	НМ	E524.2
Dibromomethane	ND	0.50	1	ug/L			07/21/16	НМ	E524.2
Dichlorodifluoromethane	ND	0.50	1	ug/L			07/21/16	нм	E524.2
Ethylbenzene	ND	0.50	1	ug/L			07/21/16	НМ	E524.2
-texachlorobutadiene	ND	0.50	1	ug/L	700		07/21/16	нм	E524.2
sopropylbenzene	ND	0.50	1	ug/L			07/21/16	НМ	E524.2
n&p-Xylene	ND	0.50	1	ug/L			07/21/16	НМ	E524.2
Methyl t-butyl ether (MTBE)	ND	0.50	1	ug/L			07/21/16	НМ	E524.2
Methylene chloride	ND	0.50	1	ug/L			07/21/16	НМ	E524.2
Naphthalene	ND	0.50	1	ug/L	5		07/21/16	HM	E524.2
-Butylbenzene	ND	0.50	1	ug/L			07/21/16	НМ	E524.2
	ND	0.50	1	ug/L			07/21/16	HM	E524.2
⊢Propylbenzene ⊢Xylene	ND	0.50	1	ug/L			07/21/16	НМ	E524.2
-Isopropyltoluene	ND	0.50	1	ug/L			07/21/16	HM	E524.2
ec-Butylbenzene	ND	0.50	1	ug/L			07/21/16	НМ	E524.2
Styrene	ND	0.50	1	ug/L			07/21/16	НМ	E524.2
ert-Butylbenzene	ND	0.50	1	ug/L	100		07/21/16	НМ	E524.2
etrachloroethene	ND	0.50	1	ug/L			07/21/16	HM	E524.2
oluene	ND	0.50	1	ug/L	5		07/21/16	НМ	E524.2
	ND	0.50	1	ug/L	1000		07/21/16	HM	E524.2
otal Trihalomethanes otal Xylenes	ND	0.50	1	ug/L	80		07/21/16	НМ	E524.2
ans-1,2-Dichloroethene	ND	0.50	1	ug/L	10000		07/21/16	НМ	E524.2
ans-1,3-Dichloropropene	ND	0.50	1	ug/L	100		07/21/16	НМ	E524.2
richloroethene	ND	0.40	1	ug/L			07/21/16	HM	E524.2
richlorofluoromethane	ND	0.50	1	ug/L	5		07/21/16	нм	E524.2
invl chloride	ND	0.50	1	ug/L			07/21/16	HM	E524.2
A/QC Surrogates	ND	0.50	1	ug/L	2		07/21/16	НМ	E524.2
1,2-dichlorobenzene-d4	93		1	%	NA	NA	07/21/16	НМ	70 - 130 %
Bromofluorobenzene	93		1	%	NA		07/21/16		70 - 130 %

R-9 Rev. 7/95								Do NO	Tfillin
SEE			EPARTMENT	OF CONS	NECTICUT SUMER PROTEC			STATE V	ÆLL NO.
	·	WE	LL DRILLIN	IG CON	PLETION RI ord, Connecticut	EPORT		OTHE	R NO.
OWNER	Keitl	1 Zur	den		DDRESS				
LOCATION OF WELL	•	street) On R		tch	Field 4	nber)			
PROPOSED USE OF WELL		 - ۲	BUSINESS ESTABLISHMEN INDUSTRIAL		AIR CONDITIONING		R		
DRILLING EQUIPMENT			COMPRESSED		CABLE PERCUSSION	OTHE (Spe	R		
CASING DETAILS			1 1 1	RFOOT					
YIELD TEST	BAILED	PUMPED		SED AIR	HOURS			ELD (GPM) 97	
WATER LEVEL	MEASURE FROM LA	AND SURFACE - ST	ATIC (Specify feet)	DURING YI) ⁴	Depth of Con	LENGTH OPEN TO	
SCREEN DETAILS	MAKE SLOT SIZE	DIAMETER		RAVEL :KED:	Diameter of well including gravel pack (inches)	GRAVEL SIZ	ZE (inches)	FROM (feet)	TO (feet)
DEPTH FROM LAN	ID TO SURFACE	FORMAT	ION DESCRIPTION			ocation of well w	with distances,	to at least two	
FEET TO	IUD FEET	Cla							<u></u>
140	225	Rhie	Grante	2					• • • •
- 								<u> </u>	
	<u></u>					$\langle $	BARN		
د. بریانی مراجع			<u> </u>		¢	ŸĽ	\rangle	$\boldsymbol{\succ}$	
2. 					well	13'	(/	1	
ده به بالاست			<u> </u>				(an a
			<u> </u>						
If yield w	as tested at different ET		illing, list b el ow DNS PER MINUTE						
······································	501	1			$\overline{}$				
	100'	1/2			\searrow				
		GI			2	7		1. 1.	
	das'	97							

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LOCAL DIRECTOR OF HEALTH

CPR-8 Rev. 7/95	DEPARTMI REAL ESTATE WEI 165 Capitol	TATE OF CONNECTICUT ENT OF CONSUMER PROTECTION & PROFESSIONAL TRADES DIVISION LL DRILLING PERMIT Ayenue, Hartford, Connecticut 06106	PERMIT NUMBER 250709 PAID \$175 - 12 - 14 - 10 CK 5984
LOCATION OF WELL	(Town) (Street) Zonden	(Lot Number)	DATE 12/13/10
OWNER OF WELL		BUILDER OTHER (Specify)	
OWNER'S ADDRESS			
PROPOSED USE OF WELL	DOMESTIC BUSINES ESTABLI PUBLIC INDUSTS	ISHMENT WELL	Est. No. of People being served.
	SP	ETCH OF WELL LOCATION	
	Locate well with respect to at lease two roads	ist two roads, showing distance from intersection and from Well location on to and t	
Indicate North	N talen a	2 Well	
Approximate number nearest source of po		51	
The undersigned is a Section 25-131 of th Resources Commiss the Director of Health APPLICANT (Signature) APPROVED REMARKS	Ware that upon completion of the well, 1969 Supplement to the General State on on the form provided by the agency or his agent, APPL 196 APPL 197 BY (7) BY (7) EDTIC SUSTEM	a Well Completion Report" containing construction deta tutes must be sent to the owner, the Department of Co This permit is not valid until all information is filled in a ICANT'S ADDRESS <u>3 MAIN ST. Terrayuille</u> own Health Officer or Agenti Connection Stists of Connection DST- Free Hydrowy	REGISTRATION NO. 46 DATE 131.11

DIRECTOR OF HEALTH

6

68 Wilson Rd. Litchfield N Installer Pormit
Sieve Test Results
As Built & Permit to Discharge
Well permit & Completion Report
Water Test Results
Street Address Installer Permit

CONSUMER PROTECTION WELL DRILLING BOARD CPR-8 REV. 11-82	DEPARTMENT	ATE OF CONNECTICUT OF CONSUMER PROTECTION DRILLING PERMIT , HARTFORD, CONNECTICUT 06106	PERMIT NUMBER 148172		
LOCATION OF WELL (TOWN)	Siteel)	(Los Number)	DATE 6-4-91		
		MARK ZORDAN			
OWNER'S ADDRESS		ITCHFIELD CON	N		
PROPOSED DOMESTIC	BUSINESS	FARM TEST WELL	Est. No. of People being		
USE OF PUBLIC SUPPLY	INDUSTRIAL	AIR OTHER (Specify)	served.		
	SKETCH (DF WELL LOCATION			
Location of lot to at		ds, showing distance from intersection and front of la Well location on lot and	the second se		
Indicote Marth H#62 REAR LOT	Rosting	25' 650 -LOT LINE- 7 BOREET 1 64	House		
Approximate number of feet from well to	10-1 + 1	WILSON	IRD		
The undersigned is aware that upon compl 25-131 of the 1969 Supplement to the Gen Board. This permit is not valid until all informa APPLICANT (Signature) Control Control Cont	APPLICANT'S ADDRESS	tion Report" containing construction details and in oner, the Board and the Water Resources Commiss prisigned by the Director of Health or his agent.	nformation required under Section sion on the form provided by the REGISTRATION NO. 33/ 6090 DATE/5/9/		
Approved pere d		OR OF HEALTH			

VEEL COJ PR-9 REV. 11-82		N REPOR	כ	DEPARTMENT	OF (CONNECTIC	R PROTECTIO	N	Do STATE WELL NO	NOT fill in
OWNER	NAME	and the			ADDRE			a 1 1 -		
LOCATION	12	CRRK_	(No. & Street)	AJ	60	2-6010	(Town)	2 <u>d</u> _ 1=17		lumber)
OF WELL		62	Wilson	1 Rd		the 1	TOME	ELD C	T	
PROPOSED		AESTIC	BUSINESS ESTABLISHME	NT		FARM		TEST WELL		
USE OF WELL						AIR CONDITIONIN	G	OTHER (Specify)		
DRILLING	ROT	ARY		ION		CABLE		OTHER (Specify)		
CASING	LENGTH (F		DIAMETER (inches)	WEIGHT PER FOO		THREADED	WELDED	VES NO	WAS CASING	NO
YIELD	ВА		PUMPED		ED AIR		HOURS		YIELD (G.P.M.)	_
WATER			SURFACE-STATIC (Spec	ify feet) DURIN		TEST (feet)	12	Depth of Completed V in feet below Land su	Vell	40
		M	AKE			10			LENGTH OPEN	TO AQUIFER (fee
SCREEN DETAILS	SLOT SIZE		DIAMETER (inches)	IF GRAVEL PACKED:		Diameter of w gravel pack (ir		GRAVEL SIZE (inches)	FROM (feel)	TO (fee)
TH FROM LAN			FORMATION DESC	RIPTION				t location of well with nent landmarks.	distances, to at	leost
1	10	R	NDER				"t			
10	17-	1								
13.	En.	CARE De	-	an de	~					
- 24	0.5	1150	HYEDD		de la	1				
50	140	+IAR	D Bhurst	1.8065	-	NEW	L	(and	CAR	
						W.R.	K	P2	WELL	
						25	and the second	0.50 *	10	
						127 2	/ A/JE			
									VIEWSE	1
										*
								1		-
			1.12							
H	yield was te	sted at differe	ent depths during drillin	ng, list below	-					
	FEET		GALLON	S PER MINUTE						
	125	-	1	0						
	140		2	5						
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TE WELL CO		PERMIT NO		STRATION NO	10000	E OF REPORT		LLER (Signature)		
	-11	14	8172	331	6	14-7	1 11	Man 1		1

Lot 8A-2

ENVIROTECH LABORATORY, LLC

77 COOK HILL ROAD • WINDSOR, CONNECTICUT 06095

MARYELLEN DILUZIO

Telephone (860) 688-7249

December 12, 2008

Jim Hollinden P.O. Box 1718 Litchfield, Ct. 06759

Dear Sir:

We have the following to report on the sample submitted to this Laboratory on December 8, 2008.

Sample Number:

73936

Mark: water sample collected 12/7/08 by Jim Hollinden from Lot No. -, 68 Wilson Rd., Litchfield, CT.

TEST PARAMETERS	CURRENT TEST RESULTS (in mg/L)	MAXIMUM CONTAMINATION LEVELS (MCL)		
ODOR	NONE	NO MCL		
TURBIDITY	0	NO MCL		
COLOR	0	NO MCL		
PH	7.21	NO MCL		
NITRITE NITROGEN	< 0.001	1.0 mg/L		
NITRATE NITROGEN	< 1.00	10.0 mg/L		
CHLORIDE	7	250 mg/L		
HARDNESS	56	NO MCL		
IRON	< 0.05	NO MCL		
MANGANESE	< 0.01	NO MCL		
SODIUM	3.7	NO MCL		
SULFATE	< 10	NO MCL		
V.O.C.'s	See next pages	See next pages		

BACTERIOLOGICAL EXAM

Number of Coliform Bacteria Per 100 mLs (membrane filter) 0

0

All parameters analyzed are below the Maximum Contamination Levels (MCL's) for potable water and meet the drinking water standards established by the Conn. State Health Department. If there are any questions we would be pleased to discuss them with you.

TORRINGTON AREA HEALTH DISTRICT APPROVED fleften

Very truly yours, EnviroTech Laboratory, LLC

Maryellen DiLuzio, a member PH 0464

cc: Torrington Area Health Dist

RECEIVED

11:45V

ENVIROTECH LABORATORY, LLC

77 COOK HILL ROAD • WINDSOR, CONNECTICUT 06095

MARYELLEN DILUZIO

TELEPHONE (860) 688-7249

December 12, 2008

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Sample Number:

73936

Mark: water sample collected 12/7/08 by Jim Hollinden from Lot No. -, 68 Wilson Rd., Litchfield, CT.

ORGAINIC CHEMICALS BY EPA 502.2

		Results	MCL
	MDL	in ug/L	in ug/L
Benzene	0.5	BDL	5
Bromobenzene	0.5	BDL	*
Bromomethane	0.5	BDL	*
n-Butylbenzene	0.5	BDL	*
Carbon Tetrachloride	0.5	BDL	5
Chlorobenzene	0.5	BDL	100
Chloroethane	0.5	BDL	*
Chloromethane	0.5	BDL	*
2-Chlorotoluene	0.5	BDL	*
4-Chlorotoluene	0.5	BDL	*
Dibromomethane	0.5	BDL	*
1,2-Dichlorobenzene	0.5	BDL	600
1,3-Dichlorobenzene	0.5	BDL	*
1,4-Dichlorobenzene	0.5	BDL	75
1,1-Dichloroethane	0.5	BDL	*
1,2-Dichloroethane (EDC)	0.5	BDL	5
1,1-Dichloroethylene	0.5	BDL	7
cis-1,2-Dichloroethylene	0.5	BDL	70
Trans-1,2-Dichloroethylene	0.5	BDL	100
1,2-Dichloropropane	0.5	BDL	5
1,3-Dichloropropane	0.5	BDL	*
2,2-Dichloropropane	0.5	BDL	*
1,1-Dichloropropylene	0.5	BDL	*
cis-1,3-Dichloropropylene	0.5	BDL	*
trans-1,3-Dichloropropylene	0.5	BDL	*
Ethylbenzene	0.5	BDL	700
Methylene Chloride	0.5	BDL	5

TORRINGTON AREA HEALTH DISTRICT

APPROVED Wollow DATE 12.16.08

ENVIROTECH LABORATORY, LLC

77 COOK HILL ROAD . WINDSOR, CONNECTICUT 06095

MARYELLEN DILUZIO

TELEPHONE (860) 688-7249

Sample Number: 73936

EPA Method 502.2

		Results	MCL
	MDL	in ug/L	in ug/L
		111 (19/1	III ug/L
MethylTertButylEther (MTBE)	2.0	BDL	*
Naphthalene	0.5	BDL	*
n-Propylbenzene	0.5	BDL	*
Styrene	0.5	BDL	110
1,1,1,2-Tetrachloroethane	0.5	BDL	*
1,1,2,2-Tetrachloroethane	0.5	BDL	*
Tetrachloroethylene	0.5	BDL	5
Toluene	0.5	BDL	1000
Total Trihalomethanes (TTHM)	BDL	100
Bromodichloromethane	0.5	BDL	**
Bromoform	0.5	BDL	**
Chlorodibromomethane	0.5	BDL	**
Chloroform	0.5	1.5	**
1,2,4-Trichlorobenzene	0.5	BDL	5
1,1,1-Trichloroethane	0.5	BDL	200
1,1,2-Trichloroethane	0.5	BDL	5
Trichloroethylene	0.5	BDL	5
1,2,3-Trichloropropane	0.5	BDL	*
1,2,4-Trimethylbenzene	0.5	BDL	*
1,3,5-Trimethylbenzene	0.5	BDL	*
Vinyl Chloride	0.5	BDL	2
Xylenes (total)			10000
o-Xylene	0.5	BDL	***
p/m Xylene	0.5	BDL	***

MDL = minimum detectable level BDL = below MDL MCL = maximum contaminant level * = no MCL established ** = MCL is for the combined four TTHM's *** = MCL is for the combined three Xylene

If there are any questions we would be pleased to discuss them with you.

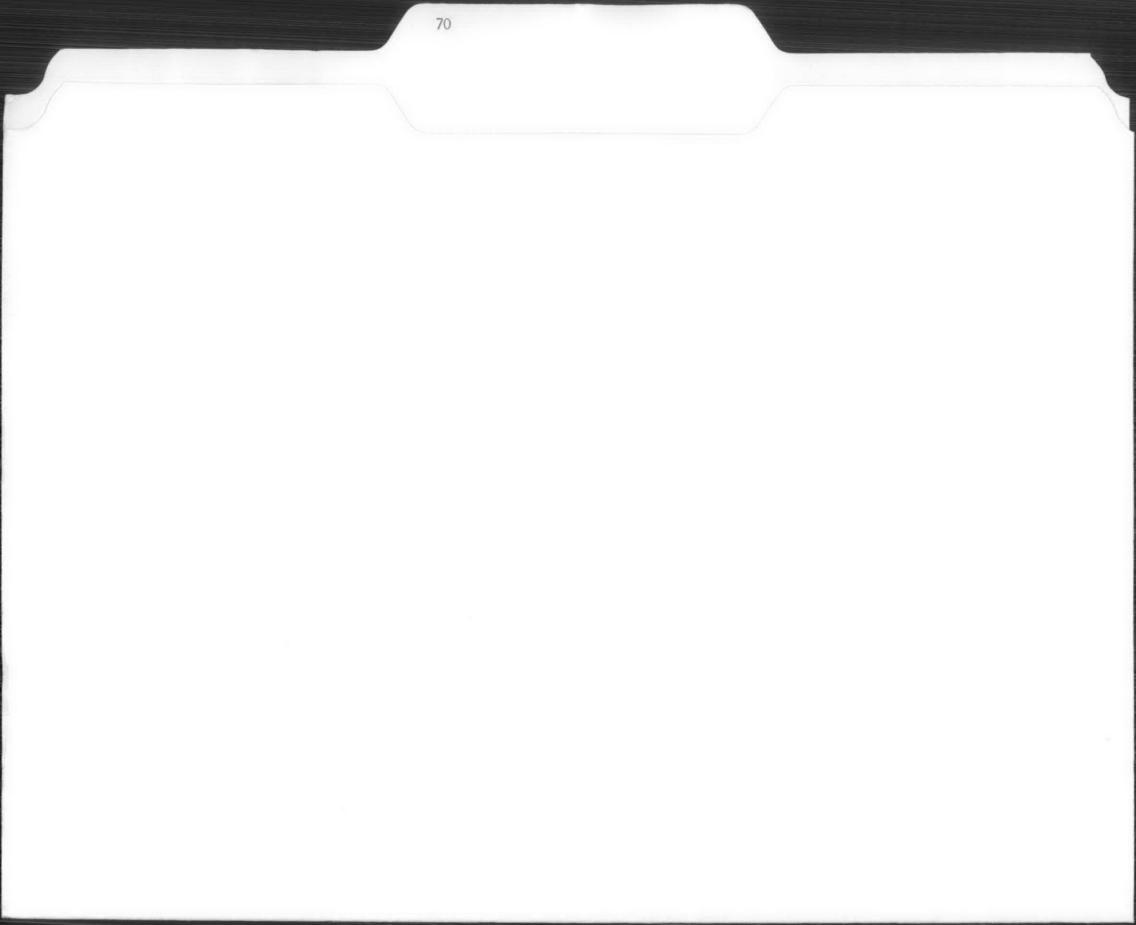
Very truly yours, EnviroTech Laboratory LLC

ma

Maryellen DiLuzio, a member

cc: one enclosed PH-0464 & PH-0547

TORRINGTON AREA HEALTH DISTRICT APPROVED NOT APPROVED



CONSUMER PROTECTION WELL DRILLING BOARD CPR-8 REV. 11-82		DEPARTMENT O	TE OF CONNECTICUT F CONSUMER PROTECTION DRILLING PERMIT HARTFORD, CONNECTICUT 06106	PERMIT NUMBER
And and an other statements of the statement of the state	FEILD	WILSON A	2di	
JOHN	+ DEbra M	IURPHY (Builder BOB GREEN)	DATE 12/30/91
OWNER OF WELL	BUILDER	OTHER (Specify)	portate pop sisterior	1 / 11
OWNER'S ADDRESS	A 1 1/	<u> </u>		
PROPOSED		BUSINESS	FARM TEST	Est. No. of
USE OF	PUBLIC	ESTABLISHMENT		People being served.
WELL	SUPPLY	INDUSTRIAL	CONDITIONING (Specify)	
	Locate well wi		WELL LOCATION , showing distance from intersection and front of lot	
	Location of lot to pt least two		Well location on lot and to	house (if present) 75-7-75 6-11 V 55
Indicate North	wilson Rd.	۶.	Steptic	DRIVe
	RT 202		1/	
23-131 of the 1909	ble contamination: 40 aware that upon completion of Supplement to the General Statu	es must be sent to the owne	in Report" containing construction details and inform er, the Board and the Water Resources Commission signed by the Director of Health or his agent.	nation required under Section on the form provided by the REGISTRATION NO.
PAPPROVED	a. Strat	By Jown Health Sifica	a There Rilford, ct. oc	776 83 DATE \$14/92

REMARKS

Appnovor per DRAWING

DIRECTOR OF HEALTH

WELL CON	APLETION I			E OF CONNECTICL			Do NOT fill in
CPR-9 REV. 11-82		D	EPARTMENT OI WELL	DRILLING BOA		ON	STATE WELL NO
			16	S CAPITOL AVE.			OTHER NO
			HARTFOR	D, CONNECTICUT	06106		~
OWNER	NAME 5	Bob Green B		DRESS			
LOCATION	Schan	(No. & Street)	reban		(Town)		(Lot Number)
OF WELL	W.i	500 20	1-ite	of Dield	Mine and the		
PROPOSED	DOWEST	IC BUSINESS ESTABLISHMEN	<i>и</i> т [FARM		TEST WELL	
USE OF WELL		INDUSTRIAL	[3	OTHER (Specify)	
DRILLING				CABLE		OTHER (Specify)	
EQUIPMENT	LENGTH (feel)		WEIGHT PER FOOT		_	DRIVE SHOE	WAS CASING GROUTED?
CASING DETAILS	HS	6	UTW.	THREADED	WELDED	YES NO	
YIELD TEST	BAILED	PUMPED			HOURS		YIELD (G.P.M.)
WATER	MEASURE FROM	M LAND SURFACE-STATIC (Speci	fy feet) DURING Y	IELD TEST (feet)		Depth of Completed in feet below Land s	
LEVEL	-	MAKE		200		In reer below Land S	LENGTH OPEN TO AQUIFER (feet
SCREEN	SLOT SIZE	DIAMETER (inches)				GRAVEL SIZE (inches)	FROM (feet) TO (feet
DETAILS	SCOT SILL	District (menes)	IF GRAVEL PACKED:	Diameter of we gravel pack (ini			
PTH FROM LANE		FORMATION DESCR	IPTION			t location of well with nent landmarks.	
FEET TO F	tti						And well
0	35	Hardpan	a far have been a	_		1	And well
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If	yield was tested	at different depths during drilling	g, list below			2/	
	FEET		S PER MINUTE		1/		
	150'	2			11		
	200	30			11		
	200	20					
					1		
					11		
DATE WELL COM	VPLETED PE	RMIT NO. REGIS	TRATION NO.	DATE OF REPORT	WELL DR	LLER (Signature)	
1450		Trait	4.0	SITUE		the second	And the second sec

1. Place on'a hard surface 2. BEAR DOWN! You are making 3 copies 3. Type og print clearly	"SINCE 1978"	State Registration No. PH-0480 Bacteriological
151 0 To	Arrington Water Testing Laboratory 203 Pineridge Road Torrington, CT 06790 Telephone (203) 496-8378 1-800-762-9399	Chemical • Physical
Address of Supply: 10 Million	Bl- Letton Litch field	d Cf State Zip
Collector's Name: Colleg	- Gula	Phone 824-5505
Owner of Supply: John + flb	way May May -	Phone
Date of Collection: 5/29/92	nin i	Time Cam
Name and Address of Person to Receive R 148 Sand Barger	eport: Biblinean Bl	ieen Woodner Ging Co
Source of Water: Drilled	Dug Well Spring	Lake or Pond
Name of Well Driller:	toy well the ling - 1	Var 1 M. Havel, 14
Reason for Examination:	Home	

DO NOT WRITE BELOW THIS LINE

Apparent Color	0	pH	7.56		
True Color	_0	Alkalinity	N	Mg/L	
Odor	(0-5)	Chloride			
Turbidity	<u>.17</u> NTU	Iron	.06 N	Mg/L	
Ammonia Nitrogen	_02_Mg/L	Hardness	_68_N	Mg/L	
Nitrogen	Mg/L	Manganese	N	Mg/L	
Nitrate	43_ Mg/L	Sodium			
Fluoride	.06_ Mg/L	Other	N	Mg/L	

Coliform Bacteria per 100 ML _______

The Results of the Analysis of this Sample:

ICK Meet the Standards for a Potable Supply.

Meet the bacteria Standards for a Potable Supply, however, the chemical or physical constituents listed below exceed the recommended limits.

Meet the guidelines for a recreational water.

Do not meet the standards for a potable supply because the coliform density exceeds acceptable limits (see attachment).

□ Other

Potable (drinking water) recommendations are based on the above tests only.

Sample Certified By

Reported By

Date___

74 Wilson Rd. Model Chengel Mens no toundstra no olde-eart an stull de O

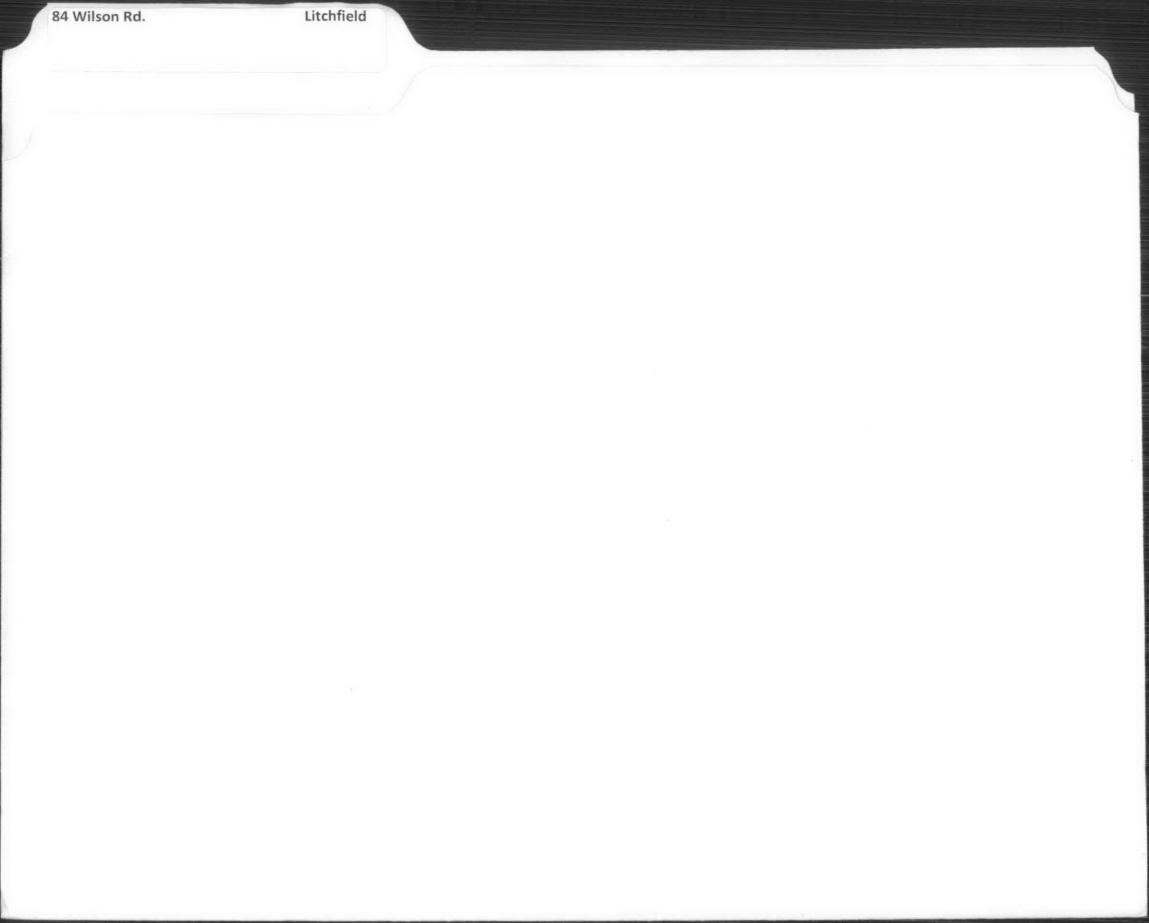
WELL-DRILLING BOARD	STATE OF CO WELL DRILL	NG PERMIT		NUMBER 3049
	STATE OFFICE BUILDING, HAR		P.d.	
LITCHFIELD	WILSON	BD.		
GERARD L	WILSON BOUTHELL	ER (Lot Num)	DATE 5-8	3-80
	OTHER (Specify)			
485 SOUTH	MAIN ST.	TORRING	TAN	
PROPOSED DOMESTIC	BUSINESS ESTABLISHMENT	FARM TES	Т	Est. No. of People being served.
WELL PUBLIC SUPPLY	INDUSTRIAL		HER ecify)	4
	SKETCH OF WI	ELL LOCATION		- 1
		owing distance from intersection and fr		and the second
Location of lot to at le	ast two roads	well location on to	t and to house (if presen	11/
Ú		BOST HERE		white
Indicate North STATION WILSON		61/72	8	5 Think

The undersigned is aware that upon completion of the well, a "Well Completion Report" containing construction details and information required under Section 25-131 of the 1969 Supplement to the General Statutes must be sent to the owner, the Board and the Water Resources Commission on the form provided by the Board. This permit is not valid until all information is filled in and it has been counter-signed by the Director of Health or his agent.

APPLICANT (Signature	" Liela	APPLICANT'S ADDRESS if It Tarryville	REGISTRATION NO.
PAPPROVED	REJECTED	BY (Iown Health Officer or Agent)	DATE J. P. PO
REMARKS		your a spin	, , ,

OWNER LOCATION OF WELL PROPOSED USE OF WELL	NAME		Office Building CONNECTICUT 06115		STATE WELL NO.
LOCATION OF WELL PROPOSED USE OF	6 5 15	and the second second			
LOCATION OF WELL PROPOSED USE OF	6 5 15	the state of the s			OTHER NO.
OF WELL PROPOSED USE OF	and the film of the	1 BOGTHELLIER	ADDRESS	TUN	
USE OF	W11.501	(No. & Street)	To HEILD	at	(Lot Number)
WELL	DOMESTIC PUBLIC SUPPLY	BUSINESS ESTABLISHMENT		TEST WELL	
DRILLING EQUIPMENT		COMPRESSED AIR PERCUSSION		OTHER (Specify)	
CASING DETAILS	LENGTH (feet)	DIAMETER (inches) WEIGHT PER FOOT	THREADED WELDED	DRIVE SHOE	WAS CASING GROUTED?
YIELD	BAILED		SED AIR		YIELD (G.P.M.)
WATER	MEASURE FROM LAND	SURFACE-STATIC (Specify feet) DURING	3 YIELD TEST (feet)	Depth of Completed	
LEVEL	MA	KE	1.3.9	in feet below Land	LENGTH OPEN TO AQUIFER (f
SCREEN	SLOT SIZE	DIAMETER (Ledwa)			
OCTAILS	SCOT SIZE	DIAMETER (inches) IF GRAVEL 'PACKED:	Diameter of well including gravel pack (inches):	GRAVEL SIZE (inches)	FROM (feet) TO (feet)
FEET TO FE	and the second stand down and	FORMATION DESCRIPTION	Sketch exact two permanen	location of well with a nt landmarks.	distances, to at least
	- 11 -				
4	S HA	KII PAN			
5 5	a BLA	E GRANITS			
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10 14	- 1 G UL	EAL CHANITS			NE
13.18	3 Bra	WIN GRANIT	2		T.
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If yield y	was tested at different	depths during drilling, list below			
	FEET	GALLONS PER MINUTE	- 1 -	/	
14 4	5	2	_ (/ /		
184		4	1/1	4	
			OT		
			- all	ROAD	,
ATE WELL COMPLI	ETED PERMIT NO.	REGISTRATION NO.	DATE OF REPORT	LER (Signature)	

3



1. Place on a hard surface 2. BEAR DOWN! You are making 3 copies

3. Type or print clearly

State Registration No. PH-0480

Torrington Water Testing Laboratory 203 Pineridge Road Torrington, CT 06790 Telephone (203) 496-8378

	011	Bacteriological • C	hemical • Physical			
Address of Supply:	0 7 No. & Street	1	Lot No City		State	Zip
Collector's Name: _	MARGARET	(Lasteria)		Phone	<u>- 463 A</u>	5-20-9L
Owner of Supply: _	Markerel	A CALLERTIN		Phone	1.1.1	3341
Date of Collection:	-122189			Time	1.00	p. Par
Name and Address o	of Person to Receive F	Report:	VET PARTEN	1.		
Mark P. F.			A CALLE		3.0.2 The	1. 1. 1. 1.
Source of Water:	Drilled	Dug Well	Spring	Lal	ke or Pond	in the second
Name of Well Driller	DUKE	1 H H H H H H	ANS IN PARTY			
Passon for Examinat	tion:		The set			
Reason for Examina						
DO NOT WRITE BELO	OW THIS LINE	20	24			7.59
DO NOT WRITE BELO Apparent Color	DW THIS LINE	20	pH			
DO NOT WRITE BELO Apparent Color True Color	OW THIS LINE	20 0	pH Alkalinity Chloride			<u>36</u> M
DO NOT WRITE BELO Apparent Color True Color Odor	OW THIS LINE	0 (0-5)	Alkalinity		*****	<u> </u>
DO NOT WRITE BELO Apparent Color True Color Odor Turbidity	W THIS LINE	20 	Alkalinity Chloride			<u>36</u> M <u>24</u> M <u>61</u> M
DO NOT WRITE BELO Apparent Color True Color Odor Turbidity	OW THIS LINE	20 	Alkalinity Chloride Iron	*********	*****	<u>36</u> M 24 M <u>61</u> M 48 M
DO NOT WRITE BELO Apparent Color True Color Odor Turbidity Ammonia Nitrogen Nitrate Plus	OW THIS LINE	20 0 (0-5) 4.7 NTU 0 Mg/L	Alkalinity Chloride Iron Hardness			<u>36</u> M 24 M <u>61</u> M <u>48</u> M
DO NOT WRITE BELO Apparent Color True Color Odor Turbidity Ammonia Nitrogen Nitrate Plus	DW THIS LINE	20 0 (0-5) 4.7 NTU 0 Mg/L	Alkalinity Chloride Iron Hardness Manganese	······		36 M 24 M -61 M 48 M
DO NOT WRITE BELO Apparent Color True Color Odor Turbidity Ammonia Nitrogen Nitrate Plus Nitrite Nitrogen	DW THIS LINE	20 0 (0-5) 4.7 NTU 0 Mg/L	Alkalinity Chloride Iron Hardness Manganese Sodium Other	······		36 M 24 M -61 M 48 M

The Results of the Analysis of this Sample:

Meet the Standards for a Potable Supply.

Meet the Standards for a Potable Supply. however, the chemical or physical constituents listed below exceed the recommended limits.
Elevated color, turbidity, iron

Meet the guidelines for a recreational water.

Do not meet the standards for a potable supply because the coliform density exceeds acceptable limits (see attachment).

Other

Reported By

Date___

LITCHFIELD HILLS WATER TESTING

Phone (860) 489-0436

June 18, 2010

350 Main Street, Suite A, Torrington Connecticut 06790 Fax (860) 496-8243

Web Address www.tahd.org

E-mail info@tahd.org

Analysis Report

FOR: Mr. Michael Castelli 84 Wilson Road Litchfield, CT 06759

Sample Information **Custody Information** Time Date Matrix: DRINKING WATER Collected by: 06/11/10 9:00 Location Code: Received by: LHWT-DW LDF 06/11/10 13:49

.. .

Laboratory Data

Client ID: 84 WILSON RD, LITCHFIELD KITCHEN TAP

Phoenix I.D.: AZ13741

Analysis Result	Maximum Contaminant Level	Maximum Advisory Level	Detection Limit	Measurement Units
Absent	0/Absent		0	/100mls
Absent	0/Absent		0	/100mls
< 0.01	1		0.01	mg/L
0.20	10		0.05	mg/L
12.0			0.010	mg/L
< 3.0	250		3.0	mg/L
BDL				mg/L
< 1		15	1	P.C.U.
0.006		0.3	0.002	mg/L
< 0.10		4.0	0.10	mg/L
45.7		200	0.1	mg/L
3.81			0.01	mg/L
< 0.002	0.50	0.05	0.002	mg/L
4.08		28	0.10	mg/L
< 1		2	1	T.O.N.
7.86		6.4-10.0	0.10	pH
5.5		250	3.0	mg/L
0.28		5	0.10	NTU
	Result Absent Absent < 0.01	Analysis Result Contaminant Level Absent 0/Absent Absent 0/Absent < 0.01	Analysis ResultContaminant LevelAdvisory LevelAbsent $0/Absent$ Absent $0/Absent$ < 0.01 1 0.20 10 12.0 < 3.0 < 3.0 250 BDL < 1 < 1 15 0.006 0.3 < 0.10 4.0 45.7 200 3.81 < 0.002 < 0.002 0.50 0.05 4.08 28 < 1 2 7.86 $6.4-10.0$ 5.5 250	Analysis ResultContaminant LevelAdvisory LevelDetection LimitAbsent $0/Absent$ 0Absent $0/Absent$ 0< 0.01



Wilson Rd. Rd.	CONSUMER PROTECTION WELL DRILLING BOARD CPR-8 REV 11-82	STATE OF CONNECTICUT DEPARTMENT OF CONSUMER P WELL DRILLING PERM 165 CAPITOL AVE., HARTFORD, CONNEC	IT	PERMIT NUMBER
COLOCATION OF WELL THE ADDRESS AND ADDRESS AND ADDRESS	Litchlielal	voilson Rel.	1	
WINDIVIDUAL BUILDER OTHER (Specify) OWNERS ADDRESS Ause. Journington Ct. WINNESS PROPOSED DOMESTIC BUILDER USE OF PUBLIC INDUSTRIAL ARR USE OF PUBLIC INDUSTRIAL ARR OTHER (Specify) SEECH OF WELL CONTIONING OTHER Specific on the section and front of lot Industrial Locate well with respect to a least two roads. Well location on lease of to be least two roads. Well location on lease of to be least two roads. Well location on lease of to be least two roads. Indicate North Robssi RAL Terry. Robssi RAL Indicate North Indicate North Rt. 202 Rt. 202 Rt. 202 Rt. 202	Thomasi		(Lot Number)	Man I al
318 Park Que. Jourington Ct. PROPOSED USE OF WELL DOMESTIC ESTABLISHMENT ARE ARE USE OF WELL DOMESTIC INDUSTRIAL SUPPLY INDUSTRIAL SEECH OF WELL IOCADON SEECH OF WELL IOCADON SEECH OF WELL IOCADON SEECH OF WELL IOCADON Indicate well with respect to at least two roads, thoung distance from intersection and front of los Location of lost of least two roads. Well location on lost and to house (if present) To a get House (if present) Indicate North Indicate North R. 202 Will So h Will So h Will So h Will So h R. 202 R. 202				V
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Dindicate North Indicate North Kot :: Kot :				use (if present)
Approximate number of feet from well to Rpp 905% from Septic tan K	teh	Torv. Rt. 202 N. W.	Drive Joon Rd.	128 128 128 128 128 128 128 128 128 128

Board. This permit is not valid until all information is filled in and it has been counter-signed by the Director of Health or his agent.

APPLICANT'S ADDRESS 45 Schoothouse RD northfile APPLICANT (Signalure) REGISTRATION NO. Ct, 1. Yuan Agent) DATE REMARKS REJECTED

DIRECTOR OF HEALTH

WELL CO		N KEPO		ARTMENT (ATE OF CONNECTION OF CONSUME L DRILLING BO 165 CAPITOL AVE IRD, CONNECTICU	R PROTECTI	ON	Do I STATE WELL NO	NOT fill in
OWNER	NAME	bonna	murshy	A	DORESS 310 Par	M, ave	Jorninga	tour C	t.
LOCATION OF WELL	un	lam	And Street			field			lumber)
PROPOSED USE OF WELL		MESTIC BLIC PPLY		N. 12		чG	OTHER (Specify)		
DRILLING	RC	TARY					OTHER (Specify)		
CASING	LENGTH (3	DIAMETER (inches) WE	IGHT PER FOOT	THREADED	WELDED	DRIVE SHOE	WAS CASING	
YIELD TEST		ILED	PUMPED	COMPRESSED	AIR	HOURS 1 2	_	YIELD IG P.M.)	1
WATER		FROM LAND	SURFACE-STATIC (Specify	feet) DURING	VIELD TEST (feet)		Depth of Completed in feet below Land s	urface 1/0	TO AQUIFER (feet)
SCREEN DETAILS	SLOT SIZ		DIAMETER (inches)	IF GRAVEL PACKED:	Diameter of v gravel pack (i		GRAVEL SIZE (inches)	FROM (feet)	TO (feet
PTH FROM LA		-	FORMATION DESCRIPT	ION			ct location of well with ment landmarks.	distances, to at	leost
0	15	Hard	Boulders						
15	20	Ove	rborden						
20	42	Sof	t shale "	Stone	3				-
12	175	Gre	y Stone		1		-+		T
		D	mation			Garag	al Hours	e	32
						Jan y	e		
						1	1		×
						11		28	
						1		L	
						1		Ď	Proposed Septic Syste
	If yield was to FEET	ested at diffe	rent depths during drilling, GALLONS P			1	1		Septic
	60		34				1-Drive	e tala	oyste
	125		3-5				1		1
	175		15				11		
		Incourt			N/	Wilson	Rd.		5
ATE WELL CO	SAMPLETED 91	PERMIT NO	095 REGISTRA	ATION NO	DATE OF REPORT	WELL DR	ILLER (Signature)		

LOCAL DIRECTOR OF HEALTH

-1.	Place	on a	hard	sur	lace	2	
	pr Ma						 2

2. BEAR DOWN! You are making 3 copies 3. Type or print clearly "SINCE 1978"

State Registration No. PH-0480 Bacteriological Chemical • Physical

Torrington Water Testing Laboratory
203 Pineridge Road
Torrington, CT 06790
Telephone (202) 406 8278

1elephone (203) 496-8378 1-800-762-9399

Address of Supply: <u>86 Wilson RD. (86</u> No. & Street Lot No.) LITCHFIELD) CT O State	6759 Zip
Collector's Name: Tom MURPHY		Phone	7996
Owner of Supply: TOM & COLLEEN MUR	PHY		E OR 489-804
Date of Collection: // -/ - 9/		Time	
Name and Address of Person to Receive Report: 50M 9	COLLEEN	MURPHY	E.
318 PARK, ANT TORRIA	FTON, OT	667900	* *
Source of Water: Drilled Dug Well	Spring	Lake or Pond	
Name of Well Driller: HERB GRAY			
Reason for Examination: CONDITION OF WH	TER (NEU	HOME)	1
DO NOT WRITE BELOW THIS LINE			
Apparent Color	рН		6.88
True Color	Chloride		
Odor	Iron		_06_Mg/L
Turbidity <u></u>	Hardness		44_ Mg/L
Ammonia Nitrogen	Manganese		Mg/L
Nitrate	Sodium		Mg/L
Fluoride	Other		Mg/L
Number of Coliform Bacteria per 100 ML by Membrane Filter			

The Results of the Analysis of this Sample:

□ X Meet the Standards for a Potable Supply.

- Meet the bacteria Standards for a Potable Supply, however, the chemical or physical constituents listed below exceed the recommended limits.
- Meet the guidelines for a recreational water.
- Do not meet the standards for a potable supply because the coliform density exceeds acceptable limits (see attachment).
- □ Other

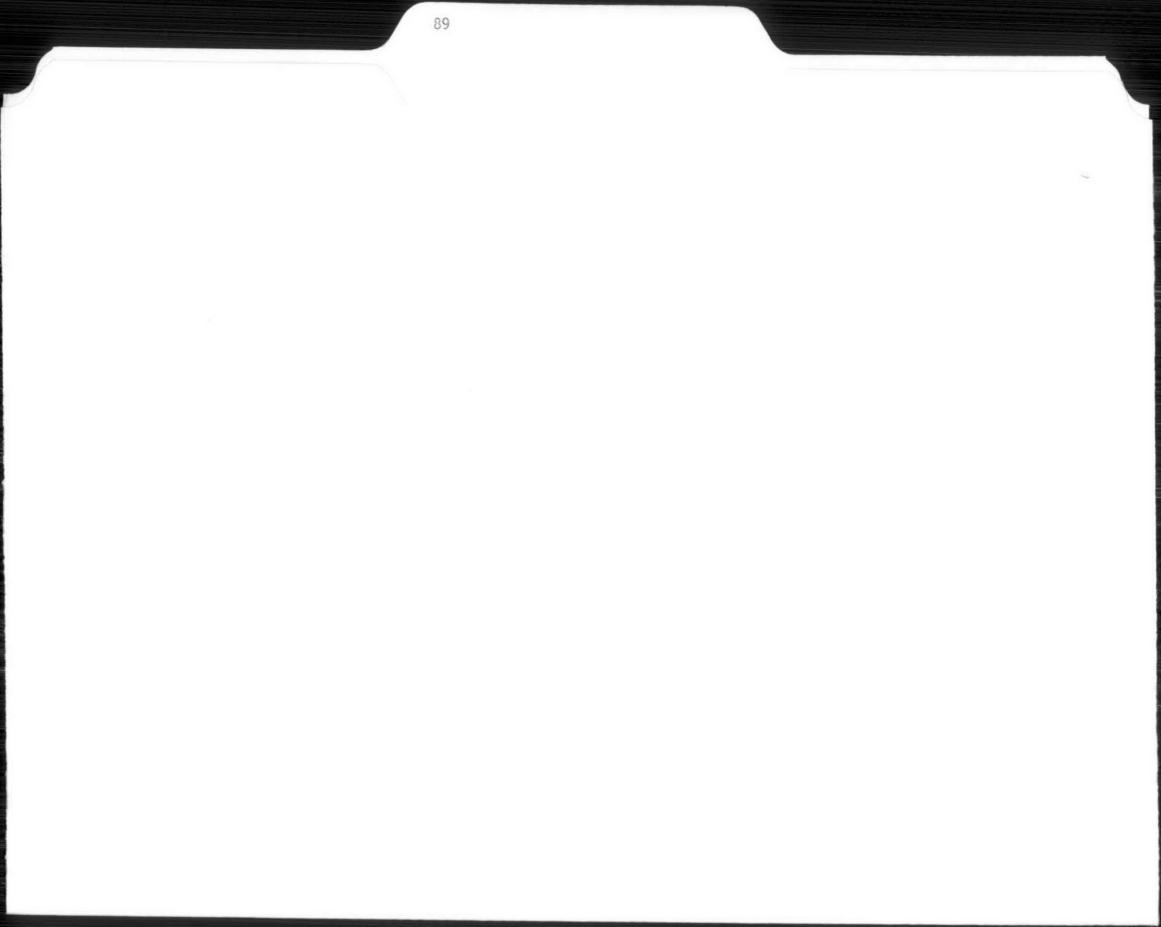
Potable (drinking water) recommendations are based on the above tests only.

Sample Certified By

TORRINGTON AREA HEALTH DISTRICT

Reported By

Date___

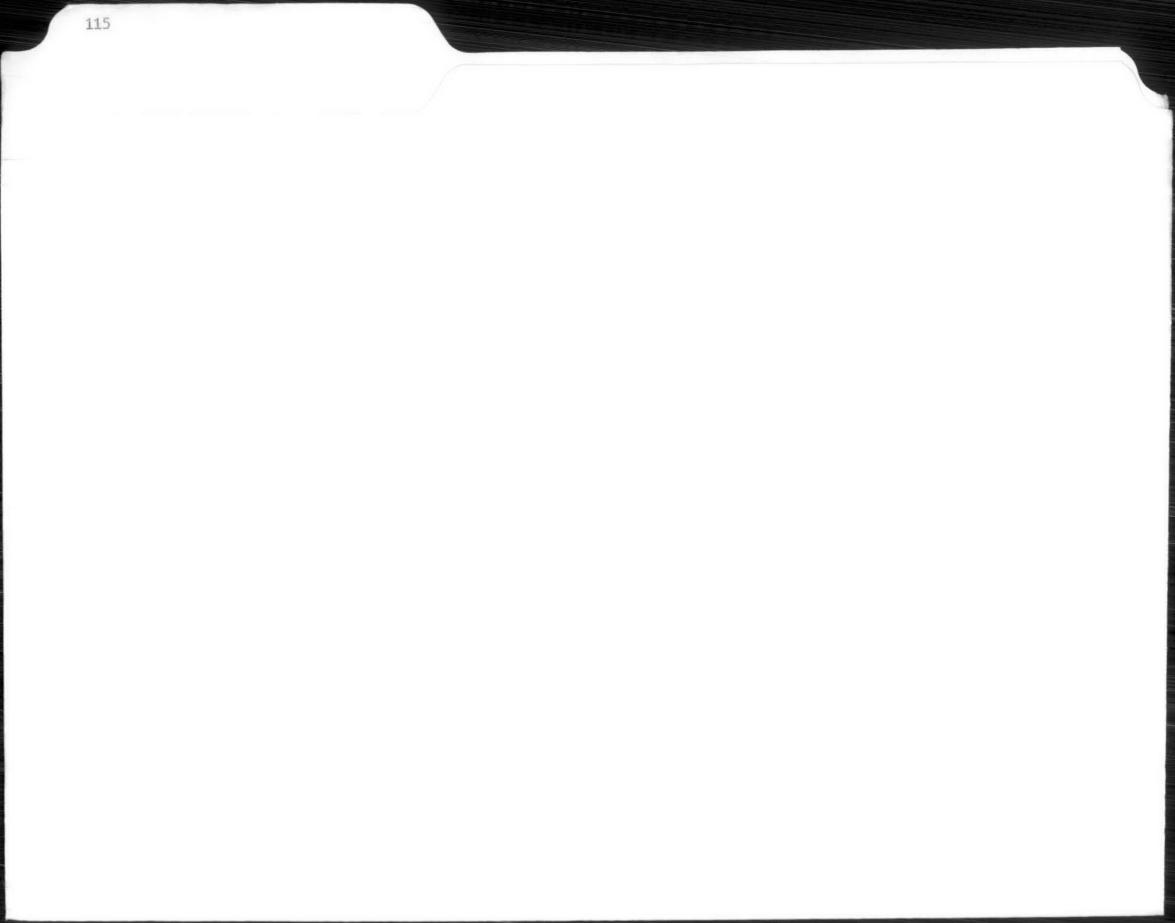


		1	M1
OWNER OF WELL OWNER'S ADDRESS	Ross? Ro	L 89 (Lot Number) DATE	
OWNER'S ADDRESS SAME PROPOSED USE OF WELL USE OF USEL USE OF USEL USE OF USEL USE OF USEL USEL USEL USEL USEL USEL USEL USEL	(Street)	(Los (vamber) Del	0/19/84
PROPOSED USE OF WELL DUBLIC SUPPLY	R OTHER (Specify)		
PROPOSED USE OF WELL PUBLIC SUPPLY			
USE OF WELL PUBLIC SUPPLY			Est. No. of
	TIC BUSINESS ESTABLISHMENT	FARM TEST WELL	People being served.
tc	INDUSTRIAL	CONDITIONING OTHER (Specify)	LA
		OF WELL LOCATION	
Location of lot to	ocate well with respect to at least two roa	ds, showing distance from intersection and front of lot	
0	at least two roads	Well location on lot and to house (if	present)
Indicate North	HT-ghlAND AUC	P set	STEVM STEVM SOT WELL
Approximate number of feet from well to			
nearest source of possible contamination:	75'+		

The undersigned is aware that upon completion of the well, a "Well Completion Report" containing construction details and information required under Section 25-131 of the 1969 Supplement to the General Statutes must be sent to the owner, the Board and the Water Resources Commission on the form pravided by the Board. This permit is not valid until all information is filled in and it has been counter-signed by the Director of Health or his agent.

APPLICANT (Signature)	APPLICANT'S ADDRESS	REGISTRATION NO.
Jaran Jonta	117 High SI Tranguille	3-6
	BY (Town Health Officer or Agent)	DATE 3,27 85
REMARKS		

WELL CO			D	WI	ELL D 165	CONSUME RILLING BO CAPITOL AVE CONNECTICU		ON	Do NOT fill in STATE WELL NO. OTHER NO.
OWNER	NAME	RAID	RicHAL	ISAN	ADDR	ess RRFAI	GTON	T.	89
LOCATION OF WELL	1 10	551	RD To	BRIN		TON	(Town)		(Lot Number)
PROPOSED USE OF WELL	PU	MESTIC BLIC PPLY	BUSINESS ESTABLISHMEN				٧G	TEST WELL OTHER (Specify)	
DRILLING		TARY		DN .		CABLE		OTHER (Specify)	
CASING	LENGTH (feet)		WEIGHT PER FOO		THREADED	WELDED		WAS CASING GROUTED?
YIELD		ILED	PUMPED				HOURS		YIELD (G.P.M.)
WATER	MEASURE	FROM LAND SU	RFACE-STATIC (Specif	y feet) DURIN		D TEST (feet)	1 1	Depth of Completed V in feet below Land si	Well
		MAK	E		10				LENGTH OPEN TO AQUIFER (fe
SCREEN DETAILS	SLOT SIZE		DIAMETER (inches)	IF GRAVEL PACKED:		Diameter of w gravel pack (i		GRAVEL SIZE (inches)	FROM (feet) TO (feet
EPTH FROM L	AND SURFACE		FORMATION DESCRI	IPTION				t t location of well with nent landmarks.	distances, to at least
0	5.	IT A	RO PAN	()					
5	31	GRA	y ch	AY					
30	110	GRA	YGRI	NITH	-			set to	-
110	120	-2 -2	Whi GR	ANIT	F			In the	fr
S. Wala		12 IV						1	
			and the state						100-
22									T
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							A LAR		1711
	199						1		14.14
	If yield was tes	ted at different	depths during drilling,	list below					1
	FEET		GALLONS	PER MINUTE					
	100		2						
	120		10						
		-				1	21		
							the second second		



CPR-8 Rev. 7/95	e -		. =		PERMIT NUMBER
GF 143 124, 7785	· .	ett.			264817
293	•	CATUSTATE OF C DEPARTMENT OF CO		FECTION	
		LESTATE & PROFES			Pa Jalie -
		WELL DRILI	LING PERM	IT	25 ° x7427
omoto		165 Capitol Avenue, Har	tiord, Connectio	ut 06106	
LOCATION OF WELL	(Town)		ot Number)	<u> </u>	DATE (balin)
Petter	<u>eruso</u>	- 1		·	0123418
OWNER ÔF WELL		BUILDER	то 🗍	HER (Specify)	· ·
OWNER'S ADDRESS	ý		ý		
PROPOSED USE OF		BUSINESS	FARM	TEST	- ÷ - Est. No. of People being served.
WELL		INDUSTRIAL	AIR	OTHER	4
		SKETCH OF W		(Specify)	
		espect to at least two roads, s	howing distance from		
lo	cation of lot to at least to	wo roads	We	all location on to and to	house (if present)
\frown		-	Deer	pen Exis	sting Well.
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Approximate number of		<u></u>		<u> </u>	
nearest source of poss	sible contamination: 1/		ation Donatification	100 00001	
Section 25-131 of the	1969 Supplement to the	e General Statutes must be	sent to the owner. It	he Department of Con-	s and information required under sumer Protection and the Water
Resources Commission the Director of Health	on on the form provided	by the agency. This permit i	s not valid until all ir	iformation is filled in an	d it has been counter-signed by
APPLICANT (Signature)	O Par Valle	APPLICANT'S ADDRE	ssy Ton	. Piali	REGISTRATION NO.
manin	MAAT.	BY (Town Health Office	er or Agenti	11/14 (700.	DATE
	REJECTED		D.	i ha	1/1/1/8
REMARKS		THACL	NIKON	M A - M -	11 11 410
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DIRECTOR OF HEALTH

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CPR-9 Rev. 7/95					-	Do NOT fill in
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<u>]</u> 5_55		REAL ESTA	TE & PROFES	SIONAL TRADES	DIVISION	OTHER NO.
	L.			MPLETION RI tford, Connecticut		
-		165 Capit	toi Avenue, nar			
OWNER	Deter	Cauro		ADDRESS	iton	
LOCATION			(Town)	(Lot Num		-
OF WELL		KOSSI	<u> </u>	-) FARM	TEST	<u> </u>
PROPOSED				FARM	WELL.	
USE OF WELL					OTHER (Specify)	
DRILLING			RESSED	CABLE	OTHER	
					(Specify)	OE WAS CASING GROUTED?
CASING DETAILS	LENGTH (fest)	DIAMETER (inches) V	1716		Lucioco la /	
YIELD TEST		W	COMPRESSED AIR	HOURS		IELD (GPM)
WATER		ND SURFACE - STATIC (Spec	rify faat)	YIELD TEST (feet)	Decih of Co	
LEVEL		37			57	$\dot{\Sigma}'$
SCREEN	МАКЕ		<b>·</b>			LENGTH OPEN TO AQUIFER (1001)
DETAILS	SLOT SIZE	DIAMETER (inches)	IF GRAVEL	Diameter of well	GRAVEL SIZE (inches)	FROM (feet) TO (feet)
021/1120			PACKED	including gravel pack (inches)		
	ND TO SURFACE	FORMATION DES	CRIPTION	Sketch exact lo permanent land	cation of well with distances	s, to at least two
FEET T	O FEET					
				T	- C :	1
151	575	Mica		LE	epen Exi	sting Well
		Inica		"	,	Juny
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	as tested at different i	depths during drilling, list b GALLONS PER I				
		UNLEDITO F ERT				
						<u></u>
	575	0.0m				
	$\sim 0.5$	<u> </u>	·		1	
						_
			-		+ +	
DATE-WELL COMP	LETED DI DEF		GISTRATION NO	DIE PF REC	91/01/	WELL DRILLER (Signature)
<u>                                     </u>	18 JORA		10	;	110 70	MINXXI
				. /		
			AGE	NCY	17	



3 Research Drive - Woodbridge, CT 06525

Water Analysis Report

TO: ADVANCED WATER SYSTEMS 436

ŝ,

TEST ID: B050118062 DATE SAMPLED: 4/30/2018 SAMPLE POINT: KITCHEN AFTER TREATMENT SAMPLED BY: GENE FERCODINI

#### PROPERTY LOCATION: 115 ROSSI DRIVE - TORRINGTON, CT

BACTERIA	ABSENT	PRESENT	LIMITS	5		REF	METHOD
* Coliform (Total)			ABSENT	Р			SM 9223
E, Coli (Fecal)	$\mathbf{\nabla}$		ABSENT	Р	unt 🗣	-p. •A	SM 9223
Chlorine (Total)			ABSENT	-			SM 4500-Cl G
PHYSICAL PARAMETERS	RESULT	UNITS	LIMITS	;	MRL	REF	METHOD
рН	8.0	SU	6.4-10	S	0		SM 4500-H B
Turbidity	0.20	NTU	5	-	0,10		SM 2130 B
Color	ND	CU	15	S	5		SM 2120 B
Odor	0	TON	2	S	0		SM 2150
CHEMICALS	RESULT	UNITS	LIMITS	;	MRL	REF	METHOD
Fluoride	ND	mg/L	4	P	0.3	-	EPA 300.0
Chloride	15	mg/L	250	Р	3	-	EPA 300.0
Nitrite Nitrogen	ND	mg/L	1	Р	0.1		EPA 300.0
Nitrate Nitrogen	ND	∵ mg/L	10	P	1		EPA 300.0
Sulfate	16	mg/L	250	s	4		EPA 300.0
Calcium	35	mg/L	NONE	-	0.5		EPA 200.7
Magnesium	12	mg/L	NONE	-	0.5		EPA 200.7
Hardness	136	mg/L	200	S	4		SM 2340 B
Sodium	9.3	mg/L	100	S	0.5		EPA 200.7
Copper	ND	mg/L	1.3	S	0.04		EPA 200.7
Iron	ND	mg/L	0.3	S	0.04		EPA 200.7
Manganese	ND	mg/L	0.05	รื	0.04		EPA 200.7
RADON WATER SINGLE	RESULT	UNITS	LIMITS	3	MRL	REF	METHOD
Radon Water Single	482	pCi/L	5000	s	51		SM 7500-RN

CONCLUSION: Based on the above results, this water was not safe for drinking purposes at the time of collection. Corrective measures, followed by re-examination, are recommended.

P = Primary limit, used to judge potability

S = Secondary limit, recommended but not required

MRL = Minimum Reportable Level

* Limit exceeded

ND = None Detected

CT License #PH-0466, Aquatek Labs

R = Reference Lab Work

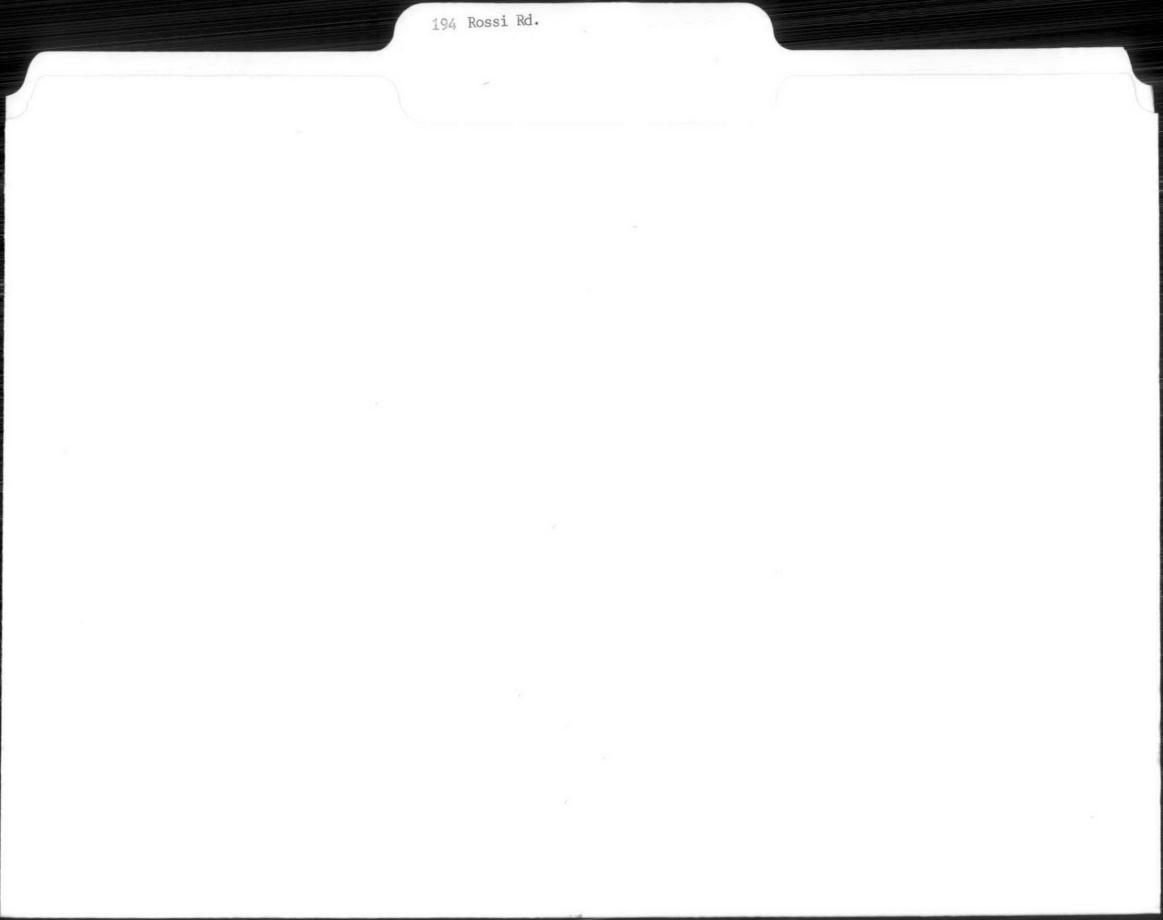
Mon

Michael F. Berman, Ph.D. Laboratory Director

CONSUMER PROTECTION WELL DRILLING BOARD CPR-8 REV. 11-82		DEPARTMENT (	ATE OF CONNECTICUT OF CONSUMER PROTE DRILLING PERMIT HARTFORD, CONNECTICUT	142432 15		
OWNER OF WELL	eph Girolin Builder	(Street)	ossi Roude	(Los Number)	DATE 3/20/50	
PROPOSED USE OF WELL	DOMESTIC PUBLIC SUPPLY	BUSINESS ESTABLISHMENT INDUSTRIAL	FARM     AIR     CONDITIONING     OF WELL LOCATION	OTHER (Specify)	Est No. of People being served	
-	Locate well with Location of lot to at least two		ds, showing distance from inters	ection and front of lot Il location on lot and to	boura (il premoti	
Ross #113	SI ROIAC	HIGHLAND AUE	15 V	ntic 32'	CARAGE 33 D	
The undersigned 25-131 of the 190 Board. This permit APPLICANT (Signature	of or group of	les must be sent to the av	vner, the Board and the Water ersigned by the Director of Heat 1 GEONAre	Resources Commission	en the form provided by the REGISTRATION NO.	

DIRECTOR OF HEALTH

PR-9 REV. 11-82	APLETION	KEPOR		DEPARTMENT	OF CON LL DRILLI 165 CAPIT ORD, CONI	NG BO	R PROTECTI	ON	Do STATE WELL N OTHER NO	NOT fill in
OWNER	NAME	2.12.XI	Grah	Mond	ADDRESS	hi	0551	Rond		
LOCATION OF WELL	703		(No. & Street)	-	- Cf ad		(Town)	CLARK		lumber)
PROPOSED USE OF WELL			BUSINESS ESTABLISHME	NT	AIR CON	N IDITIONIN	G	OTHER (Specify)		
DRILLING	ROTA	ARY	COMPRESSED AIR PERCUSS			E USSION		OTHER (Specify)		
CASING	LENGTH (fe	et) 7 1	DIAMETER (inches)	WEIGHT PER FOOT		ADED	WELDED			CROUTED?
YIELD TEST	BAIL	ED	PUMPED		D AIR		HOURS	HRS	YIELD (G P.M	6. Par
WATER LEVEL	MEASURE F	ROM LAND S	URFACE-STATIC (Spec		G YIELD TEST	a construction of the second sec		Depth of Completed in feet below Land s	urface.	
SCREEN DETAILS	SLOT SIZE		DIAMETER (inches)	IF GRAVEL PACKED:		eter of we I pack (in	ell including	GRAVEL SIZE (inches)	FROM (feet)	TO (feet
TH FROM LAND			FORMATION DESC				Sketch exa	L ct location of well with nent landmarks.	distances, to at	least
FEET TO FI	EET		1 13	1						
							S V	1716 Lander		
16 -	yield was test FEET	ed at differen	nt depths during drillin GALLON	ng, list below IS PER MINUTE						



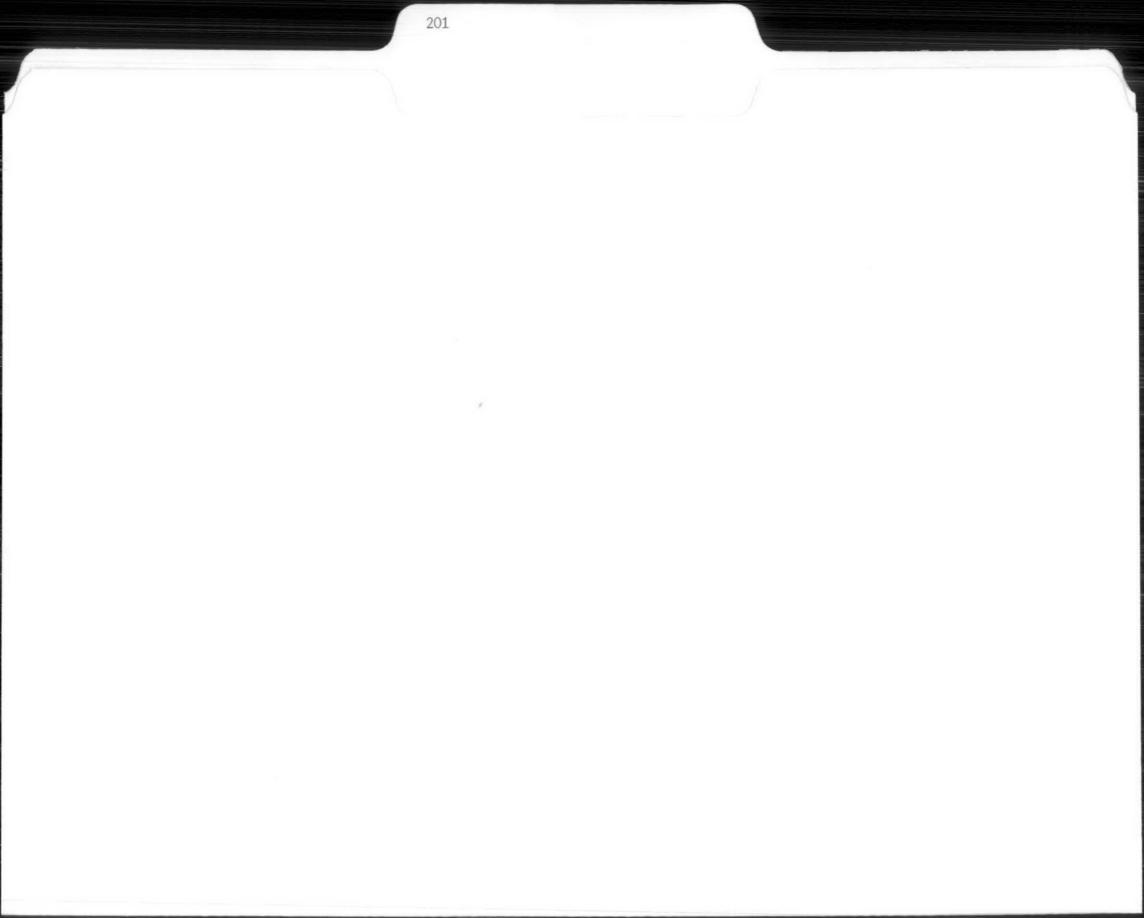
			14008	
1. Place on a hard surface 2. BEAR DOWN! You are making 3 copies	"SINCE 197	8"	State Registration No. Ph	
3. Type or print clearly			Bacteriol	
Torri	ngton Water Test		Chemical • Ph	ysical
	203 Pineridge Torrington, CT			
	Telephone (203) 4			
	1-800-762-93	399		
	-1		1	da.
Address of Supply: 194 Rossi	Rd. P 3 Lot No.	Torrigon	State OG2S	0
Collector's Name: Alan F	Hill	Ph	one 482-3998	
Owner of Supply:		Ph	one	
Date of Collection: 11-5-50		Tir	me 10:30 AM	
Name and Address of Person to Receive Repo	rt: Ahen	For Kaver	w w Hill	1
	torning	ton ct.		
	~		Lake or Pond	
	W B.N.	11000 111	(0).	at dear
1	1 1 2 2 1 1	10. Per tring		
Reason for Examination:		Las same	11	
	call W	hen vead	7.	
DO NOT WRITE BELOW THIS LINE	and the second			
Apparent Color	0	оН		
True Color	-			Mg/L
Odor	0 (0-5)	Chloride		Mg/L
Turbidity				Mg/L
Ammonia Nitrogen				Mg/L
Nitrogen				Mg/L
Nitrate		Sodium		Mg/L
Fluoride	17_ Mg/L	Other		Mg/L
Number of Coliform Bacteria per 100 ML by Men	brane Filter			
				1 10
				the second second
The l	Results of the Analys	is of this Sample:	and the state	the state
Meet the Standards for a Potable Supply.				
Meet the bacteria Standards for a Potable Sup	oply, however, the chemi	ical or physical constituents		
listed below exceed the recommended limits.	4. 1. 1.			
$\Box$ Meet the guidelines for a recreational water.				
Do not meet the standards for a potable supp exceeds acceptable limits (see attachment).	ly because the coliform c	lensity		P
□ Other				S
Potable (drinking water) recommendations are bas	sed on the shous tasts on	hr		
rotable (unitality water) recommendations are bas	Sect on the above tests on	.y.		25
Sample Cartified Bu		Reported By	Emal 1	to
Sample Certified By			1195	reac
		Date	1111110	

CONSUMER PROTECTION WE' DRILLING BOARD		DEPARTMENT	STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION WELL DRILLING PERMIT 165 CAPITOL AVE., HARTFORD, CONNECTICUT 06106			PERMIT NUMBER 140086	
	Jorrington	Rossi Ro	1	17		and the second	
ocation of well (	Town) ROO	na Ball	2	(Lot Number)	DATE 6/11	190	
INDIVIDUAL	BUILDER	OTHER (Specify)	1				
	83 Hindla	nd ave,	Jorringto	- ħ			
PROPOSED USE OF	DOMESTIC	BUSINESS ESTABLISHMENT	FARM	TEST WELL		Est. No. of People being served.	
WELL	SUPPLY			(Specify)		4	
		the second se	OF WELL LOCATION				
and the second	Locate well to Location of lot to at least tw	with respect to at least two roa		rsection and front of lot Vell location on lot and to	house lif present	P	
Indicate North		1		House	Gava	1e	
	Kot St.	-		to			
		anto	ide *	*	1)		
	11				1	1	
	Highland	Ave.		I	riveway -		

The undersigned is aware that upon completion of the well, a "Well Completion Report" containing construction details and information required under Section 25-131 of the 1969 Supplement to the General Statutes must be sent to the owner, the Board and the Water Resources Commission on the form provided by the Board. This permit is not valid until all information is filled in and it has been counter signed by the Director of Health or his agent.

REGISTRATION NO. APPLICANT (Signature) APPLICANES ADDRESS 2 choolk ray 06778 DATE BY APPROVED REJECTED 1 REMARKS

**JMPLETION REPORT** STATE OF CONNECTICUT Do NOT fill in DEPARTMENT OF CONSUMER PROTECTION REV. 11-82 STATE WELL NO WELL DRILLING BOARD 165 CAPITOL AVE. OTHER NO HARTFORD, CONNECTICUT 06106 ADDRESS NAME abland ave Jo OWNER alan 9 nune (Lo: Num LOCATION ormalor OF WELL BUSINESS DOMESTIC FARM TEST WELL ESTABLISHMENT PROPOSED USE OF OTHER PUBLIC AIR WELL SUPPLY INDUSTRIAL CONDITIONING (Specify) PERCUSSION OTHER COMPRESSED DRILLING (Specify) AIR PERCUSSION ROTARY EQUIPMENT DRIVE SHOE WAS CASING GROUTED? LENGTH (feel) DIAMETER (inches) WEIGHT PER FOOT CASING YES 1 YES THREADED WELDED NO NO DETAILS YIELD (G.P.M.) HOURS YIELD hrs. 2 Mpp BAILED COMPRESSED AIR PUMPED TEST DURING YIELD TEST (feet) MEASURE FROM LAND SURFACE-STATIC (Specify feet) Depth of Completed Well WATER 15 0 in feet below Land surface 150 LEVEL LENGTH OPEN TO AQUIFER (feet) MAKE SCREEN TO (feet SLOT SIZE DIAMETER (inches) GRAVEL SIZE (inches) FROM (feel) DETAILS IF GRAVEL Diameter of well including gravel pack (inches): PACKED DEPTH FROM LAND SURFACE Sketch exact location of well with distances, to at least FORMATION DESCRIPTION two permanent landmarks FEET TO FEET Blue Clay + Boulders 18 0 30 Soft Shale Stone 18 Proposed Septic System formation medium Hard Gver 150 30 formation Stone House Garage 40 If yield was tested at different depths during drilling, list below FEET GALLONS PER MINUTE WELL 3 85 8 130 Drive way 150 51 Kd, N. ROSSI 6-20-90 DATE WELL COMPLETED PERMIT NO. REGISTRATION NO. WELL DRILLER (Sig 190086 6-20-90 12





3 Research Drive - Woodbridge, CT 06525

Water Analysis Report

TEST ID: C060618017 DATE SAMPLED: 6/4/2018 SAMPLE POINT: KITCHEN NO TREATMENT SAMPLED BY: GENE FERCODINI

#### TO: ADVANCED WATER SYSTEMS 436

#### PROPERTY LOCATION: 201 ROSSI ROAD - TORRINGTON, CT

BACTERIA	ABSENT	PRESENT	LIMITS	3		REF	METHOD
Coliform (Total)			ABSENT	Р			SM 9223
E. Coli (Fecal)	$\square$		ABSENT	Р			SM 9223
Chlorine (Total)	$\square$		ABSENT	-			SM 4500-CI G
PHYSICAL PARAMETERS	RESULT	UNITS	LIMITS	6	MRL	REF	METHOD
pH	8.0	SU	6.4-10	s	0		SM 4500-H E
Turbidity	0.25	NTU	5	-	0.10	-	SM 2130 E
Colar	ND	CU	15	S	5		SM 2120 E
Odor	0	TON	2	S	0		SM 2150
CHEMICALS	RESULT	UNITS	LIMITS	5	MRL	REF	METHOD
Fluoride	ND	mg/L	4	Р	0.3		EPA 300.0
Chloride	178	mg/L	250	Р	3	*	EPA 300.0
Nitrite Nitrogen	ND	mg/L	1	Р	0.1		EPA 300.0
Nitrate Nitrogen	ND	mg/L	10	P	1		EPA 300.0
Sulfate	20	mg/L	250	S	4		EPA 300.0
Calcium	85	mg/L	NONE	-	0.5		EPA 200.3
Magnesium	37	mg/L	NONE	-	0.5		EPA 200.7
* Hardness	365	mg/L	200	S	4		SM 2340 E
Sodium	33.2	mg/L	100	S	0.5		EPA 200.
Copper	ND	mg/L	1.3	S	0.04		EPA 200.
Iron	ND	mg/L	0.3	S	0.04	-	EPA 200.
Manganese	ND	img/L	0.05	S	0.04		EPA 200.
RADON WATER SINGLE	RESULT	UNITS	LIMITS	3	MRL	REF	METHOD
Radon Water Single		pCi/L	5000	S	51		SM 7500-RN

CONCLUSION: Based on the above results, this water was safe for drinking purposes at the time of collection.

P = Primary limit, used to judge potability

S = Secondary limit, recommended but not required

MRL = Minimum Reportable Level

* Limit exceeded

ND = None Detected

CT License #PH-0466, Aquatek Labs

R = Reference Lab Work

er/mon

Michael F. Berman, Ph.D. Laboratory Director

0 J EX. Ó WELL R Ś Ś 0 R  $\bigcirc$ William and a second

1.75728 S.82 84 54 64 68 68 68 68 68	1 Report				
GRADATION ASTM	D-422; WET	WASH ASTM D-	1140		
PROJECT;			TORRINGTON		993
CLIENT	BERKSHI	GE ENGINEERIN	G & SURVEYING, LLC	REPORT NO.:	
LAB NO:	35367			DATE:	11/24/1
USP		ELECT FILL)		SAMPLED BY:	
SPEC A-	CT D.O.P.	I. TECHNICAL S	MANDARDS	SOURCE:	ON-SITE EXCAVATE
EST. PARTICLE SHAPE/HARDNESS:	ANGULA	CHARD		PAGE	2 OF
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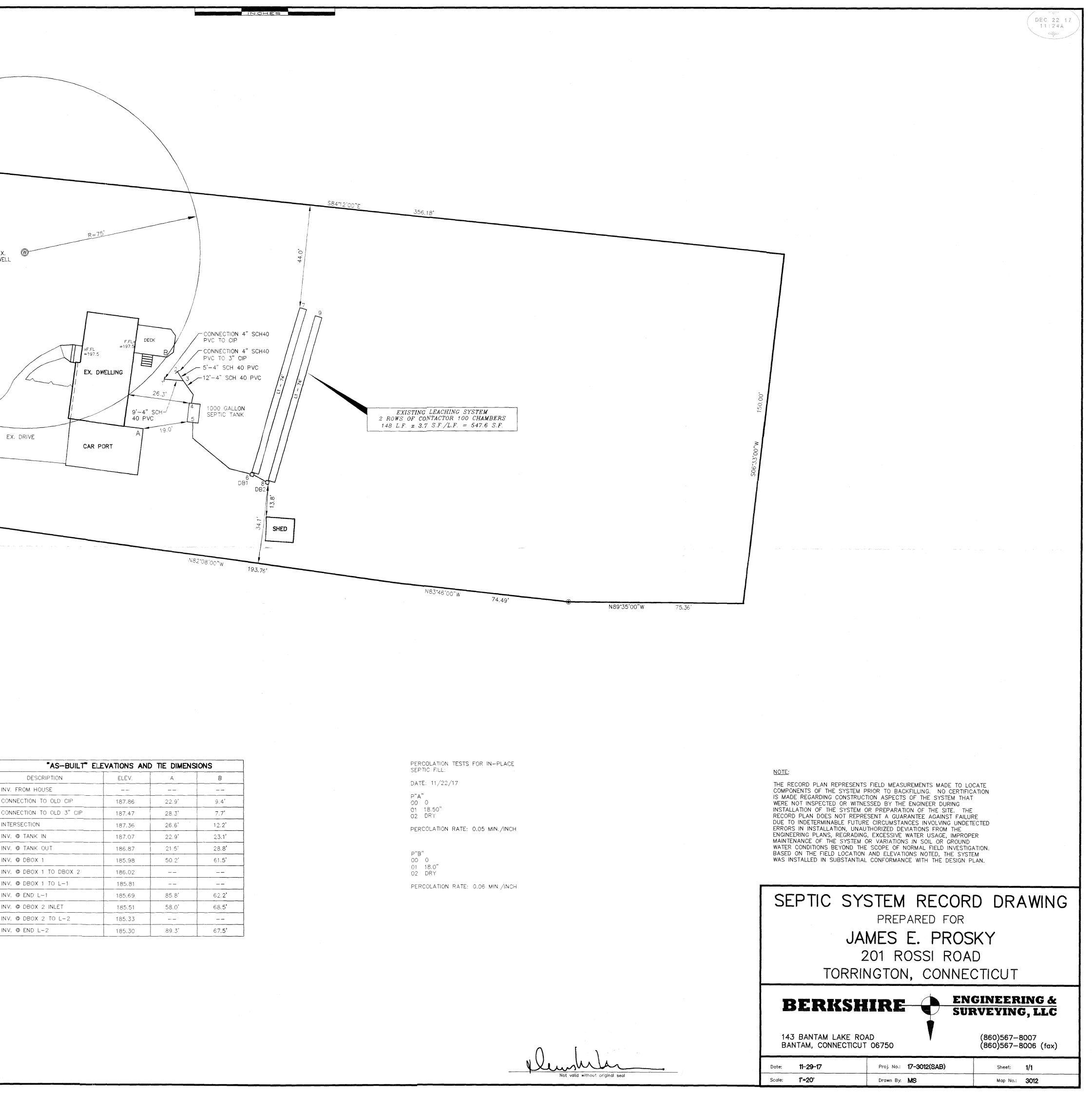
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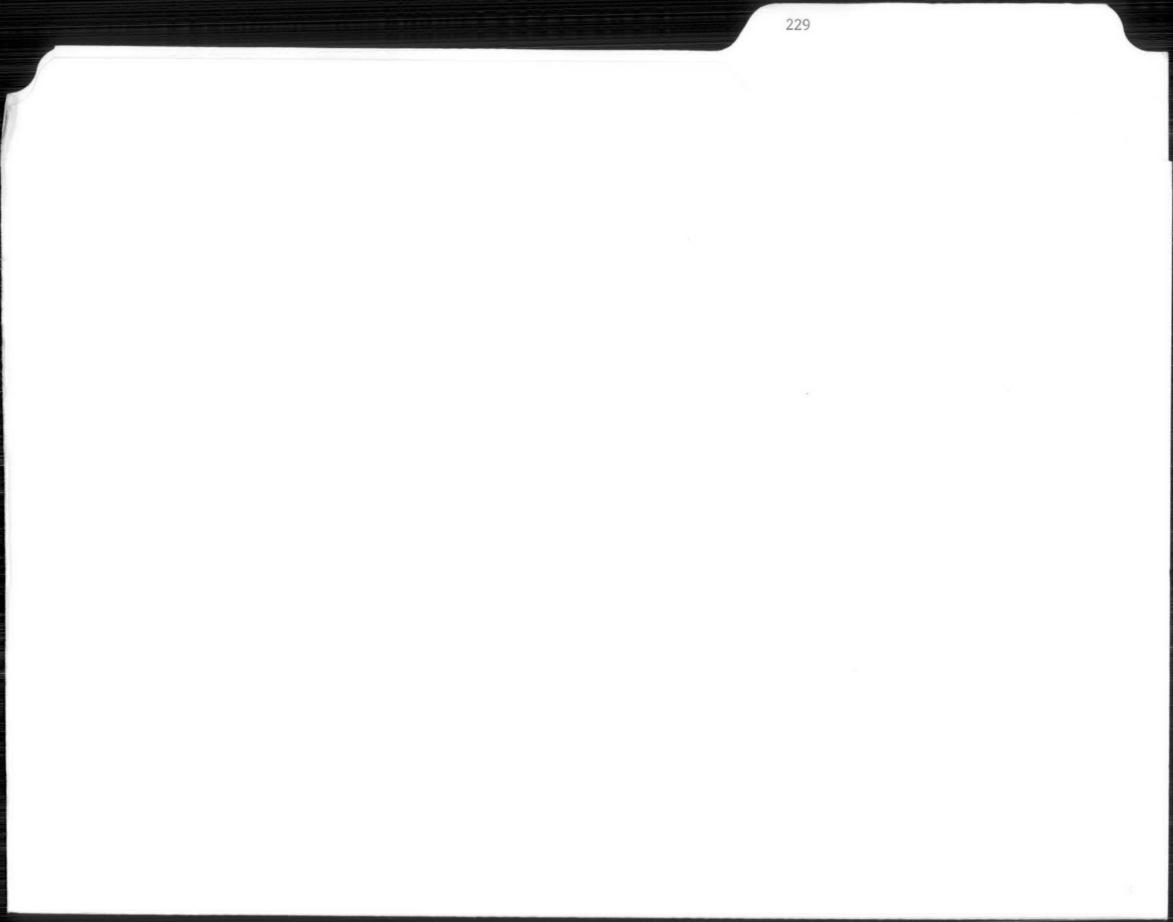
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"AS-BUILT"	ELEVATIONS AND	TIE DIMENS	IONS
DESCRIPTION	ELEV.	A	В
V. FROM HOUSE			
ONNECTION TO OLD CIP	187.86	22.9'	9.4'
ONNECTION TO OLD 3" CIP	187.47	28.3'	7.7'
TERSECTION	187.36	26.6'	12.2'
NV. © TANK IN	187.07	22.9'	23.1'
NV. © TANK OUT	186.87	21.5'	28.8'
NV. @ DBOX 1	185.98	50.2'	61.5'
VV. @ DBOX 1 TO DBOX 2	186.02		
NV. @ DBOX 1 TO L-1	185.81		
NV. @ END L-1	185.69	85.8'	62. <b>2'</b>
NV. @ DBOX 2 INLET	185.51	58.0'	68.5 <b>'</b>
VV. @ DBOX 2 TO L-2	185.33		
NV. @ END L-2	185.30	89.3'	67. <b>5'</b>



WELL DRILLING	BOARD		CONNECTICUT		PERMIT NUMBER
/			LING PERMIT		50552
		STATE OFFICE BUILDING, H	ARTFORD, CONNECTICUT 061	15	and
				p	ung .
1	Care Section 1	220 .		-	\$1.00
Jacob	inter	Marie			
OCATION OF WELL (7	own)	(Street)		(Lot Number)	DATE
-	ohn mas	succi			11/9/76
OWNER OF WELL					11
WNER'S ADDRESS	BUILDER	OTHER (Specify)			
Rozs	iRd. Je	rington			L For No.
PROPOSED USE OF	DOMESTIC	BUSDNESS ESTABLISHMENT	FARM	WELL	Est. No. People be served.
WELL	PUBLIC	INDUSTRIAL		OTHER	4
	SUPPLY			(Specify)	7
and the second second	1	SKETCH OF th respect to at least two roads,	well LOCATION	section and front of lot	
	Location of lot to at least		The second s	location on lot and to h	ouse (if present)
			2012		
Rossi	RJ LO	Ţ	25	47	
- John Jarr	- na.		WELL		
	wils	on Rd.			
	K	12 202			
		RT		and the second data	1
Statement of the owner owne		The state of the state	N. R	OSSI R:	D.
	of feet from well to	80 Septie	To NA		The second second
nearest source of po	ossible contamination:	or spice	now		1
25-131 of the 1969	Supplement to the General	n of the well, a "Well Complet Statutes must be sent to the ov nation is filled in and it has b	vner, the Board and the Wa	ter Resources Commissi	on on the form provided by
APPLICANT (Signature		APPLICANT'S ADDRESS	Prove March 1		REGISTRATION NO.
21 1/2	4.4.4	B.10#1	Thomast	En BLAR	7 12
4 An	1-	BY (Town Health Of	ticer of Agent)	1 2610	DATE
APPROVED	REJECTED	1 illion K	1101 thill sa	A 1	11/9/7
REMARKS		of and Mi	and they		/ / / /

DIRECTOR OF HEALTH

OF WELL PROPOSED USE OF WELL DRILLING EQUIPMENT CASING DETAILS YIELD YIELD YIELD WATER LEVEL SCREEN DETAILS SLOT SIZE	INDUSTRIAL  INDUSTRIAL  COMPRESSED AIR PERCUSSION  DIAMETER (inches) UEIGHT  PUMPED OM LAND SURFACE-STATIC (Specify fee MAKE  DIAMETER (inches) IF (	PER FOOT 7 DURING YIELD T COMPRESSED AIR 1) DURING YIELD T COMPRESSED AIR 1) DURING YIELD T COMPRESSED AIR 1) DURING YIELD T DURING YIELD T	ICONDITIONING CONDITIONING CONDITIONING CABLE PERCUSSION THREADED WELL HOURS TEST (feet) WELL HOURS CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING CONDITIONING COND	TEST WELL TEST WELL OTHER (Specify) OTHER (Specify) DED DRIVE SHOE VES NO 2/2 Depth of Complete in feet below Land	(Lot Number)
PROPOSED     DOMES       USE OF     PUBLIC       WELL     PUBLIC       DRILLING     ROTAR       EQUIPMENT     ROTAR       CASING     LENGTH (feet       DETAILS     ALENGTH (feet       YIELD     ALENGTH (feet       YIELD     ALENGTH (feet       WATER     ALENGTH (feet       LEVEL     ALENGTH (feet       SCREEN     ALENGTH (feet       DETAILS     SLOT SIZE	(No. & Street)  TIC BUSINESS ESTABLISHMENT INDUSTRIAL I	PER FOOT 7 DURING YIELD T COMPRESSED AIR 1) DURING YIELD T COMPRESSED AIR 1) DURING YIELD T COMPRESSED AIR 1) DURING YIELD T DURING YIELD T	(Town)		(Lot Number)
USE OF WELL     PUBLIC SUPPLY       DRILLING EQUIPMENT     ROTAR       CASING DETAILS     LENGTH (feet 2, 2)       YIELD TEST     BAILED       WATER LEVEL     MEASURE FRO 2       SCREEN DETAILS     SLOT SIZE       PTH FROM LAND SURFACE FEET TO FEET       O     12	TIC ESTABLISHMENT	PER FOOT 7 DURING YIELD T COMPRESSED AIR 1) DURING YIELD T COMPRESSED AIR 1) DURING YIELD T COMPRESSED AIR 1) DURING YIELD T DURING YIELD T	AIR CONDITIONING CABLE FERCUSSION THREADED WELL HOURS TEST (feet) TEST (feet) Well including well pack (inches):	Cact location of well with	ed Well d surface: 200 LENGTH OPEN TO AQUIFER
EQUIPMENT     INOTAR       CASING DETAILS     LENGTH (feet 2 2       YIELD TEST     Image: Section of the section	AIR PERCUSSION AIR PERCUSSION DIAMETER (inches) UIAMETER (inches) PUMPED OM LAND SURFACE-STATIC (Specify fee MAKE DIAMETER (inches) IF (PAG FORMATION DESCRIPTION	COMPRESSED AIR DURING YIELD T COMPRESSED AIR DURING YIELD T COMPRESSED AIR DURING YIELD T COMPRESSED AIR DIAN COMPRESSED AIR DIAN COMPRESSED AIR DIAN COMPRESSED AIR DIAN COMPRESSED AIR	THREADED WELL HOURS TEST (feet) weter of well including vel pack (inches): Sketch ex	DED DRIVE SHOE YES NO DED YES NO Depth of Complete in feet below Land GRAVEL SIZE (inches	ed Well d surface: 200 LENGTH OPEN TO AQUIFER
CASING DETAILS 2.2 YIELD TEST BAILED WATER LEVEL MEASURE FRO SCREEN DETAILS SLOT SIZE PTH FROM LAND SURFACE FEET TO FEET O 12.0	DIAMETER (inches)	7 DURING YIELD T COMPRESSED AIR 1) DURING YIELD T 2 000 GRAVEL Dian GRAVEL Dian GRAVEL Dian	TEST (feet) Test (feet) meter of well including vel pack (inches): Sketch ex	DED YES NO PLZ Depth of Complete in feet below Land GRAVEL SIZE (inches	ed Well d surface: 200 LENGTH OPEN TO AQUIFER
TEST     BAILED       WATER     MEASURE FRO       LEVEL     2       SCREEN     SLOT SIZE       PTH FROM LAND SURFACE     FEET       FEET     72	MAKE DIAMETER (inches) IF (PAR FORMATION DESCRIPTION	GRAVEL Dian CKED: Dian	TEST (feet) meter of well including vel pack (inches): Sketch ex	Depth of Complete in feet below Land GRAVEL SIZE (inches	ed Well d surface: 200 LENGTH OPEN TO AQUIFER (feet) TO (feet)
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DETAILS SLOT SIZE PTH FROM LAND SURFACE FEET TO FEET D /2 (	FORMATION DESCRIPTION	CKED: grav	vel pack (inches): Sketch ex	act location of well with	
FEET TO FEET	1		Sketch ex two perm	cact location of well with nanent landmarks,	a distances, to at least
- 10	Tard Stone	an			
	Fard Stone				
			1 Hous 25' 4	se Fara. 7'	sel
	different depths during drilling, list b		WELL		1
FEET	GALLONS PER MI	NUTE		1	T Drive w
ATE WELL COMPLETED   PERA	IT NO. I REGISTRATION I	NO. IDATE OF	N.	ROSSI Re DRILLER (Signature)	1.





3 Research Drive - Woodbridge, CT 06525

Water Analysis Report

TO: ADVANCED WATER SYSTEMS 436 S

TEST ID: F062318002 DATE SAMPLED: 6/22/2018 SAMPLE POINT: KITCHEN AFTER TREATMENT SAMPLED BY: JAMES CIANCIOLO

#### PROPERTY LOCATION: 236 ROSSI ROAD - TORRINGTON, CT

BACTERIA	ABSENT	PRESENT	LIMITS	3		REF	METHOD
* Coliform (Total)			ABSENT	Р			SM 9223
E. Coli (Fecal)			ABSENT	P	An an an and an ar an		SM 9223
Chlorine (Total)			ABSENT	-	Imr		SM 4500-CI G
PHYSICAL PARAMETERS	RESULT	UNITS	LIMITS	3	MRL	REF	METHOD
рН	7.9	SU	6.4-10	S	0	_	SM 4500-H B
Turbidity	0.60	NTU	5	-	0.10		SM 2130 B
Color	ND	CU	15	S	5		SM 2120 B
Odor	0	TON	_ <b>2</b> :_e_	S	0		SM 2150
CHEMICALS	RESULT	UNITS	LIMITS	3	MRL	REF	METHOD
Fluoride	0.3	mg/L	4	Р	0,3		EPA 300.0
Chloride	103	ing/L	250	P	3	-	EPA 300.0
Nitrite Nitrogen	ND	mg/L	1	Р	0.1		EPA 300.0
Nitrate Nitrogen	ND	mg/L	10	P_	1		EPA 300.0
Sulfate	18	mg/L	250	S	4		EPA 300.0
Calcium	64	mg/L	NONE		0.5		EPA 200.7
Magnesium	23	mg/L	NONE	-	0.5		EPA 200.7
* Hardness	255	mg/L	200	S	4		SM 2340 B
Sodium	22.0	mg/L	100	S	0.5		EPA 200.7
Copper	NĎ	⊂ mg/L	1.3	່ ຣັ	0.04		EPA 200.7
Iron	0.05	mg/L	0.3	S	0.04	_	EPA 200.7
Manganese ·	ND	mg/L	0.05	ŝ	0.04		EPA 200.7
RADON WATER SINGLE	RESULT	UNITS	LIMITS	S	MRL	REF	METHOD
Radon Water Single	89	pCi/L	5000	s	51		SM 7500-RN

CONCLUSION: Based on the above results, this water was not safe for drinking purposes at the time of collection. Corrective measures, followed by re-examination, are recommended.

P = Primary limit, used to judge potability

S = Secondary limit, recommended but not required

MRL = Minimum Reportable Level

* Limit exceeded

ND = None Detected

CT License #PH-0466, Aquatek Labs

R = Reference Lab Work

Man

Michael F. Berman, Ph.D. Laboratory Director

PERMIT NUMBER CPR-8 Rev. 7/95* 180940 STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION **REAL ESTATE & PROFESSIONAL TRADES DIVISION** WELL DRILLING PERMIT 165 Capitol Avenue, Hartford, Connecticut 06106 a (236 KODDI DATE LOCATION OF WELL (Lot Number) 9-11-97 ODA OWNER OF WELL INDIVIDUAL BUILDER OTHER (Specify) **OWNER'S ADDRESS** Conn. 06790 Ko 41 Est. No. of FARM TEST PROPOSED DOMESTIC BUSINESS People being ESTABLISHMENT WELL USE OF served. WELL PUBLIC INDUSTRIAL AIR OTHER 2 SUPPLY CONDITIONING (Specify) SKETCH OF WELL LOCATION Locate well with respect to at least two roads, showing distance from intersection and front of lot location of lot to at least two roads Well location on to and to house (if present) Fields LUT Indicate North gnk Burn Rossi Rd. 98 Town Farm Rd Wilson Rd 47 Wel AUNSE 202 Kt. POTCH RUSS Rd Approximate number of feet from well to 98 nearest source of possible contamination: The undersigned is aware that upon completion of the well, a "Well Completion Report" containing construction details and information required under Section 25-131 of the 1969 Supplement to the General Statutes must be sent to the owner, the Department of Consumer Protection and the Water Resources Commission on the form provided by the agency. This permit is not valid until all information is filled in and it has been counter-signed by the Director of Health or his agent.

REGISTRATION NO. APPLICANT_(Signature) APPLICANT'S ADDRE RAN DATE B ficer or Ao Town REJECTED APPROVED REMARKS

FORMERLY SERVED BY A SPRINCE

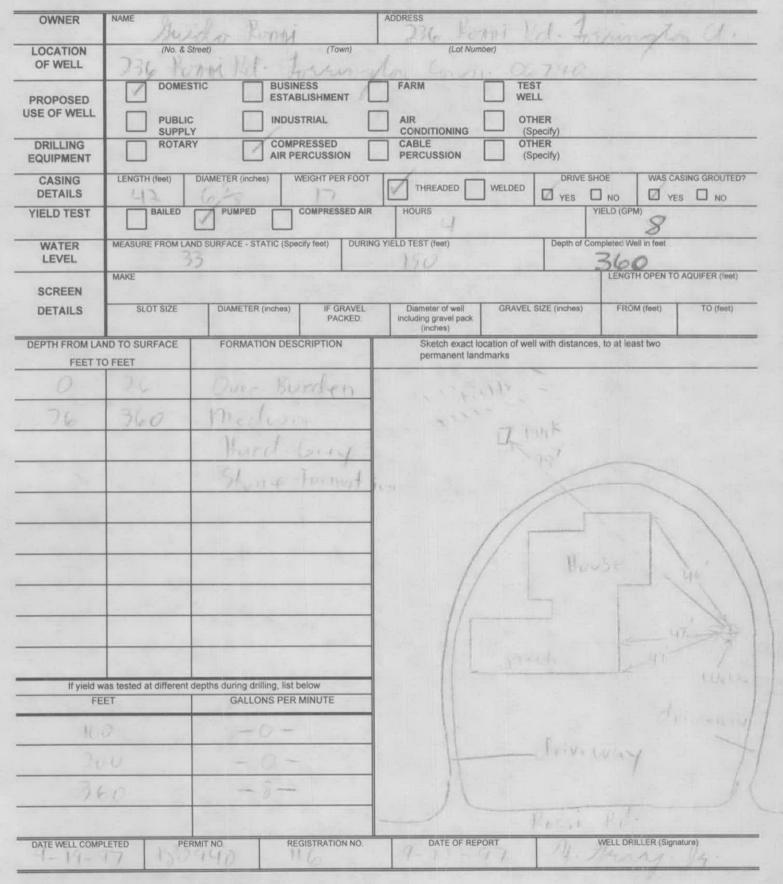
#### STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION **REAL ESTATE & PROFESSIONAL TRADES DIVISION** WELL DRILLING COMPLETION REPORT

Do NOT fill in STATE WELL NO.

OTHER NO.

<b>MANE</b>	Ache I	1011	REAME	ORI	

165 Capitol Avenue, Hartford, Connecticut 06106



255 Rossi Rd.,

Torrington

CONSUMER PRO				DTECTION	PERMIT NUMBER
form	ington		L DRILLING PERMIT	CUT 06106	141100
LOCATION OF WELL (T	"Jisa ma	Aucci (Street)		(Lot Number) 255	DATE 12-26-91
INDIVIDUAL	BUILDER	OTHER (Specify)			1
PROPOSED USE OF WELL	Rd. Jouris		FARM	TEST WELL OTHER	Est. No. of People being served.
	SUPPLY			(Specify)	15
		with respect to at least two roa		ntersection and front of lo	
	Location of lot to at least to	vo roads		Well location on lot and	
•	Highhav	& Fiver	- Pi	oposet Sep	stic TanK
Rossi Rd.	-			Petra	
10001 101	1		Hou	vse	Garage
lown form I	20.		49' 68		Jof Drive
	R7, 202	Wilson Rd	WELL 38		
Approximate number of nearest source of possibl	feet from well to Ppp	100 Ft. From		si Rd.	
25-131 of the 1969 S	ware that upon completion supplement to the General St	of the well, a "Well Comple	etion Report" containing co wner, the Board and the W	nstruction details and in later Resources Commissi	formation required under Section on on the form provided by the
APPLICANT (Signature)	an	APPLICANT'S ADDRESS	chouse Rd. 1	northfield	101 REGISTRATION NO.
	REJECTED	Andran	O. Kose	1	12:26 91

REMARKS

WELL COMPLETION REPORT STATE OF CONNECTICUT Do NOT fill in DEPARTMENT OF CONSUMER PROTECTION CPR-9 REV. 11-82 STATE WELL NO WELL DRILLING BOARD 165 CAPITOL AVE. OTHER NO. HARTFORD, CONNECTICUT 06106 ADDRESS NAME Rd. Jorring OWNER (Lot Number) LOCATION OF WELL BUSINESS FARM TEST WELL DOMESTIC ESTABLISHMENT PROPOSED USE OF OTHER PUBLIC AIR WELL INDUSTRIAL CONDITIONING (Specify) SUPPLY PEABLE OTHER COMPRESSED DRILLING PERCUSSION (Specify) AIR PERCUSSION ROTARY EQUIPMENT DRIVE SHOE WAS CASING GROUTED? WEIGHT PER FOOT LENGTH (feet) DIAMETER (inches) CASING YES YES THREADED WELDED NO NO 20 DETAILS 6 YIELD IG PM HOURS YIELD 12 BAILED COMPRESSED AIR PUMPED TEST DURING YIELD TEST (feet) MEASURE FROM LAND SURFACE-STATIC (Specify feet) Depth of Completed Well WATER 135 in feet below Land surface LEVEL LENGTH OPEN TO AQUIFER (feel) MAKE SCREEN TO (feet GRAVEL SIZE (inches) FIROM (feet) SLOT SIZE DIAMETER (inches) DETAILS IF GRAVEL Diameter of well including gravel pack (inches) PACKED: DEPTH FROM LAND SURFACE Sketch exact location of well with distances, to at least FORMATION DESCRIPTION two permanent landmarks FEET TO FEET Bou 0 15 Hard ers Sot LOHE 15 20 Shale septie System 135 Grey ormation 20 one Streaks Hard with House Garage If yield was tested at different depths during drilling, list below rive GALLONS PER MINUTE FEET way 70 99 38 120 35 14 Ross Ne Sd. DATE WELL COMPLETED PERMIT NO. REGISTRATION NO DATE OF REPORT WELL DRILLER (Signature) -3-9 147139 2 1-31-92 C nan

2. BEAR DOWN! You are making 3 copies 3. Type or print clearly	"SINCE 1978"	Bacteriological
Call When Renpy Plense	<b>ngton Water Testing Laboratory</b> 203 Pineridge Road Torrington, CT 06790 Telephone (203) 496-8378 1-800-762-9399	Chemical • Physical
Address of Supply:	Rossi 2 Torrin Lot No. City	STON QT 06790 State Zip
Collector's Name: Shown M	BoyNe	Phone 489.1721
Owner of Supply:		Phone
Date of Collection: 02-12-92		Time0900
Name and Address of Person to Receive Repor		
Source of Water: Drilled D	ug Well Spring	Lake or Pond
Name of Well Driller: BUH WELL		
Reason for Examination:	V	
	1	

#### DO NOT WRITE BELOW THIS LINE

Apparent Color	_4	pH	7.92	
True Color	0	Alkalinity		
Odor	(0-5)	Chloride	20	Mg/L
Turbidity	2.2 NTU	Iron	.03	Mg/L
Ammonia Nitrogen	Mg/L	Hardness		
Nitrogen	Mg/L	Manganese		Mg/L
Nitrate		Sodium		Mg/L
Fluoride	<u></u>	Other		Mg/L
Coliform Bacteria per 100 MLabsent	~.			

The Results of the Analysis of this Sample:

Meet the Standards for a Potable Supply.

- Meet the bacteria Standards for a Potable Supply, however, the chemical or physical constituents listed below exceed the recommended limits.
- Meet the guidelines for a recreational water.
- Do not meet the standards for a potable supply because the coliform density exceeds acceptable limits (see attachment).

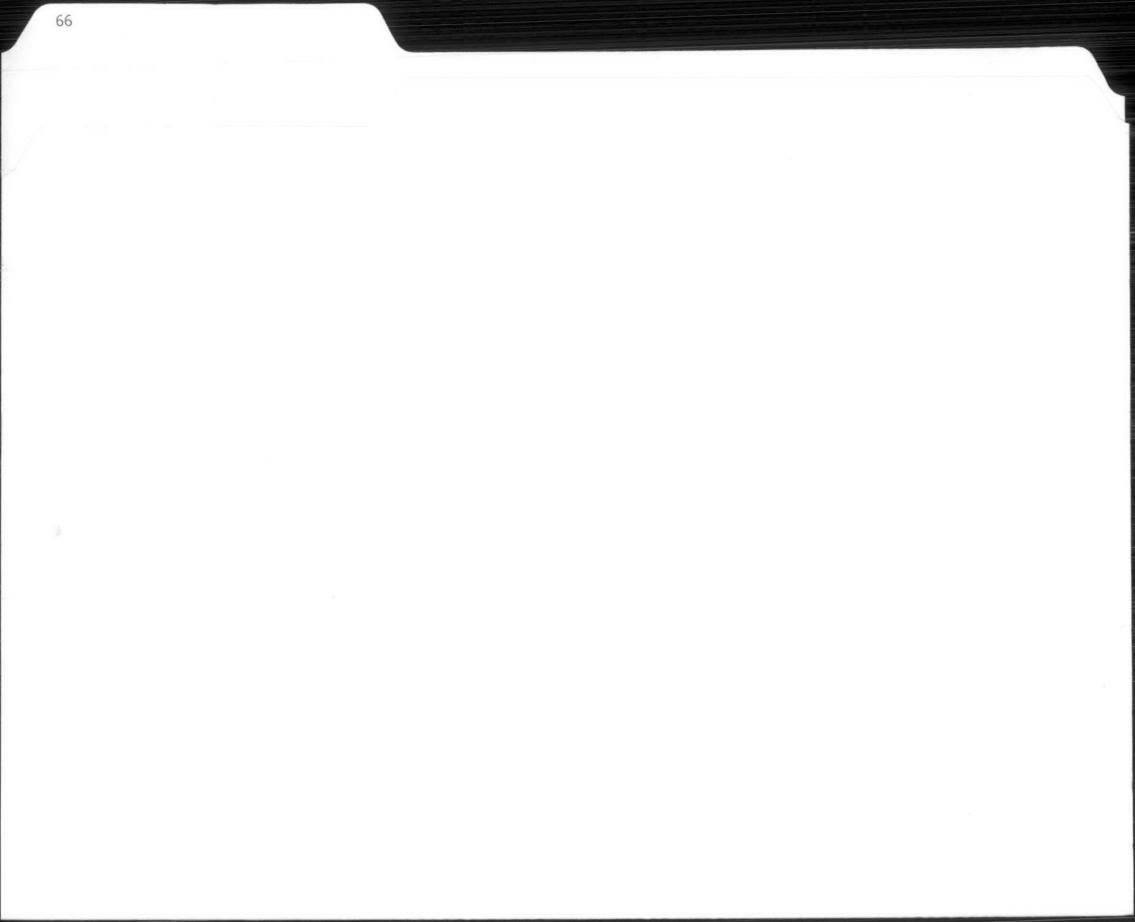
□ Other

Potable (drinking water) recommendations are based on the above tests only.

« Approvers Catheme J. Weber

Reported By

Date_



(Lot Number)	to house (if present)
AIR OTHER CONDITIONING OTHER (Specify) VELL LOCATION showing distance from intersection and front of Well location on lot and Highla	f lot to house (if present) and Are,
AIR OTHER CONDITIONING OTHER (Specify) VELL LOCATION showing distance from intersection and front of Well location on lot and Highla	f lot to house (if present) and Are,
VELL LOCATION showing distance from intersection and front of Well location on lot and Highla NORTH	flot to house (if present) and Are.
Well location on lot and Highla	to house (if present) and Are,
Mighla NORTH	and Are.
NORTH I	
1	Rossi
town farm Rd.	LoT:
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in Report" containing construction details and ter, the Board and the Water Resources Comm in counter-signed by the Director of Health or the management of the Director of Health or the Director of Health or the Director of Health or the Director of Health or the Director of He	mission on the form provided by the
	ter, the Board and the Water Resources Comm

and the second second
DIRECTOR OF HEALTH

8-5 V2-69 REV	PLETION REP V. 9-71		WELL DRI	LING BOAI	RD		Do NOT fill in STATE WELL NO.
6 /	1		HARTFORD, CO	DNNECTICUT 0	6115		OTHER NO.
é	NAME (14			DRESS			
OWNER	Su	do Rossi			si Rd.	Jorren	laton
LOCATION OF WELL	Rossi	(No. & Street) Ad. 9 Joyn	Jarm.	nol	(Town)	incher	(Lot Number)
PROPOSED USE OF WELL		BUSINESS ESTABLISHMEN	т [		NING	TEST WELL	
DRILLING		COMPRESSED AIR PERCUSSIC	NN [		19.07	OTHER (Specify)	
CASING DETAILS	LENGTH (feet)	DIAMETER (inches) WI	and the second se	X THREADED	WELDED	DRIVE SHOE	WAS CASING GROUTED?
YIELD	BAILED	PUMPED	COMPRESSED	AIR	HOURS 4	hur	YIELD (G.P.M.)
WATER		AND SURFACE-STATIC (Speci	fy feet) DURING Y			Depth of Completed in feet below Land	i Well
		MAKE					LENGTH OPEN TO AQUIFER
SCREEN DETAILS	SLOT SIZE	DIAMETER (inches)	IF GRAVEL	Diameter of v gravel pack (	well including	GRAVEL SIZE (inches)	FROM (feel) TO (feel)
EPTH FROM LAND		FORMATION DESCRIP	TION			location of well with	distances, to at least
		1 + Gravel	1		two permane	nr landmarks,	
0		A CONTRACTOR OF A					
4 3	O Har	d pan & C	lay				
20 3	34 Har	I pan Layers	1st	18			
27 - 2	Led	ge Stone					
34 76	4 Hai	d Stone			11		
44 6	1 Ha	- d Black	Stone				
		a source they			[		-
					Garage	House	
If yield		erent depths during drilling		- 51	RI .	10'	
	FEET	GALLONS PI	LK MINUTE	- 1	-	0	
				- Č			
				u er	4		
				W.	town	Farmer R	1
ATE WELL COMP	the second		a contract of the second	TE OF REPORT	- 4 P	LER (Signature)	
10-30-	80 61	136	2 1	0-30-	201 7	1. Mary	

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A

### TORRINGTON WATER TESTING LABORATORY James B Rokos, M.S., Director

Bacteriological Chemical Physical

APPROVED

LT APPROVED, SEE ATTACHMENT

Concester Portes a

203 Pineridge Road Torrington, Conn. 06790 (203) 482-8367

## REPORT ON EXAMINATION OF WATER

Address of Supply:	Town Farm Road, Torrington, Ct.
Owner of Supply:	Guido Rossi
Collectors Name:	same
Date and Time Collected:	4/20/81
Date and Time Received:	4/20/81
Collectors Number:	
Laboratory Number:	

На		(h)		
рН 7.0	그 [	Chlorides	_3 Mg/1	
Color (apparent. 14) true. 0	_	Sodium	Mg/1	
Odor non	10	Iron		
Turbidity 4.	4 NTU	Manganese	Mg/1	
Detergents		Hardness		(CaCO
Ammonia N	Mg/1	Alkalinity	81 Mg/1	(0.00)
Nitrite N		Sulfate	Mg/1	102003
Nitrate N 1.1	Mg/1		Mg/1	

Number of Coliforms per 100 ml. by Membrane Filter

THE RESULTS OF THE ANALYSIS OF THIS SAMPLE: Indicate this water meets the standards for a potable supply. The water is non-corrosive, and moderately hard. The elevated color and turbidity are a result of the iron which exceeds the recommended limit of .3 Mg/1. PORRINGTON AREA - MEALTH DISTRICT

Reported By



"Since 1978"

Torrington Environmental Laboratory, Inc. 19 Franklin Street • P.O. Box 14 • Torrington. CT 06790 Telephone & Fax (860) 496-8378 1-800-762-9939

CT Lab No. PH-0480 EPA Lab No. CT-00094

### STANDARD PROFILE OF DRINKING WATER

STREET ADDRESS OF S	AMPLE:	66 Tow	n Farm Road		CITY, ST	TATE, ZIP	Torrington, Cl	06790
OWNER:		Truman	Archer		OWNER	S PHONE:	860 489-3327	
COLLECTED BY:		Don De	Dominicis		DATE C	OLLECTED:	5/12/99	
SOURCE OF SAMPLE:		Drilled	Well		COLLEC	TION POINT:	Tap at Tank Bo	ottom
TYPE OF TREATMENT:		None In	dicated		REASON	FOR TEST:	Transfer	
					000010			
REPORT SENT TO:		911 Nc	Archer w Harwinton F ton, CT 0679		TAH Valley A 721 Mige	ENT TO: rtesian Well son Ave. on, CT 06790		
TESTS PERFORMED			RESULTS	UNITS	MAXIMI	UM CONTAME	NANT LEVELS	(MCL)
PHYSICALS:								
	Apparent (	Color	2		15*			
	Odor		0		Not to exc	ced value of 3 or	a scale of 1-5*	
	PH		7.07		6.4-10.0			
	Turbidity		.16	NTU's	5*			
BACTERIA:								
	Total Colif	form	Absent	Per 100 ml	Absent			
	E. Coli		Absent	Per 100 ml	Absent			
CHEMISTRY:								
	Nitrite N		< .05	Mg/l as N	1.0			
	Nitrate N		3.71	Mg/l as N	10.0			
	Iron		.04	Mg/l	0.3*			
	Manganes	e	<.025	Mg/l	.05*			
	Sulfate		21	Mg/I	250*			
	Sodium		< 1	Mg/1	28	notification le	evel only	
	Hardness		104	Mg/l	200*			
	Chloride		4	Mg/l	250			
* = No MCL estab	lichad love	i haton i	a Tinizad State	a Dablic Manlth	Camion m	mmendation		

	This sample has substances	(in parens), that	EXCEED Connecticut	Maximum Contaminant Le	vels for drinking water
Rep	ort Date: May 14, 1999		Sample #: 7515	Tested by:	OBR
	and the second s		1		Jan



Torrington Environmental Laboratory, Inc. 19 Franklin Street • P.O. Box 14 • Torrington, CT 06790

"Since 1978"

Telephone & Fax (860) 496-8378

1-800-762-9939

CT Lab No. PH-0480 EPA Lab No. CT-00094

# VOLATILE ORGANIC COMPOUNDS IN DRINKING WATER

STREET ADDRESS OF SAMPLE: 66 Town Farm Road

OWNER: Truman Archer

COLLECTED BY: Don DeDominicis

SOURCE OF SAMPLE: Drilled Well

TYPE OF TREATMENT: None Indicated

REPORT SENT TO:

Truman Archer 911 New Harwinton Road Torrington, CT 06790

CITY, STATE, ZIP Torrington, CT 06790

OWNERS PHONE: 860 489-3327

DATE COLLECTED: 5/12/99

COLLECTION POINT: Tank Bottom

REASON FOR TEST: Transfer

COPY SENT TO: Valley Artesian Well Co. 721 Migeon Avenue Torrington, CT 06790 TAH

COMPOUNDS	RESULTS	LIMITS	COMPOUNDS	RESULTS	LIMITS
Benzene	ND	5	1,2-Dichloropropane	2.00	
Bromobenzene	ND	No limit set	1,3-Dichloropropane	ND	5
Bromodichloromethane (THM)	ND	No limit set	2,2-Dichloropropane	ND	No limit set
Bromoform (THM)	ND	No limit set	1.1 Dichloropane	ND	No limit set
Bromomethane	ND	No limit set	1, 1-Dichloropropene	ND	No limit set
n-Butylbenzene	ND	No limit set	1,3-Dichloropropene Ethylbenzene	ND	No limit set
Carbon tetrachloride	ND	5	MTBE	ND	700
Chlorobenzene	ND	100		ND	No limit set
Chlorodibromomethane (THM)	ND	No limit set	Naphthalene	ND	No limit set
Chloroethane	ND	No limit set	n-Propylenzene	ND	No limit set
Chloroform (THM)	ND	No limit set	Styrene	ND	110
Chloromethane	ND		1, 1, 1, 2-Tetrachloroethane	ND	No limit set
o-Chlorotoluene	ND	No limit set	1,1,2,2-Tetrachloroethane	ND	No limit set
p-Chlorotoluene	ND	No limit set	Tetrachlorethylene	ND	5
Dibromomethane		No limit set	Toluene	ND	1000
m-Dichlorobenzene	ND	No limit set	1,2,4-Trichlorobenzene	ND	70
o-Dichlorobenzene	ND	No limit set	1,1,1-Trichloroethane	ND	200
	ND	600	1,1,2-Trichloroethane	ND	5
p-dichorobenzene	ND	75	Trichloroethylene	ND	5
1,1-Dichloroethane	ND	No limit set	1,2,3-Trichloropropane	ND	No limit set
1,2-Dichloroethane	ND	5	1,2,4-Trimethylbenzene	ND	No limit set
1,1-Dichloroethylene	ND	7	1,3,5-Trimethylbenzene	ND	No limit set
Cis-1,2-Dichloroethylene	ND	70	Vinyl Chloride	ND	2
Trans-1,2-Dichloroethylene	ND	100	p+m-Xylene	ND	No limit set
Methylene Chloride	ND	5	o-Xylene	ND	No limit set

All results expressed in micrograms per liter ND = None detected Method 502.2, Method Detection Level = 0.5 ug/l, except MTBE = 2.0 ug/l. 

X The compounds tested for above, COMPLY with the limits set for drinking water.

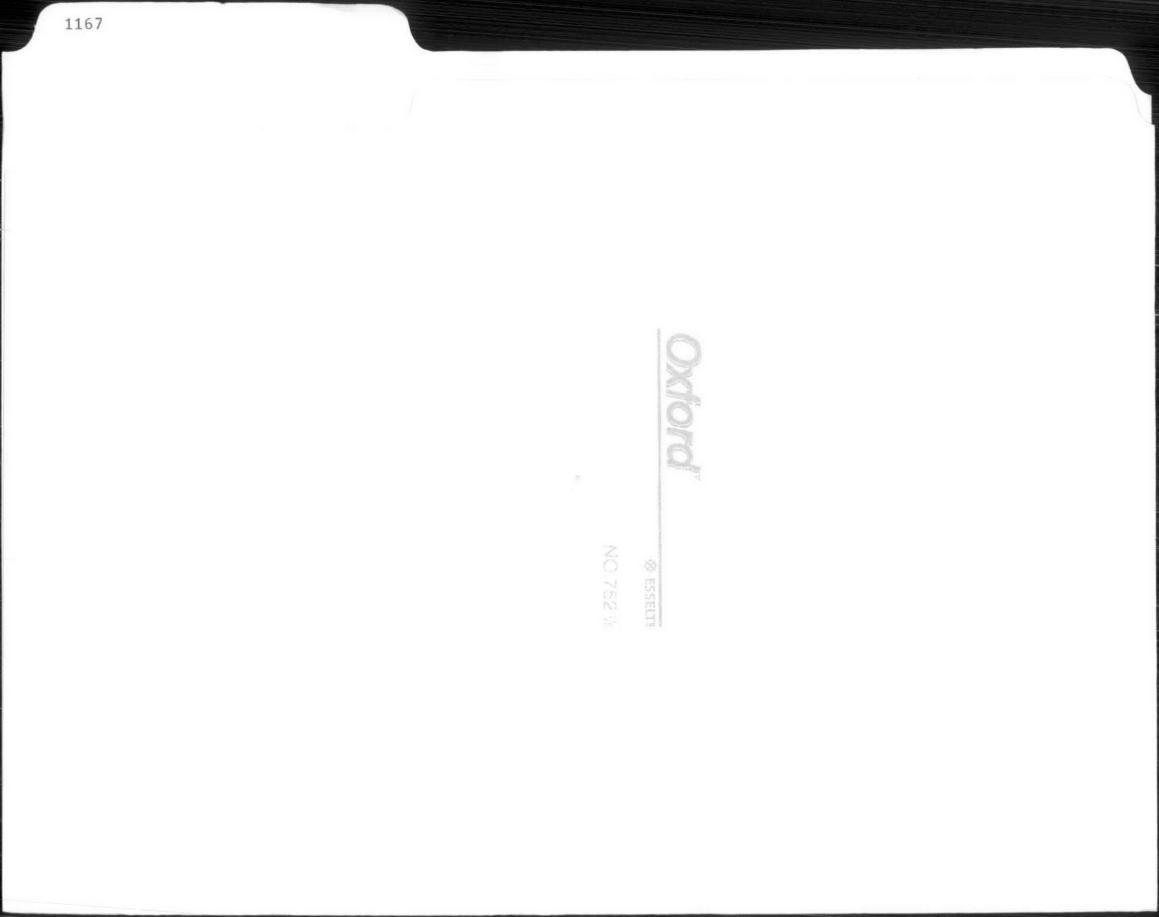
This sample has compounds (in parens), that EXCEED limits set for drinking water.

Report Date: May 17, 1999

Sample #: 7515

Tested by: 4 0627

WATER . AIR . FOOD SOIL



DB-4 11.69	G BOARD	WELL DRI	CONNECTICUT	II5 COL	PERMIT NU 339	
LOCATION OF WELL	on Lupp	1167 Heg Sin Cut OTHER (Specify)	hland Que	(Lot Number)	DATE 5/2	re) 176
OWNER'S ADDRESS	BUILDER	UTHER (Specify)	4-21:	+		
6/3/7	eghland	BUSINESS	FARM	TEST		Est. No. of
PROPOSED USE OF		ESTABLISHMENT				People being served.
WELL	SUPPLY		CONDITIONING	(Specify)		
	Locate well with		s, showing distance from inte	rsection and front of lot		
WEST ROA	HICHAND aut	ANK -	HIGHLAND AVE	FRONT HA	WAY	
The undersigned	i is aware that upon completion of 269 Supplement to the General Sta nit is not valid until all informati	itutes must be sent to the o	sylewis ST.	ater Resources Commissio	on on the form p gent.	d under Section provided by the RATION NO. BA

B-S 12-67 REV	7. 9-71	WELL DR State C	F CONNECTICUT ILLING BOARI Office Building CONNECTICUT 06	Do NOT fill in STATE WELL NO. OTHER NO.			
OWNER	NAME lan X	Lippin on	+ '	ADDRESS	lista	- Cane	
LOCATION OF WELL	Inc7 ele	. (No. & Street)	ane	d'	(Town) -	tan	O.C. Number)
PROPOSED USE OF WELL	DOMESTIC PUBLIC SUPPLY	BUSINESS ESTABLISHMEN	IT		0	TEST WELL	- Reen
DRILLING	ROTARY		ON	CABLE OTHER PERCUSSION (Specify)			
CASING DETAILS	LENGTH (feet)	DIAMETER (inches) W	III PER FOOT	THREADED	WELDED		WAS CASING GROUTED?
YIELD TEST	BAILED			D AIR	HOURS		YIELD (G.P.M.)
WATER		D SURFACE-STATIC (Spec 3 / MAKE	ify feet) DURING	VIELD TEST (feet)		Depth of Completed in feet below Land	Well J/3 surface: //3 LENGTH OPEN TO AQUIFER (feet)
SCREEN DETAILS	SLOT SIZE	DIAMETER (inches)	IF GRAVEL *PACKED:	Diameter of we gravel pack (in	ell including ches):	GRAVEL SIZE (ir ches)	FROM (feet) TO (feet)
FEET to F		FORMATION DESCRIP	PTION		Sketch exact I two permaner	location of well with nt landmarks,	distances, to at least
If yield	was tested at differen	nt depths during drilling GALLONS P		-	ichtans 8 11	FRONT READER	IN AY
TE WELL COMP				ATE OF REPORT		LER (Signature)	Well ly fri

1188 Highland Ave.



3 Research Drive - Woodbridge, CT 06525

Water Analysis Report

TEST ID: C022620027 DATE SAMPLED: 2/26/2020 SAMPLE POINT: WELL TANK NO TREATMENT SAMPLED BY: TYLER TUCKER

#### TO: CT WATER PUMP, LLC 802

Ŧ

#### PROPERTY LOCATION: 1188 HIGHLAND AVENUE - TORRINGTON, CT

BACTERIA	ABSENT	PRESENT	LIMITS	;		REF	METHOD
* Coliform (Total)			ABSENT	P		-	SM 9223
E. Coli (Fecal)			ABSENT	P			SM 9223
Chlorine (Total)			ABSENT	-	arteno e		SM 4500-CI G
PHYSICAL PARAMETERS	RESULT	UNITS	LIMITS	;	MRL	REF	METHOD
рН	6.6	ຣບ	6.4-10	S	0	_	SM 4500-H B
* Turbidity	20.00	NTU	5	-	0.10		SM 2130 B
* Color	65	τΩ ·	15	s	5		SM 2120 B
Odor	··- 0	TON	2	S	0		SM 2150
CHEMICALS	RESULT	UNITS	LIMITS	3	MRL	REF	METHOD
Fluoride	ND	mg/L	4	- <u>-</u> Р	0.3		EPA 300.0
Chloride	6 ^{- /}	mg/L	250	P	3		EPA 300.0
Nitrite Nitrogen	ND	mg/L	1	P	0.1		EPA 300.0
Nitrate Nitrogen	2.9	mg/L	10	P	1	· · · · · · · · · · · · · · · · · · ·	EPA 300.0
Sulfate	7	mg/L	250	S	4	_	EPA 300.0
Calcium	8	mg/L	NO LIMIT	-	0.5		EPA 200.7
Magnesium	3	mg/L	NO LIMIT	-	0.5	_	EPA 200.7
Hardness	33	mg/L	200	S	4	_	SM 2340 B
Sodium	3.9	mg/L	100	S	0.5		EPA 200.7
Copper	0.03	mg/L	1.3	S	0.02		EPA 200.7
* Iron	2.18	mg/L	0.3	S	0.02		EPA 200.7
Manganese	0.05	mg/L	0,05	ຣັ	0.02		EPA 200.7
Arsenic	ND	ug/L	10.0	P	1.0		EPA 200.8
Lead	. 8.1	ug/L	15.0	Р	1.0		EPA 200.8
Uranium (Mass)	ND	ug/L	30	P	1.0		EPA 200.8
RADON WATER SINGLE	RESULT	UNITS	LIMIT	S	MRL	REF	METHOD
Radon Water Single	563	pCi/L	5000	S	51		SM 7500-RN

CONCLUSION: Based on the above results, this water was not safe for drinking purposes at the time of collection. Corrective measures, followed by re-examination, are recommended.

P = Primary limit, used to judge potability S = Secondary limit, recommended but not required

MRL = Minimum Reportable Level

* Limit exceeded ND = None Detected

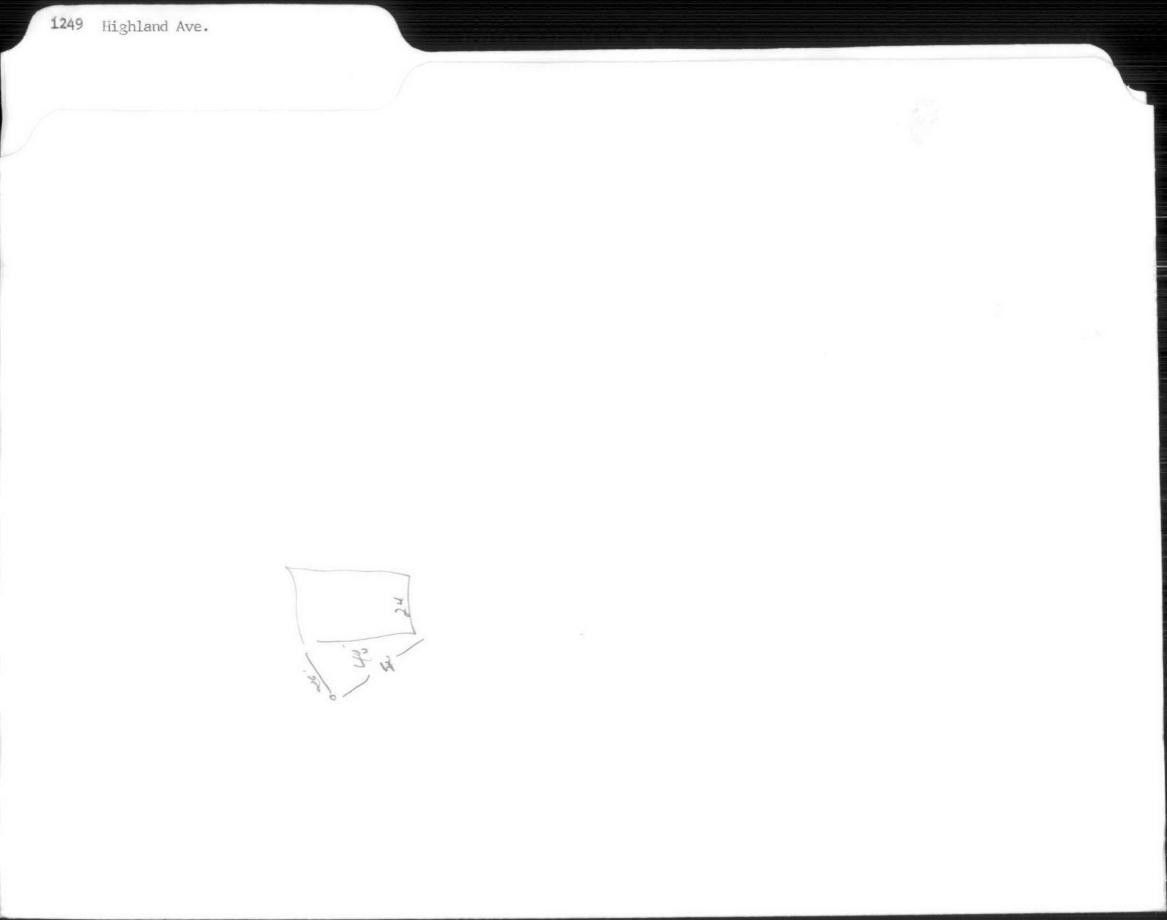
CT License #PH-0466, Aquatek Labs

R = Reference Lab Work

- Xu

Austin Xu Ph.D. Laboratory Director

Rachel Kolva Laboratory Co-Director



PROPOSED DOMESTIC ESTABLISHMENT FARM WELL People be	CONSUMER PROTECTION WELL DRILLING BOARD CPR-8/RE4-11-82	DEPARTMENT OF	OF CONNECTICUT CONSUMER PROTEC RILLING PERMIT IARTFORD, CONNECTICUT (		PERMIT NUMBER
Arrange       Associates       (Serve)         Interview       Associates       OHER (Serve)         OWNER X ADDESS       Interview       OHER (Serve)         OWNER X ADDESS       Interview       ONER (Serve)         OWNER X ADDESS       Interview       Interview       Other (Serve)         OWNER X ADDESS       Interview       Interview       Other (Serve)         Interview       Interview       Interview       Interview         Interview       Interview		Hisbland Am		29 F#	1944)
Constrained of wild       BULDER       OTHER (Servin)         OWNERS A DOORSS       BULDER       BUSINESS         TOTINGTON       DOMESTIC       BUSINESS         WELL       DOMESTIC       BUSINESS         SECTOR OF WELL (CONN       SECTOR OF WELL (CONN         Locate well with respect to at least two roots.       Well location on tot and to house (d present)         WELL       WELL       WELLSTRIDE Rep.         WELL       WELLSTRIDE Rep.       WELLSTRIDE Rep.		(Street)		and the second se	DATE .
Conteres access       Image: Conterest acconterest access       Image: Conterest acces	OWNER OF WELL	2		1	5-24-90
TorringToD         Wird       Image: Bisseling in the second i		OTHER (Specify)			
MODEL       If an information required on the served       If an information required on the served information on the served information required on the served information on the served information required on the served information on the served information required on the served information on the served information required on the served information on the served information on the served information required on the served information required on the served information on the served information on the served information required on the served information on the served information required on the served information on the served information required on the served informatin the required on the served information required on		20			
WILL       DUPY       INDUSTRIAL       All CONDITIONING       CONTRAL       Control         SETCH OF WILL LOCATION       SETCH OF WILL LOCATION       SETCH OF WILL LOCATION       SetTher of the location of lot on all loss there conto       Well location on lot on de loss (d present)         Out on well with respect to all both two roads. Johung downer from interfection and to bours (d present)       Well location on lot on de loss (d present)         Out on the set we conto       Well location on lot on de loss (d present)       If #2.9         Induces Number       If #2.9       If #2.9         Induces Number       If Is lan well is 1       If Is an all set is 1         Induces Number of first lans well to 2.5 throm       Settee Initial         Induces Induces Interference       If Is and Aree,         Induces Induces Interference       If Is and Is and the setter is the content line         Attributions       Setter Initial       If Is an all setter is a setter in the content line         Attributions       Setter Initial       If Is an all setter is a setter in the content is the initial is a setter in the content is the initial is a setter in the content is board well is the initial is a setter in the content is board well is the initial is a setter in the content is board well is the initial is a setter in the content is board well is the initial is a setter is a setter in the content is board well is the initial is a setter in the content is board well is the initis a setter initial is a setter in the content is board			FARM		Est. No. of People being
Loose well with respect to a hear two roods, these we desares from metericin and fast of lat Location of lat to at least two roods. Well location on lar and to house (if present) which have been and to house been and the house have been and to house the house have been and house house here the form provided by the been and house house here the form provided by the been and here house here here here here here here here he	PUBLIC	INDUSTRIAL			served.
Approximate number of feet how reads     Well board on the one is non dip house (if present)       Image: the second of board of the second of the sec		the second se		- AN	
$\frac{1}{  f  } = \frac{1}{  f  } + \frac{1}{  f   } + \frac{1}{  f   } + \frac{1}{  f   } + \frac{1}{  f   } + \frac{1}{  f   } + \frac{1}{  f   } + \frac{1}{  f   } + \frac{1}{  f   } + \frac{1}{  f   } + \frac{1}{  f   } + \frac{1}{  f   } + \frac{1}{  f   } + \frac{1}{  f   } + \frac{1}{  f   } + \frac{1}{  f    } + \frac{1}{  f    } + \frac{1}{  f    } + \frac{1}{  f    } + \frac{1}{  f     } + \frac{1}{  f     } + \frac{1}{  f       } + \frac{1}{  f                                 $		the second se	1		una lit process
Approximate number of feet from well to 25+ from Scuer line nearest source of possible contamination: 25+ from Scuer line The undersigned is aware that upon completion of the well, a "Well Completion Report" containing construction details and information required under Section 25-131 of the 1969 Supplement to the General Statutes must be sent to the owner, the Board and the Water Resources Commission on the form provided by the Board. This permit is not valid until all information is filled in and it has been counter-signed by the Director of Health or his agent. APPLICANT (figned of the Vell'S Inc. APPLICANT (figned of the Vell'S Inc. APPLICANT (figned of the Vell'S Inc. APPLICANT (figned of the Section BY (Town Health of ficer or Agent) REJECTED REMARKS	The Color The Co	Estsile Rp.	H	ighland Av	15+ - Line
Board. This permit is not volid until all information is filled in and it has been counter-signed by the Director of Health or his agent. APPLICANT (Firnetwork) APPLICANT (Firnetwork) APPLICANT S ADDRESS TS_Summerfield St. Nametuck, CT 06770 308 BY (Town Health Officer or Agent) REJECTED REMARKS REMARKS	The state of the second s	1419		1	N
The set of	Board. This permit is not valid until all information is filled  APPLICANT (Signaford)  APPROVED  REJECTED  REMARKS	s must be sent to the owner d in and it has been counter-sig Ct Well'S I nC APPLICANT'S ADDRESS 75 Summetfiel BY (Town Health Difficer	, the Board and the Water aned by the Director of Health	Resources Commission on or his agent.	REGISTRATION NO. CONTRACTION NO. CONTRACTION NO. CONTRACTION NO. CONTRACTION NO. CONTRACTION NO.
DIRECTOR OF HEALTH	Source Parented to	1		and .	1) - 3 e

WELL CO	MPLETION	REPOR		DEPART	WEI	OF L D 165	CONSUME RILLING BO CAPITOL AVE CONNECTICU	R PROTECTIO	И	Do STATE WELL N OTHER NO	NOT fill in KO
OWNER	NAME		· / /	inter	11	ADDRI			Tarriv	est.	
LOCATION	1111	1940	(No. & Stree		K. A.	r h	and free	(Town)	1 101 101 10		Number)
OF WELL		h les	ad Au	-			Te	ming?	tan		39
PROPOSED	DOME	STIC	BUSINES ESTABLIS				FARM	1	TEST WELL		
USE OF WELL				IAL				٩G	OTHER (Specify)		
DRILLING EQUIPMENT		RY					CABLE PERCUSSION		OTHER (Specify)		
CASING DETAILS	LENGTH (fee	1)	DIAMETER (inche	s) WEIGHT	PER FOOT	X	] THREADED	WELDED			NO
YIELD TEST	BAILE		PUMPED		OMPRESSE			HOURS		YIELD (G P.M	6
WATER LEVEL	MEASURE F	NOM LAND S	URFACE-STATIC (	Specify feet)	DURING	YIEL	D TEST (feet)	-	Depth of Completed 1 in feet below Land s	urface.	2 4 J
SCREEN		me	KE								
DETAILS	SLOT SIZE		DIAMETER (inche	220 IP	GRAVEL ACKED:		Diameter of v gravel pack (r		GRAVEL SIZE (inches)	FROM (feet)	TO (feet
PTH FROM LAT			FORMATION I	ESCRIPTION					I location of well with bent landmarks.	distances, to a	it least
22	743	5	H H J	E					20° 40° 1	7	
	f yield was teste FEET	id at differen	GA	Inilling, list be		-		1	1	L	
21	5		10						1		12.4
							_	1	tigh kan	14 1	100

C	0	42	Ung	a h	are	i sur	face			
2	-12	1	DR	W	NI	You	are	making	3	copier
			UT I							

1435 00

State Registration No P	H-I	0480
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Torrington	Water	Testing	Laboratory
	203 Pine	ridge Road	
Т	orrington	n, CT 0679	0
Tele	phone (2	203) 496-8	378

**Bacteriological** • Chemical • Physical

Address of Supply:	Highland Aver No. & Street	Lot No.	Torrington	CT 06790 State Zip
Collector's Name: _	Merger Associates.	Ihe - Doug Stein		
Owner of Supply:	Nicholas + Virginia S	erra	Phone	482-6290
Date of Collection:	July 19, 1990		Time	Ilizo Am
Name and Address of	of Person to Receive Report:	licholas Serra	1249 Hight	and Avenue
Tarringh	on, CT 06290		and the second	State State State
Source of Water:	Drilled Dug W	Vell Sprin	g La	ke or Pond
Name of Well Driller	Connecticut Wells	5		
Reason for Examinat	ion: New well Sor	new home.		

#### **DO NOT WRITE BELOW THIS LINE**

Apparent Color	10		pH <u>6.88</u>	
True Color	0		Alkalinity 105	
Odor	0	(0-5)	Chloride32	
Turbidity	1.5	NTU	Iron51	
Ammonia Nitrogen	2.0	Mg/L	Hardness	_ Mg/L
Nitrate Plus	3.7		Manganese	Mg/L
Nitrite Nitrogen	1.514	Mg/L	Sodium	_ Mg/L
			Other	Ma/L

Number of Coliform Bacteria per 100 ML by Membrane Filter

The Results of the Analysis of this Sample:

Meet the Standards for a Potable Supply.

Meet the Standards for a Potable Supply, however, the chemical or physical constituents listed below exceed the recommended limits.

#### elevated iron

Meet the guidelines for a recreational water.

Do not meet the standards for a potable supply because the coliform density exceeds acceptable limits (see attachment).

□ Other

Potable recommendations are based on the above tests only.

Sample Certified By

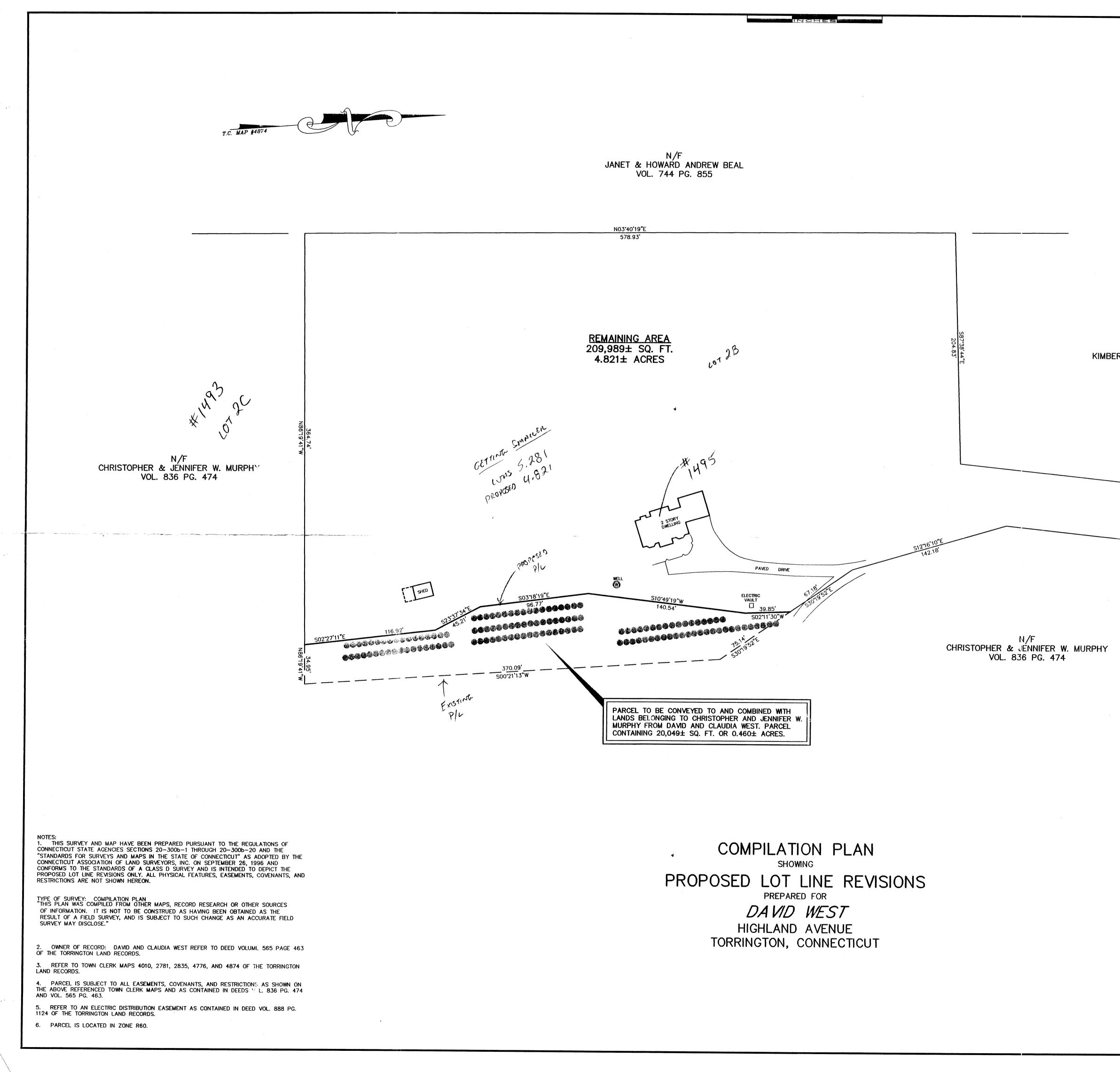
Reported By Date____

CONSUMER PR WELL DRILLING CPR-8 REV. 11-82		DEPARTMENT	TATE OF CONNECTICUT OF CONSUMER PROTE DRILLING PERMIT ., HARTFORD, CONNECTICUT		PERMIT NUMBER
LOCATION OF WELL (TO	rington :	Highland (	Swe.	G9 (Los Number)	DATE
	nichola	o Service			6-21-90
INDIVIDUAL	BUILDER	OTHER (Specify)			
OWNER'S ADDRESS	349 Highla	al due. Jo	vington		
PROPOSED	DOMESTIC	BUSINESS ESTABLISHMENT	FARM	TEST WELL	Est. No. of People being
USE OF WELL	PUBLIC SUPPLY	INDUSTRIAL		OTHER (Specify)	served. Z
			OF WELL LOCATION		
	Locate we	I with respect to at least two roa		ell location on lot and to t	house (if present)
-	(			Parage	e House D
	; hot	westoid= Rd	- 11	Do'	73'
Approximate number o	Lorsington	Highland Five	E. H	ichland TT	re. W.
nearest source of possi	ible contamination Hpp	, 110 ft from	· Septic S	ystem	North March 1
25-131 of the 1969	aware that upon completion Supplement to the General	of the well, a "Well Comple Statutes must be sent to the ov is filled in and it has been count	vner, the Board and the Wate	r Resources Commission	

PPLICANT (Signature)	45 School house Rd. northfield	REGISTRATION NO.
	By (Town Health Officer or Agener With Pist	6/00/96
EMARKS GARAGE MAN NO	FOORNU DRAINS JUNION LOU	111

LOT# 2C SUBDIVISIN- WEST PROPERLY HIGHLAND AVE, TORRINGIN 1493 DETAIL TO DESIGN: LOT 2C 1493 MURPHY prited Wa prevery Hoy - receip beredue oshe & de 10 tall M RULLY S 1 old to call Fillbure due Fred of the hay C the barre chy pur Scinter 6, 10/17/01 1000 Signe

×.



LE	GEND
PROPOSED REVISED LOT LINE	
EXISTING LOT LINE	
PROPOSED FORMER LOT LINE	
RETAINING WALL	
BLUEBERRY BUSHES	<b>*******</b> *****************************

N/F KIMBERLY MANZONE & CATHERINE SHAW VOL. 1083 PG. 83

<u>______S10'03'14"W</u>______344.55'

Date Rec'd Reviewer Not Approved Approved Pending Changes_ Approved Permit # ____Date Issued____

MURPHY - #1493 WEST - #1495

Ъ

YEN

*UE* 

BE	RKSHIRE		NGINEERING URVEYING, LI	
	ANTAM LAKE ROAD	· · ·	(860)567-8007 (860)567-8006(fc	ıx)
Date:	05/06/10	Map No.:	628	
Scale:	1"=40'	Sheet	1/1	
Proj. No.:	01-628-DAP	Drawn By:	SRL	

"I HEREBY DECLARE THAT TO MY KNOWLEDGE AND BELIEF, THIS MAP IS SUBSTANTIALLY CORRECT AS NOTED HEREON." nam

STEPHEN R. LATOUR, R.L.S.

NOT VALID WITHOUT EMBOSSED SEAL

CT LIC. #15456



## **TORRINGTON AREA HEALTH DISTRICT**

350 Main Street ◆ Suite A ◆ Torrington, Connecticut 06790 Phone (860) 489-0436 ◆ Fax (860) 496-8243 ◆ E-mail <u>info@tahd.org</u> ◆ Web Address <u>www.tahd.org</u>

"Promoting Health & Preventing Disease Since 1967"

October 22, 2003 Borough of Bantam To: Florin Ghisa, Sanitary Engineer I Bethlehem State Department of Health 410 Capitol Ave., Mail Stop #51wat PO Box 340308 Cornwall Hartford CT. 06134 From: Gilbert Roberts, Director of Environmental Health Goshen RE: Well Permit Exception Harwinton Lot 2C Highland Ave., Torrington Kent In regard to your inquiry of October 15, 2003, we have no objection to the approval of a well exception for the above noted property. The well site as shown on the plan of design complies Borough of Litchfield fully with the requirements of 19-13-B51 of the Public Health Code. If you should have any questions, please give me a call. Litchfield Morris Norfolk Plymouth Salisbury Thomaston Torrington Warren Watertown Winsted The Torrington Area Health District is an equal opportunity provider and employer and operates in accordance with USDA policy which prohibits discrimination. Complaints of discrimination may be filed with the USDA Secretary of Agriculture, Office of Civil Rights, Washington, DC 20250-9410 or call 202-720-5964.

## **TORRINGTON AREA HEALTH DISTRICT**

350 Main Street • Suite A • Torrington, Connecticut 06790 Phone (860) 489-0436 • Fax (860) 496-8243 • E-mail info@tahd.org • Web Address www.tahd.org

"Promoting Health & Preventing Disease Since 1967"

Borough of Bantam

Bethlehem

Canaan

Cornwall

Goshen

Harwinton

Borough of Litchfield

Kent

Litchfield

Morris

Norfolk

August 5, 2010

David West 1495 Highland Ave. Torrington, CT 06790

Christopher & Jennifer Murphy 1493 Highland Ave. Torrington, CT 06790

Dear Mr. West and Mr. & Mrs. Murphy,

I have reviewed and approved a proposed lot line revision plan prepared by Berkshire Engineering & Surveying dated May 6, 2010. The plan shows approximately 0.460 acres to be conveyed to the Murphy's from the West's.

Be advised that it is the policy of the Torrington Area Health District to contain the 75' well radius within the property line of the building served. By revising the property line the activities that could affect the water quality can no longer be controlled by the owner of the well serving 1495 Highland Ave.

Respectfully submitted,

Som the

Robert A. Smith Registered Sanitarian

The Torrington Area Health District is an equal opportunity provider, and employer. To file a complaint of discrimination write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C., 20250-9410, or call (800) 795-3272 (voice), or (202) 720-6382 (TDD).

North Canaan

Plymouth

Salisbury

Thomaston

Torrington

Warren

Watertown

Winsted

Torrington Area Health District 350 Main St. - Suite A

Torrington, Ct 06790

# Permit To Discharge

## For A Private Subsurface Sewage Disposal System

2c	н	ighland Ave.	Torrington	West Sub	division
Lot #	Street #	Street Name	Town	Su	Ibdivision
		rphy, C/o Earl	860-567-8007		
	Rewater		Telephone		
	Harry Sto	one	005352		
	Licence	d Installer	Licence Num	ber	
	Syste	em Data			
	⊠ New S	eptic System 🗌	Repair 🗌 Dep 🗌 C	other	
	1000		495		
					Ft. Wide Trenches
	Tank Si Gi	ze ravity	Field Sq Ft.		Septic System Type
	Mann	ner Of Discharge	э. 3	Volu	me Of Discharge
			Gal/day Or # Of B	edrooms	
Condit	Sewage Nu Torrington A Operation A	isance And In The I	ued As Permission To C ssuance Of This Permit Assumes No Responsi The System.	To Discharge,	The
		uilt Dy Installer			
See Allac	aneu As bi	uilt By Installer			Variances Granted <u>Yes No</u> If Yes, See Condition
Gilbe	ert Roberts	S	San	itarian	
Inspecte	d By			tle	
6/21	1/2004	13 A	ug, 04		13 Aug, 09
Date Of F	-inal Ispec	Issued By:	ince Date	2	Expiration Date
		( B	nector of nearth c	Registered	(Sannanan)

#### TORRINGTON AREA HEALTH DISTRICT 350 Main St., Suite A Torrington, CT 06790 Phone (860) 489-0436 Fax (860) 496-8243

## AS-BUILT OF SEWAGE DISPOSAL SYSTEM

Christopher an	O C
Owner: Jennifer Mur	phy Address Lot # 20 Highland Ave, Terrington
Installer: Harry H. STING	III License Number: 5352
Tank Stze: 1000 061	System size and Type: Ift X4ft Leechet Trench
	Fill source: Segalla Sund + Fill Departs: 24 inches Gravel
Inspected By:	Date:
Curtain Drain:	
Scarification Inspection	2
Survey or stakeout	
I certify that the system has be	en installed in conformance with the plan of design.
	$\Box$

Installer signature: STUD HARRY H

TAHD Comments: I MAD DEMMI M. LOUKE THES-FUL NESDED ON EWBALLMINT OF

High land Ave PAGE 02 22:57 HI STONE SON INC 2032648555 AS BULL MEASUMEMELT LOTOC HIGTLAND ADE TOMMINGTN A+I-50'6" P -H-43' 3' HOUSC )-39'6" front 01 0 GAGTASO A 3'3' Ca 119,85 52'6" 10-4-30' 39 -0 TIS 9 450 L-H1/211 450 0 F 42 1 0 0 41'-> Ð 6 torrington G 42 m ~ > 41 1 < でオートレーへいい EARI FRUM' 66 1



3348 Route 208, Campbell Hall, NY 10916 Phone: 845-496-1600 Fax: 845-496-1398 42 Day Farm Road, West Stockbridge, MA 01266 Phone: 413-232-4040 Fax: 413-232-4141

Client:	Torrington Area Health District	Project:	Murphy-Highland Ave., Torr.
Material:	Segalla Fill	Project Number:	040346
Source:	Segalla	Lab Number:	04-0409
Date Sampled:	6/21/2004	Sampled By:	Client
Date Tested:	6/24/2004	Tested By:	ON CHI LAI

#### GRADATION (SIEVE ANALYSIS) OF SOIL OR AGGREGATE Test Method(s): ASTM D422, C136, C117; AASHTO T11, T27, T88

Lab Number	Sample Type	Sampling Location	Specification
04-0409	Segalla Fill	Stockpile	Conn Septic Sand 2

Sieve Size		%	%	Spec. %
mm	Inches	Retain	Passing	Pass
9.5 mm	3/8"	0.0	100.0	
4.75 mm	#4	0.0	100.0	100
2.00 mm	#10	20.8	79.2	70-100
0.850 mm	#20	25.3	53.9	
0.600 mm	#30	12.7	41.2	
0.425 mm	#40	13.1	28.1	10-50
0.150 mm	#100	21.0	7.1	0-20
0.075 mm	#200	3.6	3.5	0-5
Pan		3.5		

Comments:

Minus #200 by wash-sieve method. Test results comply with specification. Sample contains 6.3% gravel, specification allows for 45% maximum.

Report Reviewed By:

DRO

RECEIVED

	Permit to	Con	struct	
				otom
A Sub:	surface Sew	vage Dis	sposar Sy	stem
Permit #	Date Issued	ł	Expires	
New	Septic System	Repair	Dep Other	
Highland A	Ave. Torrington	2C V	vest subdivision	
Street # Street Name	Town	Lot#	Subdivision	
Chris Murphy	, C/o Earl 860-5	567-8007		
Owner	Teleph	none		-
MARRY ST		5312	CEU-203-509	-5058
Licensed In	LICC	nse #	Installer Tel#	
	gineering & Surv 860-			
Engineer	Engin	eer Telephone		
Specific Cond	litions:			
Perk Tests in Fill by Engineer		Variances	Granted	
reik rests in rin by Engineer				
Required  Not Required	UST BE APPROVED BY THE S	O Yes (		
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TORRINGTON AREA HEALTH DISTRICT
350 Main Street • Suite A • Torrington. Connecticut 06790 Phone (860) 489-0436 • Fax (860) 496-8243 • E-mail info@tahd.org • Web Address www.tahd.org
"Promoting Health & Preventing Disease Since 1967"
ADDI ICATION & ADDDONAL FOD A NEW CEDTIC CNOTENT
APPLICATION & APPROVAL FOR A NEW SEPTIC SYSTEM Notes: This Approval Expires 12 Months From Date Of Issuance. This Is Only A Plan Approval -Not A Permit To Construct - Installer Must Obtain A Separate Permit Prior To Any Work.
STREET ADDRESS OF PLAN Lot 2C Highland Ave. Town Torngton
SUBDIVISION NAME West Subdivision LOT # 20
ENGINEER NAME BESKShire ENGINEEring& Surveying PHONE 860 567-8007
ENGINEER STREET ADDRESS 143 Bantam Lake Rd TOWN Bantam ZIP 06250
OWNER (Franter & Chins Aforphy) Earl Pelletier PHONE 860.582-1170
MAILING ADDRESS 32 WINTER Brook Rd TOWN WOLCOTT CT ZIP 05716
RESIDENTIAL STRUCTURE: NUMBER OF BEDROOMS 3 TOILETS / SINKS IN BASEMENT - YES ( ) NO (X )
JACUZZI OR WHIRLPOOL CAPACITY IN GALLONS
* SIZE OF (FUTURE?) SWIMMING POOL – ABOVE GROUNG BELOW GROUND
(* If future pool location is known at the time of the application it should be shown on design plan.)
COMMERCIAL OR NON-RESIDENTIAL: SQUARE FOOTAGE OF BUILDING INTENDED USE
COMMERCIAL OR NON-RESIDENTIAL:
COMMERCIAL OR NON-RESIDENTIAL: SQUARE FOOTAGE OF BUILDING INTENDED USE
COMMERCIAL OR NON-RESIDENTIAL: SQUARE FOOTAGE OF BUILDING INTENDED USE NUMBER OF EMPLOYEES
COMMERCIAL OR NON-RESIDENTIAL: SQUARE FOOTAGE OF BUILDING INTENDED USE NUMBER OF EMPLOYEES DESIGN FLOW TOILETS / SINKS IN BASEMENT - YES ( ) NO ( ) A COPY OF ANY EASEMENTS OR DEED RESTRICTIONS MUST BE ATTACHED
COMMERCIAL OR NON-RESIDENTIAL: SQUARE FOOTAGE OF BUILDING INTENDED USE NUMBER OF EMPLOYEES DESIGN FLOW TOILETS / SINKS IN BASEMENT - YES ( ) NO ( ) A COPY OF ANY EASEMENTS OR DEED RESTRICTIONS MUST BE ATTACHED
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COMMERCIAL OR NON-RESIDENTIAL: SQUARE FOOTAGE OF BUILDINGINTENDED USE NUMBER OF EMPLOYEES DESIGN FLOW TOILETS / SINKS IN BASEMENT - YES ( ) NO ( ) A COPY OF ANY EASEMENTS OR DEED RESTRICTIONS MUST BE ATTACHED CLOSEST PUBLIC WATER LINE <u>/200' on street but Being graved for well due to</u> CLOSEST PUBLIC WATER LINE <u>/200' on street but Being graved for well due to</u> CLOSEST PUBLIC WATER LINE <u>/200' on street but Being graved for well due to</u> CLOSEST PUBLIC WATER LINE <u>/200' on street but Being graved for well due to</u> CLOSEST PUBLIC WATER LINE <u>/200' on street but Being graved for well due to</u> UNDERGROUND STORAGE TANKS? YES ( ) NO (X) • This application must be accompanied by the fee of \$250.00, two (2) sets of engineered plans showing the map, block and lot numbers
COMMERCIAL OR NON-RESIDENTIAL:       INTENDED USE         SQUARE FOOTAGE OF BUILDING       INTENDED USE         NUMBER OF EMPLOYEES       DESIGN FLOW         DESIGN FLOW       TOILETS / SINKS IN BASEMENT - YES ( ) NO ( )         A COPY OF ANY EASEMENTS OR DEED RESTRICTIONS MUST BE ATTACHED         CLOSEST PUBLIC WATER LINE /200' on street but Being geproved for well due to cost:         UNDERGROUND STORAGE TANKS? YES ( ) NO (X)         • This application must be accompanied by the fee of \$250.00, two (2) sets of engineered plans showing the map, block and lot numbers and one (1) set of returnable building plans. (Returned Check Fee \$25)         • The applicant understands that the results of any tests conducted by or on behalf of the Torrington Area Health District are public
COMMERCIAL OR NON-RESIDENTIAL:       INTENDED USE         SQUARE FOOTAGE OF BUILDING       INTENDED USE         NUMBER OF EMPLOYEES       DESIGN FLOW         TOILETS / SINKS IN BASEMENT - YES ( ) NO ( )         A COPY OF ANY EASEMENTS OR DEED RESTRICTIONS MUST BE ATTACHED         CLOSEST PUBLIC WATER LINE /200 on street but Being graved for well due to cost:         UNDERGROUND STORAGE TANKS? YES ( ) NO ( )         • This application must be accompanied by the fee of \$250.00, two (2) sets of engineered plans showing the map, block and lot numbers and one (1) set of returnable building plans. (Returned Check Fee \$25)         • The applicant understands that the results of any tests conducted by or on behalf of the Torrington Area Health District are public information. The responsibility for the proper maintenance and operation of this septic system is entirely the owner's.
COMMERCIAL OR NON-RESIDENTIAL: SQUARE FOOTAGE OF BUILDINGINTENDED USE NUMBER OF EMPLOYEES DESIGN FLOW TOILETS / SINKS IN BASEMENT - YES ( ) NO ( ) A COPY OF ANY EASEMENTS OR DEED RESTRICTIONS MUST BE ATTACHED CLOSEST PUBLIC WATER LINE /200 ' on street but Being grproved for well due to CUNDERGROUND STORAGE TANKS? YES ( ) NO (X) • This application must be accompanied by the fee of \$250.00, two (2) sets of engineered plans showing the map, block and lot numbers and one (1) set of returnable building plans. (Returned Check Fee \$25) • The applicant understands that the results of any tests conducted by or on behalf of the Torrington Area Health District are public information. The responsibility for the proper maintenance and operation of this septic system is entirely the owner's. APPLICANT SIGNATURE

2R-9 Rev. 7/95	s.	REALEST WELL I	ATE & PI	OF CO ROFES	CONNECTICUT NSUMER PROTEC SIONAL TRADES MPLETION RE rtford, Connecticut	DIVISION	N		Do NOT fill in STATE WELL NO. OTHER NO.
OWNER	NAME EAK	22 Pellit	ieR		ADDRESS			NE POR	
LOCATION OF WELL	Hight	and Ave	(70	wn)	aton 2.				
PROPOSED USE OF WELL		EST	INESS ABLISHMEI JSTRIAL		FARM AIR	TES WIE			
DRILLING	SUPP ROTA	RY IN CON	PRESSED		CABLE PERCUSSION	01	pecify) HER pecify)		
CASING DETAILS	LENGTH (feet)	DIAMETER (inches)	WEIGHT PE	R FOOT		WELDED			WAS CASING GROUTED
YIELD TEST	BAILED		COMPRES	SED AIR	HOURS 4			YIELD (GP	â)
WATER LEVEL	MEASURE FROM L	AND SURFACE - STATIC (S	pecify feet)	DURING	I YIELD TEST (feet)		Depth of	Completed W	all in feet
SCREEN			1.			11.34			
DETAILS	SLOT SIZE	DIAMETER (inches)		RAVEL	Diameter of well including gravel pack (inches)	GRAVEL	SIZE (inches)	FRO	M (feet) TO (feet)
DEPTH FROM LA	ND TO SURFACE O FEET	FORMATION DE	SCRIPTION	-	Sketch exact lo permanent land		ll with distan	ces, to at lea	st two
0	6	Subsoil							
6	16	Shale							
16	210	Granite							
210	245	Sandistone			11 3	Г			
					555	4	Ę	7	
			2.6.16	_				200	Jos 1
									3
	as tested at differen ET	t depths during drilling, lis GALLONS PER							
16	00	1/2							
20		ale s							
	15'	8							
					and the second se		1	1	0 - 0

LOCAL DIRECTOR OF HEALTH

CPR-8 Rev. 7/95	STATE OF CONNECTICUT	PERMIT NUMBER
	DEPARTMENT OF CONSUMER PROTECTION REAL ESTATE & PROFESSIONAL TRADES DIVISIO WELL DRILLING PERMIT 165 Capitol Ayenue, Hartford, Connecticut 06106	PAID \$100- 4-13-04
LOCATION OF WELL EARL OWNER OF WELL	Relliter	DATE 4/12/04
OWNER'S ADDRESS	INDIVIDUAL BUILDER OTHER (Specify)	
PROPOSED USE OF WELL		EST Est. No. of People being Served.
	SKETCH OF WELL LOCATION (S	pecify)
	Locate well with respect to at least two roads, showing distance from intersection a	
1000 C	location of lot to at least two roads Well location on I	to and to house (if present)
Indicate North	Portuget to	K sa well
Town Fi	202 VET	
Approximate number	sible contamination: 7.5'+	
The undersigned is a Section 25-131 of th	aware that upon completion of the well, a "Well Completion Report" containing construction e 1969 Supplement to the General Statutes must be sent to the owner, the Department ion on the form provided by the agency. This permit is not valid until all information is fin or his agent.	t of Consumer Protection and the Water lled in and it has been counter-signed by REGISTRATION NO.
	DIRECTOR OF HEALTH	



## STATE OF CONNECTICUT

#### DEPARTMENT OF PUBLIC HEALTH

November 17, 2003

James Rokos, Director of Health Torrington Area Health District 350 Main St Torrington, CT 06790

RE: Well Permit Exception Application - Lot 2C, Highland Avenue, Torrington, CT

Dear Mr. Rokos:

Pursuant to Section 19-13-B51m(c)(2) of the Public Health Code (PHC), this department has determined that the installation of one individual drilled water supply well to serve the subject parcel is allowable. This is by reason of a long service line, in excess of 1,000 feet.

The exception is allowed, given the following conditions are met:

- a) The well site must be approved by the Torrington Area Health District's Health Director and be in conformance with Section 19-13-B51d(a) of the PHC.
- b) A well water sample must be approved by Torrington Area Health District's Health Director in accordance to Section 19-13-B101 of the Public Health Code.
  - c) The well will not adversely affect the purity and adequacy of the public water supply, nor the service of the system.
  - d) Should this parcel ever be connected to the public water supply in the future, the well must be abandoned in accordance with Section 25-128-57 of the Well Drilling Code.

It is Torrington Area Health District's Health Director prerogative to issue or deny the well permit in this instance.

Sincerely,

water was a the personalized wave gran

pp 2

Gerald R. Iwan, Ph.D., Director Drinking Water Division

WW GRI/MH/FG

Cc: Jennifer Murphy, 33 North Riverside Ave, Terryville, CT 06786 Steven Cerruto, Torrington Water Company Michael Hage, DWD



Phone: (860) 509-7333 Telephone Device for the Deaf: (860) 509-7191 410 Capitol Avenue - MS #_____51WAT



## **TORRINGTON AREA HEALTH DISTRICT**

350 Main Street • Suite A • Torrington, Connecticut 06790 Phone (860) 489-0436 • Fax (860) 496-8243 • E-mail <u>info@tahd.org</u> • Web Address <u>www.tahd.org</u>

"Promoting Health & Preventing Disease Since 1967"

Borough of Bantam

October 22, 2003

To:

Bethlehem

Cornwall

Goshen

From: Gilbert Roberts, Director of Environmental Health /

Florin Ghisa, Sanitary Engineer I

410 Capitol Ave., Mail Stop #51wat

State Department of Health

PO Box 340308

Hartford CT. 06134

Harwinton

Kent

RE: Well Permit Exception Lot 2C Highland Ave., Torrington

In regard to your inquiry of October 15, 2003, we have no objection to the approval of a well exception for the above noted property. The well site as shown on the plan of design complies fully with the requirements of 19-13-B51 of the Public Health Code. If you should have any questions, please give me a call.

Litchfield

Borough of Litchfield

Norfolk

Morris

Plymouth

Salisbury

Thomaston

Torrington

Warren

Watertown

Winsted

The Torrington Area Health District is an equal opportunity provider and employer and operates in accordance with USDA policy which prohibits discrimination. Complaints of discrimination may be filed with the USDA Secretary of Agriculture, Office of Civil Rights, Washington, DC 20250-9410 or call 202-720-5964.



## STATE OF CONNECTICUT

#### DEPARTMENT OF PUBLIC HEALTH

October 15, 2003

James Rokos, Director of Health Torrington Area Health District 350 Main St Torrington, CT 06790

RE: Well Permit Exception Application - Lot 2C, Highland Avenue, Torrington, CT

Dear Mr. Rokos:

This office is notifying you of a request pursuant to Section 19-13-B51m of the Public Health Code for well permit exceptions at the abovementioned location(s). We are requesting your comments and recommendations. Please include all pertinent information, including but not limited to: ability to site wells, existence of neighboring wells and any particular concern with water quality or quantity in the area, compatibility with the town's plan of development or ordinances, etc.

In order to impact our review; please submit your comments and recommendations no later than November 7. Thank you for your comments and please contact me if you have any questions.

Sincerely, Florin Ghisa

Sanitary Engineer I Drinking Water Division

Enclosed: copy of applicant's request & copy of survey map.

C: w/o enc. Michael Hage, DWD

\notifDOH.doc

RECEIVED OCT 2 2 2003 T.A.H.D.



Phone: (860) 509-7333 Telephone Device for the Deaf: (860) 509-7191 410 Capitol Avenue - MS # <u>51WAT</u> P.O. Box 340308 Hartford, CT 06134 Affirmative Action / An Equal Opportunity Employer

#### September 29, 2003

#### Dear Ms. Pendleton:

## RECEIVED

#### ---- OCT -7 A 10: 42

I recently sent a letter requesting a well exception to P.H.C. 19-13-B51 for lot 2C, Highland Avenue, Torrington, CT. (copy of letter is enclosed). Your office contacted me asking for additional information on this matter. Following please find three quotes for 1000 - 1200 feet of water line that would be required to hook up to the city water system. We believe that the costs that are involved would be an unnecessary hardship in the building process, and are looking for your approval to be able to drill a well instead.

Sincerely,

Jennifer W. Murphy Jennifer W. Murphy

33 North Riverside Ave Terryville, CT 06786 860/ 582-1170 August 2, 2003

Dear Ms. Pendleton:

CHIVED OCT -7 A 10: 42

We are requesting a well exception to P.H.C. 19-13-B51 for Lot 2C, Highland Avenue, ALTH Torrington, CT. We plan to start construction of a house on this lot in the next few PLIES months, and the cost of using the public water supply instead of a well would cause a hardship for us. Following is the relevant information for your review.

•	Property address:	Lot 2C Highland Avenue Torrington, CT 06790
9	Homeowner's present address:	Christopher and Jennifer Murphy 33 North Riverside Avenue Terryville, CT 06786 860/ 582-1170

Justification for Exception: Hardship due to long service lines

- Map enclosed (shows parcel boundaries, footprint of house, location of pws, location of proposed septic system, location of proposed well)
- Distance from pws to parcel / lineal feet of main needed: 576.89 feet
- Access to pws is available
- Total cost estimate of pws: \$21,605.00 (letter from Torrington Water Company enclosed)
- Total cost estimate of well service: \$5000.00 (contractor's proposal enclosed)

Sincerely,

Jennifer W. Murphy

AUG-12-2004 01:44 PM MAX WATER LAB, LIC

1.

P.01

MAX WATER LAB, LLC 429 Main St. WATERTOWN, CT 06795 Phone/Fax (860)-945-3566

Date 08-03-2004

Sample number: 8438 Sample date: 8-2-04 Water Source: Lot #2 C Highland Ave (kitchen tap) Torrington CT Owner's name: Earl Pellitier (Sampler: Pete Averso-Brennan Water Systems)

BACTERIOLOGICAL EXAMINATION	RESULT	METHOD
Total Coliforms	Absent	SM 9223 B

CONCLUSIONS: Based on the bacteriological examination, this water was SAFE The Maximum Contaminant Level (MCL) for total colliform bacteria is exceeded if the sample tests positive (Present) for total coliform bacteria, based on a 100mL sample Residual chlorine, none detected (< 0.05ppm). method 4500-Cl G

PHYSICAL EXAMI	NATION	RESULTS	U.S. PUBLIC HEALTH ADVISORY LIMIT	METH	IOD		
Turbidity	-	3.5	5.0 NTU		2130		
pH		6.8	6.4 - 8.5				B
Color		10	15	SM	2120	B	
Odor	None	detected	ZAHD APPROVAL	SM	2150	B	
CHEMICAL EXAMI	NATION	44	Substances tested COMPLY with Connecticut Maximum Contaminant Levels Funtreated [] treated B/n/w 150d an Mg/L	SM	2340	C	
Nitrate N		1.4	Drie 10.0 mg/L, MCL	SM	4500	NO3	D
Waledle **			& OOMY /I MOT	0)(		NO	
Sodium		7.6	28.0 mg/L	SM	3500	Na	в
Chloride		20.0	250.0 mg/L, MCL	SM	4500	Cl	B
Iron		0.22	0.30mg/L	SM	3500	Fe	в
Manganese	less t	han 0.01	0.50mg/L	SM	3500	Mn	B
ingeneration 🖶 kont it shering							

* value is outside of ADVISORY LIMIT MCL - CT State Maximum Contaminant Level note: 1 mg/L = 1 ppm

CT PH # 0202 EPA # CT00987

Robert Impraca

Robert Impresa - Laboratory Director



1.

#### MAX WATER LAB, LLC

Owner: Earl Pellitier Location Collected: Lot 20, Highland Ave., Torrington CT Date Sample Collected. 08/02/04 Sample Description. Kitchen Tap Max Water Lab Sample Number: 8438 EAS Sample Number: 04080007-03 LIMS ID Number: AF09701 Date Sample Received: 08/03/04 Sampler: Pete Brennan

		Maximum		
		Concentration		
	Results	Limit (MCL)*	Detection	Analysis
Parameter	(µg/L)	(µg/L)	Limit (µg/L)	Date
Method 524, Liquid				
Dichlorodifluoromethane	BDL		0.50	08/03/04
Chloromethane	BDL		0.50	08/03/04
Vinyl Chloride	BDL	2	0.50	08/03/04
Bromomethane	BDL		0.50	08/03/04
Chloroethane	BDL		0.50	08/03/04
Trichlorofluoromethane	BDL		0.50	08/03/04
Acetone	BDL		5.0	08/03/04
1.1 Dichloroethene	BDL	7	0.50	08/03/04
Methylene Chloride	BDL	5	0.50	08/03/04
trans-1.2-Dichloroethene	BDL	100	0.50	08/03/04
Methyl-tert-butyl-cther	BDL	70	0.50	08/03/04
1,1-Dichloroethane	BDL		0.50	08/03/04
2-Butanone	BDL		5.0	08/03/04
cis-1,2-Dichloroethene	BDL		0.50	08/03/04
2.2-Dichloropropane	BDL		0.50	08/03/04
Chloroform	BDL	100(1)	0.50	08/03/04
Bromochloromethane	BDL		0.50	08/03/04
1,1,1-Trichloroethane	BDL	200	0.50	08/03/04
1,1-Dichloropropene	BDL		0.50	()8/03/04
1.2-Dichloroethane	BDL	5	().5()	08/03/04
Carbon Tetrachloride	TABDCHPHON	with Conne	0.50	08/03/04
Benzene	Substances tested COMPLY Maximum Contamin BDL	ant Levels 5	0.50	08/03/04
Trichloroethene	Untrealed.	[] treated 5	0.50	08/03/04
1.2-Dichloropropane	a Cuntreated BDL	Accellair	0.50	08/03/04
Dibromomethane	BILLIN	MI I	0.50	08/03/04
Bromodichloromethane	Dalla ( BDI, SI	gnature 100 (1)	0.50	08/03/04
4-Methyl-2-Pentanone	BDL		5.0	08/03/04

105 COMMERCIAL STREET WATERTOWN CT 06795 PHONE (860) 274-5461 FAX (860) 945 0449



1.

## MAX WATER LAB, LLC

Owner: Earl Pellitier Location Collected: Lot 20, Highland Ave., Torrington CT Date Sample Collected: 08/02/04 Sample Description: Kitchen Tap Max Water Lab Sample Number: 8438 EAS Sample Number: 04080007-03 LIMS ID Number: AF09701 Date Sample Received: 08/03/04 Sampler: Pete Brennan

Sampler: Pete Brennan	Results	Maximum Concentration Limit (MCL)* (µg/L)	Detection Limit (µg/L)	Analysis Date
Parameter	(µg/Ľ)	70	0.50	08/03/04
cis-1,3-Dichloropropene	BDL	1000	0.50	08/03/04
Toluene	BDL	1000	0.50	08/03/04
trans-1,3-Dichloropropene	BDL	5	0.50	08/03/04
1,1,2-Trichloroethane	BDL	0	5.0	08/03/04
2-Hexanone	BDL		0.50	08/03/04
1,3-Dichloropropane	BDL	100(1)	0.50	08/03/04
Dibromochloromethane	BDL	5	0.50	08/03/04
Tetrachlorocthylene	BDL	5	0.50	08/03/04
1.2-Dibromoethane	BDL	100	0.50	08/03/04
Chlorobenzene	BDL	100	0.50	08/03/04
1,1,1,2-Tetrachloroethane	BDL	7()/)	0.50	08/03/04
Ethylbenzene	BDL	700	0.50	08/03/04
m/p-Xylene	BDL	10000 (2)	0.50	08/03/04
Styrene	BDI.	100		08/03/04
o-Xylenc	BDL	10000 (2)	0.50	
Bromoform	BDI.	100 (1)	0.50	08/03/04
1,1,2,2-Tetrachloroethane	BDL		0.50	08/03/04
Isopropylbenzene	BD1.		0.50	08/03/04
1,2,3-Trichloropropane	BDL		0.50	08/03/04
Bromobenzene	BDI.		0.50	08/03/04
n-Propylbenzene	BDL	CALCULATION OF A DESCRIPTION OF A DESCRI	0.50	08/03/04
2-Chlorotoluene	TABDEPROV	AL Connections	0.50	08/03/04
4-Chlorotoluene	Substances testsBD2MPLY	MIN CONNection	0.50	08/03/04
1,3,5-Trimethylbenzene	Maximum BDL	1 treated	0.50	08/03/04
tert-Butylbenzene	al untreated BDL		0.50	08/03/04
1.2.4 Trimethylbenzene	BIL OY BDL	que	0.50	08/03/04
sec-Butylbenzene	Date BDL Sig	nature	0.50	08/03/04
1,3-Dichlorobenzene	BDL		0.50	08/03/04

105 COMMERCIAL STREET WATERTOWN, CT 06795 PHONE (860) 274-5461 FAX (860) 945-0449



#### MAX WATER LAB, LLC

Owner: Earl Pellitier Location Collected: Lot 20, Highland Ave., Torrington CT Date Sample Collected: 08/02/04 Sample Description: Kitchen Tap Max Water Lab Sample Number: 8438 EAS Sample Number: 04080007-03 LIMS ID Number: AF09701 Date Sample Received: 08/03/04 Sampler: Pete Brennan

Parameter	Results (µg/L)	Maximum Concentration Limit (MCL)* (µg/L)	Detection Limit (µg/L)	Analysia Date
1,4-Dichlorobenzene	BDL	7.5	0.50	08/03/04
p-lsopropyltoluene	BDL.		0.50	08/03/04
1.2-Dichlorobenzenc	BDL	600	0.50	08/03/04
n-Butylbenzene	BDL		0.60	08/03/04
1.2-Dibromo-3-Chloropropane	BDL		1.0	08/03/04
1.2.4-Trichlorobenzenc	BDL	70	0.50	08/03/04
Naphthalene	BDL.		0.50	08/03/04
Hexachlorobutadiene	BDL		0.50	08/03/04
1,2,3-Trichlorobenzene	BDL		0.50	08/03/04

BDL = Below Detection Limit

Connecticut Certified Laboratory Number: PH 0558

The above analyses were conducted in accordance with: 1.EPA Test Methods for the Determination of Organic Compounds in Drinking Water.

*MCL = Set by State of Connecticut, Department of Public Health, Circular Ltr. No. 97-24.

(1) As the sum of the four constituent trihalomethanes.

(2) As the sum of the two constituent xylenes.

Gregor Laboratory

AHD PPROVAL ested COMPLY with Connecticut namum Contaminant Levels [ ] treated

<b>Torrington Area Health District</b>
350 Main St Suite A
Torrington, Ct 06790

		Torrington, Ct (	)6790		
Permit #	ТАН	D Is A Equal Oppor	rtunity Provider		
10435		Design Review	v For		
	Subsu	rface Sewage Dis			
	land Ave. et Name	Torrington Town	West Subdivision		
hris Murphy, C/o	Earl 32	Winterbrook Rd.	Wolcott	Ct.	06716
Owner		Owner Address	Town	State	Zip
Builder	Bui	ilder Address			
erkshire Enginee Engineer		Bantam Lake Rd. gineer Address	Borough Of	СТ	06750
This Approval	Indicates T pliance Wit	hat The Proposal H	Town las Been Reviewed By ations As Contained In		
	Plan Da	te: August 25, 20	003		
	Prepared I	By: Dennis Mcmo	worrow		
	Review Da	ate: October 22, 2	2003		
#	# Of Bedroo	oms: 3			
4 Ft. Wide Trend Septic System T		1000 Tank Size	495 Field Sq Ft.	16 Legnth	5 Of Septic System
Approved			Plan Revisio		
Construct Will Be	e Issued To Th al Is Subject T se Read Them	e Licensed Septic Syste o Specific And General	e Disposal System. The Pe m Installer Prior To Actual C Conditions As Shown On Bo	Construct	
Engineer Des Percolation T Engineer As I	est In Fill	<ul> <li>➢ Field Staking</li> <li>➢ Select Fill Re</li> <li>ed □ Curtain Drain</li> </ul>	equired As-b	ouilt Ins	upervision taller
Percolation T Engineer As I	est In Fill Built Requir	ed Curtain Drain	equired ☐ As-b n ⊠ As E	ouilt Ins Below	
<ul> <li>Percolation T</li> <li>Engineer As I</li> <li>(3) Perl</li> <li>(3) Perl</li> <li>1. The Drilling</li> <li>Water Is Within</li> <li>2. The Septic</li> <li>The Bench Mation</li> <li>3. A Scarificat</li> <li>4. A Sieve Te</li> </ul>	est In Fill Built Require k Tests In F g Of A Well in 200ft Of System Mu ark May Hav tion Inspect est Of Selec	Select Fill Re ed Curtain Drain fill By Engineer Must Be Approved The Propertyline ist Be Field Staked I ve To Be Reset At T tion Is Required Price	equired As-b n As-b Required Not Required Not Required By The State Health D By A Surveyor Prior To That Time. Dr To Fill Placement ded Prior To Placement	ouilt Ins Below uired epartmo	taller ent Since Publ
<ul> <li>Percolation T</li> <li>Engineer As I</li> <li>(3) Perl</li> <li>(3) Perl</li> <li>1. The Drilling</li> <li>Water Is Within</li> <li>2. The Septic</li> <li>The Bench Mation</li> <li>3. A Scarificat</li> <li>4. A Sieve Te</li> </ul>	est In Fill Built Require k Tests In F g Of A Well in 200ft Of System Mu ark May Hav tion Inspect est Of Selec	Select Fill Re ed Curtain Drain fill By Engineer Must Be Approved The Propertyline ist Be Field Staked I ve To Be Reset At T tion Is Required Prior t Fill Must Be Provid	equired As-b n As-b Required Not Required Not Required By The State Health D By A Surveyor Prior To That Time. Dr To Fill Placement ded Prior To Placement	ouilt Ins Below uired epartmo	taller ent Since Publ



## **TORRINGTON AREA HEALTH DISTRICT**

350 Main Street • Suite A • Torrington, Connecticut 06790 Phone (860) 489-0436 • Fax (860) 496-8243 • E-mail info@tahd.org • Web Address www.tahd.org

"Promoting Health & Preventing Disease Since 1967"

Borou	gh of	Ban	tan

November 19, 2002

To:

Re:

Bethlehem

Cornwall

Goshen

Harwinton

Kent

Litchfield

Morris

Norfolk

Borough of Litchfield

West Resubdivision

Martin Connor, City Planner

From: Gilbert Roberts, Director of Environmental Healthy

Torrington City Hall

Torrington, CT. 06790

140 Main St.

Highland Ave.

Map Information: West Resubdivision Map, March 2002 by Samuel Bertaccini, L.S. Site Development Plan by Berkshire Engineering, August 12, 2002.

The proposed resubdivision creates lot # 2C and modifies the property lines of Lot 2B and 2A. The houses on Lots 2A and 2B have septic systems and wells that were installed under permits issued by the TAHD and are part of a previously approved subdivision. The property line changes proposed do not effect the primary and reserve septic areas previously designated for these lots. Information concerning the suitability of subsurface sewage disposal for lot #2C is contained on page 1 and 2 of the Development plan prepared by Berkshire Engineering. Based on the data submitted and field evaluation the lot is suitable for subsurface sewage disposal for a four-bedroom home. A detailed plan of design prepared by a Professional Engineer will be required prior to the issuance of a permit. This lot will be serviced by public water. If you should have any questions, please give me a call.

Plymouth

Salisbury

Thomaston

Torrington

Cc:

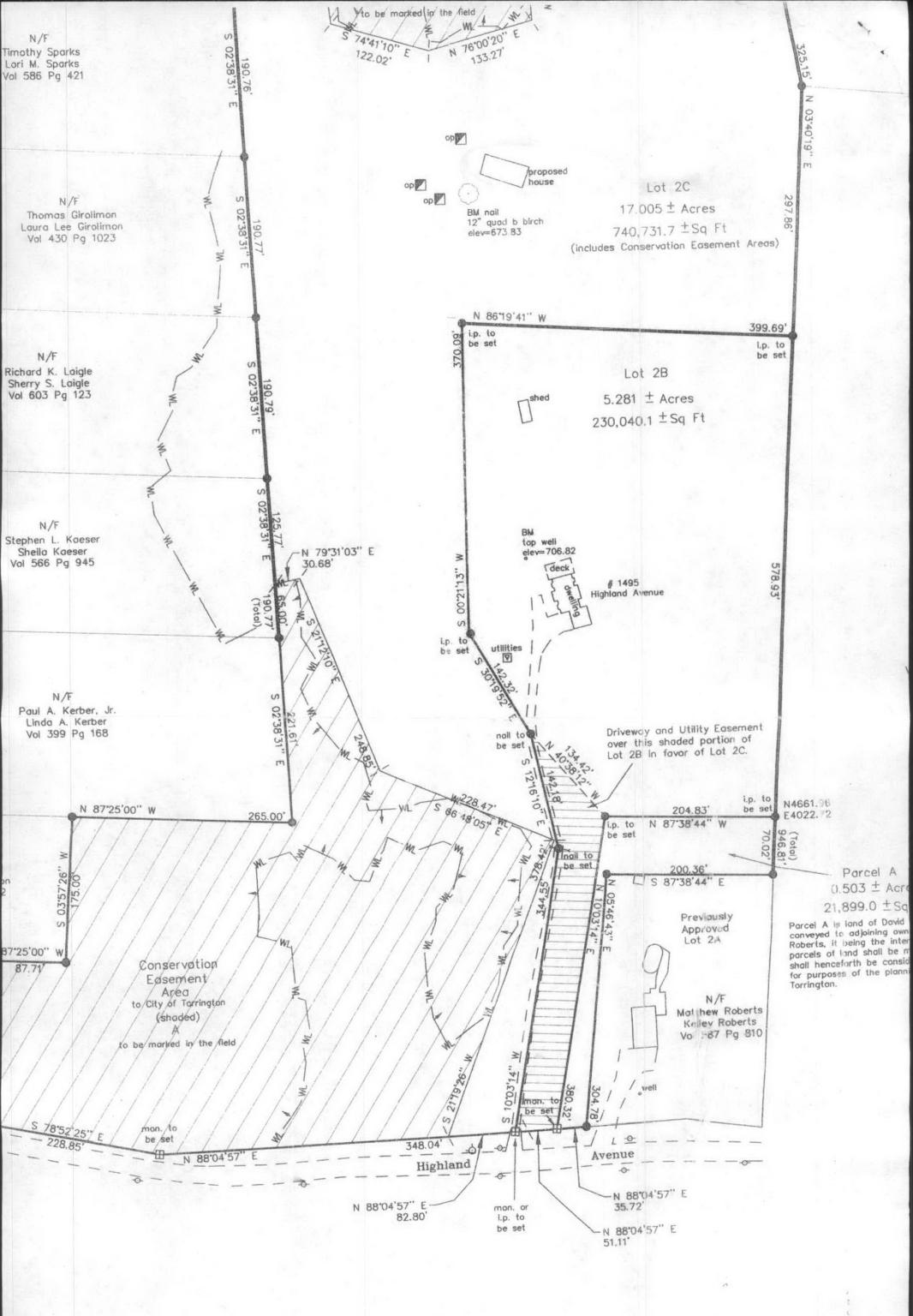
Warren

Dennis McMorrow, PE, Berkshire Engineering

Watertown

Winsted

The Torrington Area Health District is an equal opportunity provider and employer and operates in accordance with USDA policy which prohibits discrimination. Complaints of discrimination may be filed with the USDA Secretary of Agriculture, Office of Civil Rights, Washington, DC 20250-9410 or call 202-720-5964.



# Attachment 2



#### **Ernst Conservation Seeds**

8884 Mercer Pike Meadville, PA 16335 (800) 873-3321 Fax (814) 336-5191 www.ernstseed.com

Date: April 14, 2021

#### Northeast Solar Pollinator Buffer Mix - ERNMX-610

	Botanical Name	Common Name	Price/lb
37.00 %	Schizachyrium scoparium, 'Camper'	Little Bluestem, 'Camper'	15.90
36.30 %	Bouteloua curtipendula, Butte	Sideoats Grama, Butte	14.11
4.00 %	Chamaecrista fasciculata, PA Ecotype	Partridge Pea, PA Ecotype	7.20
4.00 %	Coreopsis lanceolata	Lanceleaf Coreopsis	28.80
4.00 %	Echinacea purpurea	Purple Coneflower	43.20
3.30 %	Rudbeckia hirta	Blackeyed Susan	24.00
2.30 %	Heliopsis helianthoides, PA Ecotype	Oxeye Sunflower, PA Ecotype	33.60
1.60 %	Penstemon digitalis, PA Ecotype	Tall White Beardtongue, PA Ecotype	192.00
1.50 %	Asclepias tuberosa	Butterfly Milkweed	432.00
0.80 %	Liatris spicata	Marsh Blazing Star	252.00
0.70 %	Senna hebecarpa, VA & WV Ecotype	Wild Senna, VA & WV Ecotype	28.80
0.50 %	Asclepias incarnata, PA Ecotype	Swamp Milkweed, PA Ecotype	192.00
0.50 %	Geum canadense, PA Ecotype	White Avens, PA Ecotype	192.00
0.50 %	Monarda fistulosa, Fort Indiantown Gap-PA Ecotype	Wild Bergamot, Fort Indiantown Gap-PA Ecotype	120.00
0.50 %	Pycnanthemum tenuifolium	Narrowleaf Mountainmint	168.00
0.50 %	Zizia aurea	Golden Alexanders	288.00
0.40 %	Aster laevis, NY Ecotype	Smooth Blue Aster, NY Ecotype	336.00
0.40 %	Aster novae-angliae, PA Ecotype	New England Aster, PA Ecotype	336.00
0.30 %	Baptisia australis, Southern WV Ecotype	Blue False Indigo, Southern WV Ecotype	96.00
0.30 %	Tradescantia ohiensis, PA Ecotype	Ohio Spiderwort, PA Ecotype	192.00
0.20 %	Oenothera fruticosa var. fruticosa	Sundrops	360.00
0.20 %	Solidago nemoralis, PA Ecotype	Gray Goldenrod, PA Ecotype	336.00
0.10 %	Aster prenanthoides, PA Ecotype	Zigzag Aster, PA Ecotype	432.00
0.10 %	Veronicastrum virginicum, PA Ecotype	Culver's Root, PA Ecotype	768.00

#### 100.00 %

Seeding Rate: Seed with 30 lbs/acre of a cover crop. For a cover crop use either grain oats (1 Jan to 31 Jul) or grain rye (1 Aug to 31 Dec).

Solar Sites

Mix Price/lb Bulk: \$38.45

## **NEW ENGLAND WETLAND PLANTS, INC**

820 WEST STREET, AMHERST, MA 01002 PHONE: 413-548-8000 FAX 413-549-4000 EMAIL: INFO@NEWP.COM WEB ADDRESS: WWW.NEWP.COM

#### New England Erosion Control/Restoration Mix For Detention Basins and Moist Sites

Botanical Name	Common Name	Indicator
Elymus riparius	Riverbank Wild Rye	FACW
Schizachyrium scoparium	Little Bluestem	FACU
Festuca rubra	Red Fescue	FACU
Andropogon gerardii	Big Bluestem	FAC
Panicum virgatum	Switch Grass	FAC
Vernonia noveboracensis	New York Ironweed	FACW+
Agrostis perennans	Upland Bentgrass	FACU
Bidens frondosa	Beggar Ticks	FACW
Eupatorium maculatum (Eutrochium maculatum)	Spotted Joe Pye Weed	OBL
Eupatorium perfoliatum	Boneset	FACW
Aster novae-angliae (Symphyotrichum novae-anglia	New England Aster	FACW-
Scirpus cyperinus	Wool Grass	FACW
Juncus effusus	Soft Rush	FACW+
PRICE PER LB. \$37.00 MIN. QUANITY 3 LBS.	<b>TOTAL:</b> \$111.00	APPLY: 35 LBS/ACRE :1250 sq

The New England Erosion Control/Restoration Mix for Detention Basins and Moist Sites contains a selection of native grasses and wildflowers designed to colonize generally moist, recently disturbed sites where quick growth of vegetation is desired to stabilize the soil surface. It is an appropriate seed mix for ecologically sensitive restorations that require stabilization as well as long-term establishment of native vegetation. This mix is particularly appropriate for detention basins that do not hold standing water. Many of the plants in this mix can tolerate infrequent inundation, but not constant flooding. The mix may be applied by hand, by mechanical spreader, or by hydroseeder. After sowing, lightly rake, roll or cultipack to insure good seed-to-soil contact. Best results are obtained with a Spring or late Summer seeding. Late Fall and Winter dormant seeding requires an increase in the application rate. A light mulching of clean, weed-free straw is recommended

New England Wetland Plants, Inc. may modify seed mixes at any time depending upon seed availability. The design criteria and ecological function of the mix will remain unchanged. Price is \$/bulk pound, FOB warehouse, Plus SH and applicable taxes.

## **NEW ENGLAND WETLAND PLANTS, INC**

820 WEST STREET, AMHERST, MA 01002 PHONE: 413-548-8000 FAX 413-549-4000 EMAIL: INFO@NEWP.COM WEB ADDRESS: WWW.NEWP.COM

#### New England Conservation/Wildlife Mix

Botanical Name	Common Name	Indicator
Elymus virginicus	Virginia Wild Rye	FACW-
Schizachyrium scoparium	Little Bluestem	FACU
Andropogon gerardii	Big Bluestem	FAC
Festuca rubra	Red Fescue	FACU
Sorghastrum nutans	Indian Grass	UPL
Panicum virgatum	Switch Grass	FAC
Chamaecrista fasciculata	Partridge Pea	FACU
Desmodium canadense	Showy Tick Trefoil	FAC
Asclepias tuberosa	Butterfly Milkweed	NI
Bidens frondosa	Beggar Ticks	FACW
Eupatorium purpureum (Eutrochium maculatum)	Purple Joe Pye Weed	FAC
Rudbeckia hirta	Black Eyed Susan	FACU-
Aster pilosus (Symphyotrichum pilosum)	Heath (or Hairy) Aster	UPL
Solidago juncea	Early Goldenrod	
PRICE PER LB. \$39.50 MIN. QUANITY 2 LBS.	<b>TOTAL:</b> \$79.00	APPLY: 25 LBS/ACRE :1750

The New England Conservation/Wildlife Mix provides a permanent cover of grasses, wildflowers, and legumes

For both good erosion control and wildlife habitat value. The mix is designed to be a no maintenance seeding, and is appropriate for cut and fill slopes, detention basin side slopes, and disturbed areas adjacent to commercial and residential projects.

New England Wetland Plants, Inc. may modify seed mixes at any time depending upon seed availability. The design criteria and ecological function of the mix will remain unchanged. Price is \$/bulk pound, FOB warehouse, Plus SH and applicable taxes.



#### **Ernst Conservation Seeds**

8884 Mercer Pike Meadville, PA 16335 (800) 873-3321 Fax (814) 336-5191 www.ernstseed.com

Date: April 14, 2021

#### Fuzz & Buzz Mix - Standard - ERNMX-146

	Botanical Name	Common Name	Price/lb
26.40 %	Lolium perenne, 'Crave', Tetraploid	Perennial Ryegrass, 'Crave', Tetraploid	3.48
20.80 %	Dactylis glomerata, 'Pennlate'	Orchardgrass, 'Pennlate'	3.00
18.90 %	Poa pratensis, 'Ginger'	Kentucky Bluegrass, 'Ginger' (pasture type)	3.36
17.00 %	Festuca elatior	Meadow Fescue	4.80
5.70 %	Trifolium hybridum	Alsike Clover	3.90
4.80 %	Trifolium pratense, Medium, Variety Not Stated	Red Clover, Medium, Variety Not Stated	3.00
2.00 %	Lotus corniculatus, 'Leo'	Bird's Foot Trefoil, 'Leo'	7.50
1.30 %	Cichorium intybus	Blue Chicory	19.20
1.00 %	Chrysanthemum leucanthemum	Oxeye Daisy	33.60
0.90 %	Coreopsis lanceolata	Lanceleaf Coreopsis	28.80
0.80 %	Chamaecrista fasciculata, PA Ecotype	Partridge Pea, PA Ecotype	7.20
0.40 %	Solidago nemoralis, PA Ecotype	Gray Goldenrod, PA Ecotype	336.00

Mix Price/lb Bulk:

\$5.76

#### 100.00 %

Seeding Rate: Expect to apply about 40 lbs per acre with a cover crop of annual ryegrass 12 lbs/acre

Forage & Pasture Sites; Solar Sites

Price quotes guaranteed for 30 days. All prices are FOB Meadville, PA. Please check our web site at <u>www.ernstseed.com</u> for current pricing when placing orders.



### **Ernst Conservation Seeds**

8884 Mercer Pike Meadville, PA 16335 (800) 873-3321 Fax (814) 336-5191 www.ernstseed.com

Date: April 14, 2021

#### Fuzz & Buzz Mix - Premium - ERNMX-147

	Botanical Name	Common Name	Price/lb
24.20 %	Lolium perenne, 'Crave', Tetraploid	Perennial Ryegrass, 'Crave', Tetraploid	3.48
17.70 %	Dactylis glomerata, 'Pennlate'	Orchardgrass, 'Pennlate'	3.00
17.70 %	Festuca elatior	Meadow Fescue	4.80
17.70 %	Poa pratensis, 'Ginger'	Kentucky Bluegrass, 'Ginger' (pasture type)	3.36
5.40 %	Trifolium hybridum	Alsike Clover	3.90
4.90 %	Trifolium incarnatum, Variety Not Stated	Crimson Clover, Variety Not Stated	1.92
4.50 %	Trifolium pratense, Medium, Variety Not Stated	Red Clover, Medium, Variety Not Stated	3.00
2.00 %	Lotus corniculatus, 'Leo'	Bird's Foot Trefoil, 'Leo'	7.50
1.30 %	Chrysanthemum leucanthemum	Oxeye Daisy	33.60
1.30 %	Cichorium intybus	Blue Chicory	19.20
0.80 %	Chamaecrista fasciculata, PA Ecotype	Partridge Pea, PA Ecotype	7.20
0.40 %	Aster oblongifolius, PA Ecotype	Aromatic Aster, PA Ecotype	336.00
0.40 %	Aster prenanthoides, PA Ecotype	Zigzag Aster, PA Ecotype	432.00
0.40 %	Coreopsis lanceolata	Lanceleaf Coreopsis	28.80
0.40 %	Tradescantia ohiensis, PA Ecotype	Ohio Spiderwort, PA Ecotype	192.00
0.40 %	Zizia aurea	Golden Alexanders	288.00
0.30 %	Solidago nemoralis, PA Ecotype	Gray Goldenrod, PA Ecotype	336.00
0.10 %	Asclepias syriaca	Common Milkweed	163.20
0.10 %	Penstemon hirsutus	Hairy Beardtongue	480.00
100.00 %		Mix Price/lb Bulk:	\$10.91

**Seeding Rate:** Expect to apply about 42 lbs per acre with a cover crop of annual ryegrass at 12 lbs/acre.

Forage & Pasture Sites; Solar Sites