| | Connecticut Dep | partment of | Public F | Iealth | Dr | inkir | ng V | Vater | Se | ction | |
|-------------------|-----------------------------------|-----------------|----------------|---------------|-------|-----------|---------|-----------|------|-----------|--------------|
| | Water Ou | ality Monit | oring an | d Con | npli | iance | Scl | hedul | e | | |
| PWS ID | PWS Name | <u> </u> | | | | sificatio | | | | er Type F | rimary Sourc |
| CT0070154 | SVEA SOCIAL CLUB | | | | | NC | | 25 | | Р | GW |
| Local Addre | ess (where applicable) | | Service | Residen | tial | Comme | rcial | Industria | al | Combined | Agricultura |
| 999 KENSIN | NGTON ROAD | | Connections | | | 1 | | | | | |
| Towns Serv | ved: BERLIN | | | | | | | | | | |
| | | Monit | oring Requ | uireme | nts | | | | | | |
| Water Sys | tem Facility: DISTRIBUTION | I SYSTEM (WSF I | D: 00600) | | | | | | | | |
| Total Coli | iform (3100) | | | | | | | 1 | rou | tine (RT) | per quarter |
| Sampl | ling Point (Sampling Point ID) | | | Monitori | ng Pe | eriod | Colle | ction Per | riod | Compl | iance Status |
| Select | from Inventory of Active Sampl | ing Points | | 10/1/23 - | 12/3 | 31/23 | | | | Co | mplete |
| | | | | 1/1/24 - | 3/31 | L/24 | | | | | |
| | | | | 4/1/24 - | 6/30 |)/24 | | | | | |
| 7/1/24 - 9/30/24 | | | | | | | | | | | |
| Physical F | Parameters (PPS) | | | | | | | 1 | rou | tine (RT) | per quarter |
| Sampl | ling Point (Sampling Point ID) | | | Monitori | | | Colle | ction Per | riod | Compl | iance Status |
| Select | from Inventory of Active Sampl | ing Points | | 10/1/23 - | 12/3 | 31/23 | | | | Co | mplete |
| | | | | 1/1/24 - | 3/31 | L/24 | | | | | |
| | | | | 4/1/24 - | | | | | | | |
| | | | | 7/1/24 - | 9/30 | 0/24 | | | | | |
| Water Sys | tem Facility: ENTRY POINT | (WSF ID: 00700) | | | | | | | | | |
| | nd Nitrite (NOX) | | | | | | | | 1 ו | = | RT) per year |
| _ | ling Point (Sampling Point ID) | | | Monitori | | | Colle | ction Per | riod | | iance Status |
| ENTRY | Y POINT (3) | | | 1/1/23 - | | | | | | Co | mplete |
| | | | | 1/1/24 - | | | | | | | |
| | | | | 1/1/25 - | 12/3 | 1/25 | | | | | |
| | Water | System Facili | ity and Sai | mpling | Poi | int Inv | /ent | ory | | | |
| Water | | | | | | | | Lead | | | |
| _ | Water System Facility | Sampling Point | | nt | | C | - | m Cop | | | Stage |
| Facility ID | | ID | Description | | | Status | Rule | Rule | Tier | Asbestos | WQP 2 DBP |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION | | | A | Υ | | | | |
| | | DOWNSTREAM | | | | A | | | | | |
| 00700 | FAITDY DOINT | UPSTREAM | WITHIN 5 SEF | | V | Α . | | | | | |
| | ENTRY POINT | 3 | ENTRY POINT | | | A | | | | | |
| 55105 | WELL 2 | 2 | WELL 2 | | | A | | | | | |
| | | Con | tact Infori | mation | | | | | | | |
| Name | | 0 | rganization | | | | | | | Job Title | |
| Mr. Christo | opher Dirga | Sv | ea Social Club | Inc | | | P | resident | | | |
| | dress Line One | Mailing Addres | s Line Two | | | | | City | | State | Zip Code |
| 201 Hamm | erhill Rd | | | | | Rock | ky Hill | | | СТ | 06067 |

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

Emergency Phone Email Address

chrisdirga@hotmail.com

Mobile Phone

860-280-7190

Business Phone

860-828-9447

Extension

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

Fax

Schedule Generation Date: 4/3/2024 Page 1

| Connecticut Department of Public Health Drinking Water Section | | | | | | | | | | | | |
|--|---|-------|--------------|--------------|---------------|----------------|---------|-------------|----------------|-----------------|--|--|
| | Wate | r Qua | lity Mon | itoring a | and Con | nplia | nce S | Schedul | e | | | |
| PWS ID | PWS Name Classification Population Owner Ty | | | | | | | Owner Type | Primary Source | | | |
| CT0070154 | SVEA SOCIAL CLUB | | | | | N | С | 25 | Р | GW | | |
| Local Address (where applicable) | | | | Service | Resider | Residential Co | | al Industri | al Combine | ed Agricultural | | |
| 999 KENSINGTON ROAD | | | | Connection | ons | | 1 | | | | | |
| Towns Served: B | RLIN | | | , | | | | | ' | | | |
| Name | | | | Organization | Organization | | | | Job Title | | | |
| Svea Social Club | | | | | | | | | | | | |
| Mailing Address I | ine One | | Mailing Addr | ess Line Two | ss Line Two | | | City | | Zip Code | | |
| P. O. Box 113 999 Kensington | | | on Rd | | Kensington CT | | СТ | 06037 | | | | |
| Business Phone | Extension | Fax | Mo | bile Phone | Emergency | / Phone | Email A | Address | dress | | | |
| | | | | | | | | | | | | |
| Contact Role(s): | Owner | | | | | | | | | | | |

Please note the following:

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

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

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

End of schedule

Schedule Generation Date: 4/3/2024 Page 2

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

| PWS ID | PWS Name | | | Cla | ssification | Population | Owner Type | Primary Source |
|------------------|-------------------|-------------|---------|-------|-------------|-------------|------------|-----------------|
| СТ0070204 | SAFARI GOLF | | | | NC | 25 | Р | GW |
| Local Address (v | vhere applicable) | Service | Resider | ntial | Commercia | al Industri | al Combine | ed Agricultural |
| 2340 WILBUR CI | ROSS HIGHWAY | Connections | | | 1 | | | |

Towns Served: BERLIN

| Monitoring Req | uirements |
|----------------|-----------|
|----------------|-----------|

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

| Total Coliform (3100) | | 1 rou | tine (RT) per month |
|---|--------------------|--------------------------|--------------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | | |
| | 10/1/24 - 10/31/24 | | |

| Physical Parameters (PPS) | | 1 rou | tine (RT) per month |
|---|--------------------------|--------------------------|--------------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| Select from Inventory of Active Sampling Points | 4/1/24 - 4/30/24 | | |
| | 5/1/24 - 5/31/24 | | |
| | 6/1/24 - 6/30/24 | | |
| | 7/1/24 - 7/31/24 | | |
| | 8/1/24 - 8/31/24 | | |
| | 9/1/24 - 9/30/24 | | |
| | 10/1/24 - 10/31/24 | | |

| Nitrate And Nitrite (NOX) | outine (RT) per year | | |
|------------------------------------|----------------------|--------------------------|--------------------------|
| Sampling Point (Sampling Point ID) | Monitoring Period | Collection Period | Compliance Status |
| ENTRY POINT (3) | 1/1/23 - 12/31/23 | | Complete |
| | 1/1/24 - 12/31/24 | | |
| | 1/1/25 - 12/31/25 | | |

Other Compliance Schedules

SEASONAL START UP COMPLETION 4/1/2024

| Public Notification Requirements | | | | | | | | |
|---|-------------------|--------|--|-----------|------------|----------|--|--|
| | Compliance | Notice | Notice <u>Public Notification</u> <u>PN Certificatio</u> | | | | | |
| Violation/Situation | Period | Tier | Required | Performed | Due to DPH | Received | | |
| REVISED TOTAL COLIFORM RULE (RTCR) | 5/6/18 - 5/17/18 | 3 | 6/18/2019 | | 6/28/2019 | | | |
| REVISED TOTAL COLIFORM RULE (RTCR) TT Violation | 5/21/20 - 6/12/20 | 2 | 7/25/2020 | | 8/4/2020 | | | |
| Total Coliform M&R Violation | 7/1/20 - 7/31/20 | 3 | 10/20/2021 | | 10/30/2021 | | | |
| Physical Parameters M&R Violation | 7/1/20 - 7/31/20 | 3 | 10/20/2021 | | 10/30/2021 | | | |
| Total Coliform M&R Violation | 9/1/20 - 9/30/20 | 3 | 3/16/2022 | | 3/26/2022 | | | |
| Physical Parameters M&R Violation | 9/1/20 - 9/30/20 | 3 | 3/16/2022 | | 3/26/2022 | | | |

Water System Facility and Sampling Point Inventory

| water | | | Iotai | Leaa ana | |
|--|----------------------|-----------------------|--------------------------------|-----------------|-----------------------------|
| System Water System Facility | Sampling Point | Sampling Point | Coliform | Copper | Stage |
| Facility ID | ID | Description | ctatus Rule | Rule Tier | Asbestos WOP 2 DBPR |
| NOTE: This information has been provided to help own | ers and operators of | public water systems | maintain compliance with drink | ing water quali | ty monitoring requirements. |

Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Page 3

| Connecticut Department of Public Health Drinking Water Section | | | | | | | | | | | | | | |
|--|---------------------|------------------------|--------------|------------|-------------|-------------------|-----------------|------------|----------------|--|--|--|--|--|
| Water Quality Monitoring and Compliance Schedule | | | | | | | | | | | | | | |
| PWS ID PWS Name | | | | | Classif | fication | Population | Owner Type | Primary Source | | | | | |
| CT0070204 | SAFARI GOLF | | | | ١ | NC | 25 | Р | GW | | | | | |
| Local Addre | Service | Residen | tial Co | ommerci | al Industri | al Combin | ed Agricultural | | | | | | | |
| 2340 WILBU | JR CROSS HIGHWAY | Connections | | | 1 | | | | | | | | | |
| Towns Served: BERLIN | | | | | | | | | | | | | | |
| 00600 | DISTRIBUTION SYSTEM | 4 | DISTRIBUTION | N SYSTEM | | A | Υ | | <u> </u> | | | | | |
| | WITHIN 5 SER | WITHIN 5 SERVICE CON A | | | | | | | | | | | | |
| | | WITHIN 5 SERVICE CON A | | | Α | | | | | | | | | |
| 00700 E | ENTRY POINT | 3 | ENTRY POINT | | | Α | | | | | | | | |
| 20145 V | 20145 WELL 2 WELL | | | | А | | | | | | | | | |
| Contact Information | | | | | | | | | | | | | | |
| Name | | rganization | | | Job Title | | | | | | | | | |
| Mr. Tom Bu | ıkowski | afari Golf, Inc. | | | | Owner - President | | | | | | | | |
| Mailing Add | ress Line One | s Line Two | | | | City | | Zip Code | | | | | | |
| 78 Wildwoo | d Lane | | | Kensington | | | СТ | 06037 | | | | | | |

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

Extension

Please note the following:

Business Phone

860-828-9800

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

Mobile Phone

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

Fax

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

Emergency Phone Email Address

tsb0805@gmail.com

860-828-8648

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

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

End of schedule

Schedule Generation Date: 4/3/2024 Page 4