| C  |                  | CD 11: II       | 1.1 0       | · 1 ·       | TAT          |          |               |              |  |  |  |
|--|------------------|-----------------|-------------|-------------|--------------|----------|---------------|--------------|--|--|--|
| Connecticut Department of Public Health Drinking Water Section |                  |                 |             |             |              |          |               |              |  |  |  |
| Water (  | Quality Mon      | itoring and     | d Comp      | olianc      | e Sche       | dule     |               |              |  |  |  |
| PWS ID PWS Name  |                  |                 | C           | lassificati | on Popula    | ation O  | wner Type Pri | mary Source  |  |  |  |
| CT0110064 J. C. C. SWIM & TENNIS                               | CLUB             |                 |             | NC          | 25           | j        | Р             | GW           |  |  |  |
| Local Address (where applicable)                               |                  | Service         | Residentia  | I Comm      | ercial Inc   | dustrial | Combined      | Agricultural |  |  |  |
| 4 DUNCASTER ROAD   |                  | Connections     |             | 1           |              |          |               |              |  |  |  |
| Towns Served: BLOOMFIELD                                       |                  |                 |             |             |              |          |               |              |  |  |  |
| Monitoring Requirements  |                  |                 |             |             |              |          |               |              |  |  |  |
| Water System Facility: DISTRIBUTION                            | ON SYSTEM (WS    | F ID: 00600)    |             |             |              |          |               |              |  |  |  |
| Total Coliform (3100)  |                  |                 |             |             |              | 1 rc     | outine (RT) p | er quarter   |  |  |  |
| Sampling Point (Sampling Point ID                              | )                |                 | Monitoring  | Period      | Collectio    | n Perio  | d Complia     | ince Status  |  |  |  |
| Select from Inventory of Active San                            | npling Points    |                 | 4/1/24 - 6/ | /30/24      |              |          | Con           | nplete       |  |  |  |
|  |                  |                 | 7/1/24 - 9/ | /30/24      |              |          | Con           | nplete       |  |  |  |
|  |                  |                 | 4/1/25 - 6/ | /30/25      |              |          |               |              |  |  |  |
| Physical Parameters (PPS)                                      |                  |                 |             |             |              | 1 rc     | outine (RT) p | er quarter   |  |  |  |
| Sampling Point (Sampling Point ID                              | )                |                 | Monitoring  | Period      | Collectio    | on Perio | d Complia     | ince Status  |  |  |  |
| Select from Inventory of Active San                            | npling Points    |                 | 4/1/24 - 6/ | /30/24      |              |          | Con           | nplete       |  |  |  |
|  |                  |                 | 7/1/24 - 9/ | /30/24      |              |          | Con           | nplete       |  |  |  |
|  |                  |                 | 4/1/25 - 6/ | /30/25      |              |          |               |              |  |  |  |
| Water System Facility: ENTRY POIN                              | NT (WSF ID: 0070 | 0)              |             |             |              |          |               |              |  |  |  |
| Nitrate And Nitrite (NOX)                                      |                  |                 |             |             |              |          | 1 routine (R  | Γ) per year  |  |  |  |
| Sampling Point (Sampling Point ID                              | )                |                 | Monitoring  | Period      | Collectio    | n Perio  | d Complia     | ınce Status  |  |  |  |
| ENTRY POINT (3)  |                  |                 | 1/1/23 - 12 | /31/23      |              |          | Con           | nplete       |  |  |  |
|  |                  |                 | 1/1/24 - 12 | /31/24      |              |          | Con           | nplete       |  |  |  |
|  |                  |                 | 1/1/25 - 12 | /31/25      |              |          |               |              |  |  |  |
|  | Other            | Compliance      | Schedu      | les         |              |          |               |              |  |  |  |
| Compliance Schedule Activity                                   |                  |                 | Du          | e Date      |              | Achieve  | d Date        |              |  |  |  |
| CROSS CONNECTION SURVEY REPORT                                 |                  |                 | 3/2         | 1/2022      |              |          |               |              |  |  |  |
| CROSS CONNECTION SURVEY REPORT                                 |                  |                 | 3/2         | 1/2023      |              |          |               |              |  |  |  |
| CROSS CONNECTION SURVEY REPORT                                 |                  |                 | 3/2         | 1/2024      |              |          |               |              |  |  |  |
|  | Public No        | otification R   | equiren     | nents       |              |          |               |              |  |  |  |
|  |                  | Compliance      | Notice      |             | ic Notificat | ion      | PN Certi      | fication     |  |  |  |
| Violation/Situation  |                  | Period          | Tier        | Requir      |              | ormed    | Due to DPH    | Received     |  |  |  |
| REVISED TOTAL COLIFORM RULE (RTCR)                             | TT Violation 6/  | 21/20 - 5/26/21 | 2           | 9/24/20     |              |          | 10/4/2020     |              |  |  |  |
| REVISED TOTAL COLIFORM RULE (RTCR)                             | 5/               | 26/24 - 7/10/24 | 3           | 7/23/20     | 025          |          | 8/2/2025      |              |  |  |  |
| Wat  | er System Fac    | ility and Sar   | npling P    | oint In     | ventor       | У        |               |              |  |  |  |
| Water  | •                | •               |             |             |              | Lead an  | d             |              |  |  |  |
| System Water System Facility                                   | Sampling Poi     | nt Sampling Poi | nt          |             | Coliform     | Сорре    |               | Stage        |  |  |  |
| Facility ID  | ID               | Description     |             | Status      | Rule         | Rule Tie | er Asbestos I | WQP 2 DBPR   |  |  |  |
| 00600 DISTRIBUTION SYSTEM                                      | 4                | DISTRIBUTION    | I SYSTEM    | Α           | Υ            |          |               |              |  |  |  |
|  | DOWNSTREA        | M WITHIN 5 SER  | VICE CON    | Α           |              |          |               |              |  |  |  |
|  | UPSTREAM         | WITHIN 5 SER    | VICE CON    | Α           |              |          |               |              |  |  |  |
| 00700 ENTRY POINT  | 3                | ENTRY POINT     |             | Α           |              |          |               |              |  |  |  |
| 20218 WELL   | 2                | WELL            |             | Α           |              |          |               |              |  |  |  |
| 61973 HYDROPNEUMATIC TANK                                      |                  |                 |             |             |              |          |               |              |  |  |  |

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61974 BOOSTER PUMP

Schedule Generation Date: 12/18/2024 Page 1

| PWS ID                                 | Water Quality Monitoring and Co        |              |             |               |             |                  | Classification   Population   Owner Type   Primary |              |             |          |          |  |
|--|--|--------------|-------------|---------------|-------------|------------------|--|--------------|-------------|----------|----------|--|
|  | I. C. C. SWIM &                        |              | Cit         |               | C           | 25               | P  | урс          | GW          |          |          |  |
| Local Address (wh                      |  | TEINING CEOL | Service     | Residential   |             | mmercial         | Industri   |              | nbined      |          |          |  |
| 4 DUNCASTER RO                         | Connectio                              |              | itiai co    | 1             | maastri     | ai con           | ibilieu  | Agricultui   |             |          |          |  |
| Towns Served: BL                       |  |              |             |               |             |                  |  |              |             |          |          |  |
| TOWNS SERVED. BL                       | OOWITIEED                              |              | -           |               |             |                  |  |              |             |          |          |  |
|  |  |              | C           | ontact Info   | ormation    | 1                |  |              |             |          |          |  |
| Name                                   | Organization                           |              |             |               |             | Job              | Title  |              |             |          |          |  |
| Ghjcc Swim & Ra                        | cquet Club LLC                         |              |             |               |             |                  |  |              |             |          |          |  |
| Mailing Address Line One Mailing Addre |  |              |             | ress Line Two |             |                  | City   |              | tate        | Zip Code |          |  |
| 4 Duncaster Rd                         | iter Rd                                |              |             |               |             |                  | Bristol  |              | (           | СТ       | 06011    |  |
| Business Phone                         | ne Extension Fax Mo                    |              |             | obile Phone   | Emergence   | y Phone          | Email Ad   | dress        |             |          |          |  |
|  |  |              |             |               |             |                  |  |              |             |          |          |  |
| Contact Role(s):                       | Legal Contact, (                       | Owner        |             |               |             |                  |  |              |             |          |          |  |
| Name                                   |  |              |             | Organization  |             |                  |  |              | Job         | Title    |          |  |
| Ms. Sheri Gaudet                       |  |              |             | Jcc Swim And  | Tennis Club | )                |  |              |             |          |          |  |
| Mailing Address L                      | ine One                                |              | Mailing Add | ress Line Two | 10          |                  |  | City         |             | tate     | Zip Code |  |
| 335 Bloomfield A                       | ve                                     |              |             |               |             |                  | West Har   | tford        | (           | СТ       | 06117    |  |
| <b>Business Phone</b>                  | Extension                              | Fax          | M           | obile Phone   | Emergency   | y Phone          | Email Ad   | dress        |             |          |          |  |
| 860-231-6351                           |  |              |             |               |             |                  | sgaudet@   | mandellj     | cc.org      |          |          |  |
| Contact Role(s):                       | Administrative                         | Contact      |             | _             |             |                  |  |              |             |          |          |  |
| Name                                   |  |              |             | Organization  |             |                  |  | Job Title    |             |          |          |  |
| Mr. Dennis Carpe                       | enter                                  |              |             | Jcc Swim And  | Tennis Club | )                |  | Facilities I | Director    |          |          |  |
| Mailing Address L                      | Mailing Address Line One Mailing Addre |              |             | ess Line Two  |             |                  | City   |              | St          | ate      | Zip Code |  |
| 335 Bloomfield A                       | ve                                     |              |             |               |             |                  | West Har   | tford        | (           | СТ       | 06117    |  |
| Business Phone                         | Extension                              | Fax          | M           | obile Phone   | y Phone     | ne Email Address |  |              |             |          |          |  |
| 860-231-6309                           |  |              | 60          | 3-785-7875    |             |                  | dcarpent   | er@mand      | lelljcc.org | 3        |          |  |
| Contact Role(s):                       | Legal Contact, (                       | Owner        |             |               |             |                  |  |              |             |          |          |  |
| Please note the f                      | ollowing:                              |              |             |               |             |                  | _  | _            |             |          |          |  |

Connecticut Department of Public Health Drinking Water Section

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

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

End of schedule

|                     | Co              | nnectic                    | ut Depa                    | rtme    | ent of     | Public               | Health                      | Dr    | inki       | ng V                | Vater     | · Se | ection     |                            |
|---------------------|-----------------|----------------------------|----------------------------|---------|------------|----------------------|-----------------------------|-------|------------|---------------------|-----------|------|------------|----------------------------|
|                     |                 |                            | ter Qual                   |         |            |                      |                             |       |            |                     |           |      |            |                            |
| PWS ID              | PW              | /S Name                    | <b>V V V V V V V V V V</b> |         |            | 011110               |                             |       | sification |                     |           | _    | ner Type P | rimary Source              |
| CT011011            |                 | NWOOD STAT                 | E PARK/MA                  | IN PAR  | ( WELL     |                      |                             |       | NC         |                     | 700       |      | S          | GW                         |
| Local Add           |                 | re applicable)             | <del>-</del>               |         |            | Service              | Residen                     | tial  | Comme      | ercial              | Industr   | ial  | Combined   | Agricultural               |
| 57 GUN MILL ROAD    |                 |                            |                            |         | Connection | ns 4                 |                             |       |            |                     |           |      | _          |                            |
| Towns Sei           | rved: BLO       | OMFIELD                    |                            |         |            | <u>'</u>             | '                           |       |            |                     |           |      |            |                            |
|                     |                 |                            |                            | N       | /lonit     | oring Red            | guireme                     | nts   |            |                     |           |      |            |                            |
|                     |                 | ility: DISTR               | IBUTION SY                 |         |            |                      | •                           |       |            |                     |           |      |            |                            |
|                     | oliform (3      | =                          |                            |         |            |                      |                             |       |            |                     |           |      |            | per quarter                |
| _                   |                 | t (Sampling P              |                            |         |            |                      | Monitori                    |       |            | Colle               | ection Pe | riod |            | ance Status                |
| Selec               | ct from Inv     | entory of Act              | ive Sampling               | Points  |            |                      | 4/1/24 -                    |       |            | _                   |           |      |            | mplete                     |
|                     |                 |                            |                            |         |            |                      | 7/1/24 -                    | -     | -          |                     |           |      |            | mplete                     |
|                     |                 |                            |                            |         |            |                      | 10/1/24 -                   |       |            |                     |           |      | Co         | mplete                     |
| Dhara               | Dame            | /DDC\                      |                            |         |            |                      | 4/1/25 -                    | b/3(  | J/25       |                     |           | 1    | Hime (DT)  |                            |
| _                   |                 | ers (PPS)<br>t (Sampling P | oint ID                    |         |            |                      | Monitori                    | ne C  | oriod      | Calla               | ection Pe |      |            | per quarter<br>ance Status |
| _                   |                 | entory of Act              |                            | Doints  |            |                      | <i>Monitori</i><br>4/1/24 - |       |            | Colle               | ction Pe  | rioa |            | mplete                     |
| Selec               | LI II OIII IIIV | rentory of Act             | ive sampling               | Politis |            |                      | 7/1/24 -                    | -     | -          |                     |           |      |            | mplete                     |
|                     |                 |                            |                            |         |            |                      | 10/1/24 -                   |       | -          |                     |           |      |            | mplete                     |
|                     |                 |                            |                            |         |            |                      | 4/1/25 -                    |       |            |                     |           |      |            | mpiete                     |
| Water Sv            | stem Fac        | ility: ENTR                | Y POINT (W                 | VSF ID: | 00700)     |                      | ., 1, 23                    | 0,00  | 3, 23      |                     |           |      |            |                            |
|                     |                 | te (NOX)                   | (3)                        |         |            |                      |                             |       |            |                     |           | 1    | routine (F | RT) per year               |
|                     |                 | t (Sampling P              | oint ID)                   |         |            |                      | Monitori                    | ng P  | eriod      | Colle               | ction Pe  |      | =          | ance Status                |
| -                   | RY POINT (      |                            | •                          |         |            |                      | 1/1/23 -                    |       |            |                     |           |      |            | mplete                     |
|                     |                 | •                          |                            |         |            |                      | 1/1/24 -                    | 12/3  | 1/24       |                     |           |      | Сс         | mplete                     |
|                     |                 |                            |                            |         |            |                      | 1/1/25 -                    | 12/3  | 1/25       |                     |           |      |            |                            |
|                     |                 |                            |                            | Ot      | her C      | omplian              | ce Sched                    | lule  | es         |                     |           |      |            |                            |
| Complian            | ce Schedu       | le Activity                |                            |         |            |                      | ı                           | Due l | Date       |                     | Achie     | eved | Date       |                            |
| CROSS CO            | NNECTIO         | N SURVEY REP               | ORT                        |         |            |                      |                             | 3/1/2 | 2026       |                     |           |      |            |                            |
| Makes               |                 |                            | Water Sy                   | ystem   | Facili     | ty and S             | ampling                     | Po    | int In     | vent<br>Total       |           |      |            |                            |
| Water<br>System     | Water S         | stem Facility              |                            | Samplin | a Point    | Sampling P           | Point                       |       |            | rotal<br>Colifor    |           |      |            | Stage                      |
| Facility ID         | -               | ,                          |                            |         | D          | Description          |                             | 9     | Status     | Rule                | -         | -    | Asbestos   | WQP 2 DBPR                 |
| 00600               | DISTRIBL        | JTION SYSTEM               | 1                          | 10      | 01         | WOMENS S             | SINK                        |       | Α          | Υ                   |           |      |            |                            |
|                     |                 |                            |                            | 10      | 02         | MENS SINK            |                             |       | Α          | Υ                   |           |      |            |                            |
|                     |                 |                            |                            | 10      | 03         | OUTSIDE FA           | AUCET                       |       | Α          | Υ                   |           |      |            |                            |
|                     |                 |                            |                            | 4       | 1          | DISTRIBUTI           | ON SYSTEM                   | l     | Α          | Υ                   |           |      |            |                            |
|                     |                 |                            |                            | DOWNS   | STREAM     | WITHIN 5 S           | ERVICE CON                  | V     | Α          |                     |           |      |            |                            |
|                     |                 |                            |                            | UPST    | REAM       | WITHIN 5 S           | ERVICE CON                  | V     | Α          |                     |           |      |            |                            |
| 00700               | ENTRY P         | TNIC                       |                            |         | 3          | ENTRY POI            | VT                          |       | Α          |                     |           |      |            |                            |
| 20223               | WELL            |                            |                            | - 2     | 2          | WELL                 |                             |       | Α          |                     |           |      |            |                            |
| Contact Information |                 |                            |                            |         |            |                      |                             |       |            |                     |           |      |            |                            |
| Name                |                 |                            |                            |         | Oı         | rganization          |                             |       |            |                     |           |      | Job Title  |                            |
| Mr. David           |                 |                            |                            | 1       | -          | eep-Engineering Unit |                             |       |            | Supv Civil Engineer |           |      |            |                            |
| Mailing A           |                 | e One                      |                            | Mailing | Address    | s Line Two           |                             |       |            |                     | City      |      | State      | Zip Code                   |
| 163 Great           |                 |                            |                            |         |            | Т                    |                             |       |            | tland               |           |      | СТ         | 06480                      |
| Busines             | s Phone         | Extension                  | Fax                        |         | Mobi       | le Phone             | Emergency                   | Pho   | ne Ema     | ail Add             | ress      |      |            |                            |

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Schedule Generation Date: 12/18/2024

|   |                                   |          |               |         | C           | ,          |            |              |             |  |  |
|---|-----------------------------------|----------|---------------|---------|-------------|------------|------------|--------------|-------------|--|--|
|   | Water Quality Monit               | oring an | d Con         | npl     | iance S     | Schedul    | le         |              |             |  |  |
| PWS ID PWS Name   |                                   |          |               |         | ssification | Population | Owner Type | e Pri        | mary Source |  |  |
| CT0110114   | PENWOOD STATE PARK/MAIN PARK WELL |          | NC            | 700     | S           |            | GW         |              |             |  |  |
| Local Address (w  | Service Resider                   |          | tial Commerci |         | al Industri | al Combir  | ned        | Agricultural |             |  |  |
| 57 GUN MILL RC  | Connections                       | 4        |               |         |             |            |            |              |             |  |  |
| Towns Served: B   |                                   |          |               |         |             |            | ·          |              |             |  |  |
| 860-424-4120  | 860-344-2560 860-2                | 860-424  | -333:         | david.c | :ooley@ct.g | ov         |            |              |             |  |  |
| Contact Role(s): Administrative Contact, Legal Contact, Owner |                                   |          |               |         |             |            |            |              |             |  |  |

Connecticut Department of Public Health Drinking Water Section

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