	Connecticut De	partment of	Public H	ealth	Dr	inkii	ng W	/ater	Se	ction	
		iality Monit					_			001011	
PWS ID	PWS Name	adirey 1-10111e	oring and	a dom						ner Type P	rimary Source
CT0130034	ACORN ACRES, INC.					NC	- 1-	25		Р	GW
Local Addre	ss (where applicable)		Service	Resident	tial	Comme	ercial	Industria	al	Combined	Agricultural
135 LAKE RO	DAD		Connections			1					
Towns Serve	ed: BOZRAH				,		'		'		
		Monito	oring Requ	ireme	nts						
Water Syst	em Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)								
Total Colif	form (3100)							1	rou	tine (RT)	per quarter
Sampli	ng Point (Sampling Point ID)		ı	Monitorii	ng P	eriod	Collec	ction Pe	riod	Compli	ance Status
Select	from Inventory of Active Samp	ling Points	-	10/1/23 -						Со	mplete
				1/1/24 -							
				4/1/24 -		-					
	(2-2)			7/1/24 -	9/30	0/24				/==\	
Physical Parameters (PPS) 1 routine (RT) per quarter											
-	ing Point (Sampling Point ID)	line Deinte		Monitorii			Collec	ction Per	riod		ance Status
Select	from Inventory of Active Samp	ling Points	-	1/1/23 -		•				Co	mplete
	1/1/24 - 3/31/24 4/1/24 - 6/30/24										
				7/1/24 -							
Water Syst	em Facility: ENTRY POINT	(WSF ID: 00700)		-, -,	5,0	-, - :					
Nitrate (1	,	(1	rou	tine (RT)	per quarter
-	ng Point (Sampling Point ID)			Monitorii	ng P	eriod	Collec	ction Pe			ance Status
-	POINT (3)			10/1/23 -						-	mplete
				1/1/24 -	3/3:	1/24					
				4/1/24 -	6/30	0/24					_
				7/1/24 -	9/30	0/24					
Nitrite (10	041)								1	routine (R	T) per year
-	ng Point (Sampling Point ID)			Monitorii			Collec	ction Per	riod		ance Status
ENTRY	POINT (3)			1/1/23 - :						Со	mplete
				1/1/24 - :							
				1/1/25 - :	-						
	Water	System Facili	ty and San	npling	Po	int In	vento	ory			
Water		c "	c !: 5 :				Total	Lead			
System V Facility ID	Vater System Facility	Sampling Point ID	Description	it			Coliforn Rule			Achastas	Stage WQP 2 DBPR
	DISTRIBUTION SYSTEM	4	DISTRIBUTION	CVSTENA		<u>Status</u> A	Y	Nuie	Her	ASDESIOS	WQF 2 DDFK
00000 L	NOTAIDOTTON STSTEIVI	DOWNSTREAM				A					
		UPSTREAM	WITHIN 5 SER			A					
00700 E	NTRY POINT	3	ENTRY POINT		-	A					
	VELL	2	WELL			A					
			tact Inforr	nation							
		COII	tact iiiioii	nation							

Job Title Organization Mr. Matt J. Riley Member Afreehold Management Mailing Address Line One Mailing Address Line Two Zip Code City State PO Box 827 06360 Norwich CT **Business Phone** Extension Fax Mobile Phone Emergency Phone Email Address 860-222-3997 12 860-222-3998 860-367-2220 matt@freeholdre.com

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.

	domineed at Department of Labore Treatment Dimking Water Section											
	Water Quality	Monitoring and	d Con	npl	liance S	Schedul	e					
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source				
CT0130034 ACORN ACRES, INC.					NC	25	Р	GW				
Local Address (\	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural				
135 LAKE ROAD	35 LAKE ROAD Connections				1							
Towns Served: I	owns Served: BOZRAH											

Connecticut Department of Public Health Drinking Water Section

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

Please note the following:

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

End of schedule

	Connecticut De	epartment of	Public H	lealth	Drir	ıking	g Wa	ater :	Sec	ction	
		uality Monit				`	_				
PWS ID	PWS Name	,	0							er Type P	rimary Sourc
CT0130044	ACORN ACRES CAMPGR	OUND-SYSTEM 1: TE	NNIS		N	С	2	!5		P	GW
Local Address	(where applicable)		Service	Residen	tial Co	mmerc	ial In	dustria	I C	Combined	Agricultura
135 LAKE ROA	,D		Connections			1					
Towns Served	: BOZRAH										
		Monito	oring Requ	ireme	nts						
Water Syster	m Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)								
Total Colifor	rm (3100)							1	rout	ine (RT)	per quartei
Sampling	Point (Sampling Point ID)			Monitori	ng Peri	od (Collect	ion Peri			ance Status
Select fro	om Inventory of Active Sam	pling Points	:	10/1/23 -	12/31/	23				Со	mplete
				4/1/24 -	6/30/2	4					
				7/1/24 -	9/30/2	4					
Physical Par	ameters (PPS)							1	rout	ine (RT)	per quartei
Sampling	Point (Sampling Point ID)			Monitori	ng Peri	od (Collect	ion Peri	od	Compli	ance Status
Select fro	om Inventory of Active Sam	pling Points	:	10/1/23 -	12/31/	23				Со	mplete
				4/1/24 -	6/30/2	4					
				7/1/24 -	9/30/2	4					
Water Syster	m Facility: ENTRY POIN	T (WSF ID: 00700)									
Nitrate And	Nitrite (NOX)							1	rout	ine (RT)	per quarte
Sampling	Point (Sampling Point ID)			Monitori	ng Peri	od (Collect	ion Peri	od	Compli	ance Status
ENTRY PO	OINT (3)			10/1/23 -	12/31/	23				Co	mplete
				4/1/24 -	6/30/2	4					
				7/1/24 -	9/30/2	4					
		Other C	ompliance	Sched	ules						
Compliance So	chedule Activity				Due Da	te		Achiev	ed D	ate	
SEASONAL STA	ART UP COMPLETION			!	5/1/202	24					
	Wate	r System Facili	ity and Sar	npling	Point	t Inve	entoi	Y			
Water		•	•			Т	otal	Lead a	ınd		
System Wa	iter System Facility	Sampling Point	Sampling Poi	nt		Col	liform	Сорр	er		Stage
Facility ID		ID	Description		Sta	tus l	Rule	Rule T	ier .	Asbestos	WQP 2 DBP
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	A	A	Υ				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	1 /	A					
		UPSTREAM	WITHIN 5 SER	VICE CON	1 /	4					
00700 EN	TRY POINT	3	ENTRY POINT		A	4					
20267 WE	<u>LL</u>	2	WELL		A	4					
		Con	tact Inforr	nation							
Name		0	rganization							Job Title	
Mr. Matt J. Ri	ley		reehold Mana	gement			Me	mber			
Mailing Addre		Mailing Addres		=				ty		State	Zip Code
PO Box 827						Norwi		•		СТ	06360
						+					

Emergency Phone Email Address

matt@freeholdre.com

860-367-2220

Mobile Phone

Business Phone

860-222-3997

Extension

12

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

Fax

860-222-3998

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

		- 0		1			4
PWS ID PWS Name C				Classification	Population	Owner Type	Primary Source
CT0130044	30044 ACORN ACRES CAMPGROUND-SYSTEM 1: TENNIS				25	Р	GW
Local Address (Local Address (where applicable)			ntial Commerc	ial Industri	al Combine	ed Agricultural
135 LAKE ROAI	Connections		1				

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

End of schedule

	Connecticut D	epart	ment of	Public	Health	Drir	nking	g Wa	ater S	ection	
	Water (Quality	y Monit	oring ai	nd Com	plia	nce	Sch	edule		
PWS ID	PWS Name					Classif	ication	Popu	lation O	wner Type	Primary Source
CT0130064	LITTLE BROOK PLAZA					N	IC	2	25	Р	GW
Local Address	(where applicable)			Service	Resident	ial Co	mmerc	ial Ir	ndustrial	Combine	d Agricultura
426 SALEM TU	IRNPIKE			Connection	IS		1				
Towns Served:	: BOZRAH										
			Monito	oring Rec	quiremer	nts					
Water Syster	m Facility: DISTRIBUTI	ON SYST	EM (WSF II	D: 00600)							
Total Colifor	m (3100)								1 rc	outine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitorin	g Peri	od (Collect	ion Perio	d Comp	liance Status
Select fro	m Inventory of Active Sar	npling Poi	nts		10/1/23 -	12/31/	/23			C	omplete
					1/1/24 - :	3/31/2	24				
					4/1/24 -	6/30/2	24				
					7/1/24 - 9	9/30/2	24				
Physical Para	ameters (PPS)								1 rc	outine (RT)	per quarter
Sampling	Point (Sampling Point ID)			Monitorin	g Peri	od (Collect	ion Perio	d Comp	liance Status
Select fro	m Inventory of Active Sar	npling Poi	nts		10/1/23 -	12/31/	/23			C	omplete
					1/1/24 - :	3/31/2	24				
					4/1/24 -	6/30/2	24				
					7/1/24 - 1	9/30/2	24				
Water Syster	n Facility: ENTRY POI	NT (WSF	ID: 00700)								
Nitrate And	Nitrite (NOX)									1 routine (RT) per year
Sampling	Point (Sampling Point ID)			Monitorin	g Peri	od (Collect	ion Perio	d Comp	liance Status
ENTRY PO	DINT (3)				1/1/23 - 1	.2/31/2	23			C	omplete
					1/1/24 - 1						
					1/1/25 - 1	.2/31/	25				
	Wat	er Syst	em Facili	ty and Sa	ampling	Poin [.]	t Inve	ento	ry		
Water							-	otal	Lead an	-	
•	ter System Facility	San	-	Sampling P				liform			Stage
Facility ID	TRIBUTION SYSTEM		ID	Description			itus	Rule	Kule He	er Aspestos	WQP 2 DBPI
00600 DIS	TRIBUTION SYSTEM	DO:	4	DISTRIBUTION			A	Υ			
				WITHIN 5 SI			A				
00700 511	EDV DOINT	U	PSTREAM	WITHIN 5 SI			Α				
	TRY POINT		3	ENTRY POIN	N I		A				
20269 WE			2	WELL		/	A				
59796 TRE	EATMENT PLANT										
			Con	tact Info	rmation						
Name			Or	ganization						Job Title	
Mr. Haci Demi	ir										
Mailing Addre	ss Line One	Ma	iling Address	s Line Two				C	ity	State	Zip Code
150 Broad St								.ondon		СТ	06320
Business Pho	one Extension	Fax	Mobi	le Phone	Emergency	Phone	Email	Addre	SS		
860-333-23	91						tuzlali	haci@	hotmail.c	om	

Contact Role(s): Administrative Contact

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

	Tracor Quarrey From	31 11118 a111	u 0011	TP.	indirec t	onean		
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0130064	0130064 LITTLE BROOK PLAZA				NC	25	Р	GW
Local Address (Local Address (where applicable)			ntial	Commerci	al Industri	al Combine	ed Agricultural
426 SALEM TU	Connections			1				

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End of schedule

		. (D.11)			-	A		
	Connecticut Department				_		ection	
2746.12	Water Quality Mo	intornig an						
PWS ID	PWS Name		Cla	ssificatio	n Po	-		imary Source
CT0130074	LAKE ROAD PLAZA	6 .	B 11 11 1	NC		28	Р	GW
	where applicable)	Service Connections	Residential	Comme	rcial	Industrial	Combined	Agricultural
435 SALEM TUI		Connections		5				
Towns Served:								
		nitoring Requ	uirements	5				
	n Facility: DISTRIBUTION SYSTEM (W	/SF ID: 00600)						
Total Colifor							utine (RT) բ	•
	Point (Sampling Point ID)		Monitoring I		Colle	ection Perio	d Compli	ance Status
Select from	m Inventory of Active Sampling Points		10/1/23 - 12/					
			1/1/24 - 3/3	31/24				
Total Colifor	•						outine (RT)	•
	Point (Sampling Point ID)		Monitoring I		Colle	ection Perio	d Compli	ance Status
Select from	m Inventory of Active Sampling Points		4/1/24 - 4/3					
			5/1/24 - 5/3					
			6/1/24 - 6/3					
			7/1/24 - 7/3					
			8/1/24 - 8/3					
			9/1/24 - 9/3					
Dharainal Dana	(DDC)		10/1/24 - 10/	/31/24		4		
-	ameters (PPS)		Manitavina I	Daviad	C-II.		outine (RT) բ	-
	Point (Sampling Point ID)		Monitoring F		Colle	ection Period	a Compile	ance Status
Select from	m Inventory of Active Sampling Points		10/1/23 - 12/					
Dhysical Days	ometers (DDC)		1/1/24 - 3/3	51/24		1	autica (DT)	
-	ameters (PPS)		Manitarina	Daviad	Calle		outine (RT)	•
	Point (Sampling Point ID)		Monitoring F 4/1/24 - 4/3		Cone	ection Period	a Compile	ance Status
Select Iroi	m Inventory of Active Sampling Points		5/1/24 - 5/3	•				
			6/1/24 - 6/3					
			7/1/24 - 7/3					
			8/1/24 - 8/3					
			9/1/24 - 9/3					
			10/1/24 - 10/					
Water System	Facility: ENTRY POINT (WSF ID: 00)		10/ 1/ 24 - 10/	J1/24				
	Nitrite (NOX)					,	1 routine (R	T) ner vear
	Point (Sampling Point ID)		Monitoring I	Period	Colle	ection Period	-	ance Status
ENTRY PO			1/1/23 - 12/3		Cont	Jenon Ferio	Compile	ance status
LIVINITO	(5)		1/1/24 - 12/3					
			1/1/25 - 12/3					
			11123 121	J 1/ 2J				

Public Notification Requirements										
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>										
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Nitrate And Nitrite M&R Violation	1/1/23 - 12/31/23	3	3/1/2025		3/11/2025					
Total Coliform M&R Violation	10/1/23 - 12/31/23	3	3/22/2025		4/1/2025	_				
Physical Parameters M&R Violation	7/1/23 - 9/30/23	3	3/28/2025		4/7/2025	_				
Physical Parameters M&R Violation	10/1/23 - 12/31/23	3	3/28/2025		4/7/2025					

Water Quality Monitoring and Compliance Schedule										
PWS ID PWS Name				Classification		Population	Owner Type	Primary Source		
CT0130074	LAKE ROAD PLAZA				NC	28	Р	GW		
Local Address	Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural			
435 SALEM TU	135 SALEM TURNPIKE				5					

Connecticut Department of Public Health Drinking Water Section

Towns Served: BOZRAH

	Water System Facility and Sampling Point Inventory											
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stag WQP 2 DE	_			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ							
00700	ENTRY POINT	3	ENTRY POINT	Α								
20270	WELL	2	WELL	Α								
54925	TREATMENT PLANT											

				Contact Inf	ormation						
Name				Organization	Organization			Job Title			
Mr. Scott F. Barbar	ossa			Lake Road P	laza LLC		Property Ov	wner			
Mailing Address Lin	e One		Mailing A	ddress Line Two		City		State	Zip Code		
69 Case Street						Norwich	l	СТ	06360		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress				
860-889-7576		860-889-	3215		860-889-7576	alarmdesignllc@aol.com					
Contact Role(s): Le	gal Contact, C)wner	,								
Name				Organization	1			Job Title			
Ms. Kimberly Perry				Lake Road P	laza (Zayla'S)						
Mailing Address Lin	e One		Mailing A	ddress Line Two			City	State	Zip Code		
Zayla'S Bar & Bistro			10 Teddy	Lane	ine I		Norwich		06360		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress				
860-885-2111					860-383-4033	zaylasba	ır@gmail.cor	n			
		_	-		1	-					

Contact Role(s): Administrative Contact

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End of schedule

Schedule Generation Date: 4/3/2024

Page 8

		. 5		1 D . 1 1	** 3.3		1	4.7	_		
		cut Departme ater Quality N								ection	
PWS ID	PWS Name	ater quarty is	101110	or mg ar					_	ner Tyne P	rimary Source
CT0130084	REVELATION C	HIIRCH				N		25	1 000	P	GW
	(where applicable			Service	Residentia	_	mmercial	Industr	rial	Combined	
166 BISHOP RO	* * *	-1		Connection		ai COI	1	maasti	iai	Combined	Agricultural
Towns Served:							1				
TOWNS SERVEU.	BOZNAN			owine Doo		. _					
Water Systen	n Facility: DIST	יו RIBUTION SYSTEM			quiremen	ts					
Total Colifor	m (3100)								1 rou	utine (RT)	per quarter
	Point (Sampling	Point ID)			Monitoring	, Perio	od Coll	ection Pe			iance Status
		ctive Sampling Points			10/1/23 - 1	2/31/2	23			Co	mplete
	•				1/1/24 - 3						mplete
					4/1/24 - 6						•
					7/1/24 - 9						
Physical Para	ameters (PPS)								1 rou	utine (RT)	per quarter
Sampling	Point (Sampling	Point ID)			Monitoring	, Perio	d Coll	ection Pe	eriod	Compl	iance Status
Select fro	m Inventory of A	ctive Sampling Points			10/1/23 - 1	2/31/2	23			Co	omplete
					1/1/24 - 3	/31/24	4			Co	omplete
					4/1/24 - 6	/30/24	4				
					7/1/24 - 9	/30/24	4				
Water Systen	n Facility: ENT	RY POINT (WSF ID:	00700)								
Nitrate And	Nitrite (NOX)								1	routine (I	RT) per year
Sampling	Point (Sampling	Point ID)			Monitoring	, Perio	d Coll	ection Pe		=	iance Status
ENTRY PO	DINT (3)				1/1/23 - 12	2/31/2	.3			Co	omplete
					1/1/24 - 12	2/31/2	4				
					1/1/25 - 12	2/31/2	.5			-	
		Ot	ther C	ompliano	ce Schedu	les					
Compliance Sc	hedule Activity					ie Dat	P	Achi	eved	Date	
-	CTION EXEMPTIO	N				1/202		Acm	crea	Date	
CROSS CONTRE	CHOIL EXEMINATE		Facili	the and C				how.			
		Water System	Facili	ity and Sa	ampling P	oint					
Water System Wa	ter System Facilit	y Samplir	na Point	Sampling P	oint		Tota Colifo		d and		Ctago
Facility ID	ter System Facilit	•	ig Folit D	Description			Dul		oper • Tier	· Ashestos	Stage WQP 2 DBPR
	TRIBUTION SYSTE	M	4	DISTRIBUTION		Stat A	lus			7.550505	
00000 DIS	TRIBOTION STSTE			WITHIN 5 S		A					
			REAM		ERVICE CON	A					
00700 EN1	TRY POINT		3	ENTRY POIN		Α					
	LL #1		2	WELL	V 1	A					
20271 VVL	LL #1			tact Info	rmation						
Name					illation					lob Title	
Name	who Cuahaala			rganization	.vob			Doct		Job Title	
	thew Grohocki	N A = 11:		evelation Chu	urcn			Pastor		Ctctc	7in Codo
Mailing Addres		IVIailing	adares	s Line Two			Dorus!-	City		State	Zip Code
166 Bishop Ro		F	N 4 = 1- :	lo Dhoras	Emorgo: D		Bozrah	drace		СТ	06334
Business Pho	one Extension	Fax	Ιάοινι	le Phone	Emergency P	none	cman Add	uress			

860-608-0319

heidi@myrevelationchurch.com

860-949-5273

Contact Role(s): Administrative Contact, Legal Contact

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

		3 3 3					
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0130084	REVELATION CHURCH		NC	25	Р	GW	
Local Address (where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
166 BISHOP RC	Connections		1				

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End of schedule

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
PW/S Name	Classification	Population	Owner Tyne	Prima

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0130104	BESTWAY CONVENIENCE STORE				NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
419 - 421 SALEM	1 TURNPIKE	Connections			1			

Towns Served: BOZRAH			1
Monitori	ng Requirements		
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	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		
	3/1/24 - 3/31/24		Complete
	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	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		
	3/1/24 - 3/31/24		Complete
	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		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	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		Complete
	1/1/25 - 12/31/25		
Organic Chemicals (VOCS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		

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

PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT0130104	BESTWAY CONVENIENCE STORE				NC	25	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
419 - 421 SALE	M TURNPIKE	Connections			1			

Other Compliance Schedules

Compliance Schedule Activity

Due Date

Achieved Date

RESPOND TO SANITARY SURVEY 5/11/2023

Water System Facility and Sampling Point Inventory Lead and Water System Water System Facility Sampling Point Sampling Point Coliform Copper Stage ID **Description** Facility ID Rule Rule Tier Asbestos WQP 2 DBPR Status 00600 DISTRIBUTION SYSTEM 4 **DISTRIBUTION SYSTEM** γ Α DOWNSTREAM WITHIN 5 SERVICE CON Α **UPSTRFAM** WITHIN 5 SERVICE CON Α 00700 3 **ENTRY POINT** Α **ENTRY POINT** 2 60320 WELL 1 WELL 1 Α 60323 TREATMENT PLANT

			Co	ntact Inf	ormation				
Name			Organization			Job Title			
Mr. Asif Choudhry			Ibrahim Ali, I	.LC	Mgr / Owner				
Mailing Address Line	e One	Mailing Addr	ess Line Two		City		State	Zip Code	
7 Jean Drive						Old Lym	е	CT	06371
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ac	ldress		
860-889-2266			860	0-287-7181		asifman	500@gmail.com		
Contact Role(s): Le	gal Contact, O	wner							
Name				Organization				Joh Title	

Name					Organization		Job Title			
	Ms. Maryum Javaid	l			Bestway Con	venience Store		Owner		
	Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
	419 Salem Turnpike	!					Bozrah		CT	06334
	Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	dress		
	860-383-2850					860-705-9686	mimmos	country@gmail.	com	
				•						

Contact Role(s): Administrative Contact

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.

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

End of schedule

	Connectic	*								ction	
	Wat	ter Qual	ity Moni	toring a	nd Con						
PWS ID	PWS Name								Owr	ner Type P	rimary Source
CT0130114	LEFFINGWELL BA	APTIST CHUR	СН			N	_	25		Р	GW
	where applicable)			Service	Residen	tial Co	mmercial	Industri	al	Combined	Agricultural
	RNPIKE (ROUTE 82)			Connectio	ns		1				
Towns Served:	BOZRAH										
Water System	n Facility: DISTR	IBUTION SY		toring Re ID: 00600)	quireme	nts					
Total Colifor	•		•	•				1	l rou	tine (RT)	per quarter
	Point (Sampling P	oint ID)			Monitori	ng Perio	od Col	lection Pe		= =	ance Status
Select from	m Inventory of Acti	ve Sampling	Points		10/1/23 -	12/31/	23			Co	mplete
	·				1/1/24 -	3/31/2	4			Сс	mplete
					4/1/24 -						
					7/1/24 -	9/30/2	4				
Physical Para	meters (PPS)							1	l rou	tine (RT)	per quarter
Sampling	Point (Sampling P	oint ID)			Monitori	ng Perio	od Col	lection Pe	riod	Compli	ance Status
Select from	m Inventory of Acti	ve Sampling	Points		10/1/23 -	12/31/	23			Co	mplete
					1/1/24 -	3/31/2	4			Co	mplete
					4/1/24 -	6/30/2	4				
					7/1/24 -	9/30/2	4				
Water System	Facility: ENTRY	POINT (W	SF ID: 00700)							
Nitrate And I	Nitrite (NOX)								1	routine (F	RT) per year
	Point (Sampling P	oint ID)			Monitori			lection Pe	riod	Compli	ance Status
ENTRY PO	INT (3)				1/1/23 -					Co	mplete
					1/1/24 -						
					1/1/25 -	12/31/2	25				
			Other (Complian	ce Sched	ules					
Compliance Sci	hedule Activity					Due Dat	te	Achie	ved	Date	
CROSS CONNEC	CTION EXEMPTION					3/1/202	24				
		Water Sy	stem Faci	lity and S	ampling	Point	t Inven	tory			
Water		-					Tot	al Lead	and		
System Wat	ter System Facility	9	Sampling Point				Colife	orm Cop	per		Stage
Facility ID			ID	Description	n	Sta	tus Ru	le Rule	Tier	Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM		4	DISTRIBUT	ION SYSTEM	A	Υ				
			DOWNSTREAM	WITHIN 5	SERVICE CON	1 /	Ą				
			UPSTREAM	WITHIN 5	SERVICE CON	1 /	4				
00700 ENT	RY POINT		3	ENTRY POI	NT	P	4				
20274 WEL	L		2	WELL		P	4				
			Coi	ntact Info	ormation						
Name			C	Organization						Job Title	
Leffingwell Bap	otist Church										
Mailing Addres	s Line One		Mailing Addre	ss Line Two				City		State	Zip Code
P.O. Box 250							Bozrah			СТ	06334
Business Pho	ne Extension	Fax	Mob	ile Phone	Emergency	Phone	Email Ad	dress			

860-887-7703 Contact Role(s): **Owner**

C	lonnectic	ut Depa	rtment	of Public	Health	ı Drii	nking	Water	Section			
	Wat	ter Qua	lity Mon	itoring a	nd Con	nplia	nce S	chedul	e			
PWS ID P	PWS Name Classification Population Owner Type Primary Sour											
CT0130114 LI	LEFFINGWELL BAPTIST CHURCH						IC	25	Р	GW		
Local Address (where applicable)				Service	Resider	ntial Co	mmercia	l Industri	al Combin	ed Agricultural		
388 SALEM TURNPIKE (ROUTE 82)				Connection	ns		1					
Towns Served: BO	ZRAH			,	1				1	1		
Name				Organization					Job Titl	e		
Mr. Robert Macgr	egor			Leffingwell Ba	ptist Churc	h		Head Trus	stee			
Mailing Address Li	ne One		Mailing Addr	ess Line Two				City	State	Zip Code		
P.O Box 250							Bozrah		СТ	06334		
Business Phone	Extension	Fax	Mo	obile Phone	Emergenc	y Phone	Email A	ddress				
860-859-1536							RMACG	RMACGREGOR4@ICLOUD.COM				
Contact Role(s):	Administrative (Contact. Leg	al Contact									

Please note the following:

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut D	enartment of	Public He	alth D	rink	ing W	ater Se	ction	
		Quality Monit						CUOII	
PWS ID	PWS Name	Quality Monit	oring and					ner Type P	rimary Source
CT013013		GROUND-SYSTEM 2: LA	UNDRY		NC		30	Р	GW
	ress (where applicable)			Residential	T		ndustrial	Combined	Agricultural
135 LAKE			Connections			1			8
	rved: BOZRAH								
		Monito	oring Requi	ements					
Water Sy	stem Facility: DISTRIBUT	ION SYSTEM (WSF II	D: 00600)						
Total Co	oliform (3100)						1 rou	ıtine (RT)	per quarter
Sam	pling Point (Sampling Point II	D)	M	onitoring F	Period	Collect	ion Period	Compli	ance Status
Selec	ct from Inventory of Active Sa	mpling Points	10	/1/23 - 12/	31/23			Co	mplete
			4	/1/24 - 6/3	0/24				
			7	/1/24 - 9/3	0/24				
Physical	Parameters (PPS)						1 rou	ıtine (RT)	per quarter
Sam	pling Point (Sampling Point II	o)	M	onitoring F	Period	Collect	tion Period	Compli	ance Status
Selec	ct from Inventory of Active Sa	mpling Points	10	/1/23 - 12/	31/23			Co	mplete
			4	4/1/24 - 6/30/24					
			7	/1/24 - 9/3	0/24				
Water Sy	stem Facility: ENTRY POI	NT (WSF ID: 00700)							
	And Nitrite (NOX)						1	=	RT) per year
Sam	pling Point (Sampling Point II	0)	M	onitoring F	Period	Collect	ion Period	Compli	ance Status
ENTF	RY POINT (3)		1,	<mark>/1/23 - 12/</mark> 3	31/23			Co	mplete
			1,	<mark>/1/24 - 12/</mark> 3	31/24				
			1,	1/25 - 12/3	31/25				
		Other Co	ompliance S	chedule	es				
Complian	ce Schedule Activity			Due	Date		Achieved	Date	
SEASONA	L START UP COMPLETION			5/1/	2024				
	Wat	ter System Facili	ty and Sam	pling Po	int Ir	nvento	ry		
Water						Total	Lead and		
System	Water System Facility		Sampling Point			Coliform			Stage
Facility ID		ID	Description		Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION S	YSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVI		Α				
		UPSTREAM	WITHIN 5 SERVI	CE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT		Α				
22725	WELL	2	WELL		Α				
		Con	tact Inform	ation					
Name		Oı	ganization					Job Title	
Mr. Matt	J. Riley		reehold Manage	ment		Me	ember		
Mailing A	ddress Line One	Mailing Address				С	ity	State	Zip Code
PO Box 82	27				No	rwich		СТ	06360

Emergency Phone Email Address

matt@freeholdre.com

860-367-2220

Mobile Phone

Business Phone

860-222-3997

Extension

12

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

Fax

860-222-3998

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

PWS ID	WS ID PWS Name C					Owner Type	Primary Source			
CT0130134	ACORN ACRES CAMPGROUND-SYSTEM 2: LA	NC	30	Р	GW					
Local Address (v	Service	Resider	ntial Commerci	al Industri	ial Combine	ed Agricultural				
135 LAKE ROAD		Connections	ections 1							

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End of schedule

	Сс	nnectic	ut Depa ter Qual						•	_			on	
DIAKS ID	DIA		ter Quai	ity Moi	1110	i ilig a	nu Con			1				
PWS ID		'S Name							ication				/pe P	rimary Source
CT013100		ILDRENS DEN	TAL ASSOCIA	TION			5		IC	1	10	Р		GW
		e applicable)				ervice Connection	Residen	tial Co	mmerc	ial In	dustrial	Com	bined	Agricultural
	M TURNPII				C	Jonnection	13		1					
Towns Se	rved: BOZI	RAH												
				Mor	nitor	ing Red	quireme	nts						
Water Sy	ystem Fac	ility: DISTR	IBUTION SY	STEM (WS	SF ID:	00600)								
Total Co	oliform (3	100)									1 r	outine	(RT)	per quarter
Sam	pling Poin	t (Sampling P	oint ID)				Monitori			Collect	ion Perio	od C	ompli	ance Status
Sele	ct from Inv	entory of Act	ive Sampling	Points			10/1/23 -	12/31,	/23				Co	mplete
							1/1/24 -	3/31/2	24				Co	mplete
							4/1/24 -	6/30/2	24					
							7/1/24 -	9/30/2	24					
Physica	l Paramet	ers (PPS)									1 r	outine	(RT)	per quarter
Sam	pling Poin	t (Sampling P	oint ID)				Monitori	ng Peri	iod C	Collect	ion Perio	od C	ompli	ance Status
Sele	ct from Inv	entory of Act	ive Sampling	Points			10/1/23 -	12/31,	/23				Co	mplete
							1/1/24 -	3/31/2	24				Co	mplete
							4/1/24 -	6/30/2	24					
							7/1/24 -	9/30/2	24					
Water Sy	ystem Fac	ility: ENTR	Y POINT (W	/SF ID: 007	00)									
Nitrate	And Nitri	te (NOX)										1 rout	ine (F	RT) per year
Sam	pling Poin	t (Sampling P	oint ID)				Monitori	ng Peri	iod C	Collecti	ion Perio	od C	ompli	ance Status
ENT	RY POINT (3)					1/1/23 -	12/31/	23				Co	mplete
							1/1/24 -	12/31/	24					
							1/1/25 -	12/31/	25					
			Water Sy	stem Fa	cility	and S	ampling	Poin	t Inve	entor	ſy			
Water									T	otal	Lead a	nd		
System	Water Sy	stem Facility	9	Sampling Po	int Sc	ampling P	Point		Col	liform	Coppe	er		Stage
Facility II	D			ID	D	escription)	Sto	atus F	Rule	Rule Ti	ier Asb	estos	WQP 2 DBPR
00600	DISTRIBU	TION SYSTEM	1	4	D	ISTRIBUTI	ON SYSTEM		A					
				DOWNSTRE	AM W	/ITHIN 5 S	ERVICE CON	١ .	A					
				UPSTREAM	√l W	/ITHIN 5 S	ERVICE CON	١ .	A					
00700	ENTRY PO	TNIC		3	EI	NTRY POI	NT		Α					
56901	WELL 1			2	W	/ELL 1			Α					
				С	onta	act Info	rmation							
Name					Orga	nization						Job	Title	
Ms. Mela	nie Fatone	<u> </u>				nvestors, L	LC.			Ow	ner			
Mailing A	ddress Line	e One		Mailing Add						Ci	ty	Sta	ate	Zip Code
	Dental Ass			392 Salem T					Bozrał		•		Т	06334
Busines	ss Phone	Extension	Fax			Phone	Emergency	Phone	Email	Addres	SS			

860-886-5576

1 Contact Role(s): Administrative Contact, Legal Contact mfatone@childrensdentalnlc.com

Connecticut Department of Public Health Drinking Water Section								
Water Quality Monitoring and Compliance Schedule								
PWS Name	Classification	Population	Owner Type	Primary				

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0131003	CHILDRENS DENTAL ASSOCIATION			NC	110	Р	GW
Local Address (where applicable)		Service	Residen	tial Commerci	al Industri	al Combine	ed Agricultural
392 SALEM TURI	NPIKE	Connections		1			

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End of schedule