	Connecticut De	^				0			ction			
	Water Q	uality Monit	oring and	d Corr	<u>iplian</u>	ice So	cheo	dule				
PWS ID	PWS Name				Classifica	ation P	opula	tion Ow	ner Type P	rimary Source		
СТ0210024	251 ROUTE 7 S				NC		25		Р	GW		
Local Address	(where applicable)		Service	Residen	tial Com	nmercial	Ind	ustrial	Combined	Agricultural		
251 ROUTE 7 S			Connections			1						
Towns Served:	CANAAN											
		Monit	oring Requ	ireme	nts							
Water Systen	n Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)									
Total Colifor Sampling	m (3100) Point (Sampling Point ID)		,	Monitori	ng Period	d Col	lectio	1 rou Period ח		per quarter ance Status		
	m Inventory of Active Samp	ling Points			12/31/2					Complete		
				1/1/24 -	3/31/24				Co	mplete		
				4/1/24 -	6/30/24							
				7/1/24 -	9/30/24							
Physical Para	ameters (PPS)							1 rou	utine (RT)	per quarter		
Sampling	Point (Sampling Point ID)		1	Monitori	ng Period	d Col	lectio	n Period	Compli	ance Status		
Select fro	m Inventory of Active Samp	ling Points	1	.0/1/23 -	12/31/2	3			Со	Complete		
					3/31/24				Со	Complete		
				4/1/24 -	6/30/24							
				7/1/24 -	9/30/24							
Water Systen	n Facility: ENTRY POINT	(WSF ID: 00700)										
Nitrate (104	•							1 rou		per quarter		
	Sampling Point (Sampling Point ID)				ng Period		lectio	n Period	Compliance Status			
ENTRY PC	DINT (3)			12/31/2					mplete			
					3/31/24				Co	mplete		
			4/1/24 - 6/30/24									
				7/1/24 -	9/30/24							
Nitrite (104)	•									per quarter		
	Point (Sampling Point ID)				ng Period		lectio	n Period		ance Status		
ENTRY PC	JINT (3)				12/31/2					mplete		
					3/31/24				Co	mplete		
					6/30/24							
					9/30/24							
		Other C	ompliance									
	hedule Activity		Due Date Achieved						Date			
CROSS CONNE	CTION SURVEY REPORT				3/1/2025							
	Wate	r System Facili	ity and San	npling	Point	Inven	tory					
Water		• • • = ·			Tot		ead and				
	ter System Facility	Sampling Point ID	Sampling Poin Description	it		Colifo		Copper	Achasta	Stage		
Facility ID			-	CVCTC · ·	<u>Statı</u>			uie Her	ASDESTOS	WQP 2 DBPR		
00600 DIS	TRIBUTION SYSTEM					Y						
						v		NI	v			
			KITCHEN HAN			Y		N	Y			
		MTSCAFE 002		UVVASH 2		Y Y		N	Y			
		MTSCAFE 003	MENS ROOM		A A	Y Y		N N	Y			
		MTSCAFE 004 MTSCAFE 005	LADIES ROOM			Y N		Y Y				
					A	T		IN				

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. Schedule Generation Date: 4/3/2024

(Connectic	ut Depa	rtment o	f Public	Health	Drin	king	g Wa	iter S	ection		
	Wat	ter Qual	lity Monit	coring a	nd Con	nplia	nce S	Sche	dule			
PWS ID	PWS Name					Classifi	cation	Popul	ation O	wner Type	Primary Sourc	
СТ0210024	251 ROUTE 7 S					Ν	С	2	5	Р	GW	
Local Address (wi	nere applicable)			Service	Residen	tial Co	mmerci	al Ind	dustrial	Combine	d Agricultura	
251 ROUTE 7 SOL	JTH			Connectior	าร		1					
Towns Served: CA	ANAAN											
		Water Sy	stem Facil	ity and S	ampling	Point	: Inve	ntor	у			
Water System Water Facility ID	System Facility		Sampling Point ID	Sampling P Description		Sta	Col	otal iform Rule	Lead ar Coppe Rule Ti	r	Stage s WQP 2 DBP	
			UPSTREAM	WITHIN 5 S	ERVICE CO	N A	١					
00700 ENTRY	POINT		3	ENTRY POI	NT	A	۱					
20452 WELL	WELL 2			WELL A			۱					
61323 TREAT	MENT PLANT											
			Cor	ntact Info	rmation)						
Name			0	rganization						Job Title	2	
Artisanal Foods L	LC											
Mailing Address I	ine One		Mailing Addres	s Line Two				Cit	ÿ	State	Zip Code	
347 West 36Th St	reet Sduite 1601	L					New Yo	ork		NY	10018	
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	Phone	Email A	Addres	S			
Contact Role(s):	Owner											
Name			0	Organization			Job Title					
Mr. John Steele			N	Mountainside			Director Operat			erations	itions	
Mailing Address Line One Mailing Addr				ress Line Two			City		State	Zip Code		
P.O. Box 717			187 Route 7	i			Canaar	า		СТ	06018	
Business Phone	e Extension	Fax	Mob	ile Phone	Emergency	Phone	Email A	Addres	s			
860-824-1397		888-848-2	2850		860-558-	8636	john.st	eele@	mounta	inside.com		
Contact Role(s):	Administrative	Contact, Leg	al Contact									
Please note the f	0											
1. The residual di	sinfectant concent	ration must b	e measured at th	e same locatio	on and time a	is each to	otal colif	orm sai	nple.			

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

	Connecticut De Water Q	partment of uality Monit				0		ection		
PWS ID	PWS Name			I				wner Type Pi	rimary Source	
СТ0210044					NC		25	P	GW	
	ess (where applicable)		Service	Residentia			dustrial	Combined	Agricultura	
172 ROUTE			Connections		1					
	ed: CANAAN				-					
Towns serve		Monit	oring Requ	irement	S					
Water Syst	tem Facility: DISTRIBUTIO									
Total Coli	form (3100)						1 r	outine (RT)	per quarter	
	ing Point (Sampling Point ID)			Monitoring	Period	Collect	ion Perio		ance Status	
	from Inventory of Active Samp	ling Points		L0/1/23 - 12					mplete	
		0		1/1/24 - 3/						
				4/1/24 - 6/						
				7/1/24 - 9/	-					
Physical P	arameters (PPS)			.,_,_,_,			1 r	outine (RT)	ner quarter	
-	ing Point (Sampling Point ID)			Monitoring	Period	Collect	ion Perio		ance Status	
	from Inventory of Active Samp	ling Points		LO/1/23 - 12					Complete	
beleet			-	1/1/24 - 3/					mprete	
				4/1/24 - 6/	-					
				7/1/24 - 9/						
Mator Sud	tem Facility: ENTRY POINT		0.00701	7/1/24-9/	50/24					
		- WELL 2 (WSF II	D: 00701)					1	T)	
	nd Nitrite (NOX)			Monitoring	Devied	Collact		1 routine (R		
	ing Point (Sampling Point ID)			Monitoring		Collect	ion Perio		ance Status	
EP - W	ELL 2 (3)			1/1/23 - 12,	-			Co	mplete	
				1/1/24 - 12,						
				1/1/25 - 12,						
		Public Not	tification R	equirem	nents					
		0	Compliance	Notice	Public	Notifica	ation	<u>PN Cert</u>	ification	
Violation/S	ituation		Period	Tier	Required	d Per	formed	Due to DPH	Received	
E. Coli		7/10	0/18 - 8/31/18	3	8/31/201	9		9/10/2019		
Physical Par	rameters M&R Violation	4/1	/21 - 6/30/21	3	8/18/202	2		8/28/2022		
Total Colifo	rm M&R Violation	4/1	/21 - 6/30/21	3	8/18/202	2		8/28/2022		
	Wate	r System Facil	ity and San	npling P	oint Inv	ento	ry			
Water						Total	Lead an			
	Water System Facility	Sampling Point		nt	Сс	oliform	Сорре		Stage	
Facility ID		ID	Description		Status	Rule	Rule Ti	er Asbestos	WQP 2 DBP	
00600 [DISTRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	А	Y				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	А					
		SP2	FRONT HAND	SINK	А	Y				
		UPSTREAM	WITHIN 5 SER	VICE CON	А					
00701 E	ENTRY POINT - WELL 2	3	EP - WELL 2		А					
54110 \	WELL 2	2	WELL 2		А					
	FREATMENT PLANT									
		Cor	ntact Inform	nation						
		01						Job Title		
		0	rganization							
Name	Amor Almosoudi	0	rganization			0	nor	Job Title		
Name Mr. Ahmed	Amer Almasoudi dress Line One	O Mailing Addres					ner	State	Zip Code	

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. Schedule Generation Date: 4/3/2024

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

					0		1							
PWS ID	PWS Name						Clas	sification	Population	Owner Type	Primary Source			
СТ0210044	172 ROUTE 7 N							NC	25	Р	GW			
Local Address (w	here applicable)				Service	Resider	ntial	Commerc	ial Industri	ial Combin	ed Agricultural			
172 ROUTE 7 N						Connections								
Towns Served: C	ANAAN													
172 ROULE 7 N								raiis v	mage	CI	00031			
Business Phon	ne Extension Fax Mobile Phone Emergency Ph							ne Email /	Email Address					
860-824-4661								nassar	iali@yahoo.	com				
Contact Role(s):	Administrative Cor	ntact, Legal	Contac	t, Own	er									
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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End of schedule