

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0210024	251 ROUTE 7 S	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
251 ROUTE 7 SOUTH				1			
Towns Served: CANAAN							

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		Complete		
	7/1/24 - 9/30/24		Complete		
	10/1/24 - 12/31/24				
	1/1/25 - 3/31/25				
	4/1/25 - 6/30/25				

Physical Parameters (PPS)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		Complete		
	7/1/24 - 9/30/24		Complete		
	10/1/24 - 12/31/24				
	1/1/25 - 3/31/25				
	4/1/25 - 6/30/25				

Water System Facility: ENTRY POINT (WSF ID: 00700)

Nitrate (1040)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	4/1/24 - 6/30/24		Complete		
	7/1/24 - 9/30/24		Complete		
	10/1/24 - 12/31/24				
	1/1/25 - 3/31/25				
	4/1/25 - 6/30/25				

Nitrite (1041)		1 routine (RT) per quarter			
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>		
ENTRY POINT (3)	4/1/24 - 6/30/24		Complete		
	7/1/24 - 9/30/24		Complete		
	10/1/24 - 12/31/24				
	1/1/25 - 3/31/25				
	4/1/25 - 6/30/25				

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
CROSS CONNECTION SURVEY REPORT	3/1/2025	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		MTSCAFE 001	KITCHEN HANDWASH 1	A	Y	N	Y	

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.

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0210024	251 ROUTE 7 S	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
251 ROUTE 7 SOUTH				1			
Towns Served: CANAAN							

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		MTSCAFE 002	KITCHEN HANDWASH 2	A	Y	N	Y	
		MTSCAFE 003	MENS ROOM	A	Y	N	Y	
		MTSCAFE 004	LADIES ROOM	A	Y	N	Y	
		MTSCAFE 005	KITCHEN PREP	A	Y	N	Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20452	WELL	2	WELL	A				
61323	TREATMENT PLANT							

Contact Information

Name			Organization			Job Title			
Artisanal Foods LLC									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
347 West 36Th Street Sduite 1601						New York		NY	10018
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				

Contact Role(s): **Owner**

Name			Organization			Job Title			
Mr. John Steele			Mountainside			Director Operations			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
P.O. Box 717			187 Route 7			Canaan		CT	06018
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-824-1397		888-848-2850		860-558-8636	john.steele@mountainside.com				

Contact Role(s): **Administrative Contact, Legal 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.

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 Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0210044	172 ROUTE 7 N	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
172 ROUTE 7 N				1			
Towns Served: CANAAN							

Monitoring Requirements

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

Total Coliform (3100)		1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		Complete	
	7/1/24 - 9/30/24		Complete	
	10/1/24 - 12/31/24			
	1/1/25 - 3/31/25			
	4/1/25 - 6/30/25			

Physical Parameters (PPS)		1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	4/1/24 - 6/30/24		Complete	
	7/1/24 - 9/30/24		Complete	
	10/1/24 - 12/31/24			
	1/1/25 - 3/31/25			
	4/1/25 - 6/30/25			

Water System Facility: ENTRY POINT - WELL 2 (WSF ID: 00701)

Nitrate And Nitrite (NOX)		1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
EP - WELL 2 (3)	1/1/23 - 12/31/23		Complete	
	1/1/24 - 12/31/24		Complete	
	1/1/25 - 12/31/25			

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
E. Coli	7/10/18 - 8/31/18	3	8/31/2019		9/10/2019	
Physical Parameters M&R Violation	4/1/21 - 6/30/21	3	8/18/2022		8/28/2022	
Total Coliform M&R Violation	4/1/21 - 6/30/21	3	8/18/2022		8/28/2022	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
			DOWNSTREAM	A				
		SP2	FRONT HAND SINK	A	Y			
			UPSTREAM	A				
00701	ENTRY POINT - WELL 2	3	EP - WELL 2	A				
54110	WELL 2	2	WELL 2	A				
54113	TREATMENT PLANT							

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.

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

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0210044	172 ROUTE 7 N	NC	25	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
172 ROUTE 7 N				1			
Towns Served: CANAAN							

Contact Information

Name			Organization			Job Title			
Mr. Ahmed Amer Almasoudi						Owner			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
172 Route 7 N						Falls Village		CT	06031
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-824-4661					nassariali@yahoo.com				
Contact Role(s): Administrative Contact, Legal Contact, 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