	C .: . D		'D lle II lel	D : 1 :	TAT			
	Connecticut Dep				0		ction	
	Water Qu	ality Monit	oring and Com	plianc	e Sche	edule		
PWS ID	PWS Name			Classificati	on Popu	lation Own	ner Type Prim	ary Source
CT0210024	251 ROUTE 7 S			NC	2	.5	Р	GW
Local Address (v	where applicable)		Service Resident	ial Comm	ercial In	dustrial	Combined A	Agricultural
251 ROUTE 7 SC	DUTH		Connections	1				
Towns Served:	CANAAN				'			
		Monito	oring Requiremen	nts				
Water System	Facility: DISTRIBUTION							
Total Coliforn	n (3100)					1 rou	tine (RT) pe	r quarter
Sampling	Point (Sampling Point ID)		Monitorin	g Period	Collecti	ion Period	Complian	ce Status
Select fron	n Inventory of Active Sampli	ng Points	4/1/24 - 0	5/30/24			Comp	olete
			7/1/24 - 9	9/30/24			Comp	olete
			10/1/24 - :	12/31/24				
			1/1/25 - 3	3/31/25				
			4/1/25 - (5/30/25				
_	meters (PPS)					1 rou	tine (RT) pe	-
	Point (Sampling Point ID)		Monitorin		Collecti	ion Period	Complian	
Select fron	n Inventory of Active Sampli	ng Points	4/1/24 - (Comp	
			7/1/24 - 9				Comp	olete
			10/1/24 - :					
			1/1/25 - 3					
			4/1/25 - (5/30/25				
-	Facility: ENTRY POINT	(WSF ID: 00700)						
Nitrate (1040	•				- "		tine (RT) pe	-
	Point (Sampling Point ID)		Monitorin		Collecti	ion Period	Complian	
ENTRY POI	INT (3)		4/1/24 - 0				Comp	
			7/1/24 - 9	• •			Comp	ere
			10/1/24 - 1					
			1/1/25 - 3 4/1/25 - 0					
Nitrite (1041	\		4/1/25 - 1	0/30/25		1	tina (DT) na	w
•	I Point (Sampling Point ID)		Monitorin	a Period	Collecti	ion Period	tine (RT) per Complian	-
ENTRY POI			4/1/24 - (_	Conecti	on Feriou	Comp	
LIVIKI FOI	(3)		7/1/24 - 9				Comp	
			10/1/24 - 1	-			COM	nete
			1/1/25 - 3					
			4/1/25 - (
		Other Co	ompliance Sched					
Compliance Sch	nedule Activity		D	ue Date		Achieved L	Date	
	CTION SURVEY REPORT		3	/1/2025				
	Water	System Facili	ty and Sampling	Point Ir	ventor	۲V		
Water	- Tracer	- , 5 5 5 1 1 4 6 1 1	c, and camping		Total	Lead and		
	er System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stage
Facility ID	•	ID	Description	Status	Rule		Asbestos W	_
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		MTSCAFE 001	KITCHEN HANDWASH 1	Α	Υ	N	Υ	

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: 12/18/2024 Page 1

	Water Quality Monit	oring and	d Con	npliance	Schedul	le	
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0210024	251 ROUTE 7 S			NC	25	Р	GW
Local Address (w	vhere applicable)	Service	Residen	ntial Commerc	ial Industri	al Combine	d Agricultural
251 ROLITE 7 SO	IITH	Connections		1			

Connecticut Department of Public Health Drinking Water Section

Towns Served: CANAAN

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

				Contact Inf	ormation						
Name				Organization	1		Job Title				
Artisanal Foods LLC											
Mailing Address Line One				Address Line Two		City		State	Zip Code		
347 West 36Th Stre	et Sduite 1601	L				New Yor	·k	NY	10018		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ddress				
Contact Role(s): O	wner										
Name				Organization	1	Job Title					
Mr. John Steele			Mountainside				Director Operations				
Mailing Address Lin	e One		Mailing Address Line Two			City		State	Zip Code		
P.O. Box 717			187 Route 7			Canaan		СТ	06018		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address					
860-824-1397	860-824-1397 888-848-2				860-558-8636 john.steele@		eele@mountainside.com				
Countrat Dala(a).		Contact Loc	al Cant	- at	1	1					

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

	C		CD Lite	r1.1.	D : .1	• - TA	7 - 1 C			
	Connecticut Dep					_		ection		
	Water Qu	ality Monit	coring an	d Com	pliand	e Sch	edule			
PWS ID	PWS Name				Classificat	ion Popi	ulation O	wner Type Pr	imary Source	
CT0210044	172 ROUTE 7 N				NC		25	Р	GW	
Local Addre	ess (where applicable)		Service	Resident	ial Comm	nercial I	ndustrial	Combined	Agricultural	
172 ROUTE	7 N		Connections		-	1				
Towns Serv	ved: CANAAN				'	,		<u>'</u>		
		Monit	oring Requ	iiremer	nts					
Water Sys	tem Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)							
Total Coli	iform (3100)						1 rc	outine (RT) p	er quarter	
Sampl	ling Point (Sampling Point ID)			Monitorin	g Period	Collec	tion Perio	d Complic	ance Status	
Select	from Inventory of Active Sampli	ng Points		4/1/24 -	6/30/24			Соі	mplete	
				7/1/24 - 9	9/30/24			Coi	mplete	
				10/1/24 -	12/31/24					
				1/1/25 - 3	3/31/25					
				4/1/25 -	6/30/25					
Physical F	Parameters (PPS)						1 rc	outine (RT) p	er quarter	
-	ling Point (Sampling Point ID)			Monitorin	g Period	Collec	tion Perio		nce Status	
Select	from Inventory of Active Sampli	ng Points		4/1/24 - 6/30/24 Complet						
				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 Sys	tem Facility: ENTRY POINT -	WELL 2 (WSF II	D: 00701)							
Nitrate A	nd Nitrite (NOX)							1 routine (R	T) per vear	
	ling Point (Sampling Point ID)			Monitorin	g Period	Collec	tion Perio	-	ance Status	
EP - W	/ELL 2 (3)			1/1/23 - 12/31/23 Complete						
				1/1/24 - 12/31/24 Complete						
				1/1/25 - 12/31/25						
		Public Not	tification R	equire	ments					
			Compliance	Notice		lic Notific	ation	PN Cert	ification	
Violation/S	Situation		Period	Tier	Requi	-	erformed	Due to DPH	Received	
E. Coli		7/10)/18 - 8/31/18	3	8/31/2		•	9/10/2019		
Physical Pa	rameters M&R Violation	4/1	/21 - 6/30/21	3	8/18/2	.022		8/28/2022		
Total Colifo	orm M&R Violation	4/1	/21 - 6/30/21	3	8/18/2	.022		8/28/2022		
	Water	System Facil	ity and Sar	npling	Point Ir	nvento	ry			
Water		•	-			Total	Lead an	d		
System	Water System Facility	Sampling Point		nt		Coliform			Stage	
Facility ID		ID	Description		Status	Rule	Rule Ti	er Asbestos	WQP 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SEF	VICE CON	Α					
		SP2	FRONT HAND	SINK	Α	Υ				
		UPSTREAM	WITHIN 5 SEF	VICE CON	Α					
00701	ENTRY POINT - WELL 2	3	EP - WELL 2		Α					
54110	WELL 2	2	WELL 2		Α					

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54113 TREATMENT PLANT

Schedule Generation Date: 12/18/2024 Page 3

	Water Quality	Quality Monitoring and Compliance Schedule Classification Population Owner Type Primary Source NC 25 P GW Service Residential Commercial Industrial Combined Agricultural							
PWS ID	PWS Name			Classificatio	n Po	opulation	Owner Type	Primary Source	
CT0210044	172 ROUTE 7 N			NC		25	Р	GW	
Local Address	(where applicable)	Service	Residen	ntial Comme	rcial	Industri	al Combin	ed Agricultural	
172 ROLITE 7	N	Connections		1					

Connecticut Department of Public Health Drinking Water Section

Towns Served: CANAAN

Contact Information											
Name				Organization	1			Job Title			
Mr. Ahmed Amer Almasoudi							Owner				
Mailing Address Line One Mailing Addr				ess Line Two			City	State	Zip Code		
172 Route 7 N						Falls Villa	ige	СТ	06031		
Business Phone	Extension	Fax	Mo	Mobile Phone Emergency Phone Email Addre		dress					
860-824-4661						nassarial	i@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.
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If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

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End of schedule

Schedule Generation Date: 12/18/2024