	Connecticut Departmen	nt of Public H	lealth	Dı	rinking	g Water	Se	ection	
	Water Quality M	onitoring an	d Con	npl	iance S	Schedul	le		
PWS ID	PWS Name			Cla	ssification	Population	Ow	ner Type Pi	imary Sourc
CT0380024	CAMP FARNAM				NC	25		Р	GW
Local Address	(where applicable)	Service	Residen	tial	Commerc	al Industri	al	Combined	Agricultur
285 R MAIDEN	N LANE	Connections			1				
Towns Served	: DURHAM								
	M	lonitoring Requ	uireme	nts	;				
Water Syster	m Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)							
Total Colifor	rm (3100)						1 ro	utine (RT)	per month
Sampling	g Point (Sampling Point ID)		Monitori	ing P	Period C	ollection Pe	riod	Compli	ance Status
Select fro	om Inventory of Active Sampling Points		5/1/24 -	- 5/3	1/24				
			6/1/24 -	- 6/3	0/24				
			7/1/24 -	- 7/3	1/24				
			8/1/24 -	- 8/3	1/24				
Physical Par	ameters (PPS)						1 ro	utine (RT)	per month
Sampling	g Point (Sampling Point ID)		Monitori	ing P	Period C	ollection Pe	riod	Compli	ance Status
Select fro	om Inventory of Active Sampling Points		5/1/24 -	- 5/3	1/24				
			6/1/24 -	- 6/3	0/24				
			7/1/24 -	- 7/3	1/24				
			8/1/24 -	- 8/3	1/24				
Water Syster	m Facility: ENTRY POINT (WSF ID: 0	0700)							
Nitrate And	Nitrite (NOX)						1	routine (R	T) per yea
Sampling	g Point (Sampling Point ID)		Monitori	ing P	Period C	ollection Pe	riod	Compli	ance Status
ENTRY PO	OINT (3)		1/1/23 -	12/3	31/23			Со	mplete
			1/1/24 -	12/3	31/24				
			1/1/25 -	12/3	31/25				
	Oth	ner Compliance	Sched	lule	es				
Compliance So	chedule Activity			Due	Date	Achie	ved	Date	
SEASONAL STA	ART UP COMPLETION			5/1/	2024				
	Public	c Notification F	Require	eme	ents				
		Compliance	Notice			<u>otification</u>		PN Cert	<u>ification</u>
Violation/Situ	ation	Period	Tier		Required	Performe	d [Due to DPH	Received
REVISED TOTA	AL COLIFORM RULE (RTCR) TT Violation	5/2/17 - 6/21/20	2		7/30/2017			8/9/2017	
Total Coliform	M&R Violation	8/1/18 - 8/31/18	3	1	11/13/2019)	1	1/23/2019	
Physical Paran	neters M&R Violation	8/1/18 - 8/31/18	3	1	11/20/2019)	1	1/30/2019	
	Water System	Facility and Sa	mpling	Po	int Inve	ntory			
Water						otal Lead	and	1	
System Wa	ater System Facility Sampling	Point Sampling Po	int		Col	iform Cop	per		Stage

	Wa	ter System Facili	ity and Sampling P	oint Ir	nvento	ſy			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
20673	WELL 3	2	WELL 3	Α					
62456	HYDROPNEUMATIC TANK								

Connectici	Department of Public Health Drinking Water Section	on
Wat	Quality Monitoring and Compliance Schedule	

PWS ID	PWS Name			Classificatio	n Popu	ulation	Owner Type	Primary Source
CT0380024	CAMP FARNAM			NC	2	25	Р	GW
Local Address (where applicable)		Service	Resider	tial Comme	rcial Ir	ndustria	al Combine	ed Agricultural
285 R MAIDEN LANE		Connections		1				

				Contact Inf	ormation				
Name				Organization				Job Title	!
Mr. Jamell Cotto				Farnam Neig	hborhood House		Vice Presiden	t	
Mailing Address Lin	e One		Mailing A	Address Line Two	ress Line Two			State	Zip Code
162 Fillmore Street			(Camp Fa	arnam 285 Maide	n Ln, Durham, Ct)	New Hav	/en	СТ	06513
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress		
203-562-9194	203-562-9194 203-562-2812				203-606-6760	jcotto@	cliffordbeers.o	rg	

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.

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

End of schedule

	Connecticut Department o	of Public H	ealth	Dı	rinking	, Water	Section	
	Water Quality Moni	itoring and	d Con	npl	iance S	Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0380034	376 MAIN STREET				NC	25	Р	GW
Local Address (w	here applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
376 MAIN STREET Connections 1								
Towns Served: D	DURHAM		•					

376 MAIN STREET	Connections		1			
Towns Served: DURHAM	·					
Mo	onitoring Requ	irement	S			
Water System Facility: DISTRIBUTION SYSTEM (V	WSF ID: 00600)					
Total Coliform (3100)				1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period Co	ollection Perio	d Complic	ince Status
Select from Inventory of Active Sampling Points		10/1/23 - 12	2/31/23		Out o	f Service
		1/1/24 - 3/	31/24		Out o	f Service
		4/1/24 - 6/	30/24		Out o	f Service
		7/1/24 - 9/	30/24			
Physical Parameters (PPS)				1 r	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring	Period Co	ollection Perio	d Complic	ince Status
Select from Inventory of Active Sampling Points		10/1/23 - 12	2/31/23		Out o	f Service
		1/1/24 - 3/	31/24		Out o	f Service
		4/1/24 - 6/	30/24		Out o	f Service
		7/1/24 - 9/	30/24			
Water System Facility: ENTRY POINT (WSF ID: 00	700)					
Nitrate And Nitrite (NOX)					1 routine (R	T) per year
Sampling Point (Sampling Point ID)		Monitoring	Period Co	ollection Perio	=	ince Status
ENTRY POINT (3)		1/1/23 - 12	/31/23			
		1/1/24 - 12	/31/24			
	_	1/1/25 - 12	/31/25			_
Public	Notification R	Requirem	ents			
	Compliance	Notice	Public No	tification	PN Certi	fication
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Physical Parameters M&R Violation	7/1/19 - 9/30/19	3	1/28/2021		2/7/2021	
Water System F	acility and Sai	mpling P	oint Inve	ntory		
Water	-		То	tal Lead an	nd	
System Water System Facility Sampling	Point Sampling Poi	nt	Coli	form Coppe	r	Stage
Facility ID ID	Description		Status R	ule Rule Ti	er Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM 4	DISTRIBUTIO	N SYSTEM	Α	Υ		
DOWNSTF	REAM WITHIN 5 SEF	RVICE CON	Α			
UPSTRE	AM WITHIN 5 SEF	RVICE CON	Α			

55981 TREATM	ENT PLANT								
				Contact Info	ormation				
Name				Organization				Job Title	
Mr. Alan C. Webbe	r			Madison, Du	rham, Westbrook, Lp	1	Cfo		
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code
1 Smith Street			Suite B1	101		Norwalk		СТ	06851
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress		
203-854-5046	202	203-853-9	9246	203-858-7187		alanweb	ber@discal	a.com	

ENTRY POINT

WELL

Α

Α

3

2

00700

20674

ENTRY POINT

WELL

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.

C	Connectic	ut Depai	rtmen	t of Public	Health	Drir	ıking	Water	Section	
	Wat	ter Qual	ity Mo	onitoring a	nd Con	nplia	nce S	Schedul	le	
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Primary Source
CT0380034 3	76 MAIN STREE	Т			NC		IC	25	Р	GW
Local Address (wh	ere applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combin	ed Agricultural
376 MAIN STREET				Connection	ns		1			
Towns Served: DU	RHAM			1						
Contact Role(s):	Owner									
Name				Organization					Job Titl	е
Mr. Jason Antonio)			Madison, Durl	nam, Westb	rook, L	р	Property	Manager	
Mailing Address Li	ne One		Mailing Ad	ddress Line Two				City	State	Zip Code
1 Smith Street			Suite B101	1			Norwal	k	СТ	06851
Business Phone	Extension	Fax		Mobile Phone	Emergency	/ Phone	Email A	ddress		
203-943-9640		203-853-9	246				jason@	discala.com	า	
Contact Role(s):	Administrative (Contact		,			•			

Please note the following:

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- 2. 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	Department of	Public H	ealth D	rinl	king	Wa	ter S	Sect	tion	
		Quality Monit				_				LIOII	
PWS ID	PWS Name	Quality Monit	ornig and							Tyne P	rimary Source
CT038004		ASSOC		Cic	NC		25		P		GW
	ress (where applicable)		Service	Residential		nmercia		ustrial		mbined	Agricultural
	ERCE CIRCLE		Connections	Residential	00111	1		ustriai		, , , , , , , , , , , , , , , , , , ,	7 Igi i cai cai ai
	rved: DURHAM										
		Monito	oring Requ	irements	S						
Water Sy	stem Facility: DISTRIBU	TION SYSTEM (WSF II	D: 00600)								
Total Co	liform (3100)							1 r	outii	ne (RT)	per quarter
Samp	pling Point (Sampling Point I	ID)	1	Monitoring I	Period	d Co	llectio	n Perio			ance Status
Selec	ct from Inventory of Active Sa	ampling Points	1	.0/1/23 - 12,	/31/23	3				Co	mplete
				1/1/24 - 3/3	31/24					Co	mplete
				4/1/24 - 6/3	30/24						
				7/1/24 - 9/3	30/24						
Physical	Parameters (PPS)							1 r	outii	ne (RT)	per quarter
-	pling Point (Sampling Point I	ID)	ı	Monitoring I	Period	d Co	llectio	n Perio			ance Status
Selec	ct from Inventory of Active Sa	ampling Points	1	.0/1/23 - 12,	/31/23	3				Co	mplete
				1/1/24 - 3/3	31/24					Co	mplete
				4/1/24 - 6/3	30/24						
				7/1/24 - 9/3	30/24						
Water Sy	stem Facility: ENTRY PO	INT (WSF ID: 00700)									
Nitrate A	And Nitrite (NOX)								1 ro	utine (F	RT) per year
	pling Point (Sampling Point I	ID)	1	Monitoring I	Period	d Co	llectio	n Perio		=	ance Status
ENTR	RY POINT (3)			1/1/23 - 12/	31/23	3				Со	mplete
				1/1/24 - 12/	31/24	1					
				1/1/25 - 12/	31/25	5				_	
		Other Co	ompliance	Schedul	es						
Complian	ce Schedule Activity			Due	Date	?	1	Achieve	d Da	ite	
RESPOND	TO SANITARY SURVEY			10/2	2/201	.6					
RESPOND	TO SANITARY SURVEY			8/15	/2021	1					
	Wa	ter System Facili	ty and San	npling Po	oint	Inver	itory	,			
Water						Tot	-	Lead ar	nd		
System	Water System Facility	Sampling Point	Sampling Poin	nt		Colif		Coppe			Stage
Facility ID)	ID	Description		Statu	us Ru	ile	Rule Ti	er A	sbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	SYSTEM	Α	Υ	,				
		DOWNSTREAM	WITHIN 5 SERV	VICE CON	Α						
		UPSTREAM	WITHIN 5 SERV	VICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT		Α						
20675	WELL	2	WELL		Α						
		Con	tact Inforn	nation							
Name		Or	ganization						Jo	ob Title	
Mr. Antho	ony Cordone		mmerce Circle	Assoc			Presi	dent			
Mailing Ad	ddress Line One	Mailing Address	s Line Two				City	/		State	Zip Code
1_											

9 Commerce Circle

Mobile Phone

Fax

Commerce Circle Assoc C/O Printing Dept

Extension

Contact Role(s): Administrative Contact, Legal Contact

Business Phone

203-627-9865

СТ

Durham

Emergency Phone Email Address

06422

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

		0		1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0380044	COMMERCE CIRCLE ASSOC			NC	25	Р	GW
Local Address	(where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
9 COMMERCE	CIRCLE	Connections		1			

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

End of schedule

	Connecticut De	epartment of	Public H	ealth D	rink	ing W	ater Se	ction
	Water Q	uality Monit	oring and	l Comp	liand	ce Sch	edule	
PWS ID	PWS Name			CI	assificat	ion Popu	lation Owr	ner Type Primary Source
CT0380054	THE LNJS REALTY FAMIL	Y LTD PARTNERSHIP			NC	2	25	P GW
Local Address	(where applicable)		Service	Residentia	I Comm	nercial Ir	ndustrial	Combined Agricultura
339 MAIN STR	EET		Connections		1	1		
Towns Served:	DURHAM				·			
		Monito	oring Requi	irement	:S			
Water Systen	n Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)					
Total Colifor	m (3100)						1 rou	tine (RT) per quarter
Sampling	Point (Sampling Point ID)		/	Monitoring	Period	Collect	ion Period	Compliance Status
Select fro	m Inventory of Active Sam	oling Points	1	0/1/23 - 12	2/31/23			Complete
				1/1/24 - 3/	31/24			Complete
				4/1/24 - 6/	'30/24			
				7/1/24 - 9/	'30/24			
Physical Para	ameters (PPS)						1 rou	tine (RT) per quarter
Sampling	Point (Sampling Point ID)			Monitoring	Period	Collect	ion Period	Compliance Status
Select fro	m Inventory of Active Sam	oling Points		0/1/23 - 12				Complete
				1/1/24 - 3/	-			Complete
				4/1/24 - 6/				
				7/1/24 - 9/	30/24			
	n Facility: ENTRY POIN	T (WSF ID: 00700)						
Nitrate (104	•							tine (RT) per quarter
	Point (Sampling Point ID)			Monitoring		Collect	ion Period	Compliance Status
ENTRY PC	DINT (3)			0/1/23 - 12				Complete
				1/1/24 - 3/				Complete
				4/1/24 - 6/				
	-1			7/1/24 - 9/	30/24			
Nitrite (104	•		_			- U .		routine (RT) per year
	Point (Sampling Point ID)			Monitoring		Collect	ion Period	Compliance Status
ENTRY PC	JIN1 (3)			L/1/23 - 12				Complete
				L/1/24 - 12				Complete
				1/1/25 - 12	• •			
		Other C	ompliance	Schedu	les			
Compliance Sc	chedule Activity				e Date		Achieved I	Date
RESPOND TO S	SANITARY SURVEY			5/1	5/2009			
	Wate	r System Facili	ity and San	pling P	oint Ir	nvento	ry	
Water						Total	Lead and	
	ter System Facility	Sampling Point		t		Coliform		Stage
Facility ID		ID	Description		Status		Rule Tier	Asbestos WQP 2 DBP
00600 DIS	TRIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ		
		DOWNSTREAM			A			
		UPSTREAM	WITHIN 5 SERV	/ICE CON	Α			

ENTRY POINT

WELL

Α

Α

3

2

00700 ENTRY POINT

20676 WELL

Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source	
CT0380054	THE LNJS REALTY FAMILY LTD PAR	TNERSHIP			NC	25	Р	GW	
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural	
339 MAIN STR	EET	Connections			1				

Connecticut Department of Public Health Drinking Water Section

				Contact In	formation				
Name				Organizatio	n			Job Title	
Mr. Leonard A. Ros	sicone			Lnhs Realty	Family Ltd Partner		Manager		
Mailing Address Lin	e One		Mailing	Address Line Two)	City State Zip C			Zip Code
The Lnjs Realty Fam	ily Ltd. Partne	rship	12 Turn	berry Road		Wallingt	ngford CT 0649		
Business Phone	Extension	Fax	(Mobile Phone	Emergency Phone	Email Ad	ddress	,	
203-265-0453				203-213-4982		Irossico	ne@sbcgloba	.net	
Contact Role(s): Ac	dministrative	Contact, Le	gal Conta	ct, Owner					
Name				Organizatio	n			Job Title	
The Lnjs Realty Fam	nily Ltd. Partn	ership							
Mailing Address Lin	e One		Mailing	Address Line Two)		City	State	Zip Code
12 Turnberry Road						Wallingt	ford	СТ	06492
Business Phone	Extension	Fax	(Mobile Phone	Emergency Phone	Email Ad	ddress		

Please note the following:

Towns Served: DURHAM

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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End of schedule

	Connecticut Department	of Public H	lealth	ı Dı	rinking	Water	Section		
	Water Quality Mon	nitoring an	d Con	npl	iance S	Schedul	e		
PWS ID PWS Name Classification Population Owner Type Primary So									
CT0380064	FAS MART #313			NC	25	Р	GW		
Local Address (Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural		
384 MAIN STRI	Connections			1					
Towns Served:	DURHAM								
	Mon	itoring Requ	iireme	nts					
Water Systen	n Facility: DISTRIBUTION SYSTEM (WS	F ID: 00600)							
Total Colifor	m (3100)					1	routine (R	Γ) per quarter	
Sampling	Point (Sampling Point ID)		Monitor	ing P	Period C	ollection Pe	riod Com	pliance Status	
Select fro	m Inventory of Active Sampling Points		10/1/23	- 12/	31/23			Complete	
			1/1/24	- 3/3	1/24			Complete	
		·	4/1/24	- 6/3	0/24	·			
			7/1/24	- 9/3	0/24				

Physical Parameters (PPS)	•									
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
Select from Inventory of Active Sampling Points	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									

Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 re	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		
	1/1/25 - 12/31/25		

Other	Comp	liance	Schedul	es

 Compliance Schedule Activity
 Due Date
 Achieved Date

 RESPOND TO SANITARY SURVEY
 7/27/2022

Public Notification Requirements												
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>												
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received						
Total Coliform MCL Violation	8/1/09 - 8/31/09	2	2/20/2010		3/2/2010							
Total Coliform M&R Violation	4/1/13 - 6/30/13	2	10/12/2013		10/22/2013							
Physical Parameters M&R Violation	4/1/13 - 6/30/13	3	9/12/2014		9/22/2014							
Total Coliform M&R Violation	10/1/17 - 12/31/17	3	3/15/2019		3/25/2019							
Physical Parameters M&R Violation	10/1/17 - 12/31/17	3	3/15/2019		3/25/2019							

	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 DBPR				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ								
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α									
		UPSTREAM	WITHIN 5 SERVICE CON	Α									
00700	ENTRY POINT	3	ENTRY POINT	Α									
20677	WELL	2	WELL	Α									

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.

	domine the department of Fabric Health Dimming Water beetion												
Water Quality Monitoring and Compliance Schedule													
PWS ID	PWS Name		Classification	Classification Population C		Primary Source							
СТ0380064	CT0380064 FAS MART #313					Р	GW						
Local Address	(where applicable)	Service	Residen	tial Commer	cial Industri	al Combin	ed Agricultural						
384 MAIN STR	EET	Connections		1									
Towns Served:	owns Served: DURHAM												

Connecticut Department of Public Health Drinking Water Section

				Contact Inf	formation			
Name				Organization	า		Job Title	
Ms. Marianne Cord	ona							
Mailing Address Lin	ie One		Mailing A	ddress Line Two		City	State	Zip Code
245 Cherry Hill Rd						Middlefield	efield CT	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-349-9593		860-349-	9593		860-349-9593			
Contact Role(s): Le	egal Contact, C	Owner	,					
Name				Organization	า		Job Title	
Mr. Gary Tierney				Gpm Investr	ments LLC	District I	Manaer	
Mailing Address Lin	ie One		Mailing A	ddress Line Two		City	State	Zip Code
682 Walnut Hill Roa	ad					Thomaston	СТ	06787
Business Phone	Extension	Fax	•	Mobile Phone	Emergency Phone	Email Address	-	
860-372-1927						Gtierney@gpmin	vestments.com	
Contact Role(s): A	dministrative	Contact	<u>'</u>		<u>'</u>			

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- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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End of schedule

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

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0380074	22 NEW HAVEN ROAD				NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
22 NEW HAVEN	ROAD - DURHAM	Connections			1			

Towns Served: DURHAM

Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	•		
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		Complete
	3/1/24 - 3/31/24		p
	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		Complete
	3/1/24 - 3/31/24		
	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		

Other Compliance Schedules

Compliance Schedule Activity Due Date Achieved Date

Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

L1 ASSESSMENT (MULTIPLE TC+) 11/14/2022

nts

Compliance Notice Public Notification PN Certification

Violation/Situation Period Tier Required Performed Due to DPH Received

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements.

Water Quality Monitoring and Compliance Schedule												
PWS ID	PWS Name		Cla	ssification	Population	Owner Type	Primary Source					
CT0380074	22 NEW HAVEN ROAD			NC	25	Р	GW					
Local Address (where applicable)	9	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural			
22 NEW HAVEN	I ROAD - DURHAM	(Connections			1						
Towns Served:	DURHAM											
REVISED TOTAL	COLIFORM RULE (RTCR) TT Violation	2		11/12/2023	i cijoniic	11/22/202	23					
Total Coliform	M&R Violation	3		9/28/2024		10/8/202	4					

Connecticut Department of Public Health Drinking Water Section

	1	Nater System Facili	ity and Sampling P	oint Ir	iventoi	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	5 SERVICE CONNECTION	Α	Υ				
		UPSTREAM	5 SERVICE CONNECTION	Α	Υ				
00700	ENTRY POINT	3	ENTRY POINT	Α					
20678	WELL	2	WELL	Α	· ·	<u>'</u>	<u> </u>		

	Contact Information												
Name				Organization	า	Job Title							
Mr. Nurul Alam				22 New Hav	22 New Haven Road								
Mailing Address Lin	e One		Mailing A	Address Line Two			City	State	Zip Code				
22 New Haven Road	t					Durham		СТ	06422				
Business Phone	Extension	Fax		Mobile Phone	Mobile Phone Emergency Phone Email Address								
860-538-4077		860-956-9	9918		860-956-4161	Food.Land@aol.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

Page 12

Schedule Generation Date: 4/3/2024

	Co	nnectic	ut Dana	rtment of	Dublic	Haalth	Drin	hing	Mate	or Sc	ction	
	CC		•	ity Monit							CUOII	
PWS ID	PW	/S Name	ter Quar	ity Monit	oring a					_	ner Type I	Primary Source
CT0380094		RHAM COMN	/ONS				N		25		Р	GW
Local Addre	ess (wher	e applicable)			Service	Resident	tial Co	mmercial	Indus	trial	Combined	d Agricultural
360 D MAIN					Connection	ıs		1				
Towns Serv	ed: DUR	HAM										l
				Monito	oring Red	quireme	nts					
Water Sys	tem Fac	ility: DISTR	IBUTION SY	STEM (WSF I	D: 00600)							
Total Coli	form (3	100)								1 ro	utine (RT)	per quarter
Sampl	ling Poin	t (Sampling P	oint ID)			Monitorii	ng Perio	od Col	llection l	Period	Comp	liance Status
Select	from Inv	entory of Acti	ive Sampling	Points		10/1/23 -	12/31/	23			С	omplete
						1/1/24 -	3/31/2	4				
						4/1/24 -	6/30/2	4				
						7/1/24 -	9/30/2	4				
Physical P	Paramet	ers (PPS)								1 ro	utine (RT)	per quarter
Sampl	ling Poin	t (Sampling P	oint ID)			Monitorii	ng Perio	od Col	llection	Period	Comp	liance Status
Select	from Inv	entory of Acti	ive Sampling	Points		10/1/23 -	12/31/	23			С	omplete
						1/1/24 -						
						4/1/24 -						
						7/1/24 -	9/30/2	4				
Water Sys	tem Fac	ility: ENTR	Y POINT (W	SF ID: 00700)								
Nitrate A		• •								1	-	RT) per year
_		t (Sampling P	oint ID)			Monitorii	_		llection	Period		liance Status
ENTRY	POINT (3)				1/1/23 - 1					С	omplete
						1/1/24 - 1						
						1/1/25 - 1						
			Water Sy	stem Facili	ity and Sa	ampling	Point	t Inven	tory			
Water					. " -			Tot		ad and		
	Water Sy	stem Facility	S	Sampling Point ID	Sampling P Description			Colife		opper	Achasta	Stage
Facility ID	DICTRIRI	TIONI CVCTEN	<u> </u>		-		Sta			iie riei	ASDESIOS	WQP 2 DBPR
00600	טואוצוט	TION SYSTEM		4 DOWNSTREAM	DISTRIBUTION		. <i>Α</i>					
				UPSTREAM	WITHIN 5 S							
00700	ENTRY PO	TINIT		3	ENTRY POIN		μ /					
	WELL	21141		2	WELL	V I						
		ENT PLANT			VVLLL		,	`				
47001	INLATIVII	INIPLANI										
					tact Info	rmation						
Name				Oı	rganization						Job Title	
		uski							Owner			
Mr. William												
Mr. William Mailing Add	dress Line			Mailing Address	s Line Two				City		State	Zip Code
Mr. William	dress Line Street		Fax		s Line Two le Phone	Emergency	D.	Durham			State CT	Zip Code 06422

860-349-1123

Contact Role(s): Legal Contact

(Lonnectici	ut Depa	rtment c	of Public	Health	Drii	nking	Water	Section	1	
	Wat	ter Qua	lity Moni	itoring a	nd Con	nplia	nce S	Schedul	e		
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Pri	mary Source
СТ0380094	OURHAM COMM	IONS				N	IC	25	Р		GW
Local Address (wh	nere applicable)			Service	Resider	ntial Co	mmerci	al Industri	al Combin	ed	Agricultural
360 D MAIN STRE	ET			Connectio	ns		1				
Towns Served: DU	JRHAM					,		,		,	
Name			(Organization					Job Tit	le	
Mr. Alan Witkow	ski							Owner			
Mailing Address L	ine One		Mailing Addre	ess Line Two				City	State		Zip Code
360D Main Street							Durhan	n	СТ		06422
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email A	ddress	·		
860-349-1123											
Contact Role(s):	Administrative (Contact, Leg	al Contact				·				
Name				Organization					Job Tit	le	
Washington Trail	Associates										
Mailing Address L	ine One		Mailing Addre	ess Line Two				City	State		Zip Code
360 Main Street							Durhan	n	СТ		06422
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email A	ddress			
Contact Role(s):	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.

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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 CT0380184 DHI ENTERPRISES, INC. NC GW 31 Local Address (where applicable) Industrial Service Residential Commercial Combined Agricultural

980 NEW HAVEN ROAD - DURHAM		Connections		1				
Towns Served: DURHAM							1	
	Monito	oring Requ	irements	S				
Water System Facility: DISTRIBUTION								
Total Coliform (3100)		· · ·				1 ro	utine (RT) į	er quarter
Sampling Point (Sampling Point ID)			Monitoring I	Period	Collec	tion Period		ance Status
Select from Inventory of Active Samp	ing Points		10/1/23 - 12,	/31/23			Со	mplete
			1/1/24 - 3/3	31/24			Со	mplete
			4/1/24 - 6/3	30/24				
			7/1/24 - 9/3	30/24				
Physical Parameters (PPS)						1 ro	utine (RT) լ	er quarter
Sampling Point (Sampling Point ID)			Monitoring I	Period	Collec	tion Period	d Compli	ance Status
Select from Inventory of Active Samp	ing Points	:	10/1/23 - 12,	/31/23			Со	mplete
			1/1/24 - 3/3	31/24			Co	mplete
			4/1/24 - 6/3	30/24				
			7/1/24 - 9/3	30/24				
Water System Facility: ENTRY POINT	(WSF ID: 00700)							
Nitrate And Nitrite (NOX)						1	L routine (R	T) per year
Sampling Point (Sampling Point ID)			Monitoring I	Period	Collec	tion Period	d Compli	ance Status
ENTRY POINT (3)			1/1/23 - 12/	31/23			Co	mplete
			1/1/24 - 12/	31/24			Co	mplete
			1/1/25 - 12/	31/25				
Water System Facility: WELL (WSF ID): 20688)							
E. Coli (3014)						1 ro	utine (RT) լ	oer quarter
Sampling Point (Sampling Point ID)			Monitoring I	Period	Collec	tion Period	d Compli	ance Status
WELL (2)			10/1/23 - 12,	/31/23			Со	mplete
			1/1/24 - 3/3	31/24			Co	mplete
			4/1/24 - 6/3	-				
			7/1/24 - 9/3	30/24				
Water	System Facili	ity and Sar	npling Po	oint In	vento	ry		
Water					Total	Lead and	d	
System Water System Facility	Sampling Point		nt		Coliform			Stage
Facility ID	ID	Description		Status	Rule	Rule Tie	r Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION		Α	Υ			
	DOWNSTREAM			Α				
	UPSTREAM	WITHIN 5 SER	VICE CON	Α				
00700 ENTRY POINT	3	ENTRY POINT		Α				

55455 TREATMENT PLANT								
	Co	ontact Information						
Name Organization Job Title								
Mr. Joseph Alphonse Gambardella		Dhi Enterprises, Inc.		Owner				
Mailing Address Line One	Mailing Addr	ress Line Two		City	State	Zip Code		
P O Box 4308			Walling	ford	СТ	06492		

Α

WELL

20688

WELL

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.

	Connectic	ut Depa	rtment of	Public I	Health	Drii	nking	g Water	Section	1			
	Wa	ter Qual	lity Monit	oring an	nd Con	nplia	nce S	Schedul	le				
PWS ID	PWS ID PWS Name Classification Population Owner Type Primary Sour												
CT0380184 DHI ENTERPRISES, INC. NC 31 P GW													
Local Address (w	here applicable)			Service	Residen	ntial Co	mmerci	ial Industri	al Combin	ned A	gricultural		
980 NEW HAVEN	I ROAD - DURHAI	M		Connections	5		1						
Towns Served: D	URHAM				,	·		,	,	,			
1 .O. DOX 7300							vvanni	Бтога	Ci		00732		
Business Phon	e Extension	Fax	Mobil	le Phone E	Emergency	/ Phone	Email A	Address					
			203-6	27-8491			dhijg@	icloud.com					
Contact Role(s):	Administrative	Contact, Leg	al Contact, 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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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

		ut Departme					Ŭ			ection		
PWS ID	PWS Name	ter Quality M	TITTOT	oring a						10 0 K T: 110 -	Desi	man, Carre
									on Ow	vner Type P	Prii	mary Source
	LINOS MARKET			C	D = =! d = ==#!	N		25	I	•	1	GW
Local Address (w				Service Connection	Residenti	ai Co	mmercia	I Indus	triai	Combine	20	Agricultural
472 MAIN STREE				Connection	13		1					
Towns Served: D	URHAIVI				•							
Water System I	Facility: DISTR	IN IBUTION SYSTEM			quiremen	ts						
Total Coliform	•	IDOTION STOTEM	(0051 1	<i>D.</i> 00000 ₁					1 ro	utine (R1	Γ) n	er quarter
	oint (Sampling Po	oint ID)			Monitorin	a Peri	nd Co	llection		-		nce Status
		ve Sampling Points			10/1/23 - 1			incetion i	7 67700			nplete
Select Irom	inventory of Acti	ve sampling i onits			1/1/24 - 3							nplete
					4/1/24 - 6						COII	ipiete
					7/1/24 - 9							
Dhysical Daras	actors (DDS)				//1/24 - 9	7/30/2	4		1 ==	utipo /P3	r\	or allostos
Physical Paran	• •	aint ID)			N. A. a. ida wiya	a Daul	- d			· -		er quarter
	oint (Sampling Po				Monitorin			llection	Period			nce Status
Select from	inventory of Acti	ve Sampling Points			10/1/23 - 1							nplete
				1/1/24 - 3						Con	nplete	
					4/1/24 - 6							
					7/1/24 - 9	9/30/2	.4					
Water System I	Facility: ENTR	POINT (WSF ID:	00700)									
Nitrate And Ni	• •								1 ro	utine (R	Г) р	er quarter
Sampling P	oint (Sampling Po	oint ID)			Monitorin	g Perio	od Co	llection	Period	l Com	plia	nce Status
ENTRY POIN	IT (3)				10/1/23 - 1	2/31/	23				Con	nplete
					1/1/24 - 3	3/31/2	4				Con	nplete
					4/1/24 - 6	5/30/2	4					_
					7/1/24 - 9	/30/2	4					
		Water System	Facili	ity and S	ampling I	Point	t Inver	ntory				
Water							То	tal Led	ad and	1		
-	r System Facility	=	_	Sampling P			_		opper			Stage
Facility ID		IL)	Description	1	Sta	tus Ri	ule Ru	ıle Tie	r Asbesto	os V	VQP 2 DBPR
00600 DISTR	IBUTION SYSTEM	4	l .	DISTRIBUTI	ON SYSTEM	A	Α ,	Υ				
		DOWNS	TREAM	WITHIN 5 S	ERVICE CON	A	A					
		UPSTF	REAM	WITHIN 5 S	ERVICE CON	A	A					
00700 ENTR	Y POINT	3	}	ENTRY POI	NT	A	A					
20690 WELL		2	<u> </u>	WELL		A	A					
			Con	tact Info	rmation							
Name			0	rganization						Job Titl	e	
Mr. Salvatore Ap	paro											
Mailing Address		Mailing	Addres	s Line Two				City		State		Zip Code
88 Saybrook Roa							Middlet			CT		06457
Business Phone		Fax	Mobi	le Phone	Emergency F	hone						
Contact Role(s):	Legal Contact, C)wner										

(Connectic	ut Depa	irtme	nt c	of Public	Healt	h Dr	inking	g Wat	er	Section	1	
	Wat	ter Qua	lity M	Ioni	toring a	nd Co	mpli	ance	Sched	lul	e		
PWS ID P	WS Name						Class	ification	Populat	ion	Owner Type	e Pr	imary Source
CT0380204 L	INOS MARKET							NC	25		Р		GW
Local Address (wh	ere applicable)				Service	Reside	ential	Commerc	ial Indu	ıstri	al Combir	ned	Agricultural
472 MAIN STREET					Connection	ns		1					
Towns Served: DU	IRHAM						·						
Name					Organization						Job Tit	le	
Mr. Lino Aparo													
Mailing Address Li	ine One		Mailing	Addre	ess Line Two				City		State	!	Zip Code
472 Main Street								Durha	m		СТ		06422
Business Phone	Extension	Fax		Мо	bile Phone	Emergen	cy Phor	e Email	Address				
860-349-1717	6	860-349-	9962			860-25	0-2004	linosm	linosmkt@aol.com				
Contact Role(s):	Δdministrative (Contact Les	al Conta	ct Ov	vner								

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.

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

End of schedule

	Connectic	ut Depart	tment of	Public	Health	Drin	king	Wate	r Se	ction	
		ter Qualit								501011	
PWS ID	PWS Name	cer Quairi	cy 14101111	or mg c						ner Type F	Primary Source
CT0380224	NEW HAVEN RAG	COON CLUB				N		25		Р	GW
	ss (where applicable)			Service	Resident		mmercia	-	trial	Combined	d Agricultural
	IAVEN ROAD			Connectio	ons		1				
	ed: DURHAM										
			Monite	oring Re	quireme	nts					
Water Syst	em Facility: DISTR	IBUTION SYS	TEM (WSF I	D: 00600)							
Total Colif	orm (3100)								1 rou	itine (RT)	per quarter
Sampli	ng Point (Sampling Po	oint ID)			Monitorii	ng Perio	od Co	llection I	Period	Compl	liance Status
Select f	rom Inventory of Acti	ve Sampling Po	oints		10/1/23 -	12/31/2	23			C	omplete
					1/1/24 -	3/31/2	4				
					4/1/24 -	6/30/2	4				
					7/1/24 -	9/30/2	4				
Physical Pa	arameters (PPS)								1 rou	itine (RT)	per quarter
Sampli	ng Point (Sampling Po	oint ID)			Monitorii	ng Perio	od Co	llection I	Period	Compl	liance Status
Select f	rom Inventory of Acti	ve Sampling Po	oints		10/1/23 -	12/31/2	23			C	omplete
					1/1/24 -	3/31/2	4				
					4/1/24 -	6/30/2	4				
					7/1/24 -	9/30/2	4				
Water Syst	em Facility: ENTRY	POINT (WS	F ID: 00700)								
Nitrate An	d Nitrite (NOX)								1	routine (RT) per year
	ng Point (Sampling Po	oint ID)			Monitorii	ng Perio	od Co	llection F		-	liance Status
ENTRY	POINT (3)				1/1/23 - :	12/31/2	!3			C	omplete
					1/1/24 - :	12/31/2	24				
					1/1/25 - 1	12/31/2	.5				_
		Water Sys	tem Facili	ity and S	Sampling	Point	Inver	ntory			
Water							Tot	tal Lea	ıd and		
-	Vater System Facility	Sa	mpling Point				Colif		pper		Stage
Facility ID			ID	Descriptio		Sta	tus Ru	ile Ru	le Tier	Asbestos	WQP 2 DBPR
00600 D	ISTRIBUTION SYSTEM		4	DISTRIBUT	TON SYSTEM	А	\ Y	1			
		DC	DWNSTREAM				١.				
			UPSTREAM	WITHIN 5	SERVICE CON	Α	١				
00700 E	NTRY POINT		3	ENTRY PO	INT	А	1				
20692 V	VELL		2	WELL		Α	١				
55462 H	YDROPNEUMATIC TA	NK									
			Con	tact Info	ormation						
Name			Oı	rganization						Job Title	
Mr. John Ne	grich		Ne	ew Haven R	acoon Club						
Mailing Add	ress Line One	M	ailing Address	s Line Two				City		State	Zip Code
853R New H	aven Road						Durham			CT	06422
Business P	hone Extension	Fax	Mobi	le Phone	Emergency	Phone	Email Ad	ddress		1	
000 240 4	24.20				000 240						

860-349-8139

860-349-8139

Contact Role(s): Administrative Contact

С	onnecticu	ıt Depa	rtment (of Public	Health	n Drii	nking	Water	Section		
	Wat	er Qua	lity Mon	itoring a	nd Cor	nplia	nce S	chedul	le		
PWS ID P\	NS Name					Classif	fication	Population	Owner Type	Primary Source	
CT0380224 N	EW HAVEN RAC	COON CLUB				N	1C	25	Р	GW	
Local Address (where applicable)				Service	Reside	ntial Co	ommercia	l Industri	al Combin	ed Agricultural	
853R NEW HAVEN	ROAD			Connectio	ns		1	1			
Towns Served: DUI	RHAM				1				'	,	
Name				Organization					Job Titl	е	
Mr. Tom Hinman				New Haven Racoon Club				President			
Mailing Address Lir	ne One		Mailing Addr	ess Line Two				City	State	Zip Code	
853R New Haven R	oad						Durhan	1	СТ	06422	
Business Phone	Extension	Fax	Mo	bile Phone	Emergenc	y Phone	Email A	ddress			
			203	3-927-8755			tommy	hsr@hotma	il.com		
Contact Role(s): L	egal 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.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Dej	oartmer	it of	Public H	lealth	D	rinking	g Wa	ter S	Section	1	
	Water Qu	iality Mo	onit	oring an	d Con	npl	liance S	Sche	dule	9		
PWS ID	PWS Name					Cla	ssification	Popula	tion (Owner Type	e Pr	imary Source
СТ0380244	HARD HAT RESTAURANT						NC	25		Р		GW
Local Address (where applicable)			Service	Residen	itial	Commerci	ial Ind	ustrial	Combir	ned	Agricultural
100 NEW HAVE	N ROAD			Connections			1					
Towns Served:	DURHAM											
		M	onito	oring Requ	iireme	nts						
Water System	Facility: DISTRIBUTION	SYSTEM (NSF I	D: 00600)								
Total Coliforn	n (3100)								1	routine (R	T) p	er quarter
Sampling	Point (Sampling Point ID)				Monitori	ing F	Period C	Collectio	n Peri	od Con	nplid	ance Status
Select fron	n Inventory of Active Sampl	ing Points			10/1/23 -	- 12/	31/23				Coı	mplete
					1/1/24	- 3/3	1/24				Coı	mplete
					4/1/24 -	- 6/3	0/24					
					7/1/24 -	- 9/3	0/24					
Physical Para	meters (PPS)								1	routine (R	T) p	er quarter
Sampling	Point (Sampling Point ID)				Monitori	ing F	Period C	Collectio	n Peri	od Con	nplid	ance Status
Select fror	n Inventory of Active Sampl	ing Points			10/1/23 -	- 12/	31/23				Coi	mplete
					1/1/24 -	- 3/3	1/24				Coi	mplete
					4/1/24							
					7/1/24 -	- 9/3	0/24					
Water System	Facility: ENTRY POINT	(WSF ID: 00)700)									
Nitrate And N	•										-	T) per year
	Point (Sampling Point ID)				Monitori			Collectio	n Peri	od Con	nplic	ance Status
ENTRY PO	INT (3)				1/1/23 -						Coı	mplete
					1/1/24 -					<u> </u>		
					1/1/25 -							
		Public	Not	ification R	equire	eme	ents					
			С	ompliance	Notice	?	<u>Public N</u>	lotificat	<u>ion</u>	PN (Cert	<u>ification</u>
Violation/Situa	ition			Period	Tier		Required	Perf	ormed	Due to D	РН	Received
Total Coliform I				/23 - 9/30/23	3		12/10/2024			12/20/20		
Physical Parame	eters M&R Violation		7/1/	/23 - 9/30/23	3		12/10/2024	4		12/20/20)24	
	Water	System F	acili	ty and Sar	npling	Po	int Inve	entory	/			
Water							To	otal L	Lead a	nd		
•	er System Facility		Point	Sampling Poi	nt			•	Coppe			Stage
Facility ID		ID		Description			Status F	Rule	Rule T	ier Asbest	tos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4		DISTRIBUTION			Α	Υ				
				WITHIN 5 SER			Α					
		UPSTRE	AM	WITHIN 5 SER		N	Α					
	RY POINT	3		ENTRY POINT			Α					
20694 WEL		2		WELL			Α					
56853 TREA	ATMENT PLANT											
			Con	tact Inform	nation	1						

Organization

Mobile Phone

Mailing Address Line Two

370 State Street

Fax

Name

Mr. Joseph D'errico

Business Phone

Mailing Address Line One

Extension

Job Title

State

CT

Zip Code 06473

City

North Haven

Emergency Phone Email Address

					2	,			
	Water Quality l	Monitoring and	d Con	ıpl	liance S	Schedul	le		
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Pri	imary Source
СТ0380244	HARD HAT RESTAURANT				NC	25	Р		GW
Local Address	(where applicable)	Service	Residen	tial	Commerci	al Industri	al Combin	ed	Agricultural
100 NEW HAV	'EN ROAD	Connections			1				
Towns Served									
203-000-71	.51				joeji @	colonialcolo	T.COIII		
					· · ·				

Connecticut Department of Public Health Drinking Water Section

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.

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

End of schedule

Сс		ut Departme								ction	
	Wat	ter Quality M	lonit	oring a	nd Comp	oliai	nce Sc	hedul	le		
PWS ID PW	/S Name				С	lassifi	cation Po	pulation	Owr	ner Type P	rimary Source
CT0380294 GR	IPPOS MOBIL	SERVICE CENTER				N	С	25		Р	GW
Local Address (wher	re applicable)			Service	Residentia	I Cor	mmercial	Industri	al	Combined	Agricultural
349 MAIN STREET				Connection	ns		1				
Towns Served: DUR	HAM										
					quirement	ts					
•	•	IBUTION SYSTEM	(WSF I	D: 00600)							
Total Coliform (3	-										per quarter
Sampling Poin		-			Monitoring			ection Pe	riod	Compli	ance Status
Select from Inv	entory of Acti	ve Sampling Points			10/1/23 - 12						
					1/1/24 - 3,						
					4/1/24 - 6,						
	(===)				7/1/24 - 9,	30/24	4			()	
Physical Paramet											per quarter
Sampling Poin					Monitoring			ection Pe	riod	Compli	ance Status
Select from Inv	entory of Acti	ve Sampling Points			10/1/23 - 12						
					1/1/24 - 3,						
					4/1/24 - 6,						
					7/1/24 - 9,	/30/24	4				
-	-	POINT (WSF ID:	00700)								
Nitrate And Nitri	• •									=	RT) per year
Sampling Poin		oint ID)			Monitoring			ection Pe	riod		ance Status
ENTRY POINT (3)				1/1/23 - 12					Co	mplete
					1/1/24 - 12	-					
					1/1/25 - 12	/31/2	!5				
		Ot	her C	omplian	ce Schedu	les					
Compliance Schedu	le Activity				Du	e Dat	e	Achie	ved	Date	
RESPOND TO SANIT	ARY SURVEY				10/2	22/20	16				
		Water System	Facili	itv and S	ampling P	oint	Invent	orv			
Water							Tota		and		
	stem Facility	Samplin	g Point	Sampling F	Point		Colifo				Stage
Facility ID	-	IL		Description		Stat	D. J.			Asbestos	WQP 2 DBPF
00600 DISTRIBL	ITION SYSTEM	4		DISTRIBUTI	ON SYSTEM	A					
		DOWNS	TREAM	WITHIN 5 S	SERVICE CON	А	١				
		UPSTF	REAM	WITHIN 5 S	SERVICE CON	А	١				
00700 ENTRY P	TNIC	3	1	ENTRY POI	NT	Α	1				
51797 WELL 1				WELL 1		А	\				
					rmation						
Name				rganization						Job Title	
Mr. Peter Grippo				<u> </u>			(Owner			
Mailing Address Line	e One	Mailing	Addres	s Line Two				City		State	Zip Code
349 Main Street	•						Durham	- 1		CT	06422
Business Phone	Extension	Fax	Mobi	le Phone	Emergency P			dress		-	
000 240 2407				2 1 112				-1-110-			

gripposmobil@comcast.net

860-349-3487

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

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

PWS ID	PWS Name			Classificatio	Population	Owner Type	Primary Source
CT0380294	GRIPPOS MOBIL SERVICE CENTER			NC	25	Р	GW
Local Address (where applicable)	Service	Resider	ntial Comme	cial Industr	ial Combin	ed Agricultural
349 MAIN STREET		Connections		1			
T	DUDUANA						

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

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance :	Schedul	e	
	_			

	<u> </u>						
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0389134	1041 NEW HAVEN ROAD - DURHAM			NC	25	Р	GW
Local Address (v	here applicable)	Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
		Connections		1			

monitoring ne	quireinents		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		

Monitoring Requirements

	7/1/24 - 9/30/24		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	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		

Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rc	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		
	1/1/25 - 12/31/25	_	_

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	7/27/2022	

Public Notification Requirements										
	Compliance	Notice	Public No	tification	PN Certi	<u>fication</u>				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Total Coliform M&R Violation	7/1/04 - 9/30/04	2	2/2/2005		2/12/2005					
Total Coliform M&R Violation	10/1/04 - 12/31/04	2	6/19/2005		6/29/2005					
Total Coliform M&R Violation	1/1/05 - 3/31/05	2	8/24/2005		9/3/2005					
Total Coliform M&R Violation	4/1/05 - 6/30/05	2	11/17/2005		11/27/2005					
Total Coliform M&R Violation	10/1/05 - 12/31/05	2	4/12/2006		4/22/2006					
Nitrate And Nitrite M&R Violation	1/1/05 - 12/31/05	2	4/12/2006		4/22/2006					
Physical Parameters M&R Violation	10/1/04 - 12/31/04	3	5/20/2006		5/30/2006					
Total Coliform M&R Violation	1/1/06 - 3/31/06	2	7/13/2006		7/23/2006					
Physical Parameters M&R Violation	1/1/05 - 3/31/05	3	7/25/2006		8/4/2006					
Total Coliform M&R Violation	4/1/06 - 6/30/06	2	9/17/2006		9/27/2006					
Physical Parameters M&R Violation	4/1/05 - 6/30/05	3	10/18/2006		10/28/2006					
Total Coliform M&R Violation	7/1/06 - 9/30/06	2	12/30/2006		1/9/2007					
Physical Parameters M&R Violation	10/1/05 - 12/31/05	3	3/13/2007		3/23/2007					
Physical Parameters M&R Violation	1/1/06 - 3/31/06	3	6/13/2007		6/23/2007					
Physical Parameters M&R Violation	10/1/07 - 12/31/07	3	2/28/2009		3/10/2009					

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.

				Clas	ssification	Population	Owner Type	Pri	mary Source
CT0389134	1041 NEW HAVEN ROAD - DURHAM				NC	25	Р		GW
Local Address	(where applicable)	Service Connections		itial	Commerci	al Industri	al Combine	ed	Agricultural

Connecticut Department of Public Health Drinking Water Section

Towns Served: DURHAM

Public Notification Requirements										
	Compliance	Notice	<u>Public Notification</u>		PN Certification					
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Physical Parameters M&R Violation	10/1/08 - 12/31/08	3	6/29/2010		7/9/2010					
Physical Parameters M&R Violation	7/1/08 - 9/30/08	3	6/29/2010		7/9/2010					

	Water System Facility and Sampling Point Inventory											
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
		UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700	ENTRY POINT	3	ENTRY POINT	Α								
48826	WELL	2	WELL	Α								

Contact Information											
Name				Organization	1		Job Title				
Mr. Jay N Mavani				Jay Enterpris	se LLC	Owner					
Mailing Address Line One Mailing Addr			Mailing Addr	ess Line Two		City	State	Zip Code			
1041 New Haven Ro	t					Durham	06422				
Business Phone	Extension	Fax	Мо	bile Phone	Emergency Phone	Email Address	, ,				
860-349-0460					203-215-8470	jmavani@aol.com					

Contact Role(s): Administrative 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.

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

End of schedule

Schedule Generation Date: 4/3/2024

	Connecticut Department of Public Health Drinking Water Section										
	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS ID PWS Name				ssification	Population	Owner Type	Primary Source			
СТ0389163	45R OZICK DRIVE - UNIT 18-R				NC	38	Р	GW			
Local Address	where applicable) Service Connections		Residential (Commercia	al Industri	al Combine	ed Agricultural			

Towns Served: DURHAM			
Monitoring Re	quirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Total Coliform (3100)		1 rout	tine (RT) per quarte
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	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		
Physical Parameters (PPS)		1 rout	tine (RT) per quarte
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	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		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per yea
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		
	1/1/25 - 12/31/25		
Oth C!'	a a Cala a deel a c		

Other Compliance Schedules											
Compliance Schedule Activity	Due Date	Achieved Date									
CROSS CONNECTION SURVEY REPORT	3/1/2016										
CROSS CONNECTION SURVEY REPORT	3/1/2017										
CROSS CONNECTION SURVEY REPORT	3/1/2018										
CROSS CONNECTION SURVEY REPORT	3/1/2019										
CROSS CONNECTION SURVEY REPORT	3/1/2020										
CROSS CONNECTION SURVEY REPORT	3/1/2021										
CROSS CONNECTION SURVEY REPORT	3/1/2022										
RESPOND TO SANITARY SURVEY	8/11/2022										
CROSS CONNECTION SURVEY REPORT	3/1/2024										

Public Notification Requirements										
	Compliance	Notice	Public No	tification	PN Certification					
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Distribution Turbidity MCL Violation	4/1/10 - 6/30/10	2	8/26/2010		9/5/2010					
Distribution Color MCL Violation	4/1/10 - 6/30/10	2	8/26/2010		9/5/2010					
Distribution Turbidity MCL Violation	10/1/10 - 12/31/10	2	3/2/2011		3/12/2011					
Distribution Color MCL Violation	7/1/10 - 9/30/10	2	3/24/2011		4/3/2011					
Distribution Turbidity MCL Violation	7/1/10 - 9/30/10	2	3/24/2011		4/3/2011					
Distribution Turbidity MCL Violation	4/1/12 - 6/30/12	2	8/9/2012		8/19/2012					
Distribution Color MCL Violation	4/1/12 - 6/30/12	2	9/7/2012		9/17/2012					

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	Water Quality Monitoring and Compliance Schedule										
PWS ID	WS ID PWS Name				ssification	Population	Owner Type	Primary Source			
CT0389163 45R OZICK DRIVE - UNIT 18-R					NC	38	Р	GW			
Local Address (v	Service	Resider	ntial Commerc		al Industri	al Combine	ed Agricultural				
		Connections			1						

Connecticut Department of Public Health Drinking Water Section

Towns Served: DURHAM

Public Notification Requirements										
	Compliance	Notice	Public Notification		PN Certification					
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Physical Parameters M&R Violation	7/1/12 - 9/30/12	3	12/12/2013		12/22/2013					
Physical Parameters M&R Violation	4/1/13 - 6/30/13	3	9/12/2014		9/22/2014					
Physical Parameters M&R Violation	1/1/13 - 3/31/13	3	9/12/2014		9/22/2014					
Physical Parameters M&R Violation	10/1/12 - 12/31/12	3	9/12/2014		9/22/2014					

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	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
53787	WELL 1	2	WELL 1	Α					
53791	TREATMENT PLANT								

				Contact Inf	ormation				
Name				Organization			Job Title		
Yoon Lee Room Unity									
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress		
646-704-7478		LEE.ROOMUNITY@ROOMUNITY.COM							
Contact Role(s): Le	egal Contact, C	Owner							
Name			Organization Job Title						
Mark T. Violano			Roomunity			Property Manager			
Mailing Address Line One		Mailing	Mailing Address Line Two		City		State	Zip Code	
45R Ozick Dr						Durham		СТ	06422
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress		
475-414-6822					475-414-6822	mark@r	oomunity.co	m	

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

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

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0389164	459 MADISON RD				NC	25	Р	GW
Local Address (v	here applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
459 MADISON R	OAD	Connections			1			

Monitoring Requirements

Towns Served: DURHAM

	gggg	
Water System Facility: C	DISTRIBUTION SYSTEM (WSF ID: 00600)	
Total Coliform (3100)	1	l routine (RT) per qu

Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	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		

Physical Parameters (PPS)	1 routine (RT) per quarte		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	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		

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		
	1/1/25 - 12/31/25		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	7/23/2022	

	,	,					
Public Notification Requirements							
Compliance	Notice	Public No	<u>tification</u>	PN Certification			
Period	Tier	Required	Performed	Due to DPH	Received		
7/1/11 - 9/30/11	2	3/11/2012		3/21/2012			
10/1/11 - 12/31/11	2	3/11/2012		3/21/2012			
10/1/11 - 12/31/11	2	3/11/2012		3/21/2012			
7/1/11 - 9/30/11	2	3/11/2012		3/21/2012			
1/1/12 - 3/31/12	2	6/14/2012		6/24/2012			
1/1/12 - 3/31/12	2	6/14/2012		6/24/2012			
4/1/12 - 6/30/12	2	9/7/2012		9/17/2012			
4/1/12 - 6/30/12	2	9/7/2012		9/17/2012			
7/1/12 - 9/30/12	2	12/1/2012		12/11/2012			
7/1/12 - 9/30/12	2	12/1/2012		12/11/2012			
10/1/12 - 12/31/12	2	3/23/2013		4/2/2013			
10/1/12 - 12/31/12	2	3/23/2013		4/2/2013			
1/1/13 - 3/31/13	2	6/1/2013		6/11/2013			
1/1/13 - 3/31/13	2	6/1/2013		6/11/2013			
4/1/13 - 6/30/13	2	10/30/2013		11/9/2013			
	Compliance Period 7/1/11 - 9/30/11 10/1/11 - 12/31/11 10/1/11 - 12/31/11 7/1/11 - 9/30/11 1/1/12 - 3/31/12 1/1/12 - 3/31/12 4/1/12 - 6/30/12 4/1/12 - 6/30/12 7/1/12 - 9/30/12 7/1/12 - 9/30/12 10/1/12 - 12/31/12 10/1/12 - 12/31/12 1/1/13 - 3/31/13	Compliance Period Notice Tier 7/1/11 - 9/30/11 2 10/1/11 - 12/31/11 2 10/1/11 - 12/31/11 2 7/1/11 - 9/30/11 2 1/1/12 - 3/31/12 2 1/1/12 - 3/31/12 2 4/1/12 - 6/30/12 2 4/1/12 - 6/30/12 2 7/1/12 - 9/30/12 2 7/1/12 - 9/30/12 2 10/1/12 - 12/31/12 2 10/1/12 - 12/31/12 2 1/1/13 - 3/31/13 2 1/1/13 - 3/31/13 2	Compliance Period Notice Tier Public Notice Required 7/1/11 - 9/30/11 2 3/11/2012 10/1/11 - 12/31/11 2 3/11/2012 10/1/11 - 12/31/11 2 3/11/2012 10/1/11 - 9/30/11 2 3/11/2012 1/1/12 - 3/31/12 2 6/14/2012 1/1/12 - 3/31/12 2 6/14/2012 4/1/12 - 6/30/12 2 9/7/2012 4/1/12 - 6/30/12 2 9/7/2012 7/1/12 - 9/30/12 2 12/1/2012 7/1/12 - 9/30/12 2 12/1/2012 10/1/12 - 12/31/12 2 3/23/2013 10/1/12 - 12/31/12 2 3/23/2013 1/1/13 - 3/31/13 2 6/1/2013 1/1/13 - 3/31/13 2 6/1/2013	Compliance Period Notice Tier Public Notification Required Performed 7/1/11 - 9/30/11 2 3/11/2012 10/1/11 - 12/31/11 2 3/11/2012 10/1/11 - 12/31/11 2 3/11/2012 7/1/11 - 9/30/11 2 3/11/2012 1/1/12 - 3/31/12 2 6/14/2012 1/1/12 - 3/31/12 2 6/14/2012 4/1/12 - 6/30/12 2 9/7/2012 4/1/12 - 6/30/12 2 9/7/2012 7/1/12 - 9/30/12 2 12/1/2012 7/1/12 - 9/30/12 2 12/1/2012 10/1/12 - 12/31/12 2 3/23/2013 10/1/12 - 12/31/12 2 3/23/2013 1/1/13 - 3/31/13 2 6/1/2013 1/1/13 - 3/31/13 2 6/1/2013	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		

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 ID PWS Name Cla					Population	Owner Type	Primary Source
CT0389164	459 MADISON RD			ı	NC	25	Р	GW
Local Address (where applicable)		Service	Residen	tial C	Commercia	l Industria	al Combine	ed Agricultural
459 MADISON	ROAD	Connections			1			

Public Notification Requirements											
	Compliance	Notice	<u>Public Notification</u>		PN Certification						
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received					
Distribution Turbidity MCL Violation	4/1/13 - 6/30/13	2	10/30/2013		11/9/2013						
Distribution Turbidity MCL Violation	7/1/13 - 9/30/13	2	2/8/2014		2/18/2014						
Distribution Color MCL Violation	7/1/13 - 9/30/13	2	2/8/2014		2/18/2014						
Distribution Turbidity MCL Violation	10/1/13 - 12/31/13	2	3/16/2014		3/26/2014						
Distribution Color MCL Violation	10/1/13 - 12/31/13	2	3/16/2014		3/26/2014						

	V	Vater System Facili	ty and Sampling F	Point Ir	nvento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	А	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
53845	WELL	2	WELL	Α					
59108	TREATMENT PLANT								

		Co	ontact Inf	ormation					
Name						Job Title			
			Khorasan LLO	2		Owner			
Mailing Address Line One Mailing Add			ess Line Two		City		State	Zip Code	
					Guilford		СТ	06437	
Extension	Fax	Мс	bile Phone	Emergency Phone	Email Address				
					bkohsar@gmail.com				
=	xtension	extension Fax	ne Mailing Addr Extension Fax Mo	Organization Khorasan LLC ne Mailing Address Line Two	Organization Khorasan LLC ne Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone	Organization Khorasan LLC ne Mailing Address Line Two Guilford Extension Fax Mobile Phone Emergency Phone Email Address Guilford bkohsar@	Organization Khorasan LLC Owner Mailing Address Line Two Guilford Extension Fax Mobile Phone Emergency Phone Email Address bkohsar@gmail.com	Organization Job Title Khorasan LLC Owner The Mailing Address Line Two City State Guilford CT Extension Fax Mobile Phone Emergency Phone Email Address bkohsar@gmail.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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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Co	onnectic	ut Dena	rtment	of	Public	Health	Drii	nking	Wa	iter Se	ection	
	G C		ter Qua									cction	
PWS ID	D\Λ	/S Name	ter Qua	iity Moi	IIIU	or mg a	iiu Con	_				yner Tyne	Primary Sour
CT038917		O MAIN ST V	VINDSOR GO	OLD STAR LL	<u> </u>				IC	43		P P	GW
		re applicable)	VIII DON GO	JED STAIL EL	_	Service	Resider		ommercial		dustrial	Combine	
350 MAIN	· · · · · · · · · · · · · · · · · · ·	c applicable)				Connectio		itiai cc	, innerena	1110	austriai	2	Agricultur
	rved: DUR	HΔM											
TOWIIS SC	ived. Don	I I/AIVI		Moi	nita	oring Re	quireme	nts					
Water Sv	vstem Fac	ility: DISTR	IRLITION SY				quireine	1163					
	oliform (3	•	ibo Hold 5	ISILIVI (VV	JI 11	D. 00000 ₁					1 ro	utine (RT)	per quarte
	-	t (Sampling Po	oint ID)				Monitor	ina Peri	ind Col	llectio	on Period		liance Status
		entory of Acti		Points			10/1/23			7000	on remou		omplete
30.0	00 11 0111 1111		re sampling	1 011110			1/1/24						omplete
							4/1/24						picto
							7/1/24						
Physical	l Daramet	ers (PPS)					,, _,	3,30,1	- •		1 ro	utine (RT)	per quarte
-		t (Sampling Po	oint ID)				Monitor	ina Peri	ind Col	llectio	on Period		liance Status
		entory of Acti		Points			10/1/23						omplete
			8				1/1/24						omplete
							4/1/24						
							7/1/24						
Water Sv	vstem Fac	ility: ENTRY	POINT (W	VSF ID: 007	00)								
	And Nitri	•	(-		,						1	routine (RT) per yea
		t (Sampling Po	oint ID)				Monitor	ina Peri	iod Col	llectio	on Period	-	liance Status
	RY POINT (· ,				1/1/23 -						omplete
		- 1					1/1/24 -						- -
							1/1/25 -						
			Water Sy	vstem Fa	cili	tv and S				tor	V		
Water				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		c , and c			Tot		Lead and	4	
System	Water Sy	stem Facility		Sampling Po	oint	Sampling I	Point				Copper		Stag
Facility IL		•		ID		Description		Sto	atus Ru				WQP 2 DB
00600	DISTRIBL	ITION SYSTEM		4		DISTRIBUT	ION		A				
				DOWNSTRE	AM	WITHIN 5 S	SERVICE COI	ν.	Α				
				UPSTREA	M	WITHIN 5 S	SERVICE COI	٧.	Α				
00700	ENTRY P	TNIC		3		ENTRY POI	NT		A				
58189	WELL 1			2		WELL 1			A				
					Con	tact Info	ormation	1					
Name					Oı	ganization						Job Title	
Mr. Dona	ald J. Mond	lani				indsor Gold	Star LLC			Owr	ner		
	ddress Lin			Mailing Add	dres	s Line Two				Cit	ЗУ	State	Zip Code
5 Iron Ga									Cromwe			СТ	06416
Busines	ss Phone	Extension	Fax	N	1obi	le Phone	Emergency	/ Phone	Email Ac	ldres	S		

860-250-1122

866-594-5844

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

860-250-1122

donmondani@hotmail.com

Connecticut Department of Public Health	Drin	king	g Wate	r Se	ection	l
Water Quality Monitoring and Con	nplia	nce S	Schedu	ıle		

				1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0389174	350 MAIN ST WINDSOR GOLD STAR LLC			NC	43	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial Commerci	al Industri	al Combine	ed Agricultural
350 MAIN STRE	ET	Connections				2	

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End of schedule

	Co	onnectic	ut Depa	irtment of	Public	Health	Drin	king	Wa	ter S	ection		
		Wa	ter Qua	lity Monit	oring a	nd Com	plia	nce So	che	dule			
PWS ID	PW	/S Name					Classifi				vner Type	Prin	nary Source
CT0389184	4 35	2 MAIN ST - W	VINDSOR GC	OLD STAR LLC			N		29		Р		GW
Local Addr	ress (whe	e applicable)			Service	Residen	tial Co	mmercial	Inc	lustrial	Combine	ed	Agricultural
352 MAIN		,			Connection	ns		1					
Towns Ser	ved: DUR	HAM											
				Monito	oring Red	quireme	nts						
Water Sys	stem Fac	ility: DISTR	IBUTION S	YSTEM - BARN	(WSF ID: 0	00600)							
Total Col	liform (3	3100)								1 ro	utine (R1	Г) ре	r quarter
Samp	oling Poin	t (Sampling P	oint ID)			Monitori	ng Perio	od Col	llectio	n Period	d Com	pliar	ice Status
Selec	t from Inv	entory of Act	ive Sampling	Points		10/1/23 -	12/31/	23				Com	plete
						1/1/24 -	3/31/2	4				Com	plete
						4/1/24 -	6/30/2	4					
						7/1/24 -	9/30/2	4					
Physical	Paramet	ers (PPS)								1 ro	utine (R1	Г) ре	r quarter
Samp	oling Poin	t (Sampling P	oint ID)			Monitori	ng Perio	od Col	llectio	n Period	d Com	pliar	ice Status
Selec	t from Inv	entory of Act	ive Sampling	Points		10/1/23 -	12/31/	23			ı	Com	plete
						1/1/24 -	3/31/2	4			ı	Com	plete
						4/1/24 -	6/30/2	4					
						7/1/24 -	9/30/2	4					
Water Sys	stem Fac	ility: ENTR	Y POINT - B	ARN (WSF ID:	00700)								
Nitrate A	And Nitri	te (NOX)								1	L routine	(RT) per year
Samp	oling Poin	t (Sampling P	oint ID)			Monitori	ng Perio	od Col	llectio	n Period	d Com	pliar	ice Status
ENTR	Y POINT -	BARN (3)				1/1/23 -	12/31/2	23				Com	plete
						1/1/24 -	12/31/2	24					
						1/1/25 -	12/31/2	25					
			Water S	ystem Facili	ity and Sa	ampling	Point	Inven	tory	/			
Water								Tot	al	Lead and	d		
System	Water S	stem Facility		Sampling Point	Sampling P	oint		Colife	orm	Copper			Stage
Facility ID)			ID	Description	1	Sta	tus Ru	le	Rule Tie	r Asbesto	os N	/QP 2 DBPR
00600	DISTRIBU	ITION SYSTEM	1 - BARN	4	DISTRIBUTION	ON - BARN	P	١					
				DOWNSTREAM	WITHIN 5 S	ERVICE CON	I A	١					
				UPSTREAM	WITHIN 5 S	ERVICE CON	I A	١					
00700	ENTRY P	OINT - BARN		3	ENTRY POIN	NT - BARN	P	١					
58336	BARN W	ELL		2	BARN WELL	-	P	١					
				Con	tact Info	rmation							
Name				O	rganization						Job Title	e	
Mr. Donal	d J. Mond	lani		W	indsor Gold	Star LLC			Own	er			
Mailing Ad	ddress Lin	e One		Mailing Address	s Line Two				City	/	State	Z	Zip Code
5 Iron Gate	e Ln							Cromwe	11		СТ		06416
Business	s Phone	Extension	Fax	Mobi	le Phone	Emergency	Phone	Email Ad	dress	5			
		l .	1	1				1					

860-250-1122

donmondani@hotmail.com

866-594-5844

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

860-250-1122

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

	**************************************	• • • • • •	P		0 2 2 0 0 0 0 1			
PWS ID PWS Name C						Population	Owner Type	Primary Source
CT0389184	352 MAIN ST - WINDSOR GOLD STAR LLC				NC	29	Р	GW
Local Address (v	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural	
352 MAIN ST		Connections			1			
		•					<u> </u>	

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End of schedule