	Connecticut Departm	ent of Public H	lealth	Drir	nking '	Water S	Sectio	n	
	Water Quality l	Monitoring and	d Com	plia	nce So	chedule			
PWS ID	PWS Name		(Classif	ication P	opulation C	wner Ty	pe Pr	imary Source
СТ0460044	CONNECTICUT GOLF CLUB			N	IC	25	Р		GW
Local Address (where applicable)	Service	Residenti	ial Co	mmercial	Industrial	Comb	ined	Agricultural
915 BLACK ROC	CK TURNPIKE	Connections			1				
Towns Served:	EASTON								
		Monitoring Requ	iiremen	nts					
Water System	Facility: DISTRIBUTION SYSTEM	(WSF ID: 00600)							
Total Coliforn	m (3100)					1	routine	(RT)	per month
Sampling	Point (Sampling Point ID)		Monitorin	g Peri	od Col	lection Perio	od Co	mplic	ance Status
Select fror	m Inventory of Active Sampling Points	;	11/1/23 - 1	11/30/	/23			Cor	mplete
			4/1/24 - 4	4/30/2	24				
			5/1/24 - 5	5/31/2	24				
			6/1/24 - 6	6/30/2	24				
			7/1/24 - 7	7/31/2	24				
			8/1/24 - 8	8/31/2	24				
			9/1/24 - 9	9/30/2	24				
		:	10/1/24 - 1	10/31/	/24				
-	meters (PPS)								per month
	Point (Sampling Point ID)		Monitorin			lection Perio	od Co		ance Status
Select fror	n Inventory of Active Sampling Points	:	11/1/23 - 1					Cor	mplete
			4/1/24 - 4						
			5/1/24 - 5						
			6/1/24 - 6						_
			7/1/24 - 7						
			8/1/24 - 8						
			9/1/24 - 9						
M/ - 1 C 1	Facility POINT (MCFID		10/1/24 - 1	10/31/	724				
•	Facility: ENTRY POINT (WSF ID	: 00700)							
Nitrate And N	•								T) per year
	Point (Sampling Point ID)		Monitorin			lection Perio	od Co		ance Status
ENTRY PO	INT (3)		1/1/23 - 1			4/1-11/30		Cor	mplete
			1/1/24 - 1			4/1-11/30			
Matar Systam	Escility: WELL #1 (WCF ID: 200)		1/1/25 - 1	.2/31/	25	4/1-11/30			
-	Facility: WELL #1 (WSF ID: 2085	54)					ua	(DT)	10 0 10 0 0 11 4 le
E. Coli (3014) Point (Sampling Point ID)		Monitorin	a Pori	od Col	1 lection Perio			per month
WELL (2)	romt (samping Follit ID)		11/1/23 - 1			iettion Pent	ou CC		mplete
VVLLL (Z)			4/1/24 - 4					CUI	iihiere
			5/1/24 - 5						
			6/1/24 - 6						
			7/1/24 - 7						
			8/1/24 - 8						
			9/1/24 - 9						
			10/1/24						

Water System Facility: WELL #2 (WSF ID: 56928)

Sampling Point (Sampling Point ID)

E. Coli (3014)

10/1/24 - 10/31/24

Monitoring Period

1 routine (RT) per month

Compliance Status

Collection Period

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

PWS ID	S ID PWS Name Ci					Owner Type	Primary Source
CT0460044	460044 CONNECTICUT GOLF CLUB					Р	GW
Local Address (where applicable)		Service	Resider	tial Commerci	al Industri	al Combine	ed Agricultural
915 BLACK ROCK	TURNPIKE	Connections		1			

Towns Served: EASTON

Monitoring Requirements										
Water System Facility: WELL #2 (WSF ID: 56928)										
E. Coli (3014) 1 routine (RT) pe										
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
WELL #2 (2)	11/1/23 - 11/30/23		Complete							
	4/1/24 - 4/30/24									
	5/1/24 - 5/31/24									
	6/1/24 - 6/30/24									
	7/1/24 - 7/31/24									
	8/1/24 - 8/31/24									
	9/1/24 - 9/30/24									
	10/1/24 - 10/31/24									

Other Compliance Schedules									
Compliance Schedule Activity	Due Date	Achieved Date							
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								
CROSS CONNECTION SURVEY REPORT	3/1/2023								
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				
Physical Parameters M&R Violation	4/1/23 - 4/30/23	3	11/12/2024		11/22/2024					
Total Coliform M&R Violation	4/1/23 - 4/30/23	3	11/12/2024		11/22/2024					
E. Coli M&R Violation	4/1/23 - 4/30/23	3	11/12/2024		11/22/2024					
E. Coli M&R Violation	4/1/23 - 4/30/23	3	11/12/2024		11/22/2024					
E. Coli M&R Violation	11/1/22 - 11/30/22	3	11/12/2024		11/22/2024					
E. Coli M&R Violation	11/1/22 - 11/30/22	3	11/12/2024		11/22/2024					
Physical Parameters M&R Violation	11/1/22 - 11/30/22	3	11/12/2024		11/22/2024					
Total Coliform M&R Violation	11/1/22 - 11/30/22	3	11/12/2024		11/22/2024					

	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 SYSTEM	Α	Υ					
		CGC001	KIT SNK DOUBLE	1	Υ		Υ			
		CGC002	BAR SINK	Α	Υ		Υ			
		CGC003	RR LADY CHANGING RM	Α	Υ		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.

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

PWS ID PWS Name CI					fication P	opulation	Owner Type	Primary Source
СТ0460044	CONNECTICUT GOLF CLUB			١	NC	25	Р	GW
Local Address	(where applicable)	Service	Residen	tial Co	ommercial	Industria	al Combine	ed Agricultural
915 BLACK RO	CK TURNPIKE	Connections			1			

Towns Served: EASTON

		Water System Facili	ity and Sampling F	oint Ir	vento	ry
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Stage Rule Tier Asbestos WQP 2 DBPR
		CGC004	RR OFFICE LEFT	А	Υ	Υ
		CGC005	RR OFFICE RIGHT	Α	Υ	Υ
		CGC006	RR MENS CHG SNK 1	Α	Υ	Υ
		CGC007	RR MENS CHG SNK 2	Α	Υ	Υ
		CGC008	RR MENS CHG SNK 3	Α	Υ	Υ
		CGC009	RR MENS CHG SNK 4	Α	Υ	Υ
		CGC010	RR MENS CHG SNK 5	Α	Υ	Υ
		CGC011	RR MENS CHG SNK 6	Α	Υ	Υ
		CGC012	BASEMENT UTILITY SNK	Α	Υ	Υ
		CGC013	KIT TRIPLE SINK	Α	Υ	Υ
		CGC014	KIT HAND SINK	Α	Υ	Υ
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α		
		UPSTREAM	WITHIN 5 SERVICE CON	Α		
00700	ENTRY POINT	3	ENTRY POINT	Α		
20852	WELL #1	2	WELL	Α		
51910	TREATMENT PLANT					
56928	WELL #2	2	WELL #2	Α		
56930	STORAGE TANK #1					
56932	STORAGE TANK #2					

			C	ontact Inf	ormation					
Name				Organization			Job Title			
Ms. Deborah Walle	nta			Connecticut	Golf Club					
Mailing Address Lin	e One		Mailing Add	ress Line Two		City	State	Zip Code		
915 Black Rock Turnpike						Easton	СТ	06612		
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Address				
203-261-2544					203-459-0367	deborah@ctgolfclu	b.com			
Contact Role(s): A	dministrative C	ontact	•			*				
Name				Organization			Job Title			
Connecticut Golf Cl	ub									
Mailing Address Lin	e One		Mailing Add	ress Line Two		City	State	Zip Code		
915 Black Rock Rd						Easton	СТ	06612		
Business Phone Extension Fax Mobile Phone Emerg			Emergency Phone	Email Address						
	Exterision	Tux			Emergency i none	Email Address				
Contact Role(s): O	wner									

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.

	Connecticu	ıt Depa	rtment (of Publi	c Heal	th Dr	inking	g Water	Section	
	Wat	er Qua	lity Mon	itoring	and Co	mpl	iance S	Schedul	le	
PWS ID	PWS Name					Clas	sification	Population	Owner Type	Primary Source
CT0460044	CONNECTICUT G	OLF CLUB					NC	25	Р	GW
ocal Address (w	nere applicable)			Service	Resid	ential	Commerci	al Industri	al Combine	d Agricultural
915 BLACK ROCK TURNPIKE					ions		1			
Γowns Served: ΕΑ	ASTON				·			·		
Name				Organization Job Title					9	
Mr. Randall John	son			Connecticut Golf Club President						
Mailing Address I	ine One		Mailing Addre	ess Line Two)			City	State	Zip Code
412 Purdy Hill Rd							Monro	e	СТ	06468
Business Phone	Extension	Fax	Mo	bile Phone	Emerge	ncy Pho	ne Email A	Email Address		
Contact Role(s):	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 CI					ssification	Population	Owner Type	Primary Source
CT0460054	CONGREGATIONAL CHURCH OF EASTON		NC	25	Р	GW		
Local Address (w	here applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
336 WESTPORT	ROAD	Connections			1			

Towns Served: EASTON			
Monitoring I	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	0)		
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		
	12/1/23 - 12/31/23		
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		
	12/1/23 - 12/31/23		
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/22 - 12/31/22	1/1-12/31	
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		
Organic Chemicals (VOCS)		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

	Co	onnectic	ut Depa	rtment o	f Public	Health	Drir	nking	Wa	ater Se	ction	
		Wa	ter Qual	lity Moni	toring a	nd Con	ıplia	nce S	Sche	edule		
PWS ID	PW	/S Name									ner Type P	rimary Source
CT046005	64 CO	NGREGATION	NAL CHURCH	OF EASTON			N	IC	. 2	25	P	GW
Local Add	ress (whe	re applicable)			Service	Residen	tial Co	mmerci	al In	ndustrial	Combined	Agricultura
	PORT ROA				Connectio			1				
Towns Se	rved: EAST	ON										
				Other 0	Complian	ce Sched	lules					
Complian	ce Schedu	le Activity				ı	Due Da	te		Achieved	Date	
CROSS CO	NNECTIO	N EXEMPTION	I				3/1/202	27				
			Water Sy	stem Faci	lity and S	ampling	Poin	t Inve	ntoı	ry		
Water								To	otal	Lead and		
System	=	stem Facility	,	Sampling Point					form			Stage
Facility IE)			ID	Description	n	Sta	itus R	ule	Rule Tier	Asbestos	WQP 2 DBPI
00600	DISTRIBL	JTION SYSTEM	1	4	DISTRIBUT	ION SYSTEM	1 /	4	Υ			
				CC001	KITCHEN S	INK L	1	4	Υ	2	Υ	Υ
				CC002	KITCHEN S	INK R	,	4	Υ	2		Υ
				CC003	1ST FLR R I	RM	,	4	Υ	2		Υ
				CC004	1ST FLR HA	AND SINK	,	4	Υ	2		Υ
				CC005	2ND FLR M	l RM	,	4	Υ	2		Υ
				CC006	2ND FLR W	/ RM	,	4	Υ	2		Υ
				CC007	NURSERY S	SINK	,	4	Υ	2		Υ
				CC008	3RD FLR R	RM	,	4	Υ	2		Υ
				DOWNSTREAM	1 WITHIN 5	SERVICE CON	N /	4				
				UPSTREAM	WITHIN 5	SERVICE CON	N A	4				
00700	ENTRY P	TNIC		3	ENTRY POI	NT	1	4				
10884	WELL			2	WELL		,	4				
				Certified	Operato	r Inform	ation	1				
Water Sy	stem Fac	ility: DISTR	RIBUTION SY	STEM (WSF	ID: 00600)							
Facility Cl	assificatio	n: SMALL WA	ATER SYSTEM									Certification
Operator	Name			Operator Typ	pe	Certificatio	n(s)					Expiration
HURLBUT	, ANDREW	1		CHIEF OPERAT	OR	WATER TRE	ATMEN	IT PLAN	Т ОРЕ	RATOR - CI	ASS II	6/30/2026
				Coi	ntact Info	rmation						
Name				C	Organization				Т		Job Title	
Mr. Philli _l	p A Dorem	nus		C	Congregation	al Church Ea	ston		Cha	air		
Mailing A	ddress Lin	e One		Mailing Addre	ss Line Two				Ci	ity	State	Zip Code
PO Box 37	7							Easton			СТ	06612
Busines	s Phone	Extension	Fax	Mob	ile Phone	Emergency	Phone	Email A	Addres	SS		
						-		pdoren	nus@	eastonct.go	ov	
Contact R	ole(s): Le	gal Contact		1								
Name				C	Organization						Job Title	
Ms. Katie	O. Croark	in			Congregation	al Church Ea	ston		Sec	retary		
Mailing A	ddress Lin	e One		Mailing Addre						ity	State	Zip Code
								+		-		

Mobile Phone

Easton

cchurcheaston@gmail.com

Emergency Phone Email Address

203-521-7845

06612

P.O. Box 37

Fax

336 Westport Road

Business Phone

203-261-2527

Extension

Contact Role(s): Administrative Contact

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

		- 0 -		r			
PWS ID PWS Name C				Classification	Population	Owner Type	Primary Source
CT0460054 CONGREGATIONAL CHURCH OF EASTON					25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial Commerci	al Industri	al Combine	ed Agricultural
336 WESTPORT	Connections	1					
		·	•		•	•	

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 De	•						ection	
	Water Q	uality Moni	toring and	d Comp	olianc	e Sch	edule		
PWS ID	PWS Name				lassificati			wner Type P	rimary Source
CT0460074	4 GREISER GENERAL STOR	E			NC		25	Р	GW
Local Addr	ress (where applicable)		Service	Residentia	al Comm	ercial I	ndustrial	Combined	Agricultural
299 CENTE	ER ROAD		Connections		1				
Towns Ser	ved: EASTON			<u> </u>		 			
		Monit	toring Requ	iiremen	ts				
Water Sys	stem Facility: DISTRIBUTIO	N SYSTEM (WSF	ID: 00600)						
Total Col	liform (3100)						1 r	outine (RT)	per quarter
Samp	oling Point (Sampling Point ID)			Monitoring	Period	Collect	tion Perio	d Compli	ance Status
Selec	t from Inventory of Active Sam	oling Points	:	10/1/23 - 1	2/31/23			Со	mplete
				1/1/24 - 3	/31/24			Сс	mplete
				4/1/24 - 6	/30/24				
				7/1/24 - 9	/30/24				-
Physical	Parameters (PPS)						1 r	outine (RT)	per quarter
Samp	oling Point (Sampling Point ID)			Monitoring	Period	Collect	tion Perio	d Compli	iance Status
Selec	t from Inventory of Active Sam	oling Points	:	10/1/23 - 1	2/31/23			Сс	mplete
				1/1/24 - 3	/31/24			Со	mplete
				4/1/24 - 6	/30/24				
				7/1/24 - 9	/30/24				
Water Sys	stem Facility: ENTRY POIN	T (WSF ID: 00700)						
Nitrate A	And Nitrite (NOX)							1 routine (F	RT) per year
	oling Point (Sampling Point ID)			Monitoring	Period	Collect	tion Perio		ance Status
	Y POINT (3)			1/1/23 - 12				-	mplete
	,			1/1/24 - 12					<u> </u>
				<u>1/1/25 - 12</u>					
		Public No	tification R						
					1	:- N/-+:6:-	4.5	DM C- w	Lift Li
Violation/	Situation		Compliance Period	Notice Tier		<u>ic Notific</u>	ation rformed		tification Bassived
E. Coli	Situation	1/1	.0/20 - 7/31/20	3	4/30/20		rjormea	<i>Due to DPH</i> 5/10/2021	Received
L. Coll	\A/a+a	-						3/10/2021	
	wate	r System Faci	iity and Sar	npling P	oint in				
Water	Mator Custom Facility	Campulina Doin	t Campling Dai			Total	Lead an		Characa
System Facility ID	Water System Facility	Sampling Poin ID	t Sampling Poil Description	nt		Coliform Rule			Stage WQP 2 DBPR
			-	LCVCTENA	Status		Kule III	er Asbestos	WQP Z DBPK
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		A	Y			
			/ WITHIN 5 SER		Α	.,			
		GGS001	RR 1ST FLOOP		A	Y		Y	
		GGS002	RR 2ND FLOO		A	Y		Y	
		GGS003	RR 2ND FLOO		Α	Y		Y	
		GGS004	BASEMENT U	TILITY SNK	Α	Y		Υ	
		GGS005	HAND SINK		Α	Υ		Υ	Υ
		GGS006	TRIPLE SINK		Α	Υ		Υ	Υ
		UPSTREAM	WITHIN 5 SER		Α				
00700	ENTRY POINT	3	ENTRY POINT		Α				
20054	\A/E11	2	\A/E11						

Α

WELL

2

20854 WELL

59343 TREATMENT PLANT

	Water Quality	Monitoring and	d Con	npl	liance S	, Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0460074	GREISER GENERAL STORE				NC	25	Р	GW
Local Address (where applicable) Service Reside					Commerci	al Industri	al Combin	ed Agricultural
299 CENTER R	99 CENTER ROAD Connections							

Connecticut Department of Public Health Drinking Water Section

Towns Served: EASTON

Contact Information											
Name				1		Job Title					
r											
e One		Mailing Add	ress Line Two			City	State	Zip Code			
					Easton		СТ	06612			
Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	dress					
	e One	e One	e One Mailing Add	e One Mailing Address Line Two	Organization e One Mailing Address Line Two	Organization e One Mailing Address Line Two Easton	Organization e One Mailing Address Line Two City Easton	Organization Job Title e One Mailing Address Line Two City State Easton CT			

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

	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			
CT0460084	CT0460084 EASTON VILLAGE STORE NC 25 P GW										
Local Address (where applicable) Service Reside					Commerci	al Industri	al Combine	ed Agricultural			

Connections

1

438 SPORT HILL ROAD

Towns Served: EASTON			
Monitoring Re	quirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)			
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Out of Service
	12/1/23 - 12/31/23		Out of Service
	1/1/24 - 1/31/24		Out of Service
	2/1/24 - 2/29/24		Out of Service
	3/1/24 - 3/31/24		Out of Service
	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		Out of Service
	12/1/23 - 12/31/23		Out of Service
	1/1/24 - 1/31/24		Out of Service
	2/1/24 - 2/29/24		Out of Service
	3/1/24 - 3/31/24		Out of Service
	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 - WELL 2 (WSF ID: 00701)			
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
EP - WELL 2 (3)	1/1/23 - 12/31/23		Out of Service
	1/1/24 - 12/31/24		
	1/1/25 - 12/31/25		

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 SYSTEM	Α	Υ					
		DOWNSTREAM	WITHIN 5 SERVICE CON	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.

	Water Quality				U				
PWS ID									
CT0460084	EASTON VILLAGE STORE				NC	25	Р	GW	
Local Address	(where applicable)	Resider	ntial Commerc		al Industri	al Combin	ed Agricultural		
438 SPORT HI	LL ROAD			1					

Connecticut Department of Public Health Drinking Water Section

Towns Served: EASTON					
Wa	ter System Facili	ity and Sampling P	oint In	vento	ry
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Stage Rule Tier Asbestos WQP 2 DBPR
	EVS001	KIT HAND SNK 1	Α	Υ	Υ
	EVS002	KIT HAND SNK 2	Α	Υ	Υ
	EVS003	KIT HAND SNK 3	Α	Υ	Υ
	EVS004	KIT HAND SNK 4	Α	Υ	Υ
	EVS005	KIT SNK DOUBLE	Α	Υ	Υ
	EVS006	KIT SNK TRPL SNK	Α	Υ	Υ
	EVS007	RR LADY ROOM	Α	Υ	Υ
	EVS008	RR MENS RR	Α	Υ	Υ
	UPSTREAM	WITHIN 5 SERVICE CON	Α		
00701 ENTRY POINT - WELL 2	3	EP - WELL 2	Α		
58619 WELL 2	2	WELL 2	Α		

58622 TREATMENT PLANT

				Contact Inf	ormation						
Name				Organization	Organization				Job Title		
Dr. Marsel Huribal					Owner						
Mailing Address Lin	ie One		Mailing Ad	dress Line Two			City	State	Zip Code		
440 Sport Hill Road						Easton CT		06612			
Business Phone	Extension	Fax	N	Nobile Phone	Emergency Phone	Email Ad	ldress				
203-268-5618		203-445-	2810		203-257-9171	mhuriba	l@aol.com				
0					'						
Contact Role(s): A	aministrative (Contact, Ow	ner								
Name	dministrative (Contact, Ow	ner	Organization	1			Job Title			
Name		· · · · · ·	ner	Organization	1			Job Title			
Name Easton Village Cent	ter LLC Qc/Cov	· · · · · ·	Т	Organization	1		City	Job Title State	Zip Code		
, ,	ter LLC Qc/Cov	· · · · · ·	Т			Easton	City		Zip Code 06612		

Contact Role(s): 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

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
CT0460104	OLDE BLUE BIRD INN				NC	25	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
357 BLACKROCI	(TURNPIKE (ROUTE 58)	Connections			1			

Towns Served: EASTON			
Monitori	ng Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/23 - 11/30/23		Complete
	12/1/23 - 12/31/23		Complete
	1/1/24 - 1/31/24		Complete
	2/1/24 - 2/29/24		Complete
	3/1/24 - 3/31/24		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate (1040)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/23 - 12/31/23		Complete
	1/1/24 - 3/31/24		Complete
	4/1/24 - 6/30/24		
	7/1/24 - 9/30/24		
Nitrite (1041)		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		

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.

Conn	ecticut Department of Public Health Drink	king Wa	ter Section
	Water Quality Monitoring and Complian	ce Sche	dule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0460104	OLDE BLUE BIRD INN				NC	25	Р	GW
Local Address (v	here applicable)	Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
357 BLACKROCI	(TURNPIKE (ROUTE 58)	Connections			1			

Monitoring Requirements							
Water System Facility: WELL (WSF ID: 20857)							
E. Coli (3014) 1 routine (RT) per quart							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status				
WELL (2)	10/1/23 - 12/31/23		Complete				

Complete

1/1/24 - 3/31/24 4/1/24 - 6/30/24

7/1/24 - 9/30/24

Public Notification Requirements										
	Compliance	Notice	Public Notification		PN Certification					
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Physical Parameters M&R Violation	7/1/23 - 7/31/23	3	9/28/2024		10/8/2024					
Total Coliform M&R Violation	7/1/23 - 7/31/23	3	9/28/2024		10/8/2024					

	١	Nater System Facili	ity and Sampling P	oint 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 Asbes	tos WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		OBB001	KIT SNK TRPL SNK	Α	Υ	Υ		
		OBB002	KIT SNK UTILITY SNK	Α	Υ	Υ		
		OBB003	HAND SINK FRONT	Α	Υ	Υ		
		OBB004	RR MENS RR	Α	Υ	Υ		
		OBB005	RR LADY ROOM	Α	Υ	Υ		
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
20857	WELL	2	WELL	Α				
55071	TREATMENT PLANT							

				Cor	ntact Info	ormation				
Name					rganization		Job Title			
Mr. Martin Wieser	. Martin Wieser Bluebird Properties Inc, LLC Property Owner									
Mailing Address Lin	e One		Mailing A	Addres	ress Line Two			City	State	Zip Code
357 Blackrock Turn	oike						Easton		СТ	06612
Business Phone	Extension	Fax		Mob	ile Phone	Emergency Phone	Email Address			
203-268-2049		203-459-	1502			860-339-2976	mwieser2049@yahoo.com			
Contact Bolo(s): A		Contact O								

Contact Role(s): Administrative Contact, Owner

PWS ID	PWS Name				nd Com	Classifi				Primary Source
CT0460104	OLDE BLUE BIRD IN	N				N	С	25	Р	GW
ocal Address (w	here applicable)			Service	Residen	tial Co	mmerci	al Industri	al Combine	ed Agricultura
357 BLACKROCK	TURNPIKE (ROUTE	58)		Connections	S		1			
Γowns Served: E	ASTON									
Name			0	Organization Job Title					9	
	ties LLC									
Bluebird Proper		Mailing Address Line One Mailing Addres			ss Line Two					
•			Mailing Addres	s Line Two				City	State	Zip Code
•	Line One		Mailing Addres	s Line Two			Easton	•	State CT	Zip Code 06612

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							ction	
	Water Quality Mon	nitoring an	d Con	nplian	ce Sc	chedul	e		
PWS ID	PWS Name			Classifica	tion P	opulation	Own	er Type P	rimary Source
CT0460154	EASTON RACQUET CLUB			NC		25		Р	GW
Local Address	(where applicable)	Service	Resider	ntial Com	mercial	Industri	al (Combined	Agricultura
36 WIMBLEDO	ON LANE	Connections			2				
Towns Served	: EASTON								
	Moi	nitoring Requ	ireme	nts					
Water Syster	m Facility: DISTRIBUTION SYSTEM (W	SF ID: 00600)							
Total Colifo	rm (3100)						1 rou	itine (RT)	per month
Sampling	Point (Sampling Point ID)		Monitor	ing Period	Col	lection Pe	riod	Compli	iance Status
Select fro	om Inventory of Active Sampling Points		11/1/23	- 11/30/23	}			Co	mplete
			12/1/23	- 12/31/23	}			Cc	mplete
			1/1/24	- 1/31/24				Сс	mplete
			2/1/24	- 2/29/24				Co	mplete
			3/1/24	- 3/31/24				Cc	mplete
			4/1/24	- 4/30/24					
			5/1/24	- 5/31/24					
				- 6/30/24					
				- 7/31/24					
				- 8/31/24					
				- 9/30/24					
			10/1/24	- 10/31/24	-				
-	ameters (PPS)								per month
	y Point (Sampling Point ID)			ing Period		lection Pe	riod		iance Status
Select fro	om Inventory of Active Sampling Points			- 11/30/23					mplete
				- 12/31/23	}				mplete
				- 1/31/24					mplete
				- 2/29/24					mplete
				- 3/31/24				Сс	mplete
				- 4/30/24					
				- 5/31/24					
				- 6/30/24					
				- 7/31/24					
			8/1/24	- 8/31/24					

Water System Facility: ENTRY POINT- CLUB HOUSE (WSF ID: 00700)

Nitrate And Nitrite (NOX)

Sampling Point (Sampling Point ID)

ENTRY POINT- CLUB HOUSE (3)

1/1/23 - 12/31/23

Complete

1/1/25 - 12/31/25

9/1/24 - 9/30/24 10/1/24 - 10/31/24

Water System Facility: ENTRY POINT- POOL HOUSE (WSF ID: 0	00701)		
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT- POOL HOUSE (3)	1/1/23 - 12/31/23	·	Complete
	1/1/24 - 12/31/24		Complete
	1/1/25 - 12/31/25	_	

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

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0460154	EASTON RACQUET CLUB			NC	25	Р	GW
Local Address (w	here applicable)	Service	Resider	ntial Commerci	al Industri	al Combine	ed Agricultural
36 WIMBLEDON	LANE	Connections		2			

Other Compliance Schedules

	Compliance Schedule Activity Due Date Achieved Date	Due Date Achieved Date
--	---	------------------------

RESPOND TO SANITARY SURVEY 3/28/2020

Public	Notification R	equiren	nents			
	Compliance	Notice	<u>Public No</u>	<u>tification</u>	PN Certi	<u>fication</u>
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
E. Coli M&R Violation	10/21/22 -	3	9/28/2024		10/8/2024	
E. Coli M&R Violation	10/21/22 -	3	9/28/2024		10/8/2024	

	Water	r System Facili	ty and Sampling P	oint Ir	nventoi	ry
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Stage Rule Tier Asbestos WQP 2 DBR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ	
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α		
		ERC001	RR LADY ROOM 1F R	Α	Υ	Υ
		ERC002	RR LADY ROOM 1F L	Α	Υ	Υ
		ERC003	RR MENS RM 1F L	Α	Υ	Υ
		ERC004	RR MENS RM 1F R	Α	Υ	Υ
		ERC005	KIT SNK 2ND FLOOR	Α	Υ	Υ
		ERC006	BAR SINK	Α	Υ	Υ
		UPSTREAM	WITHIN 5 SERVICE CON	Α		
00700	ENTRY POINT- CLUB HOUSE	3	ENTRY POINT- CLUB HO	Α		
00701	ENTRY POINT- POOL HOUSE	3	ENTRY POINT- POOL HO	Α		
55903	WELL 1	2	WELL	Α		
57098	WELL 2	2	WELL 2	Α		
57153	TREATMENT PLANT #1	·	·		·	·
57155	TREATMENT PLANT #2					

				Conta	ct Inf	ormation				
Name				Orga	nization			Job Title		
Dr. Keith Rudolph				Easto	n Racqı	uet Club		President		
Mailing Address Line One Mailing Ad		Address Li	ress Line Two			City	State	Zip Code		
116 Crest Terrace							Fairfield		СТ	06825
Business Phone	Extension	Fax		Mobile F	Phone	Emergency Phone	one Email Address			
203-254-9533		203-254-9	9511			203-371-8512	krudolpl	n@drkeithrud	olph.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.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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	Connecticut Departme Water Quality M				_			l	
PWS ID	PWS Name			_				Pri	mary Source
CT0460164					NC	200	Р		GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combin	ed	Agricultural
500 SPORT HI	L ROAD	Connections			1				
T 6 1	EACTON								

Towns Served: EASTON			
Monitoring Re	equirements		
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		
	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 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 Complian	nce Schedules		
Compliance Cabadula Astivitu	Due Dete	Ashiound D	aut a

Other Cor	mpliance Schedules		
Compliance Schedule Activity	Due Date	Achieved Date	
CROSS CONNECTION SURVEY REPORT	3/1/2025		

	Wa	iter System Facili	ity and Sampling P	oint Ir	vento	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	Α					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
56178	WELL 1	2	WELL 1	Α					
59398	TREATMENT PLANT								

				Contact Inf	ormation					
Name				Organization	ı		Job Title			
Mr. Peter Fatsy				St. Dimitri Ch	nurch		Admin			
Mailing Address Line One			Mailing	Mailing Address Line Two			City	State	Zip Code	
500 Sport Hill Road						Easton		СТ	06612	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	Email Address			
203-268-8237		203-814-2	2848		203-261-1149 pfatsy@yahoo.com					

Contact Role(s): Administrative Contact, Legal Contact

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	

Water Quanty Fromtoring and compliance beneaute											
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source						
CT0460164	ST. DIMITRIE ROMANIAN ORTHODOX CHURC	CH		NC	200	Р	GW				
Local Address (Local Address (where applicable)			tial Commerci	al Industri	al Combine	ed Agricultural				
500 SPORT HILL ROAD		Connections		1							
Towns Served:	EASTON										

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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- 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 Dep	artmer	nt of	f Public H	lealth	D	rinkin	gW	ater :	Se	ction	
	Water Qu	ality M	onit	oring an	d Com	n	liance	Sch	edule	2		
PWS ID	PWS Name	icilloy 1 1		,	0. 0011	_					ner Type Pri	imary Source
CT0460174	SILVERMAN'S FARM						NC		25		P	GW
Local Address (where applicable)			Service	Residen	tial	Commer		ndustria		Combined	Agricultural
451 SPORT HILI	* * * * * * * * * * * * * * * * * * * *			Connections			1					3
Towns Served:	EASTON											
		М	onit	oring Requ	iireme	nto	2					
Water System	n Facility: DISTRIBUTION						<u> </u>					
Total Coliforn	<u> </u>								1	rou	ıtine (RT) n	er quarter
	Point (Sampling Point ID)				Monitori	ing F	Period	Collect	ion Peri		•	ance Status
	m Inventory of Active Sampli	ng Points			10/1/23 -							mplete
	, ,				4/1/24 -							<u>'</u>
					7/1/24 -							
Physical Para	meters (PPS)								1	rou	ıtine (RT) p	er quarter
•	Point (Sampling Point ID)				Monitori	ing F	Period	Collect	ion Peri			ince Status
Select from	m Inventory of Active Sampli	ng Points			10/1/23 -	12/	/31/23				Cor	mplete
					4/1/24 -	6/3	30/24					
					7/1/24 -	9/3	30/24					
Water System	Facility: ENTRY POINT	(WSF ID: 0	0700)									
Nitrate (104	0)								1	rou	ıtine (RT) p	er quarter
Sampling	Point (Sampling Point ID)				Monitori	ing F	Period	Collect	ion Peri	od	Complia	nce Status
ENTRY PO	INT (3)				10/1/23 -	12/	/31/23				Cor	mplete
					4/1/24 -	6/3	30/24					
					7/1/24 -	9/3	30/24					
Nitrite (1041	L)									1	routine (R	T) per year
Sampling	Point (Sampling Point ID)				Monitori	ing F	Period	Collect	ion Peri	od	Complia	ance Status
ENTRY PO	INT (3)				1/1/23 -	12/	31/23				Cor	mplete
					1/1/24 -	12/	31/24					
					1/1/25 -	12/	31/25					
		Oth	er C	ompliance	Sched	lule	es					
Compliance Sci	hedule Activity			•		Due	Date		Achiev	ed	Date	
	CTION SURVEY REPORT					3/1/	/2029					
		Public	Not	tification R								
				Compliance	Notice			Notific	ation	Т	PN Certi	ification
Violation/Situa	ntion			Period	Tier	'	Required	-	<u>rformed</u>		Due to DPH	Received
Nitrate M&R Vi			4/1	/23 - 6/30/23	3		10/3/202		jornica		0/13/2024	Песстей
		System I		ity and Sar	nnling				rv	t	-, -, -	
Water	Water	oystein i	uen	ity and Jai				Total	Lead a	ınd		
	ter System Facility	Sampling	Point	Sampling Poi	nt			oliform				Stage
Facility ID		ID		Description			Status	Rule			Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4		DISTRIBUTION	N SYSTEM	l	A					
		DOWNST	REAM	WITHIN 5 SER	VICE CON	V	Α					
		SF00		GREENHOUSE			Α	Υ			Υ	
		SF00		KIT SNK			Α	Υ			Υ	
		SF00	3	RR GENERIC F	RR		Α	Υ			Υ	
		UPSTRE	AM	WITHIN 5 SER	VICE CON	V	Α					
				= N = D \ \ D \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								

ENTRY POINT

3

Α

00700 ENTRY POINT

	Connecticut Department of	I ublic II	Cartii	וע	mking	vvaler	Section			
Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source		
CT0460174	SILVERMAN'S FARM				NC	25	Р	GW		
Local Address (w	here applicable)	Service	Residen	tial	Commercia	al Industri	al Combine	ed Agricultura		

Connections

1

Connecticut Department of Public Health Drinking Water Section

451 SPORT HILL ROAD
Towns Served: EASTON

		Water Sy	ystem Fac	ility and	Sampling Poin	t Inven	tory			
Water System Water S Facility ID 60278 WELL #2	ystem Facility		Sampling Poil ID 2	nt Sampling Descriptio WELL #2	on St	Toto Colifo atus Rul A	rm Copper	Asbestos	Stage WQP 2 DBPR	
			Co	ontact Inf	ormation					
Name				Organization	ı			Job Title		
Mr. Irving Silverma	n			Silverman's F	arm					
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code	
451 Sport Hill Road						Easton		СТ	06612	
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	dress			
203-261-3306		203-268-	7589		203-218-4522	.8-4522 silvfarm@optonline.net				
Contact Role(s): A	dministrative (Contact, Leg	al Contact, O	wner	•					

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			Cla	ssification	Population	Owner T	ype F	Primary Source
CT0460184 SILVERMAN'S FARM - ANIMAL FARM WELL					NC	25	Р		GW
Local Address (w	Service	Resider	ntial	Commerci	al Industr	ial Com	bined	d Agricultural	
451 SPORTHILL F	Connections						1		

Towns Served: EASTON

Towns Served: EASTON			
Monitoring F	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	0)		
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 - 10/31/23		Complete
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	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		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Total Coliform (3100)		3 rej	peat (RP) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/5/23 - 10/10/23		Complete
	11/3/23 - 11/8/23		Complete
Total Coliform (3100)		3 temporary rou	tine (TR) 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
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	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		Complete
	4/1/24 - 4/30/24		
	5/1/24 - 5/31/24		
	6/1/24 - 6/30/24		
	7/1/24 - 7/31/24		
	8/1/24 - 8/31/24		
	9/1/24 - 9/30/24		
	10/1/24 - 10/31/24		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/23 - 12/31/23		Complete

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.

	Cor	nectic	ut Depa	rtmen	it of	Public	Healt	h D	rin	king	Wa	ater	Sec	tion		
		Wat	ter Qua	lity Mo	onit	oring a	nd Co	mpl	liai	nce S	che	edule	9			
PWS ID	PWS	Name						Cla	ssific	cation	Popu	lation	Owne	er Type	Prin	nary Source
CT0460184	SILVE	RMAN'S FA	RM - ANIM	AL FARM V	WELL				NO	2	2	.5		Р		GW
Local Address ((where	applicable)				Service	Resid	ential	Cor	nmercia	al In	dustria	I C	ombine	d /	Agricultural
451 SPORTHILL	L ROAD					Connectio	ns							1		
Towns Served:	EASTO	N					,				'					
				M	onit	oring Re	quirem	ents	;							
Water System	n Facili	ty: ENTRY	POINT (V	VSF ID: 00	0700)											
Nitrate And I	Nitrite	(NOX)											1 rc	outine (RT)	per year
Sampling	Point (Sampling Po	oint ID)				Monite	oring F	Perio	d Co	llecti	ion Peri	iod	Comp	lian	ce Status
							1/1/24	4 - 12/3	31/2	4						
							1/1/25	5 - 12/3	31/2	5						
Water System	n Facili	ty: WELL	(WSF ID: 6	2257)												
E. Coli (3014	-													-	•	er period
	Point (Sampling Po	oint ID)				Monite			-	ollecti	ion Peri	iod			ce Status
WELL (2)							10/4/2									olete
							11/2/2	23 - 11	/8/2	3				С	om	olete
				Public	Not	ification	Requi	rem	ent	S						
					С	ompliance	Not		<u>P</u>	<u>ublic No</u>	tifica	<u>ition</u>		PN Ce	rtifi	<u>cation</u>
Violation/Situa						Period	Tie			uired	Per	formed		e to DPI		Received
REVISED TOTAL	L COLIF	,	,			12/8/23 -	2			/2024			3/	13/2024	ŀ	
			Water Sy	ystem F	acili	ity and S	amplin	ng Po	int	Inve	ntor	ſy				
Water		- ***		c !:							tal	Lead a				
-	ter Syst	em Facility		Sampling : ID	Point	Sampling F Description					form	Copp		Achasta	c 14	Stage QP 2 DBPI
Facility ID	TDIDLITI	ON CVCTENA							Stat	.43	ule V	nuie i	ilei /	ASDESTO:	5 VV	QF Z DBFI
00600 DIST	IKIBUTI	ON SYSTEM		4		DISTRIBUTION 5 S			A		Y					
				UPSTRE		WITHIN 5 S		_	Α							
00700 ENT	TRY POII	NIT			Alvi	ENTRY POI		.ON	Α							
62257 WEI		INI		2		WELL	INI		A A							
02237 WEI	LL				Con	tact Info	rmotic	.								
Name							minatio	ווע						Job Title		
Mr. Irving Silve	orman					rganization Iverman's Fa	arm							JOD TILIE		
Mailing Addres)ne		Mailing A		s Line Two	41111				Ci	tv		State	7	ip Code
451 Sport Hill F		JIIC		Ivialiling A	uui es.	3 LINE TWO				Easton	Ci	Ly		CT		06612
Business Pho		Extension	Fax		Mohi	le Phone	Emerger	ncy Pho			ddrag	cc		CI		00012
203-261-330		-ACCHSIOII	203-268-		141001	ic i none	203-21			silvfarm			net			
Contact Role(s)		ıl Contact O		, 505			203 21	-5 - 1 52	_	SilviuiII	. <u></u> op					
Name	,50	55			O	rganization								Job Title		
Mr. Jacob Con	over					lverman's Fa	arm				Ma	nager		.55 1166		
Mailing Addres		One		Mailing A		s Line Two						ty		State	7	ip Code
451 Sport Hill F						2				Easton		-1		CT		06612
Business Pho		Extension	Fax		Mobi	le Phone	Emerger	ncv Pho			ddres	SS				
						575-2175	- 5 0 5 1	,				mcast.n	et			

Contact Role(s): Administrative Contact

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

				<u> </u>			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0460184	SILVERMAN'S FARM - ANIMAL FARM WELL			NC	25	Р	GW
Local Address (where applicable)		Service	Residen	tial Commerci	al Industri	al Combine	ed Agricultural
451 SPORTHILL ROAD		Connections				1	

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